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Making welfare and caring society a requirement in healthcare

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"THE Ministry's most important Bill," said Health Minister Datuk Chua Jui Meng in referring to the Private Healthcare Facilities and Services Bill at a media briefing last Wednesday.

This new law, to replace the Private Hospitals Act, will govern all private medical centres like hospitals, clinics, haemodialysis centres, blood banks and maternity homes.

The Bill was approved by the Cabinet on Dec 10 and will be tabled in Parliament next March.

And as promised, it includes the element of welfare, pledging that the poor will have a place in private hospitals. The element of welfare and a caring society, said Chua, would become a statutory requirement.

Exactly how this will be implemented is still to be spelt out as the Bill only outlines the general powers of the Minister to require private medical centres to provide welfare services.

Chua indicated that it might take the form of welfare wards, or the allocation of a percentage of net profits for welfare.

A concrete decision, he said, would only be made after consulting the parties who would have to provide these services, mainly the hospitals and the doctors.

This assurance addresses a concern raised by Dr Chakr Sri Na Nagara, president of the Private Hospitals' Association, who was apprehensive that the welfare requirement would mean inflexible "absolute numbers".

He insists that exceedingly stringent requirements would push private centres to the brink of collapse, a claim which however many would pooh-pooh.

Dr Nagara says private medical centres are very costly long-term investments, but patients who have received shocking bills will not believe that returns are low.

There's no denying that private hospitals can be frighteningly expensive, even if they are not compared to heavily-subsidised public hospitals. It's not unusual to be billed hundreds of ringgit for few minutes of a specialist's time.

"I am surprised and disturbed to see that welfare will become a requirement of law, but I am confident that the Government will be flexible in how it wants us to implement this requirement," Dr Nagara says.

To Malaysian Medical Association president Dr Milton Lum, charity comes from the heart and the Bill raises this question: Can charity be legislated?

"Doctors are the only group in society who are required by law to serve in the public sector for three years.

"Notwithstanding that doctors are in a caring profession, the question arises whether such statutory requirement is equitable to the medical profession when there is no such requirement for other professions," he says.

But to Prof Dr S. Sothi Rachagan, legal adviser to Fomca and the person who drafted the Patients Charter, this philosophical question should be viewed from an entirely different angle.

"Is it really charity?" he asks.

Sothi, a strong voice in the consumer movement, sees healthcare as a right to be safeguarded by the state. If the state permits private persons

the privilege of operating this essential right on a free market basis, it can also insist on some controls.

"It's such a dramatic shift from public to private responsibility. Society accepts certain controls in areas like this. For instance, they accept the fact of compulsory public service for doctors, something which is not required by professions like law," he says.

He believes the legislation was born out of genuine concern that private healthcare was rapidly spiralling out of reach of the ordinary Malaysian.

Besides, he points out that doctors and hospitals which are already doing their bit have little cause for worry, as the law is unlikely to force them to do much more.

And going by the earnest words of the doctors who had been elected as voices of their profession, doctors are doing their fair share.

Dr Nagara says many private hospitals are helping out but they keep a low profile and their work goes unacknowledged.

"There's no need to put it in the law but instead, they should be further encouraged," he says.

He is convinced that most hospitals will continue to help especially in the light of the economic problems, and the call by Prime Minister Datuk Seri Dr Mahathir Mohamad to hospitals to consider giving discounts to Malaysian patients.

On his part, Dr Lum says most doctors are already providing charity, and that doctors in any sector do not discriminate patients by their financial status.

This, Sothi acknowledges, saying that there are many noble doctors but there are also unfortunate incidents which the Bill is now attempting to prevent.

For instance, the case mentioned by the Minister, where a man was turned away in an emergency situation because he didn't have enough money for a deposit.

The "blank cheque" situation, Sothi says, is not satisfactory.

Clearly, the Government thinks so too.

The private healthcare providers also appear a little put off by the vagueness of their role vis-a-vis the public sector. There seems to be an unvoiced perception that private hospitals, funded by private resources, are taking on a public sector role, without the benefit of government support.

Says Dr Lum: "It is the MMA's hope that the passage of the Bill will not result in less expenditure in the public sector."

Dr Nagara says the Government should consider developing a mechanism in public hospitals to ensure that the poor are not deprived by the rich.

"Everyone has a right to choose their own doctor or hospital, but if those who can afford it want to go to a government hospital, they should pay for the services," he says.

They should not take up the beds meant for the poor, he says, adding that 80 per cent of beds are in the public sector.

Sothi also raises other concerns, for instance, the need to spell out the civil rights of patients, instead of merely increasing administrative powers like heftier penalties.

He also would like to see a more transparent appointment process to the Visitors Board, and in fact, greater transparency and participation in the entire law-making process.

"A Bill of this nature should not be kept confidential but should be circulated for public suggestions," he says.

To Sothi, the best way forward is to formulate a National Health Policy and set up a National Health Council to discuss issues in a rational holistic manner.

And says Dr Lum: "It is time for policymakers to address the fundamental question of whether there should be competition or co-operation in the health sector.

"The co-operation between public and private health sectors, and within the private sector itself, could be much better.

"By breaking down organisational barriers and forging stronger links, both the public and private sectors will find that co-operation will put the needs of the patient at the centre of the care process."

This is exactly what the Minister said the Private Healthcare Facilities and Services Bill was aiming for: to put the patient in the heart of healthcare.

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