Medical Elective in Malaysia

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I undertook my 6-week elective attachment in a developing country, Malaysia. I applied to the Department of Anaesthesiology in University Malaya Medical Centre (UMMC), which is a centre of excellence in clinical research and medicine. It is located in the capital city of Malaysia, Kuala Lumpur. My elective's aims were to observe and experience different healthcare structures and services between Malaysia and the United Kingdom (UK). My secondary aim was to conduct a pragmatic clinical study investigating on the changes of lactate levels and concentrations of volatile anaesthetic agents, desflurane in patients undergoing cardiac surgery.(1)

Although I am a Malaysian, I have not had any opportunities to observe the organization of healthcare system in Malaysia as I underwent my phase 2 clinical training in Edinburgh. Before my departure to Malaysia, I did some background reading and preparation to ease my adaptation to their healthcare structure. Malaysia operates a two-tier healthcare system, consisting government-funded universal healthcare and private healthcare systems.(2) Both government and private hospitals are known to have the best healthcare equipment and medical specialists in Asia. However, the huge differences in income gap and social class means the majority of the population cannot afford private hospital care. This leads to a long waiting lists in government hospitals. Also, the government has shifted their focus in developing health tourism industry after the Asian Finance Crisis in 1997, which corresponds to an increased number of foreigners visiting Malaysia for medical care in recent years.(2)

Given the warm and humid environment in Malaysia, some endemic vector-borne diseases such as dengue fever and leptospirosis are very common here. My preparatory readings on the management of those conditions in the Clinical Practice Guideline Malaysia helped me to understand better on the pathophysiology of the diseases and its management

plan. I reflected that there is no boundary to medical knowledge, especially endemic diseases. Thus, self-directed learning is an essential skill to practise good clinical medicine by constantly updating our medical knowledge to the best interest of our patients.

During my on-call nights, I attended a few emergency calls from medical wards with my supervisor. I truly appreciate the importance of A to E assessment, which has been emphasized repeatedly by of our University as this helped me to asses and treat an unwell patient in a systematic order, despite of not knowing the underlying medical diagnosis whilst waiting for the blood results to come back. I reflected that prioritising the patients based on their history and physical examination can be really helpful during a hectic night shift as there were only two anaesthetic trainees covering the whole hospital. It can be very daunting for a foundation doctor to do night shifts dealing with sick patients without the presence of consultants in the ward.

During my elective, it was a surprise to me that the cost of healthcare service for non-critical medical conditions in government hospital was so much different between Malaysians (RM 1; £0.18) and non-Malaysians (RM 50; £9). I noticed that the patient involvement in decision making is less apparent as compared to the UK with lesser explanation on the underlying condition provided to patients. Given the high demand of the population, the duration of a clinical consultation would typically last 5 to 10 minutes. Doctors in Malaysia adopt a proactive approach in the management plan rather than a mutual agreement with patients, given such a short consultation time. In Malaysia, the doctor-patient relationship is slightly different as the patients generally tend to accept any advice given by doctors without questioning further. In addition, I saw very few patients that complained about the waiting time for foods or nursing care in the ward as they tend to be grateful being able to get admitted into the hospital due to limited bed space and resources. The local patients were as friendly as Scottish patients chatting and sharing the best places to visit and eat in Malaysia.

The awareness of privacy and confidentiality among patients and doctors is low in comparison to the UK. For instance, all doctors took history from patients without closing doors. Due to the limited consultation rooms and long waiting list, two consultations normally take place at the same time in one room with a curtain drawn between them. This seemed to be very effective in creating a high turnover to solve the long waiting time in outpatient clinics whilst the patients did not mind that their history of presenting complaint may be overheard by anyone. In my opinion, the reason of Malaysians having a low awareness on their rights on privacy and confidentiality may be that those are not a priority to them because the delivery of healthcare in government hospitals is hugely demanding. Despite of the differences of healthcare delivery in both countries, the interests of patient remain the main focus and priority to create and promote a healthy society. It is interesting to know that different countries utilise different resources to provide the best healthcare service to their nations.

In addition, I was supervised in undertaking many practical skills, namely intubation, laryngeal mask insertion and venepuncture. These are a set of transferrable skills which are very important to secure airway, breathing and circulation for critically ill patient in my future FY1 job. In the ward, the registrars were very kind to share tips in taking arterial blood gas sample. I felt more confident after having multiple successful attempts. Also, I received great tutorials and bedside teachings alongside with final year medical students from University Malaya and registrars who pursue their Master of Anaesthesiology in UMMC. My eagerness to learn earned me merit to receive two anaesthesia books from the books' author, Professor YK Chan.

Finally, I would like to convey my gratitude to the Royal College of Physicians of Edinburgh for awarding me the Myre Sim Fund Bursary to reduce my finance burden on registration fee and accommodation in Malaysia. This bursary has served the purpose of its objectives to support an educational mission of an undergraduate student to enhance new learning experience and conduct a small-scale clinical research project in a developing country. I would like to thank my supervisor, Professor CY Wang and her teams for their guidance and teaching throughout the whole elective attachment. The research project is still ongoing with good patient recruitment and it is expected to be completed by the end of September for data analysis. I believe that our research findings will contribute to the understanding of cardioprotective properties of volatile anaesthetic agents and the association of changes in lactate level on recovery outcomes in patients undergoing cardiac surgery.

Reference:

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2. Quek D. The Malaysian Health Care System : A Review The Malaysian Health Care System : A Review [Internet]. The Star Online. 2014 [cited 2017 May 18]. Available from: https://www.researchgate.net/publication/237409933_The_Malaysian_Health_Care_System_A_Review