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# PPSMMA Updates

## Meeting with Malaysian Productivity Corporation, 9 June 2017



Meeting was chaired by YBhg Dato' Abdul Latif Hj. Abu Seman, Deputy Director General of MPC.

MMA had a very productive meeting and various issues were raised and deliberated. Some of the contending issues that were raised ranged from over regulation, increased in regulatory compliance to no proper stakeholders' engagements and lack of transparency when new acts and regulations are being passed and gazette. It was agreed that this may reduce in productivity and MPC has proposed to set up a committee with MMA to address various regulatory issues faced by the doctors in the private sector especially those who are operating clinics.

## Meeting with the Pharmacy Enforcement Division, MOH on the review of Fi for "Permit Membeli dan Menggunakan Bahan Psikotropik (Burprenorphine and Methadone)" and Kelulusan Lembaga Iklan Ubat, 19 June 17



Meeting was chaired by Mr Tan Ann Ling, Director of Pharmacy Enforcement Division.

The Meeting was to get feedback from the stakeholders on the proposal to increase the "Permit Membeli dan Menggunakan Bahan Psikotropik (Burprenorphine

and Methadone)" from RM100 to RM1000. MMA strongly objected the above increment as it may not serve the purpose of addressing social issues faced by those who are participating in the programme. With the implementation it may reduce even further the number of clinics from 314 who may participate in this program. The social-impact cost with the reduction in the GP clinics participating in the programme, will be way much higher compare to the fees that MOH is intending to collect. Dr Hanafiah Hamidon, Deputy Secretary PPSMMA is currently collecting all the necessary data to be sent to MOH. MMA has also expressed its dissatisfaction for the short 48-hour notice given before calling for this meeting. The dateline to submit is 15 July 2017. Basic Healthcare and Education is a social obligation by any government of the day and they should spend prudently from the tax collected of the citizens.

There is another proposal to increase the current advertisement fees. The table shows the current and proposed fees.

Bil	Jenis Medium Pengiklanan Yang Digunakan	Fi Sekarang (every three years)	Cadangan Fi Baru (every three years)
1	Internet (Cth: Laman Web)	RM100	RM2000
2	TV & Radio (Cth: jingle, bual bicara & talk show, segment tajaan dll)	RM100	RM1000
3	Billboard	RM100	RM1000
4	Press Release	RM100	RM1000
5	Media Cetak (Cth: akhbar, majalah, risalah, banner, bunting dll)	RM100	RM500
6	Web Page (pertambahan iklan produk/ perkhidmatan kepada Laman Web yang telah diluluskan LIU)	RM100	RM500

MMA has objected the fee increase for the GP Clinics as only basic information like name of the clinic, location, contact details, person in charge, time table and basic services are provided in the website. There are also grey areas whereby the clinic location is also posted by Google map. MMA has requested for an exemption for GP clinics which are providing basic information and the need to notify only. Dr Sivanesan L, Vice Chairman PPSMMA is currently preparing MMA's proposal for submission.

### Meeting with Pharmaceutical Services Department on online portals that provide consultation, online prescription and supply services, 20 June 2017



Meeting was chaired by Dr Salmah Bahri, Senior Director of Pharmaceutical Services Department, MOH. It was attended by Malaysian Medical Council and other medical associations.

Some online portal business SOP contravenes some of the existing Acts including Drug and Sales Act

and the Medical Act. MMA welcomes telemedicine and other disruptive technological advancement in medicine, but it must have clear guidelines and the portal owner and the registered medical practitioner must conform to the existing acts, regulations and code of professional conduct.

Pharmaceutical Services Department (PSD) agrees on the business "malpractice" by certain online portal and will work together with Medical Practice Division to address these issues. PSD will work closely and get feedback from Bahagian Amalan Perubatan Swasta, MOH and Malaysian Medical Council before making a final decision.

However certain online portals have a different SOP which does not conflict with the existing acts and regulations. The doctors who are engaging in the online first time consultation with patients via telemedicine portal may not conform to the Code of Professional Conduct by MMC.

It was agreed that current form of telemedicine for the first time engagement with patients compromises duty of care, good medical practice, code of professional conduct and acts and regulations. A clear guideline must be in place for the interest of the patients.

## First Time-Online Medical Consultations

The growth of internet for the last 20 years as a medium of information and a communication technology has provided the opportunity for selling medical products and services online directly to the public. There are many Malaysian registered websites or portals that are providing such services.

PHFSA, Medical Act, Poison Act, Sales of Drug Act, Medicines (Advertisement And Sale) Act and Code of Professional Conduct are some of the acts and regulations that the medical practitioner has to conform currently.

So with all the above acts and regulations in place, many questions arise.

Are these portals and doctors who are engaged in these services conforming to it?

While the Ministry of Health is prompt at prosecuting the registered medical practitioners (RMP) why no action has been taken in this case?

While the portals only need ROC registration to do business the doctors have to conform to the above acts and regulations.

