

The First 100 days...

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1. How has it been, the first 100 days in office?

As I have commented earlier some 2 months ago, the office of President of the MMA has been quite demanding and taxing, yet it is a very challenging learning process.

Clearly, not many doctors understand the burdens of office and the mandated responsibilities of the President of the MMA. I certainly did not expect such an onerous if ponderous task.

One could of course, just take this in one's stride, and carry on as per usual, accepting the position as President of the MMA as just another feather in one's cap of personal achievement or ambition. But this, I believe would seriously undermine the status and understated strength of purpose of the MMA.

Anyone who aspires to be an MMA leader must be aware of the responsibilities and tasks ahead. He or she must necessarily wish to do more, to represent the profession more robustly and with fullest attention to details of the multifarious issues, which pertain to the medical profession and healthcare scenario in the country and beyond.

Not surprisingly, much is expected of the President as the presumed spokesperson and the recognised opinion leader of what must be the most respected association in our society, especially when the MMA is seen to represent the interests of the largest number of our doctors.

I think many among the public are aware that we still represent the rational voice on healthcare issues in the country, and would like very much to listen to our viewpoints, although increasingly with more and more skepticism and mounting mistrust.

Certainly many officials in the MOH and the Health Minister himself regards us highly as an important sounding board on all aspects of health, which impinge on our Malaysian healthcare scene. I was pleasantly surprised that a recent Malaysian public survey found that doctors are widely regarded as having the second most stressed profession! A few years back, some 72% of the public polled also found us to be the most trusted among all other professions! This gives us hope that we can still offer meaningful and beneficial services to our *rakyat*, despite mounting grumblings of physician carelessness and callousness.

Journalists, news editors and health officials expect the MMA to have an opinion on myriad issues no matter how esoteric or fatuous they might be (e.g. what do I think of so-and-so's inane comment that "masturbation may predispose to the H1N1 flu"?!!). Curiously they all appear to believe that the President should readily have all these information, ideas and opinions at his or her fingertips! The President must be able to respond nearly immediately and clearly—often with an impossibly unrealistic black-and-white certainty.

He must also be the know-all with regards any health issue, no matter how remotely connected! Perhaps this underscores the respect and the expectation that the MMA is the *de facto* body where our opinions matter and ought to be sought... We are flattered, but at the same time bemused at the hysterical approaches of some of these media people, anything to stoke the interests of the readers!

It is with this in mind that I have felt compelled to try and actively engage with as many organisations and authorities as possible, i.e. any influential body that requires our input and ideas. How much we have managed to impart in terms of influence or suggestions, remain to be seen. But it is clear that if we had not been there, then our doctors' interests might not have been represented at all.

There are still quite a lot of misgivings and negative impressions about doctors in private practice, the healthcare system and the MMA in general—that we are too concerned with our own parochial interests, some of which I have tried hard to dispel by responding more with the authorities that be. But all this requires greater interaction and positive dialogue on a personal level with more consistent engagement and commitment.

2. What are your issues/plans for the MMA in the near and longer term?

Many of the issues that have arisen during the first 100 days of my presidency are not all new. However, these have been raised and are now under discussion, with the view to some degree of resolution or action. Among the most pressing issues include the following:

