

# Implementing much-needed healthcare reform in M'sia

Ravindran R Naidu | Published on 22 May 2018, 3:04 pm | Modified on 22 May 2018, 3:21 pm



**LETTER** | The Malaysian Medical Association (MMA) would like to take this opportunity to congratulate Dzulkefly Ahmad on being appointed as the health minister of Malaysia. His recent statement that Health Ministry will operate based on research, evidence and facts is gratifying and promising.

Malaysia's healthcare system is the envy of many countries. However, there is still much room for reforms and improvement to deliver a seamless and sustainable healthcare to the people of Malaysia. Accessibility to healthcare is a basic right of an individual and should never be traded as a commodity.

It is also reassuring to note that the health minister will work towards increasing the healthcare budget as recommended by the World Health Organisation.

Further importance should be given to enhance human capital, reduce wastage and leakage in the system, with funds allocated for research and development and not neglecting preventive care and early detection of non-communicable diseases and its complications.

Moving forward, the MMA will continue to monitor and help reform the healthcare system to achieve the goals of the government.

**Health care budget and human capital**

More funds should be allocated in human capital development at all levels from doctors, medical assistants and nurses who have been providing excellent services.

The promotion process should be reviewed with transparency, without any favouritism and based on performance, seniority, and merit.

Differing non-transparent bureaucratic processes should be withdrawn in the promotion process of healthcare professionals in the public sector with a view to reduce brain drain.

### **Transparency and accountability**

The manipulation of patronage and leakage should be addressed via an open tender without intermediary brokers in the system, which increases cost and should be eliminated.

All previous concessionaire agreements providing services to the Health Ministry or even the private sector via the Health Ministry should be made available for public scrutiny and efforts must be made towards good governance and transparency.

Healthcare must be assessed, and this should be done before any projects are awarded and should never be for political gains.

There should be no political pressure on the bureaucrats in carrying out their duties as public servants.

The minister should engage various stakeholders at all levels so as to get first-hand opinions on issues at ground level rather than just depending on one or two bureaucrats and paid consultants.

### **Enhancing primary care and public health**

Enhancing primary care should not only be focused in the public sector, but equal importance should be given to the more than 6,500 private general practitioners clinics.

MMA has been supporting the Selangor government from the onset of the launch of "Skim Peduli Sihat", and welcomes the government's initiative to make it a national program.

The government should seriously consider partnering with the general practitioners in the early detection of non-communicable diseases and its complications and move towards efficient and prompt management.

MMA will continue to advocate quality in practice among the general practitioners for better outcomes and assisting the government to reduce the disease burden, especially for non-communicable diseases.

Both primary care and public health sectors should be given importance as the gatekeepers and play a more prominent role in preventive care which has been neglected previously.

Prevention is always better than cure. Focusing on preventive care with assistance from gatekeepers can save the government from spending in costlier curative care.

### **Overcommercialisation of healthcare**

Overcommercialisation of healthcare should be addressed as it only increases the healthcare cost and serves no purpose to the patients.

Private hospitals should remain focused in the secondary and tertiary care rather than overcommercialising health screening and encroaching on primary care. Diagnostic centres and laboratories that overcommercialise health screenings should be regulated and monitored.

### **Excessive medical graduates**

The quantity and quality of medical graduates are startling. The number of admissions to medical schools within Malaysia must be monitored and preferably reduced.

A moratorium with review of results required for entry should be explored and scrutinised. The quality of doctors graduating should be examined.

There is an urgent need to address the cause for delay in postings and employment of house officers and the fate of these doctors on contract after four years.

### **Reforms in Malaysian Medical Council**

Reforms are also needed in the Malaysian Medical Council to play a more proactive role as a corporate body in regulating registered doctors in Malaysia and continue to guide doctors and safeguard the patients.

Issues of delay in the issuance of the Annual Practising Certificate for doctors and election of council members need to be addressed urgently.

Malaysian Medical Council should be independent from the Ministry of Health and the act must be amended to address these issues.

MMA hopes the minister forms a group that consists of various stakeholders to get an unmediated view of issues faced to prepare a master plan and get ready for a better outcome.

Health and healthcare involves everyone, and for a sustainable solution it requires the involvement of all stakeholders and not just policymakers.

Thank you.

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*The views expressed here are those of the author/contributor and do not necessarily represent the views of Malaysiakini.*