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Christmas Musings... & Happy New Year 2011

“Few people want to do without those who care most about them – the family members, close friends and others who constitute their ‘community of companions.’ We sense that without them our lives could change in unwelcome ways. If truth be told, most of us want our closest life companions nearby much of the time, even if ‘nearby’ sometimes just means ‘accessible by e-mail.’ We invest important hopes in these companions. If we’re fortunate, our closest companions bring out our best, not our worst; they have our well-being at heart. It is not just their presence we value, but all the forms of support they offer – their faith in us, their hopes for us.” ~ David Gibson, Emmanuel, the Lord of Undashed Hopes²

*“And so this is Christmas
For weak and for strong
For rich and the poor ones
The world is so wrong
And so happy Christmas
For black and for white
For yellow and red ones
Let’s stop all the fight
A very merry Christmas
And a happy New Year”
~ John Lennon,
“Happy Christmas (War is Over)”*

Christmas: A Human Message Transcending the Glitzy Commercialism

Christmas for me is mostly about family, and a timely reflection upon the religious significance when Jesus Christ was born, more than 2000 years ago.

This religious message is increasingly difficult to decipher apart from all the extraneous commercial noises, which fog over the true meaning of this singular event. The consumerist buying sprees and sales, the Christmas trees and decorations, the glitzy partying are but secular distractions.

I suppose when one is younger, Gen X and Y, all these have special appeal to usher in a Dionysian respite of fun and games. But that said, it is not necessarily the wet-blanket approach that most middle-aged or ‘mature’ generations should enshroud themselves with, in grim joyless austerity.

¹ John Lennon. Happy Christmas (War is Over) lyrics.
<http://www.lyrics007.com/John%20Lennon%20Lyrics/Happy%20Christmas%20%28War%20Is%20Over%29%20Lyrics.html>

² David Gibson, Emmanuel, the Lord of Undashed Hopes. Catholic News Service, Faith Alive!-No. 44 STORIES Dec-13-2010
<http://www.catholicnews.com/data/afeeds/stories.htm>

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Because the music, the carols and hymns, the pleasure of the gift-giving and sharing, the peaceful connotation so attached to the meaning of Christmas, are a joyful expression of the message intended to further enhance if not embellish the true gist of the 'holiday' season.

Essentially, Christmas time should dictate a renewal of faith as well as a renouncement of evil and sin. Basically, this is at the personal level, a call to forgiveness, a return to godliness and a promise of faith keeping, to acknowledge the goodness and authority of a Higher Being.

It is also time to remind ourselves of our human imperfections, our proclivity to error-filled ways and our inherent sinfulness, and a resolve to aspire to be better than our human weaknesses and foibles would allow us, or tempt us to be otherwise. Because in all honesty, we are all more likely to be less than good, often times driven by innate selfish motives and actions, and we are prone to be less than kind to others, than we can or should be. But, we can do better...

"Agape" a selfless love for others, expressed without ulterior or selfish reasons is that fundamental gift and message of Christians. Above all we are exhorted to be more human and humane, to work toward peace, to be better national and global citizens, and we are entreated to champion unreservedly for human rights and dignity for all, especially the underserved, the indigent and the marginalised, i.e. those who have so much less by virtue of fate or circumstances...

Time Out Relief & Reminiscence

I treasure this time of the year for winding down—the pent-up tensions, the ratcheted-up rhetoric, discordant disagreements, combative battle of wits and wills, brutish alpha male infighting, ad hominem attacks and more, all need an assured space and time to dissipate, to simmer down a few notches...

Like a recurrent active volcano, its sporadic eruptions need always that intermittent dormancy to rebuild its tamped down energies, which while so potentially

destructive, its consequential lava flows can also be so enriching and fertile, otherwise...

So I cherish this perforce moment of quietude, by opting for a much-needed vacation from the daily 'drudge' of work, toil, duties and "responsibilities".

Truly, if one does not once in a while step back, it is possible to remain forever trapped within the clutches of never-ending grind of day-to-day humdrum affairs. We all need to chill out, to take a break, to time out for some much needed freedom from work, to be able to reminisce and ponder even if a little while, even if for the simplest distracted thoughts—if for nothing else to be able "to stand and stare".

Serious burnout and ennui can etch psychological scars on our crowded fatigued minds. I believe we would perform the worse for it, if we let these psychological millstones weigh down or becloud our vision, our purpose in our individual lives.

For many of us though, we are so embroiled in the work of the living that we could not easily extract ourselves from its claw hold of remaining connected, of wishing to remain relevant, constantly on top of things, in our small if ephemeral niches of our increasingly hyper segmented lives...

