

## Healthcare in retrospect

Healthcare delivery will elicit strong emotions and heated debate, particularly with regards to its central player, the Ministry of Health. To get past the rhetoric, *Medical Tribune* spoke with the man behind the nation's highest administrative office in healthcare, Director-General Tan Sri Dr. Mohd. Ismail Merican on the ministry's policies.

**Medical Tribune:** Over the past year, the relationship between the MOH and private doctors has, at times, appeared strained. The perception is that the MOH sets different standards for the private sector.

**Director-General:** There are no double standards. It's just easier for the MOH to regulate doctors in the public sector. Also, we generally do not highlight actions taken against public sector doctors. It is unfortunate that the media usually highlights cases of errant private doctors, but that certainly does not mean we are taking sterner action against them.



Director-General Tan Sri Dr. Mohd. Ismail Merican

The idea of the Private Healthcare Facilities and Services Act 1998 has always been to ensure medical professionalism and delivery of quality services. Our aim has never been about frustrating anyone, but we must appreciate that there are a few doctors who flaunt the rules. I believe the silent majority has no problem meeting the standards.

I also believe the issue is resolved but, admittedly, too much has been aired in the media, and now the lawyers are getting involved. Their presence makes it difficult for us and for the private doctors to respond.

**MT:** What of the claims that stakeholders are not adequately involved in the drafting of laws affecting them?

**DG:** The MOH has always consulted the stakeholders. The question is whether they relay the information accurately to their members. When there is a gap in communication, it gives the impression that we do not consult stakeholders openly.

**MT:** Will there be a greater degree of engagement in the drafting of future laws?

**DG:** They (the stakeholders) are already involved. Sometimes, we may not be able to listen to all parties and this gives rise to the idea that some views have not been considered.

It has to be a consensus view; we can't

listen to everyone. Bill Cosby was once asked about the secret to success and he answered: "I don't know, but I do know the secret to failure ... it is to listen to everybody".

**MT:** Doctors are also concerned over the attempted interference by managed care organizations (MCOs).

**DG:** I am as concerned as doctors about this. I am a staunch believer in clinical independence. As a clinician, I do not like being told to package services within certain limitations. That is nonsense, which is why the MOH has insisted on the registration of all MCOs providing health services.

But we as doctors have to play our part. The insurance parties cited an example of an anesthetist who, while managing an ICU patient, charged RM200 for each of his 15 visits. How do we reconcile that?

Doctors must be reasonable in the care of patients. They (patients) expect the best out of their doctors, hoping that they are driven not by monetary gain, but by the sincere wish to heal.

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- Tan Sri Datuk Dr. Hj Mohd. Ismail Merican

**MT:** Many are of the view that numerous issues affecting healthcare delivery ie, over-charging, over-prescribing, third-party interference and pathology lab practices, among others, can be resolved with the implementation of a national health financing scheme. How far along are we in realizing such a goal?

**DG:** From the moment I took office, I have championed this issue and have taken it all the way to the top. But the scheme was postponed due to certain factors and the need for more studies.

Not having a national healthcare financing scheme is not an option. Even the Deputy Prime Minister has mentioned this fact. Without it, too many medical costs will be left to market forces and that simply won't do. It is my hope - again, it depends on political will - that the scheme will gather steam and eventually take effect in the 10<sup>th</sup> Malaysia Plan.

**MT:** On the subject of complementary medicine, there is confusion on the role it will take in hospitals. Will it be an alternative to or complement mainstream care?

**DG:** We do not condone treatments that substitute standard of care, but [are in favor of] those that complement. I believe people should be allowed to get to know traditional complementary medicine (TCM) because world trends today reflect growing numbers of people who are dependant on TCM.

We have to admit that certain aspects of modern medicine have limitations, for which



TCM may work. For example, chemotherapy has many side effects, some of which can be offset using by Chinese herbs. Just because we do not know enough about TCM does not mean it is wrong.

MOH has to consider the fact that people will continue with these treatments on the basis that they provide a more holistic approach to regaining health - one that listens and takes care of healing rather than modern medicine's focus on illness.

So, my responsibility, my concern, is the quality, safety and efficacy of TCM products and treatments; whether patients are going to practitioners who are actually trained.

ing certificate) subject to fulfilling a predetermined number of CPD (Continuing Professional Development) points.

And at the moment, prevention and wellness will be our thrust. People should be aware of what causes hypertension, diabetes and the like, and recognize what is a healthy lifestyle and diet.

**MT:** On the issue of disease prevention and wellness, government policies in areas like town planning are instrumental in changing lifestyles.

**DG:** We have the newly formed health promotion board, which is an independent statutory body. Let's give it time to come up with proposals. It has basically been tasked to do whatever it takes to ensure the rakyat are capable of taking care of their health.

Issues like the environment, cleanliness, emerging and communicable diseases, and consolidation of services are all being addressed. But, of course, you need champions to push the agenda and the MOH is there for any issue that has direct implications on health.

**MT:** The plans thus far have been on policy. Does this actually translate into effective implementation?

**DG:** Implementation is always a problem. For that, everyone, including the people and the private sector, must play a part.

Look at dengue. We have the policies, yet outbreaks continue to happen. It is due to people who maintain stagnant pools and refuse to clear their rubbish. We have to appeal to the people's emotions - tell them the direct implications of their actions on their families' health. They have to be made aware that dengue today is more virulent and confers higher mortality rates.

As for doctors, they have to consider how best they can promote wellness. It is no longer enough to just prescribe drugs and send patients on their way. **MT**

**MT:** What will be the focus of the MOH for now?

**DG:** The future will be focused on strengthening primary care services. This is to ensure that the people do not over-utilize hospital services.

Primary care has always been one of Malaysia's strong points. But to achieve better results, we have to get everyone involved. GPs have to add to what they are doing. They have to update their skills and knowledge even via e-courses, which the MOH is willing to recognize.

Within the next five years, I plan to make the re-certification process (annual practi-

