

NST Leader: Hospitals in intensive care

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An unrested worker in a uniform is a walking danger, to himself and patients. - NSTP file pic

No care system should be in crisis, but Malaysia's public healthcare is in one.

The Malaysian Medical Association (MMA) is warning the nation of possible strikes by healthcare workers. We may have to brace for a battering if nothing is done. A day or more waiting for a bed is not an infrequent lament.

The queues at the emergency departments are too long for the frontline staff members and doctors to manage. Sure, some of the problems are one of perception, but most are real.

Beholders' problems are easily solved by communication, which clinics and hospitals are not so good at. If only the doctors were as communicable as the diseases they are treating. Take the long queues at the emergency departments. The hours of wait, it turns out, is caused by non-emergency cases seeking treatment there. A clear guide on what is and isn't an emergency will help.

Our public healthcare has a 3-M problem. Money, manpower and material. Start with money. The 2022 Budget allocated RM32.4 billion for the Health Ministry, just slightly higher than the RM31.9 billion the previous year.

Though the government's public healthcare expenditure has been increasing year-on-year, the World Health Organisation says not much of Malaysia's ringgit is going there. Our neighbours do a better job.

HealthCareAsia, a health news portal, last year quoted a Fitch Solutions Country Risk and Industry Research report as forecasting our public healthcare bill to reach RM91.1 billion in 2025. Monstrous money, but the government must find it if it is to improve public healthcare delivery. Money is also causing a manpower mess.

If a recent survey by CodeBlue, a health portal, is right, many healthcare workers, not just housemen and medical officers, are being asked to work very long hours. A whole day's work isn't unheard of. This is a stretch too far. An unrested worker in a uniform is a walking danger, to himself and patients. Hospitals are severely understaffed. We use severely advisedly.

We have the word of the MMA, which had come out openly in the recent past, calling on the government to cure "longstanding issues". Manpower is somewhere there.

Now for the third of the 3-M, material, our word for buildings, facilities and equipment. Some of our hospitals and clinics are in their declining years. They must be saved before dilapidation sets in. The longer we wait, the more money will be needed to put them back to what they were before.

To be fair, the battering of the public healthcare service isn't just the doing of the Health Ministry. As hinted by the MMA, there may be roadblocks elsewhere in Putrajaya. The Finance Ministry and Public Service Department are the named two. Bureaucracy favours procrastination. So we learn from Putrajaya. In October last year, the then finance minister Tengku Datuk Seri Zafrul Tengku Abdul Aziz promised a medium- to long-term reform of our public healthcare system. We haven't seen one.

So haven't the 1,652 public health officers who rushed to vent their fury and frustration in the survey conducted by CodeBlue. Call it a quit-strike expression of exasperation. A white paper on public healthcare is said to be snaking its way in Putrajaya.

Let's hope money, manpower and material are on it. They require resolution, stat, as the doctors will say. Going on strike is not the right thing to do. So isn't kicking the can down the road.