Thus, it is not surprising that one finds it very hard, even well-nigh impossible, to be totally removed or cut off from the world: the ubiquitous background noises, the incessant sound bites, the strangle-hold of constant connectedness of the mobile phone, the emails, the tantalising yet very tenacious stickiness of the internet, Facebook, Twitter, etc.

Perhaps many of us think we are more than what nature has in store for us humans, that we have a greater or more meaningful impact on others around us. Perhaps we do, but then again these are in some mostly small, fleeting and inconsequential moments and ways, in hindsight.

Some of us of course prefer the close comfort of home and our own cloistered world of just a few-believing

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that we do not need to be too involved in the world out there, with all its changeable and discordant political or social clatter. Somehow, we would quietly get along and simply work for our own families, our close-knit circle of friends, our own interests...

Sometimes, we overplay our roles and overstep the boundaries of propriety, and we get hardboiled into believing in our own superiority, our own self-importance.

Sometimes we are just indifferent and we couldn't care less...

This converse reaction however, more often than not, stifles us into a stagnant morass of inaction, inactivity and fearful non-action when faced with hurdles or challenges, mostly because we are unmoved or simply feel too helpless to do something. Our greatest weakness is to remain apathetic and simply moan within, subsuming to a culture of the 'silent majority' or worse, to that Mammon of overarching but all-consuming personal self-interests...

Christmas is that special time to rekindle the humility, which would make us that much more caring, kindlier and compassionate, especially for those engaged in the healthcare business. And yet we are reminded to be more proactive and find the inner strength to act more unwaveringly toward a greater good, tempering our profit motive, our baser instincts toward callous fee-for-service earnings at all costs, and a deteriorating sliding adherence to our much-vaunted altruism.

Our lives and actions interweave and impress more easily than we expect, our '6 degrees' of chancy

interconnectedness or intrusions on others, are often less obvious than we can imagine.³

But more often than not, our influence is less than meets the eye, of lesser consequence than we believe. It is certainly not the case of 'half empty' vs. 'half full' perspective of the world around us, but bare bones realism. Some of us are habitually more sedate and pessimistic than others, some more cynical, while a smaller number subscribe to a more optimistic and 'feel good' attitude.

But truth be told, most of what we do unfortunately have very little long-term impact on society and others; they pale in comparison to those made by politicians, policy makers, government, etc. So perhaps for those of us who wish to leave bigger imprints on society, we do have to commit to some paradigmatic shift, to engage more forcefully and more steadfastly into causes, which can then be better addressed for larger segments of our society.

Down to Earth Issues: 2010

The year 2010 is over.

The year began ominously. Following the 2009-2010 budget, fifty 1Malaysia clinics were quickly established which challenged our concept of who should rightfully man any health clinic—the MMA and most medical professionals believe this must be physician led and manned. The health authorities and the government feel otherwise—the urban poor need urgent service, albeit at a questionable level of care.

What began quite contentiously as 1Malaysia clinics manned by paramedics became a serious point of contention with the health authorities and the government, but after some dialogues, greater understanding of our misgivings was represented, with

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³ Frigyes Karinthy. *Chain-Links*. Translated from Hungarian and annotated by Adam Makkai and Enikő Jankó. (Six degrees of separation: Karinthy believed that any two individuals could be connected through at most five acquaintances. Karinthy believed that the modern world was 'shrinking' due to this ever-increasing connectedness of human beings.)

the authorities still remaining entrenched in their position of their right to act. This year some more clinics, including mobile clinics, are being deployed, but we are made to understand that medical officers would be manning these clinics to help the rural underserved communities.

The MMA has loudly expressed its misgivings as to the potential glut of medical graduates and medical schools. We worry about the quality and growing dearth of sufficiently empowered public training hospitals to provide for supervised quality training and apprenticeship for our fresh doctors—we worry about the final product, which might be less competent than meets the eye.

“Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence but rather we have those because we have acted rightly. We are what we repeatedly do. Excellence then is not an act but a habit,” had wisely been articulated millennia ago by Aristotle⁴

We worry about public safety in the shorter term and the employability and competition among doctors in the longer term. We worry about the public being shortchanged by this bureaucratic rush to attain the magical doctor-population ratio of 1:400—some 90,000 doctors by 2020!

“The volume and complexity of what we know has exceeded our individual ability to deliver its benefits correctly, safely, or reliably. Knowledge has both saved us and burdened us.” ~ Atul Gawande, Surgeon and New Yorker staff writer, author “The Checklist Manifesto”, “Better” and “Complications”.

