President's Message

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Presenting the Malaysian perspective on violence against doctors and clinics

There were two important events that I attended in the month of February; one locally and another in Mumbai, India. Both were quite significant as they were related to problems faced by medical practitioners in their day to day practice.

International Conclave: Zero Tolerance to Violence Against Doctors and Hospitals, Mumbai India – 8-9 February 2019

MMA was invited to participate in this International Conclave by the Indian Medical Association (IMA). The organisers were generous in accommodating our request to include a participant from the SCHOMOS besides the President. There were several other invited international participants besides the numerous delegates from India itself. The Conclave was also attended by the President of the World Medical Association, Dr Leonid Eidelman and the Secretary-General Dr Otmer Kloiber.

Violence against healthcare providers has become a global problem and it has been reported in both developed and developing countries. In India, it is a serious problem and has reached epidemic proportions. An Indian Medical Association survey found that 72% of doctors have suffered physical violence or verbal abuse during their career. The junior doctors seem to be suffering more than the seniors, and some form of violence is being reported on a daily basis, with some resulting in grievous injuries.

The causes of violence are multifarious mainly arising from the failure of communication, eroding the image of the profession arising from the increasing commercialisation of healthcare, psychological stress among relatives (especially when there has been a poor outcome of the treatment), and poor security for the doctors, hospitals, and clinics. The increasing cost of healthcare is another salient factor, especially when one has to use the life savings to pay for healthcare.

In India, the out-of-pocket payment for healthcare forms 62% of the total health care expenditure in the country while in Malaysia it is around 39%. In China, 54% of the healthcare expenditure came from the patients' own savings or was borrowed. These are all high in comparison to the WHO recommended-rate of less than 15%. To make matters worse, 70% of the healthcare delivery in India occurs in the private sector with poor penetration of private healthcare insurance.

The changing doctor-patient relationship has also contributed to the image of the profession becoming jaded. Some patients are better informed while others may be illiterate as far as healthcare is concerned. Both groups pose a potential source for violence in times of adverse outcomes. When the quality of

Receiving a memento from the IMA

service falls below the expectations violent reaction can be expected.

Violence is not only physical in form, but also includes verbal abuse, psychological harassment, threats, vandalism of the healthcare facilities, and cyber trolling (including in the social media). Violence affects the doctor's professional as well as personal life as sometimes their families are also affected. It becomes difficult to work under stress and often it has been found that doctors prefer to play down the violence and remain subdued. The publicity given by the media towards adverse outcomes in patients has further endangered the doctors and the facilities.

In his address to the audience, Dr Otmer Kloiber highlighted the violence faced by healthcare providers in conflict and war zones which has increased in spite of international convention against violence towards those providing humanitarian services and aid. The international community has to address this serious degradation of human behaviour and make concerted efforts to prevent any further deterioration and to bring this to zero levels if at all possible.

While in Malaysian context violence has not reached the level in India or some other countries, we need to take measures to prevent the escalation of violence. There have been a few cases of physical violence reported but more prevalent are the verbal abuses and more recently, cyber trolling. Due to a fear of violence, there are reports of 24-hour clinics limiting their operating hours. There are also clinics that have stopped stocking psychotropic drugs not only because of stringent enforcement by the Pharmacy Division but also to minimise the clinics being targeted by the drug abusers.

What can be done? Among the solutions that were discussed in the Conclave, there was emphasis on enhancing the medical curriculum which should include ethics, professionalism, quality of care, communication skills, interpersonal relationships, patient psychology assessment and documentation in clinical practice. There must be a public awareness campaign to deliver messages such as "medicine is a science that deals with illness and it is not an exact science". Doctors are faced with multiple complex nature of diseases and unforeseen outcomes do occur because of the changing nature of diseases. Each patient reacts differently to the disease and the treatment. This is what causes unpredictable patient response to disease management protocols.

Doctors are human and do make mistakes but these are certainly not deliberate. The Conclave further declared that the increasing criminalisation of medicine can result in violence against healthcare professionals. Medical errors should be dealt with by competent medical authorities.

