

GENERAL  
MEDICINE

**SSC 5C Elective Assessment – Report**

**Elective Period: May- June 2013**

**Destination: Hospital Kuala Lumpur**

**Elective supervisor: Dr KokMeng Sum**

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**Subject: Anaesthetics**

- 1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health. What are the common surgical procedures requiring general anaesthesia in Kuala Lumpur and how to these differ to the UK?**

From the beginning I realised that the structure and format of the health care delivered in Malaysia is very similar to the UK.

As in the UK general anaesthetic is used for painful or long procedures as well as for procedures where it may be safer for the patient to remain unconscious and decision to use general anaesthesia is left at anaesthetics discretion based on the patients medical history and the procedure to be carried out.

In terms of common surgical procedures requiring general anaesthetics I did not note any obvious differences to the UK.

In Hospital Kuala Lumpur one of the largest departments is that of Anaesthesia and Intensive Care. The number of anaesthetics administered increases annually with a total of 24,000 cases last year, providing services for a large number of patients throughout the country functioning as a national referral centre.

- 2. Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or with the UK. (Methods of admin of general anaesthesia in Kuala Lumpur and how these differ to the UK)**

During my elective I noted similarities in the methods of administration of general anaesthetic between the UK and Malaysia.

The 'Anaesthesia Machine' used to deliver the anaesthesia is universal and therefore works exactly the same in Malaysia as in the UK. I also found that the labels and monitor were all in English and therefore it wasn't difficult for me to interpret values.

I found very little difference between the drugs used in Malaysia in comparison to the UK. Anaesthetic drugs were administered using the intravenous route in most cases and I was told that inhaled route is also used for instance if obtaining intravenous access is difficult and in paediatric cases.

The main induction agent used in Malaysia is Propofol, the same as the UK. I noted that the principle was the same. Besides anaesthesia, analgesia and a muscle relaxant were also given, thus completing the universal triangle of anaesthetics, something that had been taught to me during my anaesthetic placement at Colchester General Hospital.

However I noticed that unlike in the UK where there is a separate adjoining anaesthetic room to the theatre the patient is brought into the surgical theatre and put to sleep in the same room where the surgery will take place. After the surgery the patient is taken to a room at the centre of all the theatres.

On the whole I found no major differences in the appearance of the theatre or delivery of the anaesthetic services.

**3. Health related objective: Describe the layout of healthcare in Malaysia compared to the UK (NHS systems including accessibility and costs.**

The healthcare system in Malaysia is similar to the UK and is made up of both the public and private sectors. However, the government healthcare system is not free like the UK. Only 5% of the government's budget is allocated to the government healthcare system and the remaining is to be paid by the public. Although the public are required to pay for their healthcare I was given the impression after having spoken with the healthcare professionals that the prices are affordable which means its is accessible to the majority of the citizens in the country.

The hospital of Kuala Lumpur being the only government -funded hospital means that it is extremely busy as it provides access to all its specialities. For this reason the Malaysian government is constantly working hard to improve and develop the health care system in the country due to the countries life expectancy rising each year. It was interesting to be made aware that both the government-run healthcare system and the private healthcare system work alongside each other in Malaysia. The private healthcare is much more expensive, and only those who can afford the private healthcare will do so. This usually includes those Malaysians citizens who have a higher income and also tourists who come to visit Malaysia.

Furthermore, something, which I found rather interesting, was that part of the hospital's budget goes towards paying for staff meals. During various times of the day, different members of the team would be having breakfast or lunch after a few hours in theatre. I felt very welcome and part of a big community where I enjoyed speaking to different healthcare professionals. This was a nice change in comparison to the UK where individuals would have to organise their own lunches in different parts of the hospital.

**4. Personal/professional development goals. Must also include some reflective assessment of your activities and experiences. Communicating and developing rapport with patients from different backgrounds including non- English speakers. Reflecting on experiences of effective communication where they are language barriers.**

During the anaesthetics placement I found that this objective was difficult to address. This was due to the high patient turnover and most of the time that was spent with the patients was when they were under general anaesthesia. However, before the anaesthetic was administered I was given the opportunity to interact with several patients.

With regards to communication, I did not encounter any problems with the doctors and nursing staff, as they were fluent in English. However, the majority of the patients spoke Malay only. I was able to overcome this language barrier by asking the doctor or nurse to translate; this was a good experience because it allowed me to practise taking a short and concise history.

Besides this I also manage to communicate using broken English with a few words of Malay that I managed to pick up. I also found that the communication skills that had been taught to us during the course proved to be very useful. These included making the right non-verbal sounds and using appropriate body language. This made me realise the importance of these skills and I will carry these forward to when I am working.

The general patient population were very friendly and extremely accommodating. Therefore, I found it relatively easy to build rapport with the patients. It was interesting to listen to the patient's experiences and I found that they were often very interested and keen to hear about my experiences and the UK in general.