

Presidential Address

Dr Ashok Zachariah Philip
President
Malaysian Medical Association



Dr Ashok Zachariah Philip delivering his Presidential Address

I feel acutely the privilege of being able to address you today as the President of the *Malaysian Medical Association*. Three years ago, I had not even the faintest thought of running for this position, yet here I am, for better or worse. My hope is that I can work for the benefit of the Association and the members. I realise that among my predecessors have been many truly visionary and able practitioners. I trust I will be able to fill their shoes.

Every President, in his inaugural speech, will tell you that the landscape of medical practice in Malaysia is challenging. I am no different. In fact, the challenges facing the profession seem to be mounting daily. Some of these challenges are the inevitable result of the aging population and changes in lifestyle and diet. Some, however, seem to arise because there are attempts to regulate or tax medical practice without really understanding it. Finally, some challenges are the result of poorly coordinated “policies”, whose fruits we are now reaping.

Let me focus on the last category first. The oversupply of doctors is the result of what seems to have been poorly planned and inadequately monitored licensing of private medical colleges by the Ministry of Higher Education. The MMA and individual doctors have been voices crying in the wilderness for many years, warning of the all too obvious consequences of this wanton expansion of medical programmes. Only now are our warnings starting to be taken seriously. I suppose the failure of one of the private colleges recently has brought the problems into sharper focus. To be fair, the Ministry of Health (MoH) was not

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responsible for the flood, but it should have spoken up more forcefully to prevent this, since it is responsible for training the new doctors and maintaining standards of medical care in this country. Now the MoH is struggling to place the 5,000 or so new housemen in training posts every year. Unless new training hospitals come online (whether new or upgraded), this is going to be an uphill struggle. With budgetary constraints, I think few new hospitals are going to be built, and few old ones are going to be upgraded. The recent drastic step of freezing Government posts makes this problem more acute, because even with new hospitals you may not get new posts. Don't forget that once housemanship is done, you have to find room for the new Medical Officers. Are there enough posts for them? What avenues are there going to be for further training and specialisation? Will non-traditional routes of career advancement be further developed? Not everyone wants to be a specialist, but that doesn't mean they want to stagnate. Will the Government be hiring doctors on contracts? Will unemployed doctors

be flooding the streets? I know there are no easy answers to these questions, but I urge junior doctors in Government Service to join the MMA. We have long been championing the interests of doctors, and if you join us our voice will be stronger. To the Ministry of Health I say, engage with us as allies, because our interests in improving healthcare standards are the same. Together, we can do more than we can apart.

I know that there are pressures on the healthcare budget, and the need to restructure the healthcare system of the country is becoming overwhelming. There have been many false starts over the decades, including the recent 1Care proposal. Consultants have come and consultants have gone. Their expensive reports pile up but nothing seems to be happening. To be fair, the restructuring of a healthcare system that works so well is going to be tough to sell. If it ain't broke, why fix it? If the Ministry of Health wants to convince people that change is necessary, it will have to be very open about why the present system cannot continue. If there is an impending budget blowout, tell us. Without full and frank consultations, people are going to be paranoid and rumours will spread. It is a climate of incomplete information that allows people to believe that 10% of their salary is going to be taken for health insurance. Incomplete information allows people to believe that they will not be allowed to choose their GP. Incomplete information makes the claim that everyone can only get four free doctor visits a year sound plausible. None of this may be true, but once people believe these things, they will resist any change. Therefore, I request the Minister to instruct his officials to engage frankly and truthfully with the stakeholders. Do not lapse into the bad old habits of hiding behind the Official Secrets Act. People now are more aware of their rights and social media and smartphones make the keeping of secrets difficult. I would like to suggest to the Minister to make a virtue of necessity – if you cannot really hide things, you might as well open up and consult us. We, in return, will pledge to engage responsibly with you.

Engaging with the MMA will benefit the process of healthcare restructuring, because without having practical experience of private healthcare, you would not know what you are trying to reform. Trying to make private doctors and hospitals function like Government hospitals will not work. To make this incredibly difficult process of melding two very different systems have the slightest chance of working, you must talk to those of us who have had years of experience. The Ministry may have many experts in healthcare systems, but for expertise built on years of experience in the private sector, come to the MMA.

