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# The 2012 Budget & More

## Feedback...

I received an email from an MMA member, my junior in University Malaya, in response to my September piece (see page 6). I was very happy to receive the email, as it shows that members do read my messages and I am not wasting my time! More importantly, I wish to stimulate discussion among members regarding the changes that are looming on the horizon. So, I welcome more of this kind of feedback — long or short, it does not matter! Every one's opinion counts.

## Budget 2012

The budget was, as expected, an "election" budget, with lots of on-off hand-outs. The parts affecting healthcare and health services are listed below, together with some of my thoughts and comments, some of which may have been printed in the local press over the past few days.

- The Government will further liberalise 17 services subsectors in phases in 2012 which include private hospital services; medical and dental specialist services; architectural, engineering, accounting and taxation, legal services; courier services; education and training services; as well as telecommunication services. This initiative will allow up to 100 per cent foreign equity participation in selected subsectors.

I have already mentioned this in the September issue, outlining our concerns, which have already been forwarded to the Ministry of Health (MOH). In short, we hope that the liberalisation is not going to allow foreign specialists to come in and reap profits from Malaysians. We perhaps should look at the example of Singapore, which developed its healthcare service to the peak by restructuring and corporatisation, and putting in place all the necessary legislation and regulatory controls before allowing foreigners to come in. So, I sincerely hope that at the very least, the

amendments to the Medical Act to include compulsory CPD points for renewal of APCs, and the compulsory registration with the National Specialist Register (NSR) will be implemented before the opening up of our borders to an influx of foreign specialists. If we liberalise before implementing the necessary mechanisms for control, we are risking our *rakyat's* health (e.g. treatment by unqualified specialists) and also giving unnecessary and unfair competition to our own doctors.

- The Government will continue to provide quality health services for the *rakyat*, with latest equipment and better ambience. In 2012, the health services sector will be allocated RM15 billion for operating expenditure and RM1.8 billion for developing expenditure. This involves, among others, constructing and upgrading hospitals in Bera, Kuala Krai, Dungun, Sri Aman and Tuaran as well as to improve the maternity block in Hospital Putrajaya. The Government will also upgrade 81 rural health clinics nationwide and launch 50 new 1Malaysia clinics.

The allocation for health is approximately the same as it was in the last couple of years. Assuming that this sum will be allocated to the MOH, it is disappointing that the amount has not increased. In fact, a recent presentation of the National Health Accounts showed that the MOH Operational Expenditure in 2009 was 12.17 billion, with a development expenditure of 2.5 billion. Between 1997 and 2009 the increase in MOH expenditure has been approximately 2.5 times (taking inflation into account). Those of us who work in the public sector have to "look forward" to another year of scrimping and saving, with little (or no) money for purchase of assets and having to be very careful with our prescribing and practice in order to reduce cost.

We welcome the move to upgrade hospitals in the rural areas, Sabah and Sarawak, and to upgrade the rural health clinics. However, we are really disappointed with

Continued on page 8 →

← Continued from page 6

the announcement for 50 more 1Malaysia clinics, which (by definition) are in the urban areas, but run by Medical Assistants (now called Assistant Medical Officers)! When the 1Malaysia clinics were launched more than two years ago, the MMA opposed this vehemently and straight away gave a counter proposal (see next paragraph).

As there are already many doctors (GPs) practicing in urban areas, the 1Malaysia clinics will act as a "competitor" for these doctors, who are already suffering with loss of patients and income. The MMA has proposed that the MOH utilise GPs who are already in (or near) the urban poor areas, identify those who are willing to participate in this scheme, and allow patients (who can be registered under the 1Malaysia clinic scheme, using socioeconomic status as criteria); the patients can still pay RM1, (or a little more, say RM2 or 3, to discourage abuse) but the doctors will get reimbursed a reasonable fee (say RM30 per patient) by the MOH. This is a win-win situation because the patients get better care (by doctors, not by paramedics), and the doctors get more business. With the rapidly increasing number of young doctors in Malaysia, the setting up of more 1Malaysia clinics is going to worsen the situation and we will soon see unemployed doctors!

- Similar measures will be undertaken to upgrade Hospital Kuala Lumpur which is the centre for health services in the city with 3,000 outpatients seeking treatment every day. To ensure the comfort of city residents, this 141-year old hospital, which is the oldest in Malaysia, will be upgraded to be the country's premier hospital with state-of-the-art equipment with an allocation of RM300 million. Of this, RM50 million will be utilised to construct a new outpatient block.
- To promote the health of mother and child, a hospital for women and children will be constructed in Kuala Lumpur through PPP with a cost of RM700 million.

We welcome this allocation for the upgrading of HKL, but RM300 million is not a large amount. One essentially needs a more modern and brand new HKL and not just a "cut and paste" job that has been going on for years. There are also many other areas of healthcare that need better allocations e.g. cancer care and treatment, clinical research etc. The Prime Minister, though recently acknowledging that professionals in Malaysia are underpaid, has not given anything of significance to retain professionals and intellectuals in the country. Healthcare institutions in this country should be re-modelled to become high level academic and research centres with capacity to train postgraduates. The healthcare professionals in the MOH also need to be given time to carry out other activities e.g. research and teaching, rather than spending all their time doing "service" work.