The escalating cost of healthcare is another worrying factor. While most of our employed citizens do get some form of medical healthcare benefits, there is a large proportion of the population that is totally dependent on government facilities. It is this vulnerable group that would react if the cost of healthcare goes up or the access to healthcare in terms of long waiting times in the clinics to see the doctor or being put on long waiting lists for investigations or surgery. Many of them would not be able to afford private care and this can lead to frustration to see their loved ones suffering. Health care financing should be on the agenda of the Ministry of Health. We have been waiting for this for the last 3 decades and there seems to be no political will to push forward this much-needed reform.

MOH – WHO Joint Assessment and Planning on Immunisation and Vaccine Preventable Disease Control and Elimination in Malaysia

MMA was invited to participate in this meeting and to give input from the private sector immunisation service providers' perspective. The meeting was attended by the panel of experts from the WHO Western Pacific Region, Officers from the Disease Control Division of the Malaysian Ministry of Health and the non-governmental organisations including MMA.

The national immunisation programme (NIP) in Malaysia has been in place since the 1950s and has provided free immunisation service through a wide public immunisation delivery network. The private sector has contributed about 7% of immunisation service. Malaysia's achievement has been impressive over the years and has achieved the targets set in the Regional Framework for implementation of the Global Vaccine Action Plan in the Western Pacific (GVAPWP). The GVAPWP targets are as follows:

1) sustaining polio-free status,
2) eliminating measles,
3) eliminating rubella,
4) eliminating maternal and neonatal tetanus (MNT),

5) controlling hepatitis,
6) introducing new and underutilised vaccines in low and middle-income countries,
7) reaching 95% national coverage and reaching more than 90% in every district for all vaccines used in the national immunisation programmes and
8) controlling Japanese encephalitis.

Despite achieving substantial targets like maintaining polio-free status, elimination of MNT, accelerated control of Hepatitis B, new vaccine introduction and almost 95% DPT3 coverage for three years or more, there are still certain challenges that need to be addressed:

1) Vaccination coverage across the country is uneven and inequity persists between districts.
2) Introduction of new vaccines is hampered by the high cost of procurement
3) Measles remains endemic and there is a high prevalence among unvaccinated school-aged children.
4) Surveillance of vaccine-preventable diseases (VPD) is high but there is limited use of epidemiological linkage and investigation of detected VPD can be improved and root causes for VPDs transmission can be better identified and addressed.
5) Increasing the number of WHO-accredited laboratories for diagnosis of suspected measles, rubella and polio. The National Public Health Laboratory in Sungei Buloh carries a heavy work burden to confirm results including that from the subnational public health laboratory in Sabah. It is recommended that more WHO-accredited public health laboratories be set up in Ipoh, Johor Bahru, and Kota Bahru to expand the capabilities to test for measles and rubella

Among the goals of the assessment, exercise was to determine the roles and responsibilities of MOH, WHO and other partners in improving and strengthening immunisation system/programme performance in Malaysia.

While giving support to the NIP, MMA also highlighted the status and challenges faced by the private immunisation providers especially the general practitioners (GPs):

1) Shortage of vaccine supply to the GP clinics due to possible global shortage and priority of supply was towards the public facilities and private hospitals.
2) Though most vaccines were covered by the third-party administrators and insurers under the NIP, the GPs had to refer patients to the public facilities due to a shortage of vaccines.
3) GP clinics cold-chain compliance is high due to strict enforcement by the Pharmacy Division of MOH.
4) Collection of vaccination data is still manual and the community nurses visit clinics to receive them.

Our proposal to improve private immunisation services:

1) Introduction of online National Immunisation Registry which would allow the GP clinics to upload data in real time
2) Empowerment of GP clinics to be more involved in NIP through assistance and incentivisation by assuring a more sustainable supply of vaccines at no cost in exchange for supplying the immunisation data through the online National Immunisation Registry.
3) The GP clinics have a wide coverage throughout the country and play a major role in improving the immunisation status of the population.

The MOH and WHO will conduct a workshop to develop a joint work plan on immunisation and VPD control and elimination in Malaysia.