- a) **Revamp and rejuvenate our MMA Secretariat** and motivating our staff to be more productive and professional;
- b) **Encourage our members to recognise their own important individual role** as well as collectively, and instill increased participation in the affairs of the medical profession, to remind physicians about their calling, their vocation, their kindlier more caring nature, as well as to remember to be our patients' greatest advocate;
- c) **Encourage our MMA leadership (Exco and Council members) to take up more responsibilities**, more in-depth interests, develop and acquire training and leadership skills, so that together we can better plan for more concerted policies and a more meaningful, more participatory and influential role for our august association, vis-à-vis healthcare and professional issues in our country;
- d) **Engage with the Malaysian Pharmaceutical Society**, pharmacists in general and their leadership to move towards greater professionalism, cooperation and collaboration;
- e) **Work with other physician groups** towards greater unity of purpose and direction, e.g. FPMPAM, Academy of Family Physicians of Malaysia (AFPM), Academy of Medicine, MOH;
- f) **Revisit the direction and policies of the MMA's national health policy committee**, including re-establishing an updated blueprint for 'Health for All' Malaysians, including equity and access issues;
- g) **Re-engage and critically review the issue of single-payer National Health Insurance Scheme** for our Malaysian healthcare system revamp, the continuing role of our private sector, its possible integration or greater assimilation with the public sector, reconsider other financing options, e.g. DRGs/case-mix, catastrophic coverage/safety net, etc.;
- h) **Lead discussions on the inappropriateness of unpopular and unnecessary regulations** on the private medical practitioner, especially with regards the possible extension of **MSQH accreditation** of private clinics, repeal of agreed-to unpopular arbitrary regulations of the Private Healthcare Facilities and Services Act 2006, working with the AFPM to further strengthen primary care services and standards;
- i) **Recognise the imminence of new AFTA and MRA policies** when they come into play in 2010, and how they impact upon our profession and our members, engage with the authorities (MITI, MARTRADE, BIM, EPU) to mitigate the possible professional implications on some sectors of our healthcare providers;
- j) **Address local conditions of healthcare**, particularly the concern of **too many medical graduates** in the immediate future where training, supervision and experience may be compromised. More than 2,000 new doctors now enter the job market annually, and with the new scheme of 2-years of housemanship, followed by another 2 years of compulsory service (recently just revised downwards by the MMC and MOH), these may be shortchanging our future doctors and their professional skills and competency. There have been concerns that our training positions may be inadequate for this larger influx of recent years.
- k) **Public sector professional issues to be strengthened.** At the same time SCHOMOS will continue to fight for better and better working conditions, fair and appropriate remuneration and career prospects for our doctors in public service.
- l) **Too many Medical Schools.** In the light of the above scenario, MMA joins other bodies concerned as to the possible glut and redundancy of future medical graduates. Too many are now being produced or are returning. Medical schools and colleges locally should be scrutinized so that the 'mass production' of more graduates does not undermine the standards and the needs of the country.

MMA subscribes to the view that there should be a **moratorium on new medical schools** and that existing medical schools should not be allowed to exceed their capacity to churn out more

graduates than have been agreed upon, without adequate minimum standards of necessary skilled teacher-student ratio, the availability of medical student clinical clerkship opportunities in our overcrowded training hospitals, and the 'needs' basis for the country.

- m) **Medico-legal challenges.** This will continue to escalate as more and more of our patients are increasingly empowered, become more knowledge-savvy, as well as expect a lot more. Medical errors and mishaps are now tolerated poorly and then often are met with more medico-legal challenges and complaints. With the rising costs in medical care, there is also a tendency to expect greater clinical results, failing which disputes on charges are rising, with mounting threats of litigation and threats of professional complaints to MMC and the mass media.
- n) **Engaging with other health and medical professional bodies on the international level** (WMA, CMAAO, MASEAN, IPPNW) to spearhead consistent policies of common concerns, e.g. global warming-climate change initiatives, human rights in conflict or state-controlled nations, custodial torture and deaths, nuclear disarmament, 'orphan' communicable diseases control, global poverty eradication (Millennium Development Goals), healthcare equity and access for all, etc.

3. What is MMA's role in outbreaks like the A/H1N1 influenza pandemic?

The MMA has under my lead chosen a cooperative and engaged approach with regards this recent outbreak. We have taken the lead to disseminate patient education and defuse public panic as well as to support the MOH's directives and plans to cope with this novel pandemic.

We have also voiced our concerns as to the limited and frustrating role of private sector doctors during the earlier phase of this pandemic, the lack of consistent downstream transmission of timely information, inadequacy of algorithms of clinical approaches and therapies, confusing access to referral, medicines and appropriate testing, etc. Happily, most of these have now been ironed out and are much better understood and practiced.

We have also managed to successfully convene an urgent Pandemic Flu Conference with the full cooperation from the MOH, which was well received and actively attended by over 700 participants. We will continue to help voice our input and suggestions to further improve the approach towards this still unraveling pandemic, so that our public can be best served, and our doctors better protected and empowered.

4. Do you think that MMA should be THE provider for CME / CPD, or like the specialist register this should be given to the Academy of Medicine or MMC?

