



The 1Care for 1Malaysia (1C1M) Issues

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The 1Care for 1Malaysia (1C1M) issue is still making its rounds in the medical community. It is being raised amongst those of us who feel that the government is not taking into cognisance the contribution made by senior doctors to the health of our nation ever since the time of independence. There is the general feeling that doctors are being sidelined in the formation of the blueprint of 1C1M.

There are already some doctors who have literally given up hope on the future of medical care in this country and are distancing themselves from discussions about 1C1M. They have already adopted a "come what may" attitude. Anecdotes are coming in of "this so and so GP taking up the Fellowship of the Royal Australian College of General Practitioners", NOT for the purpose of upgrading themselves in preparation for 1C1M, but so that they can just "up and go" to the country down under when the situation warrants it....So much for the intention to halt brain drain with the implementation of 1C1M. Let us not have the comment that they are welcome to leave as we will have a surplus of doctors by then. We are talking about the years of experience which we will be losing, and not about losing only one doctor.

I reiterate that we must all look at things in the proper perspective and also view the 1C1M as a whole and not piecemeal as what is being done by many at the moment. Members have approached me with concerns

on how they are going to be paid. Others are concerned with the separation of dispensing rights, and yet others are concerned with whether they are going to be forced to run 24-hour clinics. These are all valid concerns of the individual doctors. Our members are all of different practising backgrounds and hence the multitude of concerns.

Do note that the 1C1M is about all individual concerns and much more. It will be about the way healthcare is managed in the future of this country. And again I need to remind all of us that it will affect us as both healthcare providers and healthcare recipients. We need to move away from thinking only as healthcare providers as we will then think singularly on what the benefits will there be for us in 1C1M and whether there will be an advantage over the present dichotomous healthcare system that we have right now.

Whether we need a change is debatable. We have many who question the need for change when things are apparently working well in the present dichotomous system that we have. But is our present health system really healthy? Have we not been experiencing a change in our practice?

The World Health Organization (WHO) lauds us for being able to deliver quality healthcare at a relatively low and reasonable cost. I would question the basis of that assumption on the grounds that not much data is

available, especially from the private primary care sector, and also that primary care spending in both public and private hospitals are being lumped together with tertiary care spending. However, I stand to be corrected as I am not an expert in health economics.

While I too remain sceptical as to whether we can come out with a workable health system for the benefit of all in the space of the next few years, I am unable to support the call for going against the change. Reason being is that change is already taking place. The one important change that has already come upon us is the amount of new graduates in the healthcare sector, not only doctors, but also pharmacists and nurses. This is already impacting on the way we practice healthcare in this country. Hence, I will choose to get involved in the hope that I can help influence the change into something better for all of us.

Politics aside, we need a health system that is able to benefit each one of us, both as health care providers (our prime concern) and also as health care recipients (don't forget that we are aging and that the present healthcare system doesn't have many benefits for the aged unless we want to queue up at the government clinics with our tongkats or wheelchairs). Further to that, this healthcare system must be one that is flexible and able to adapt to the changing needs of our nation as we trudge along.

In the recent budget, we are seeing an increasing allocation towards various healthcare benefits for the masses, mostly targeted towards the low income group. Our doctors see some of the proposed projects in an unkindly light as these proposals will impact on the livelihood of doctors in one way or another.

Some of these are:

- Health Carnival to cut waiting time for elective surgeries which is akin to medical camps seen frequently in India where they do mass cataract surgeries or mass tubal ligations etc.
- Allocated RM1.5bil for operating expenditure, RM1.8bil for developing expenditure. Though this amount is not much, it is aimed at strengthening the current healthcare system in phase 1 of the healthcare transformation of Malaysia.
- A new outpatient block to be built at HKL. This tells us of the strengthening of primary care services within the public sector. Will this lead to more hardship among the GPs?
- Women and Children's hospital in Kuala Lumpur. With so many tertiary hospitals in and around Kuala Lumpur, our government is still building new hospitals to add to the crowd, even as discussions on the 1C1M are going on. What does this tell us about the so called integration of public and private healthcare facilities? Do read between the lines.

- 81 rural health clinics upgraded nationwide, 50 new 1Malaysia clinics will be launched. Need I say more about this?
- Malaysia Healthcare Travel Council to be privatised. This is for the promotion of health tourism which is envisioned to bring in untold riches to this country. I am not sure, but will this tie in to the liberalisation issue?
- RM50 mil for HPV vaccinations by LPPKN. This will translate into a huge loss of earnings to the private sector. Some say however, that the awareness being created here will bring about even more opportunities to the private sector. Guess it depends on how one looks at it.

However, in the eyes of the public, these are seen as something positive as they stand to gain from these, and medical professionals who oppose these will be seen as selfish and looking after their own rice bowls. The medical profession as a whole will then be seen in a bad light.

For those who say it is all political propaganda, well, it is the duty of a government to provide for the masses. We all know that many governments all over the world do offer goodies in the run up to Election Day. Are we any different? As far as the public is concerned, they will welcome all the goodies, whether they support the government of the day or not.

As mentioned by our President, Dr Mary Cardosa, let us not oppose the 1C1M in a wholesale manner, but let us influence the change that is coming. We are already involved in the development of the blueprint for the 1C1M. There is a need for us to provide our input so that there will be a favourable outcome to it.

A few words worthy of mention here; what would be a favourable outcome? We are all of differing medical practice backgrounds, so what would be a plus factor for some will be a negative factor for others.

An example of the so-called accreditation of GPs. Being an "untrained" GP myself, I would oppose it. But those "trained" GPs will be all for it. Solo GPs will be against the need to be responsible for total care of their patients 24/7, but group practices will welcome it. I do understand that "untrained" GPs outnumber "trained" ones and solo practices outnumber group practices at the moment. But are you all aware that the scales are slowly tipping over as more and more medical students graduate? **M**

NOTE: We need more of your voices. Your emails will be greatly appreciated. Do email me at pps@mma.org.my with the subject title, "1Care for 1Malaysia". Differences of opinion will be welcomed, but let us all maintain a cordial atmosphere. We are after all, 'medical practitioners in the same boat'.