Regarding the women's and children's hospital, we also welcome this proposal as this is long overdue and many countries have specialised women's hospitals or women's and children's hospitals. We hope that the services provided there will not just be excellent services with state of the art equipment and facilities but also child-centred and women-centred, i.e. sensitive to the needs of women and children. It must be a place where all women feel comfortable (not just certain classes of women) and must be open minded as well (e.g. single mothers should not be treated with prejudice) and be a place for maintenance of wellness as well, i.e. promote healthy living, etc. for women and children.

- The Government sympathises with doctors who have to work continuously for more than 45 to 120 hours per week. This situation is clearly not conducive for them to provide quality service. To ease the situation, the Government introduced a flexible schedule with an average of 60 working hours per week for housemen. To replace the on-call allowance for housemen, the Government introduced a Special Flexible Working Allowance of RM600 per month, effective 1 September 2011. For medical officers and specialists, the Government will also increase the overnight on-call allowance between RM30 to RM80, effective on the same date.

Obviously, we welcome the announcement about the flexi-working allowance for housemen, which will replace their call allowance, and we welcome the efforts to limit the working hours of these young doctors. SCHOMOS has discussed this in detail previously so I will not elaborate here, except to say that in order for this to work there must be flexibility in implementation, according to the number of housemen and the nature of the work in different units and in different hospitals. We also welcome the increase in call allowance for MOs and Specialists but are reminded that this was actually agreed to in principle more than a year ago, and was not implemented before; at least we have a date of implementation now. The next thing we are hoping for is an increase in specialist allowance, for all specialists and an additional increase for senior U54 specialists.

- To enable more women to be immunised, the Government will provide free Human Papilloma Virus (HPV) immunisation which will be implemented nationwide by the Lembaga Pembangunan Perancang Keluarga Negara (LPPKN). The cost of immunisation is RM150 for three injections. For this, an allocation of RM50 million will be provided in 2012.

We need more information on this programme — previously, it was only targeted at 13 year-olds. I am not sure how successful it has been so far, the coverage, the effectiveness, etc., in order to be able to know that

Continued on page 10 →

← Continued from page 8

impact of this extension. We also need to know the eligibility criteria — e.g. is there no age limit now?

- The Government will corporatise the Malaysia Healthcare Travel Council to promote and develop Malaysia as a main destination for healthcare services in this region.

I have got a lot to say about this! The MMA recognises that this is one of the ways that was proposed by the NKEA Health Lab to increase GNI for the country, and in principle we support this. However, we also need to ensure that the promotion of health tourism does not jeopardise the accessibility and quality of healthcare services for our own *rakyat*, and we caution against the commodification of healthcare, e.g. where advertising is liberalised to the extent that the patient (customer) may be disadvantaged because of the unequal relationship / knowledge between the provider (hospital / doctor / other healthcare provider) and the "customer" (patient). In other words, we must act with caution because healthcare is an "imperfect market". And ethical principles must be maintained at all times.

While promoting health tourism, the government also needs to increase the professional fees chargeable by amending Schedule 13 of the Regulations of the Private Healthcare Facilities and Services Act, so that doctors may also benefit appropriately from the health tourism (not just hospitals). The fees in Schedule 13 are based on the 4th Edition of the MMA Fee Schedule which was released in 2002 and has not been increased for almost 10 years! MMA has proposed that the MOH adopt the 5th Edition of our Fee Schedule (2008) or to do away with Schedule 13 and allow "market forces" to determine the professional fees.

If the emphasis is on developing more services for foreign patients and for income generation, the following are potential problems:

- Rising cost of healthcare (if foreigners are charged more, this can be transferred to Malaysian patients as well).
- Unavailability of services for Malaysians because it is more profitable to service foreigners — this includes the setting up of hospitals and healthcare facilities in places like the Klang valley, Penang and Melaka which are already well serviced, compared to places like Sabah, Terengganu and Pahang which may need the services more.
- Mushrooming / increase in services which bring in more revenue, and are "safe" i.e. less potential for complications, and also more demand, e.g. cosmetic surgery even though the need may be for other services.
- Contributing to the "pull" factor of the private sector where the health tourism is going to be

promoted i.e. encouraging government specialists to resign and move to the private sector.

## Post-script

Thank you to everyone from MMA who sent me messages of encouragement and support in my time of bereavement (my father passed away on 6 October 2011, the same day as Steve Jobs!). Loss of a parent is never easy, and I have been lucky to have both parents live to a ripe old age. I am still adjusting, and I guess I will still be adjusting for a long time to come, but having your support really helped. **M**

When I come to the end of the road,  
and the sun has set for me,  
I want no tears in a gloom filled room.  
Why cry for a soul set free?

Miss me a little, but not too much,  
and not with your head bowed low.  
Remember the love that once we shared,  
Miss me, but let me go.

This is a journey we all must take  
and each must take alone;  
it's all part of God's perfect plan,  
a step on the road to home.

When you are lonely and sick of heart  
go to the friends we know.  
Bury your sorrows in doing good,  
Miss me, but let me go.

**Author: Anonymous**

