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PRESS STATEMENT
ON
NO TO CORPORATE DISCOUNTS - MEDICINE IS NOT A TRADE

The Malaysian Medical Association (MMA) published its first Fee Schedule in 1987 to inform patients and guide doctors with regards to the cost of medical procedures. Since then, there have been three revisions; the latest being the 4th Schedule of 2002. The Schedule includes consultation and procedural fees for General Practitioners and Specialist Consultants.

These fees form the basis of doctors' charges, which are paid directly by the patients or through the various schemes such as insurance, employee benefits or third party payers. They have been applied for about 20 years throughout the various States of the country from major cities to smaller towns. Generally, these fees have been well accepted and there has been no major issues regarding its validity and acceptance by all. Recently, the government had reinforced the legitimacy of the MMA Fee Schedule (4th Edition) by adopting almost the entire Schedule for the Regulations of the Private Health Care Facilities and Services Act 2006 (Schedule 13). What started as a guideline three decades ago has become law.

Various senior doctors from both the private and government sectors have been involved in the drawing up of these Schedules. The fees are deemed very fair and reflect current 'market value' for the time frame during which each Schedule is applied. When compared to identical fees in our neighbouring countries, ours is far lower. In consultations and procedural fees, we are far cheaper than Hong Kong and Singapore, and even Indonesia (where fees are commonly charged in US Dollars). Our fees are very similar to those charged in Thailand and the Philippines; both countries with Gross Domestic Products (GDPs) considerably lower than Malaysia's.

There have been recent moves to lower fees from what has been for thirty years well accepted and complied with. This comes at a time when the 4th Schedule is coming to the end of its stated time frame - the Schedule is meant to be revised every three to five years.

Corporate discounts especially mooted by large multinational bodies and insurance companies appear to make the practice of medicine a 'business', as opposed to what it should be - a profession whereby the primary role of the doctor is to provide appropriate medical care to the patient. The interest of the patient must always come first, especially beyond any 'business' consideration. The time of medical professionals should be spent entirely on the provision of such care rather than having to deal with distractions such as negotiating with large corporations in the matter of 'discounts' or 'deals'.

Besides patients and payers, doctors ourselves have found the Schedule to be reasonable and reflective of our services. Most have adhered to it. It is from this sole source of income that the doctor is able to provide for the running of his clinic and the facilities within it. Staff have to be paid, medications stocked and equipment purchased and maintained. In short, there are holding and running (operational) costs. In addition, medical indemnity insurance and health insurance for self and family (premiums are rising) have to be purchased. It is not difficult to envisage that a fair and time-accepted remuneration helps.

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