



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)

In Malaysia, the spectrum of common diseases, such as dengue fever, bacterial diarrhoea and leptospirosis, varied from the UK. 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 was 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 was 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 was 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 were not a priority to them because the delivery of healthcare in government hospitals was 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 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. Although there were some differences in the equipment used, the core technique of practical skills remained the same. For instance, they used needle and syringe to withdraw blood from patients and transferred into laboratory tubes due to cheaper cost. However, this method may carry a higher risk of needle stick injury or potential spillage of blood during transferring. At this time, I reflected the importance of the implementation of all the safety precautions in the UK hospitals.

I was grateful to receive funding support from the AAGBI toward my elective posting in Malaysia. This funding 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 convey my gratitude to 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 a good patient recruitment and it is expected to be completed by the end of September for data analysis. I believe 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:

1. Ng, K, Wang, CY, Alston R. Coronary Sinus Blood Sevoflurane and Desflurane Concentration and Lactate Changes in Patients Undergoing Heart Surgery (SEVO-DES) [Internet]. ClinicalTrial.gov.my. 2016 [cited 2017 May 17]. Available from: <https://clinicaltrials.gov/ct2/show/NCT02866630>