There is no doubt that the MMA remains the best organization to administer and coordinate the CPD mechanism for doctors in the country. Our approach has been simple and well documented, and has served to ensure that doctors can keep track of their continuing professional development efforts, when they register for such activities. Of course we can further strengthen this mechanism to include web-based learning and documentation and therefore more accurate logging in of CPD points.

At this juncture, the MMA believes that the Academy and/or the MMC do not have the logistical, secretarial or manpower support to administer this duty. However, the MMA also hopes that we can be offered greater incentive to continue this function, which we are now performing without any due recognition or financial support.

While the specialist register is now within the purview of the Academy of Medicine, its implementation is now incomplete and delayed because of its requirement for registration fees, which we understand is time limited. If the administration of CPD function is to move anywhere, it should not further burden the practicing physician. The fact that GPs and family physicians are making efforts for continuing education and professional development should be sufficient to ensure that the MMA continue to support their endeavours, ultimately for our patients' benefits.

5. Should it be compulsory for all doctors to have a certain number of CPD/CME points over a certain period to continue obtaining their APC?

With the implementation of the revised Medical Act some time in 2010 (?), we expect that the practicing license will be linked to proof of CPD for physicians, the final quantum has yet to be finalised, but is in the order of some 50 to 60 CPD/CME points over 2 years. This will mandate that doctors take greater responsibility to update themselves on a regular basis.

It is estimated that thus far only some 10 to 20% of our doctors attend any sort of CPD programmes, and then only sporadically at that! This expected rise in registration and collection for CPD programmes/points will stretch our administrative function and capacity, and thus we hope to be able to perform this with adequate and fair support from the MOH or the MMC. Otherwise this exercise may hit stumbling blocks of gridlock and missed opportunities. Ensuring that more than 25,000 doctors get their CPD registered points will be a definite challenge, but I believe we are up to it. We are in the midst of streamlining registration techniques such as the use of ID card readers and automatic data capture/entry, but cost constraints are real issues.

6. When or should Malaysian doctors give up their role in dispensing medications?

The short answer to this, is 'NO', not yet anyway. In my view, I think we are still far from yielding our rights to dispensing medicines and therefore separate prescription from dispensing. I urge the Minister of Health to seriously avoid making any arbitrary and hurried action with regards this contentious issue. This viewpoint persists despite our continuing dialogue with the MPS and their continuing lobbying for such a move.

Perhaps the most important reason against such a move is the fact that our citizens have yet to learn the difference between what it means to be a doctor and what the pharmacist's role is. For too long, our *rakyat* have come to assume that consulting with a doctor for a health ailment meant being accompanied by some given medicines for the healing process—no medicines, no charge, many still feel and expect.

That the patient-doctor consultation process is a professional exercise is rarely accepted as a means of fair remuneration for the doctor, although increasingly more and more are accepting specialist visits as such. Thus, the recognition of appropriate fees for professional consultation must be made aware of and inculcated into the public mindset.

Furthermore, pharmacists too are professionals, and are not merely dispensers of drugs and medicines, nor convenient suppliers of health and beauty products! They too have professional duties, which command more than the simplistic view that their tasks are simply to dish out cheaper discountable medicines and free drug advice!

We need to continue to educate our patients and our *rakyat* that both doctors and pharmacists are professionals who are expensively and extensively trained for specific tasks at helping patients obtain the best healthcare advice and experience. Until such time, patients and our *rakyat* cannot abdicate their personal duty and opt for the simplest way out.

Purchasing medicines without prescription or reviews at doctor visits, is dangerous and self-defeating in the long term, and may even be catastrophic. The public must recognised that most scheduled medications should be used correctly and must be supervised and monitored by their doctors; this step cannot be dispensed with, just for saving a few dollars!

Our continuing professionalism demands that we expose such wrongful illegitimate activities, so that together both doctors and pharmacists can further enhance their roles up a few notches. We need to re-educate our *rakyat* that doctors and pharmacists are not just medication dispensers! Cost and convenience considerations while important should be better managed and understood by all.

7. What is the MMA' s stand on private hospitals, insurance companies and MCOs taking a percentage of professional fees for administration? Isn't this a form of kick back or fee splitting? What about specifying and volume contracting for lower fees as well?