Something else related to healthcare restructuring has recently been stirring up strong feelings. I refer of course to the matter of dispensing separation, more succinctly

known as DS. Once again, incomplete information has made many doctors extremely worried that something which is an integral part of their practice now is going to be snatched away without proper preparation. We feel that long before we can think of DS, we have to ensure that all patients will be able to see doctors, get prescriptions and get medicines without incurring extra costs or inconvenience. Equally, we have to ensure that doctors will not lose a significant part of their income. If the proper groundwork is not laid, we know that the thrifty Malaysian consumer will see the pharmacist instead of the doctor wherever possible – after all, if DS forces them to get medicine from the pharmacist, why not just get medical advice there as well? You and I know what a disaster that will be for the health of the nation, as rates of renal failure, stroke, ischemic heart disease and antibiotic resistance spiral out of control. If the patients are to be forced to endure DS, please make sure that pharmacists do not usurp the doctors' role. Pharmacists, of course, will say that we are usurping their role, but there is a difference – when doctors prescribe and dispense medications, we know what we are doing. When pharmacists give medical advice, they only **think** they know what they are doing.

I have spoken of the seemingly irresistible urge on the part of many to regulate and tax the private practitioners. What is going on here? Do you think doctors are untrustworthy, so that every last detail of our practices must be micromanaged by people who wouldn't know where to put a stethoscope's eardrums? Do you think private practitioners are cash cows, to be bled slowly by charges on everything they do? Why is it necessary to make doctors register under the Personal Data Protection Act (PDPA)? The Medical Act and the Malaysian Medical Council have a much more stringent standard for the protection of patients' privacy than the PDPA. Even though the amount we are asked to pay is not huge, it takes time and effort to comply with all the legislative requirements. This time could be far better spent in patient care and professional upgrading. I am not suggesting that we should be immune to the Act. What I object strongly to is being asked to register. I ask again – why do we need to register? The MMC and the Ministry of Health have the details of every doctor in private practice. To me the requirement for registration is to make it look like work is being done, and to provide an excuse for charging us fees. Even if a one-off registration fee is justified, why charge us again every two years? This looks very much like a money making scheme. And the worst part is that the body collecting and storing our information for the Personal Data Protection Act is not subject to the Act. How secure is **our** data? I am grateful to the Minister of Health and the DG for taking our side in a robust manner in this matter, but somehow progress has not been made.

The complex fiasco that is GST in private healthcare is a prime example of what happens when people with no knowledge or understanding of medical practice try to regulate it. The result is a ludicrous and complex labyrinth of regulations which divide doctors up depending on employment status, income and other irrelevancies. We are all providing healthcare to patients. Either tax us all or tax none of us. At the same time, please don't forget that the people paying the tax are the same people who were told healthcare would not be subject to GST. It may be that there are pressing reasons to tax healthcare, but it must be done truthfully and transparently. Don't ask us to hide things from our patients. Don't make us lie to them. Doctors are among the most trusted professionals and we would like to keep it that way.

In the coming year, we expect that the new Medical Act will come into force. Among other things, this will see the corporatisation of the MMC, compulsory medical indemnity insurance and minimum CPD points for APC renewal. I am glad to note that the MMC has appointed the MMA to provide points for APC renewal for doctors in the private sector. Members, of course, will not have to pay for this, but non-members will be charged. This is yet another reason to join MMA.

There are other matters we have to address with the MMC, and we have written to them to continue our dialogue on such matters as APC renewal fees, the imminent implementation of the ASEAN Framework Agreement on Services and the details of the Medical Regulations. I believe our relationship with the MMC has been mutually beneficial, and will continue to work to keep it so.

The matters I have mentioned so far are for the short and medium term. Of arguably greater importance is a looming problem on the near horizon. We are all aware of the National Health and Morbidity Surveys carried out by the Ministry of Health, which show a seemingly inexorable rise in non-communicable diseases among our populace. If this continues, huge losses in productivity will be the result. Since lifestyle changes such as a richer diet and less physical activity are the main culprits behind this problem, only lifestyle changes can reverse this trend. However, such changes are extremely difficult to initiate, especially on a large scale, and even more difficult to maintain. What is clear is that a limited or one-dimensional approach will not work. The Ministry's Health Promotion Unit should become more active and become the main place to get information and resources for adopting and maintaining a healthy lifestyle. This alone will not suffice, and I hope that the Ministry of Health will initiate or introduce legislation that rewards employers for measures that help to improve the health of employees. For example, tax breaks might

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be offered for companies that provide gyms or gym memberships for their employees. Similarly, incentives may be offered to workplaces with canteens offering healthy diet choices. Of course, the employers will also have to play their part by passing on incentives to the employees. Perhaps employees will be given financial rewards if they do not take sick days.