We must strive to work together to be better than one ethnic or religious fraternity alone—collectively we should be better than one, in the true spirit of ‘One Malaysia’...

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We worry about the impending Public-Private integration of healthcare services, with an ambiguous ‘work-in-progress’ scheme of social health insurance initiative and the planned ballooning of the public sector manpower needs. Would we be able to attract and retain some 55,000 doctors in our public health service?

We worry about the possible demise and marginalisation of the private medical practitioners particularly the GPs. Our GP Summit attests to the seriousness with which we medical doctors envision the diminishing roles of GPs. We worry about the subtle credentialing processes, which could subsume the GP into a lesser, less rewarding role, dominated by the few family medicine specialists who are now chiefly driven by public trained mechanisms and perspectives.

We fear change, which has not been fully articulated or formulated to encompass all our concerns and misgivings. We seek greater transparency and dialogue to improve our health care systems so that together we can achieve more than what has been simply planned, without the necessary oversight of experience or scrutiny or input from other “out-of-the-box” stakeholders.

We are fearful that the government has been whittling down its commitment to healthcare allocations from tax revenues, instead of increasing its obligations when most countries around the world has been convinced to provide. Despite global escalating healthcare costs, most nations around the world are battling with changing, modifying mechanisms to try and tamp down spiraling inflationary costs, while addressing much needed health reform.

We worry as to the gradual passing of the buck back to consumers and tax payers, who would once again be made to accept higher payment mechanisms to help defray the bloating healthcare budget. We worry that the much-needed tax subsidies for healthcare would be gradually removed to further burden the poorest and the middle class, whose savings for retirement, are already hugely inadequate. We worry that the poorest 40% of the population would be left once again

⁴ Durant W. The Story of Philosophy: The Lives and Opinions of the World's Greatest Philosophers. New York, NY: Pocket Books; 1991.

marginalised, to accept bare minimum healthcare products and services, without a social safety net such as Medicare, Medicaid or CHIPs or whatever.

Yet we all aspire to be better-to reach the 2020 goal of a developed nation with per capita income of some USD 15,000 or more. We need to beat the so-called middle-income trap, but we appear to be least prepared for the obligatory sacrifices and the mandatory leap in productivity—so elusive for most Malaysians these past few decades.

We need to prod our population to do more, now and continue to improve all the time, to keep up with the highly competitive world out there. We cannot afford to be bogged down by petty and nonsensical parochial interests and partisan prejudices and rhetoric, which destroys the fabric of our fragile unity amidst our increasingly touchy mindsets.

We must strive to work together to be better than one ethnic or religious fraternity alone-collectively we should be better than one, in the true spirit of 'One Malaysia', or a 'Bangsa Malaysia'. But this must not be an empty slogan, a meaningless outdated discordant shibboleth which rings hollow, when one does not walk the talk! No one wishes to be left behind; no one wishes to lose this unforgiving strife for advancement and one-upmanship.

Yet we must actively find more meaning and purpose in our lives, to enhance the development goals for all Malaysians. We can do better to help reduce, even eradicate poverty, enhance living skills and standards including healthcare and quality of life, abolish social ills such as corruption, street crimes, sociopolitical injustice, ethnic and religious bigotry and intolerance.

Thomas Friedman, New York Times Columnist and author argues that Americans have "to postpone gratification, invest for the future, work harder than the next guy and hold their kids to the highest expectations." Otherwise he says the country will be unable to keep up with China and other emerging economies... This aptly applies to us Malaysians in more ways than others! We must and can do better!

Ah, Christmas time is that time for thought, for reappraisal, for re-aligning our purposes and goals-most importantly, to refocus on our lives and clarify our individual and collective purposes... Are we ready to invest in the future for all Malaysians, or just for the one or few?