We are in principle opposed to any form of discounted business arrangements, which encourage promises of greater volume of patient referral to certain medical establishments. This inducement can be construed as fee splitting and may constrain patient choice unfairly based on pure economic incentives rather than professional reasons. We recognise that some private hospitals are very aggressively marketing their

services with such incentives in mind but which only undermines the professionalism and morale of their doctors.

The MMC has already responded to queries by the MOH Amalan Division, by stating categorically that volume discounts and bulk purchasing of professional services (doctors fees) is tantamount to kickback and fee splitting, and thus, should not be allowed and may breach professional conduct. However, other non-professional services such as laboratory tests, room charges and pharmaceutical charges may be subject to market forces.

8. What are some other obstacles you face or anticipate encountering?

Having not having enough time, personal resources and energy to tackle all these issues. I worry about continuity of purpose and involvement from our future leaders and membership. Too many doctors are simply not interested enough, and expect a few dedicated volunteers to take up the cudgels of responsibility and action to get involved.

This is not to imply that as leaders (for a relatively short span of time, 1 to 2 years), we can all make earth-shaking impacts which last—but we have certainly to try leave some imprints which define our better nature and perhaps would have left some legacy of trickle-down, step-by-step advances in our lives and that of our healthcare system and our profession.

Events may actually overtake us if we do not represent ourselves more vigorously and with full support from our doctors—we need greater participation and more support both ideologically and physically. We need to increase our membership numbers to swell our ranks of meaningful representation—30% is simply too small a number as of now! We need our doctors to speak up and come forward on issues that affect our professionalism and our livelihood, or that may adversely affect our patients.

Reaching out to members is proving to be quite difficult and perhaps not timely or quickly enough. The monthly Berita MMA appears wanting in its reach. Dissemination of information and news does not appear to be fast enough for our members. So much so that some members have voiced frustrations and strong views that the MMA leadership has not been seen to have done or acted promptly enough concerning some urgent professional or practice issues.

Doctors must learn to use the Internet more proactively and access information and MMA's standpoints on various issues, more quickly. We continue to experience some hiccups with our MMA website. We are trying to improve and upgrade this so that this <http://mma.org.my> will be a much better, more speedy and contemporary site for our official news and views.

In the interim, I have offered my personal health blog (<http://myhealth-matters.blogspot.com/>) as a more constantly updated news and views website, which focuses on mainly professional and practice issues. I am also available for email (drquek@gmail.com, or president@mma.org.my) inquiries, contacts and commentaries, which may help reach out to more of our concerned members out there.

Finally, members must understand that the mainstream media (MSM) do not and have not always responded to all our press releases. The MSM very rarely feel the need to publish any of our many communications, and only those, which they feel are newsworthy for the day or week. This means that most of our press releases go unpublished despite our best efforts—most of the publishing remains the prerogative of the editors and the reporters, as frustrating as this may be to us, when we seem not to get our message across to the public and the doctors at large.

However, there is a silver lining: most of the alternative internet media such as Malaysiakini, Malaysian Insider, Malaysian Mirror, Malaysian Medical Resources, Nutgraph have been receptive to our press releases although some editing takes place. So please learn to access these alternative media streams for more timely updates and opinions from our MMA, and myself as the president.

9. Are there any controversies that are unpleasant to discuss in the open, but which should be shared with all members?

Issues of involvement/engagement with the MOH: the MOH's general and still persistent view and perception that private sector doctors and institutions are only interested in making money, are too

uncaring, too blasé as to public health issues such as communicable diseases, e.g. dengue fever and the recent A(H1N1) flu, and that our standards of care are below their expectations! The MMA must lead in dispelling such misperceptions, and work towards greater cooperation and commonality of purpose.

National issues which impact on health and human rights must be addressed and be openly brought out into national consciousness: national health financing issues, integration of public-private sector plans, pharmacist-doctor separation of duties, planned Quality assurance programs such as MSQH for all private clinics, AFTA/MRA trade opening of the healthcare sector issues; inadequate debate on the required number of medical schools, doctors for our healthcare system and its potential glut and potential declining standards, etc.

We must take the lead to expose injustices, perceived wrongdoings and social inequities so that we can enhance civil society as a whole, as part of a more enlightened professional movement. There is much to do, but these are challenges, which I am convinced that the MMA can make important contributions, and perhaps leave a little impact of good and social justice in our wake.