Three main issues of concern on this disruptive technology are legal, ethical and social perspective.

Since there are already so many acts and regulations that are micromanaging the RMPs, we need to understand and be aware what we are getting into when we engage into such portals. All medical consultations, however, are subject to certain professional standards, and in many instances consultations done via online fall below the accepted professional standards as set out in the code of medical practice and good medical practice. At the moment most of the cases seen by online consultations are likely to be simple illness like cough/flu or even mild fever. Are we doing it right when we prescribe medications for UTI, STDs and even skin diseases. In many instances as what we taught at the medical schools we need proper

history, physical examinations and investigations if necessary before we reach a diagnosis. Can we build the trust and the confidentiality that we develop when we see patients in our clinics? Can we be subjected to professional misconduct, that gives MMC the authority to suspend or remove from the register any fully registered person if found guilty?

The same level of "duty of care" as in traditional doctor-patient relationship may not exist in an online consultation, but a prescribing doctor will still be required to exercise a duty of care to prevent loss or injury to the patient. A breach of that duty leading to a loss will result in liability for negligence.

The issuance of prescriptions via online consultations raises important legal issues of confidentiality and data protection. Confidentiality focuses on maintaining the secrecy of information and data protection on the legal framework governing the processing of personal data. The collection, storage, security and use of the data is very important. The data may be stored in 3 places, the doctors' computer, the portal provider and also the pharmacy. During the online consultation, a patient place the trust in a prescribing doctors and in turn, the doctor has a duty to discharge his responsibility hence forming fiduciary relationship.

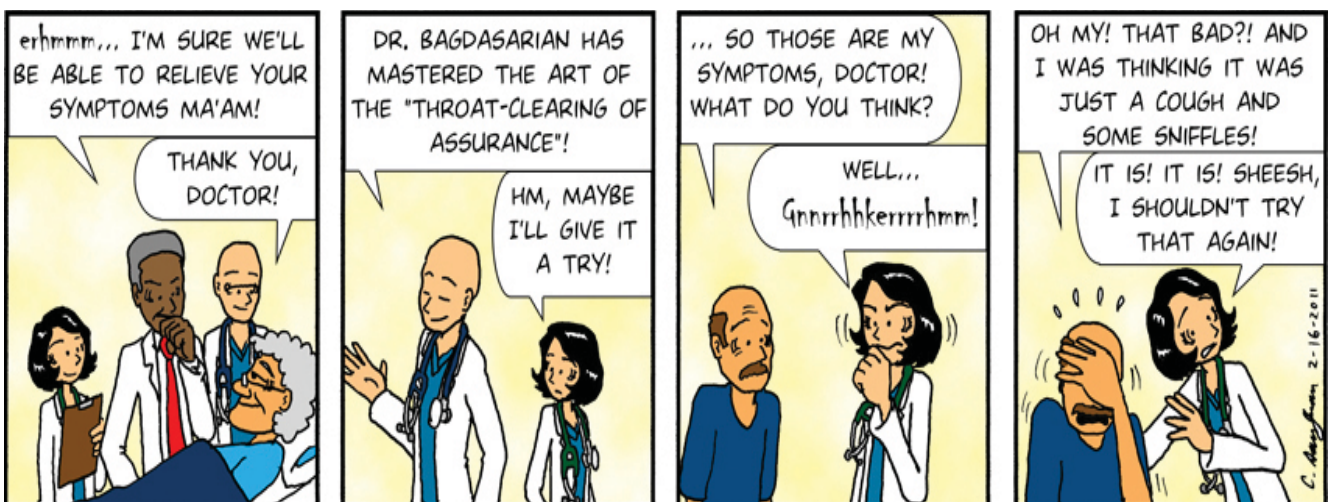
The internet creates a global market for business and it is easy for cross border consultation. It will be difficult to prosecute a medical practitioner located in a different jurisdiction.

It could also be argued that the practice of prescribing drugs via online favours the assumption that the drugs are the best solution to the problem.

The purchase of online drugs may undermine risk associated with such drugs. The issuing of prescription implies that an expert has taken the medical, possibly the emotion of the patient into account, the risks and benefits of prescribing the drug and has recommended a course of treatment based on those factors. By offering an easy "route" to buying drugs , it could be argued that the practitioner prescribing is undermining the best practice of advised by Malaysian Medical Council.

Commercialisation of medicine has flourished with the advent of this disruptive technology that may have compromise quality and duty of care. While this dynamic technology has its advantages, a clear guideline has to be in place and enforced by the ministry of health so that the registered medical practitioners and public can use it without compromising the quality of care and professionalism. It is best advocated for follow-up consultation, GP to specialist and the element of online prescription should be kept for chronic drugs.

The technology is so dynamic hence the Ministry as the custodian of the Healthcare Ecosystem should be proactive in engaging the stakeholders in the entire supply chain and formulate a clear guideline soonest possible to protect the public and the practitioners.



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