May the year 2011 be an especially meaningful, prosperous and love-filled one for everyone! Happy New Year! **M**

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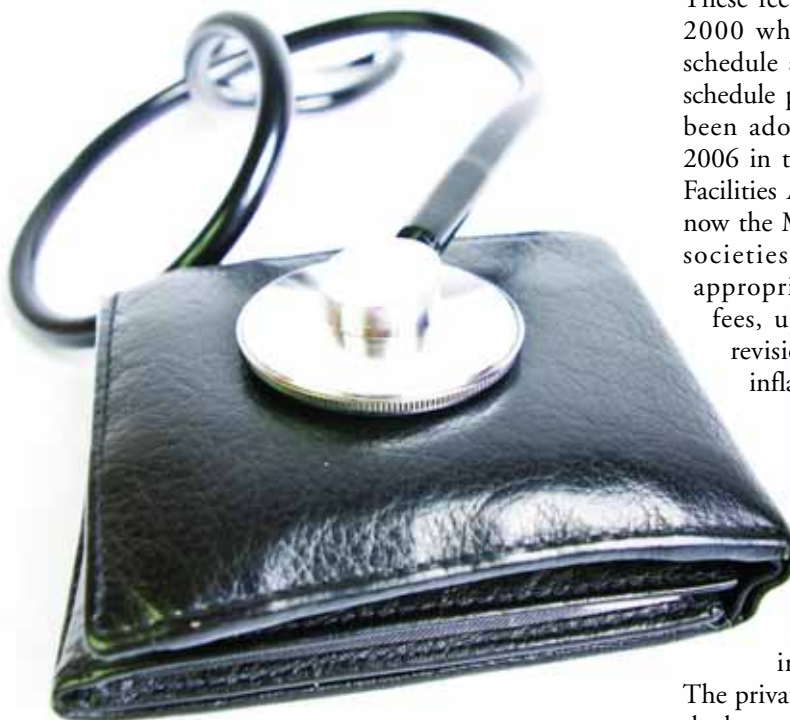
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A Response to DG Health NST front page article on “Healthcare not a Business”

DR DAVID KL QUEK
President, MMA

Here is my feedback regarding the NST front page that healthcare is not a business and that healthcare costs have been alluded to be predominantly high because of high doctors' fees, which is furthest from the truth. Hospital fees have remained unregulated and have been going up without much scrutiny and checks and balances—the reasons are given below. This is MMA's response.



Medical Professional Fees have Not Changed

The MMA agrees that healthcare costs should not run away to become unaffordable to most Malaysians, and that perhaps there should be some better scrutiny on the rising costs of medical charges.

However, from our perspectives and our feedback from our doctors and some patients, most of the rising cost is not so much that of the doctors' professional fees, which nowadays follow strictly the schedule of the Ministry of Health (MOH), and which has been 'frozen' in time for the past 8 to 10 years. There have been some disputes in fees charged (possibly less than 1% of all fees charged) but these have almost always been worked out by or with the third party payers (TPPs) and/or the MOH.

These fees have been in place since around 2000 when the MMA prepared this fee schedule as a guide (as our 4th MMA fees schedule published in 2002), but which has been adopted by the MOH wholesale in 2006 in the Private Healthcare Services and Facilities Act and Regulations. In fact, right now the MOH with all medical professional societies are working on a revision to appropriately increase these time-frozen fees, upwards, but we believe that this revision is reasonable and according to inflationary indices.

Hospital Charges are Not Regulated so far

What is disturbing is that private hospital charges have gone up even more of late due to inflationary and manpower costs. The private hospitals therefore are faced with the bottom line profit motive vs. their touted

social responsibility. We are also alarmed that costs of drugs, supportive and allied services, modern testing or therapeutic amenities have risen.

But we understand that there is no mechanism to check these upward trends as hospital charges are not regulated, and also cannot be uniform depending on the location and costs of service. But the MMA agrees that there should not be profiteering, and that there should be greater transparency in the charges and listing of chargeable disposables, medications, tests, etc.

Why are GLCs Buying All Major Private Hospitals?

Almost all the major private hospitals are now owned by Khazanah (Pantai and Gleneagles groups), and KPJ (e.g. Damansara, Ampang specialist, Tawarkal, Ipoh Specialist, Johor Specialist, etc.), Sime Darby Medical Centres (SDMC), and Columbia Asia Hospitals (CCM). We understand that because of such huge conglomerates entering into this healthcare market, the owners have been demanding a greater bottom line of higher profits.

We hear that many hospital CEOs have been told to have KPIs of at least a net profit of 20% or more. Previously, most of these doctor-owned hospitals only function on a margin of between 5 to 10 % profit. So these high costs have been driven in the past few years mainly from hospital charges, and not doctors' fees alone.

So although the DG of Health means very well, the business of healthcare has already become firmly embedded in the private healthcare sector. With heavy investments into these centres of excellence and luxury, the expected Returns On Investment necessarily go up. But contrary to some public dismay, the MMA is not trying to rationalise the high costs of private medical care for these enterprises. We are merely expressing our views on how and why costs have been going up this past decade or so. Can the MOH tamp down the moves of such private investments in private healthcare?

