

Charging Foreigners for Medical Treatment



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 President

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Some of you may have failed to notice the recent minor tempest about healthcare for foreigners. Some time ago, the Ministry of Health (MoH) issued an order making foreigners subject to charges for treatment in Government medical facilities. Obviously, such an order covers all foreigners, from wealthy expats and tourists right down to the illegal workers and possibly asylum seekers. Though we did get some feedback on this from Government doctors, there was little public comment.

However, that changed when a Member of Parliament announced that he would be seeking a judicial review to challenge the Health Ministry's order. This immediately resulted in a flurry of journalistic interest. I received a phone call from the online newspaper *Free Malaysia Today* asking my views on the matter. I have never liked giving my views over the phone – there is too much potential for misquoting and selective quotation. However, in this case I had little choice, and I responded that I felt that infectious disease should be treated for free, because of course infection does not discriminate – anyone could be affected. The eventual price paid to treat our citizens who have been infected by foreigners who default or do not seek treatment due to concerns about the cost will be far higher than just treating the foreigners for free. I also said that it is fair to charge foreigners for treatment of non-communicable diseases.

The news article, when it came out, was quite accurate in quoting me, but unfortunately the headline said "MMA proposes free treatment for all foreign workers!" Well, I did message the reporter and he said he would change it to "MMA proposes free treatment for infectious diseases", but it was too late. The damage was done. Many who read only the headline started to query my sanity and possible use of intoxicants. Of course actually reading the article was too much work! However, many did read the article, and some were supportive, while others disagreed for various reasons.

What I would like to do now is to look more deeply into the way we treat the foreign workers in our midst. Nietzsche said "He who fights with monsters should look to it that he himself does not become a monster. And when you gaze long into an abyss the abyss also gazes into you". If we are not very careful, what we are asking doctors to do when they treat foreign patients will breed monsters.

Let me be clear that I am not saying this country has a responsibility to give free treatment to all and sundry. The Government can certainly draw up guidelines and regulations to direct how medical treatment is to be given. That might well be the easy part. However, when you look at the practical aspects of the policy, you begin to see the unwanted and unintended effects. You see, the doctors are being asked to participate in this policy of weeding out those who are not entitled to receive free care. Does it not seem that this might be a bad idea? If not, let me explain below.

From time immemorial, healers have always dealt with their patients in the same way. We try and determine what is wrong and see what we can do to sort it out. Of course, we do consider the patient's means – some treatments are beyond the reach of some patients. However, we try to treat all of them to the best of our ability and theirs. Our main concern is not with who they are but whether we can help them. This attitude is not always inborn – it needs to be taught.

Like many professions (but perhaps more than most), medicine starts with a long course of mostly theoretical learning followed by a shorter but very intensive practical training period – the well-remembered housemanship. Whether we explicitly noticed it or not, we received training in looking at patients from the problem-solving point-of-view. We were not asked to look further to see if the patient was eligible for the solutions or treatments proposed. We were trained to treat all patients as equals – we never considered their economic status, race, nationality, religion or educational status before deciding what might be the best way forward for them. Of course, we had to work within the constraints of what was available, but in theory everyone had the same opportunities.

If doctors, including junior doctors, are now going to be asked to determine if patients deserve treatment, we will be training them, slowly but surely, to discriminate among patients. Citizens against aliens, rich against poor – who knows what other dichotomies may await? It seems undesirable to me to make doctors do this, to perhaps turn

them into people who use their great power in unfair ways.

Yet at the same time the country cannot afford to provide every illegal immigrant with free healthcare, especially as they are often less healthy than the rest of the populace. In some areas the number of illegals is so high as to strain the resources of the government health facilities. I am sure many of us have at least heard of the measures doctors have to go to in trying to get lifesaving treatment for foreigners who just cannot afford to pay. There are many stories, each more heart-rending than the last, and the emotional pressure on doctors is very high when they have to deny treatment which they know is available.

What can be done? First, let us make sure that all the legal workers have adequate insurance. The legal workers are generally healthy and young, and if the MoH were to work with a reputable broker or insurance company, I am sure adequate cover would be quite affordable. Indeed, at a recent meeting with the MMA ExCo, the Ministry top brass confirmed that they are looking at this. Secondly, let us be serious about tackling the problem of illegal migrants. It is a complex issue, and cannot be solved by sporadic amnesties and deportation exercises. All the agencies involved need to be on the same page. If it comes to deportation, I hope humanitarian concerns will take precedence when dealing with children. Thirdly, let the welfare staff and hospital managements at local levels work with NGOs and charitable bodies to try and help those most in need. Though they may have entered the country illegally, we cannot behave inhumanely. We must at least try to help them. Fourthly, give the hospital management authority to treat patients without charge in urgent situations. I know that there is a provision for this, but it needs to be made more efficient and less bureaucratic. Clear criteria need to be developed so that decisions can be made quickly and without undue worry on the part of the administrators. Give the clinical opinion of the front-line doctors due weight. Finally, let us all work together to devise a financing system for nationwide healthcare that is rational, efficient, sustainable and fair.