

## ELECTIVE REPORT

### MALAYSIA – KL GENERAL HOSPITAL 2014

#### Objectives:

1. Understand the burden of various diseases in Malaysia.
2. Compare the investigations and medical management of patients compared to the UK
3. Compare how readily investigations such as X-rays are offered in a country without an NHS
4. Try to practise procedures and shadow the junior doctors in preparation for FY1

The burden of illness that I observed in Malaysia was different to what I had initially expected. Being in a tropical climate close to the equator and in a less developed country I assumed that I would see more tropical illnesses such as malaria, dengue fever and typhoid. However I was based in accident and emergency in a hospital in the capital city Kuala Lumpur and so instead I saw illnesses far more similar to those in England. This included conditions such as pneumonia, epilepsy, TB, musculoskeletal pain and diabetes.

I was also quite shocked when I observed a lady with schizophrenia who had to be sedated as she was causing a threat to patients and staff in the hospital. Interestingly unlike in England once the patient was sedated she was then strapped to her bed from all four limbs so that she could not move. I have never seen this precaution being taken in England however I believe it is a practise that was conducted a very long time ago and is no longer considered humane. Similarly I observed a slightly different reaction by the nurses towards a patient who had an epileptic fit. Although I have never observed a patient have an attack before I am aware that they are to be left alone and not held down as they may break a bone when you resist their movements. However in this instance the doctors and nurses all held the patient while he was seizing and this did not seem to be good practise.

In contrast the other conditions that the patients presented with were treated and investigated in a far similar fashion to England. Pneumonia was treated with antibiotics, IV saline and oxygen. The antibiotic protocol was different to what I was taught in medical school but this is to be expected as every hospital will have their own antibiotics policy. I also saw a patient who had sustained a head injury and another with a fractured leg following an accident. CT and X-ray were investigations that were ordered straight away as would be the case in England as well. One striking difference however was the fact that the X-ray results were not read on the computer but instead were on a film that had to be held up against the light. This technique is something that finished many years ago in developed countries. It would seem that despite many advances in medical practise there are some things that Malaysia has still not caught up with as yet.

Other investigations and procedures were similar to London. The doctors went round as a team continuously reviewing the patients on the ward in A and E. The consultant would lead the registrars and junior doctors just as in London. Investigations such as blood tests, ABGs and various imaging modalities as mentioned above were considered routine just as in London.

The most junior doctors, equivalent to FY1 doctors in London also worked in A and E. This was quite surprising as only FY2 doctors get to work in A and E in London. Furthermore I noticed that junior doctors were given a lot of support. I felt that this was far in excess of what was provided in London. In the green zone the junior doctors took a history and examined patients by themselves however the registrar would check over everything that had been done quite thoroughly and would dictate slowly what the junior doctor needed to write in the notes. Although the work of juniors is supervised in London this was to a far greater extent than anything I had ever seen before. Although this meant there was less likely to be any mishaps it also meant that junior doctors never made any decisions themselves as they were constantly being spoon fed. However this may have been a good way of building their confidence before their second year of training.

The way in which patients were triaged was similar to London but with a few subtle differences. Often in London patients are either sent to majors, minors or a hospital based GP. In Malaysia there was a traffic light system where red was for critically ill patients, green was minors and amber were for patients that were in between. Red and amber helped to separate out patients that would normally be together in majors in a London hospital. There was also a separate area that seemed to be specifically for patients with asthma attacks and breathing difficulties that presented acutely. They were not usually very unwell but had just mild breathing problems requiring nebulisers and oxygen.

What I found very interesting was that many of the patients in the amber and red sections actually suffered from quite serious problems. Often in London patients that are triaged to majors can have very trivial problems and many people seem to abuse the NHS attending for many issues that could easily have been resolved at home, GP or pharmacy. The Malaysian doctors did say that they had patients like this as well but we did not see them in the amber or red zones. Instead I found myself fascinated by the variety of problems people presented with. During my time in A and E in London the commonest problems I observed were falls, dizziness, abdominal and chest pain. London is also filled with a lot of patients who attend drunk, who are violent and abusive. I never saw this in Malaysia. There are also a lot people without "real diseases" such as alcohol withdrawal in London, which I also did not observe in Malaysia. This may be because Malaysia is a Muslim country and alcohol is prohibited amongst Muslims.

I was pleasantly surprised to find that I could learn a lot from each patient I saw in the amber and red zones in A and E in Malaysia. Many patients who attended seemed to have waited till the extent of their problem had reached maximal pain before seeking help unlike in London where many patients attend even with the mildest of problems. This is probably because they do not want to pay hospital fees unlike the NHS where healthcare is free. One young lady with abdominal pain was suffering so severely that she was continuously vomiting and writhing and screaming in bed. Another patient sustained a gunshot wound and was being looked after by more than 5 doctors at once as he was so critically ill. This aspect made learning medicine more enjoyable in Malaysia.

Another interesting contrast was that the children and adults were seen in the same ward in A and E. There was no separate paediatrics A and E. The A and E doctors would therefore deal with adult and children. Children were not seen by paediatricians as in the UK which again made learning more interesting as conditions amongst all age groups could be observed.

I was unable to practise many procedures as the doctors seemed to prefer to do it themselves as they were faster and able to speak the language to make patients feel more at ease. However I did manage to discuss test results and symptoms with the doctors which helped to enhance my learning experience.

Overall my experience in a Malaysian hospital was very interesting. I had the opportunity to observe a variety of conditions that I often would not see in London. The condition of the hospital building itself was not nearly as good as those found in London however the standard of medical care and the knowledge of the doctors was excellent. This made for a fantastic learning opportunity in Malaysia.