Therefore, the public must understand that these are the mechanisms which will invariably escalate healthcare costs. Private insurers and third party payers must understand these dynamics and not simply harp on the easiest target of professional fees.

For example, if the hospital charges have been bumped up some 50% to as much as 200%, then giving corporate discounts of 10% even 15% is

nothing substantial, but which may seemingly assuage the TPP or insurer! Most doctors see this as a mismatched business sleight of hand. But for the doctor, the professional fee (which is now regulated and quite fixed) is his/her only manner of income and that is why we do not subscribe to any professional fee discount, much like the legal professionals and the Bar Council.

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Medical Professionalism and Fees

So what can the poor doctor working in such an environment do, simply reduce their earnings for the corporate profits of the owners and stakeholders? This is unfair as all the medicolegal risks and the actual work and effort of healthcare service is borne almost entirely by the medical professional! Doctors must be able to earn their keep for their professional quality and skills.

Of course, most doctors do give discounts or waive their fees for the truly poor or those who have incurred catastrophic illness and whose medical bills have exceeded expectation because of unforeseen complications, but there is a limit as to how much the doctors can be generous.

Many doctors have called on me to express that they have always been at the giving end of discounts or fee waivers whenever there are any cost overruns due to unexpected illness or treatment outcomes. Some have spent many hours and days, trying to save the lives of patients, with very little to gain financially, but this is taken in good stride always, as part of our altruism in-built in our medical professionalism.

At the same time, the public must recognise the fact that under the current practice of fee-for-service model of healthcare in this country, that is the only mechanism through which the private doctors can

earn their keep. While we should not profiteer from the suffering of our patients, we cannot always be waiving fees or giving the lowest cost of service for every instance, which would be economically unviable for ourselves and our families, as well as for our professional standing. Hence, we do have to rely on a reasonable fee schedule to ensure that such a system is fair and just for all-the public as well as the healthcare provider.

Choice of Branded vs. Generic Drugs

In private hospitals and establishments, most doctors use more branded than generic drugs, mostly because patients expect greater surety that these would work fast and appropriately. There are expected to be fewer margins for error. We cannot afford to make a less effective decision when it comes to treating our patients who demand quicker and better treatment responses.

There are unfortunately some reservations regarding generics unless these are from very reputable companies and have been well tested. Also by the time many of these patients need to be hospitalised, many doctors feel the great responsibility to ensure that the medications are as up-to-date and as efficacious as possible, hence the tendency toward using newer and more branded drugs, thus the slightly higher cost. This contrasts with the possibly lesser time needed to bring about a good effect, compared with the uncertainty and the sometimes lower and slower effect of older drugs.

Role of Public vis-a-vis Private Healthcare

Finally, we urge the public to understand that private healthcare is not subsidised at all, and therefore the public too have a duty to understand the cost constraints of these private entities. There is always that public sector hospital which will be the fall back safety net as of now.

The MMA fully understands the constraints of healthcare costs and how they can affect the financial security of Malaysians. We urge the government to establish a mechanism to ensure that the very young (children) and the elderly have some form of subsidised care (Medicare, Medicaid, CHIPS, etc). We also urge employers to do their duties to ensure that their employees are fully covered for major illnesses.

Buying appropriate medical insurance from reputable companies and not just health management organisations (HMOs) or managed care organisations (MCOs) is important. Some of the smaller MCOs may appear cheap but their coverage is also very small, limited access, inadequate and unrealistic.

You cannot expect to pay around RM500 per year of premium and then expect to check into hospital for every minor ailment a few times a year or even once a year. Please learn to reserve hospitalisations for the most serious ailments!

Medical and Health insurance is meant to share out the costs in the contributing community, so that the cost can be spread over time and space—it is a hedging exercise but not an entitlement to every demanded test and admission!

There is no free lunch in healthcare, someone has to pay for it—either the government from allocations from tax revenues, social health insurance, or privately from contracted third party payers, shared co-payments, or private insurances. Thus, please do not game or abuse the system, someone else will lose out and in turn, you might be the one being caught out.

After comparing around the region including Thailand, Indonesia, Philippines and Singapore, private healthcare cost here is still relatively affordable and reasonable. Most importantly, our medical standards have remained sufficiently consistent and of high quality to attract foreign medical tourists! So perhaps in Malaysia, we must have been doing something right, although obviously not perfectly. Obviously, our healthcare system should not be solely driven by medical tourism; our delivery to our own people is paramount and our own *rakyat* should always take precedence and priority. **M**

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