

21 October 2009

**PRESS STATEMENT  
ON  
PRIVATE MEDICAL CENTRES BREAK THE LAW BY OPENING FEEDER PRIMARY  
CARE CLINICS**

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It has come to the attention of the Malaysian Medical Association (MMA) that a private medical centre is setting up a Primary Care centre/feeder clinic outside its hospital premises. We understand that several others are considering doing the same, as if to test the waters. The MMA is vehemently opposed to such moves!

This is contrary to the MMA's understanding that private medical centres should stick to tertiary specialist services, and not to compete with Primary Care Physicians, i.e. General Practitioners and Family Physicians to further dilute their already meagre services, and worse their livelihood, in the face of extreme competition which has permeated the private healthcare sector. Such practices, if left unchecked, would not be consistent with the Private Healthcare Facilities and Services Act (1998) & Regulations 2006.

The issue of private hospitals or medical centres running general practice type of services is not new. This has been attempted before and some of these have failed in the wake of complaints by the MMA. In our earlier discussions with several Ministers of Health and other officers of the Ministry of Health Practice Division, such practices are deemed as anti competitive and monopolistic, and place the Family Physicians/General Practitioners at a great disadvantage. Therefore, it has been agreed that this should not be allowed, whether in-house or outside, as feeder clinics.

What is in it for the public? Why should the public also not agree to this practice?

Once feeder clinics are set up, these clinics are directed to only refer to specialists at a particular medical centre, leaving very limited choices for the individual patient. Such is the moral hazard of feeder clinics, and not simply the justifiable convenience and service availability that has been touted to them.

Most General Practitioners function as active gatekeepers to help resolve which patient to refer and then to whom, usually on the need and 'best choice' basis, dependent on the individual doctor's experience and knowledge. The patient is also given a wider option to choose who he or she prefers, without being constrained by silent processes of 'convenience'.

Also, there may be real life pressures and conflict of interests if resident medical officers working in such feeder clinics refer onwards to such private medical centres. Possibly there may be greater resort to more costly laboratory testing or greater over-utilization of already available amenities such as CT scanners, etc. It must be remembered that feeder clinics are set up to contribute directly to specific private hospitals by referring primary care patients there, usually without recourse to other choices. They are not there purely for convenience and service.

Several methods to boost utilisation of amenities that some private hospitals have employed are: Wellness Clinics, health screening exercises or even through their Accident & Emergency or Emergency Departments which function as a one stop polyclinic manned by non specialist residents or locum medical officers. While campaigns like discounted pap smears, mammograms, colonoscopy campaign, may have some public benefits, these should not be used to solely and blatantly to solicit and generate patients for their amenities, facilities and their services.

We understand that medical centres with huge investments in diagnostic and curative care services have to recruit some of the costs by casting a wider net. But this is fraught with other dangers, what some have called **misdirected care**: over utilization of available resources, inappropriate investigations leading to unnecessary operations or other services; all adding up to extra costs but not necessarily improving the health of the people. One metaphor that is often used to describe such a scenario is as follows: the carpenter with a hammer will use it on any nail that he sees, so everything is a nail to him who has a hammer.

The MMA believes that the regulation ruling on this is clear, although some may choose to interpret them differently.

**Private Healthcare Facilities and Services (Private Hospitals and other Private Healthcare Facilities) Regulations 2006**

**Part XXIV Regulation 334.**

**Standards for specialist Outpatient Facilities and Services**

**Specialist outpatient facilities and services**

*334. A private hospital shall not maintain or provide an outpatient facility or service except a specialist facility and service*

This should not be happening. The MMA is saddened and very unhappy that such efforts to disturb the equanimity of primary care physicians have been attempted once again. We urge the Ministry of Health and its officials to quickly and seriously take urgent actions to curb these practices. We also urge the Malaysian Medical Council to seriously consider such practices as unethical and tantamount to fee splitting.

By : Dr David KL Quek  
President  
Malaysian Medical Association