These are just preliminary suggestions for dealing with what will become a huge public health problem. If the Government has any intention of implementing a national healthcare financing plan, it should be aware that the burgeoning burden of non-communicable diseases has the potential to totally overwhelm any planned budget. The MMA has a Health Policy Committee with very senior doctors as members. We would be happy to work together with the Ministry of Health to make sure that Malaysian Healthcare remains sustainable as we develop.

Lest our honoured guest should feel that I am merely handing him a long laundry list of grievances, I would like to reemphasise this – we want to work with the Ministry of Health and other relevant authorities on matters relating to doctors and healthcare. We are pointing out the problems because we want to be part of the solution. Don't shoot the messenger, please.

Finally, it is my pleasant duty to give thanks. Firstly, I must thank my family for their love, support and tolerance, without which I would not be here. Of course, I must also thank the members of MMA who voted for me last year. Particular recognition must go to MMA Melaka members, but members from all over the country have been incredibly supportive. In the coming year, I welcome all your suggestions and feedback. We can only remain relevant when we respond to members' concerns, but unless you communicate these concerns to us, we may not be aware of how serious they are. Congratulations to the Organising Committee for a job well done. Don't wait another 40 years to host the AGM, please. Finally, my sincere thanks and deepest appreciation to our guests of honour, for making the time and effort to attend this dinner. Your presence is deeply meaningful and gratifying to us.



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 President

A Note from the President

Traditionally, this page serves to introduce the new President. I would prefer to use it to give my views on the way the Malaysian Medical Association (MMA) is regarded, what I can do about it and how you can help. I am sure you will have ample opportunity to get to know me over the coming year.

It is always daunting to take on a heavy new responsibility. The Presidency of the MMA seems to me to be especially heavy because of my strong feeling for the organisation and its role in our professional lives. The MMA is often reviled by members and non-members alike, with many saying it is an old and toothless tiger. Some say the top officers are only there to get awards and accolades for themselves.

Let me address the second statement first. I think even a cursory look back over the last few years will show that awards have been striking by their absence. No President or ExCo member has got any high awards over the last few years. This may be due to the fact that we have often spoken out for the interests of the MMA, the profession and healthcare in general. Speaking the truth is one way to make sure you are not on the next Honours List!

As to the feeling that MMA is toothless, I must acknowledge that we are not what we once were. Having said that, we do remain a force to be reckoned with. MMA is the broadest based, oldest and largest doctors' association in Malaysia. Many other organisations exist, of course, but they tend to be limited by speciality, religion or

other interests. Our views are still sought by other organisations, and the Malaysian Government recognises that the MMA is indispensable when they seek **genuine feedback and advice** about health-related matters.

You might ask why MMA is viewed as irrelevant by many, then. I feel it is because we cannot speak out in public about things that we are still negotiating or discussing. One thing I learned over the last year is that press conferences, while valuable, can lead to significant misunderstandings.



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Reporters rarely understand all the nuances of what we tell them, and carefully prepared statements are often butchered and taken out of context. Facebook, while a valuable tool, can also lead to unforeseen problems. What starts out as an innocuous post about a meeting may be hijacked in the comments thread to become a rant against the MMA or the Ministry of Health.

Having said that, I will keep the members informed throughout my term of all significant developments. I realise that not everyone reads the Berita MMA and other printed materials we have sent out. Facebook, and perhaps Twitter, will have to supplement the traditional means of disseminating information.

I urge all members to remember that the Council and ExCo are not omniscient. If you become aware of any matter or problem that you think MMA should get involved in, please let us know. Most of you can directly inform your State Chairman, but if you prefer you can always email president@mma.org.my or secretary@mma.org.my. All contributions are gratefully received. I pledge to do our best in all that we do, but would like to stress that satisfaction is NOT guaranteed.

Over the past year, I have come to appreciate the fact that MMA practises the system of having a President-Elect. It provides an opportunity to get acquainted with the people and issues that MMA is dealing with. I hope that what I have learned will stand me in good stead, and lead me in the paths of righteousness – or at least keep me out of trouble while helping to advance the interests of the medical profession in general and the MMA in particular.

I hope that when I come to this time next year, I can look back with an untroubled conscience, secure that I tried my best, even if not everything I try succeeds. Please wish me the best of luck, and lend me your support.