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Malaysia's health care dilemma

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TAUFIK Kamaruddin is a 57-year-old gardener. He is facing a dilemma. "My wife has high blood pressure. Recently, I sent her to a Government hospital for treatment after she collapsed. She had to wait for hours before she received treatment. The nurses seemed like they were exhausted all the time. They were brusque and curt. The wards were overcrowded and noisy. My wife, who is a very sensitive person, ended up crying all the time."

His burning dilemma? "I have some savings which I could use to send my wife to a private hospital which is less crowded," he confided, "but if I do, where will I get money for her treatment the next time she falls ill?"

This is the dilemma most Malaysians face when it comes to health care - a timeless debate on the best means of providing quality, accessible and affordable health care.

On the one hand, the egalitarian pressures of a developing society demand that efforts be stepped up to ensure accessible health care for the poor.

"The business of medicine should not reap excessive profits at the expense of the sick and infirm. Health care is bigger than business... It should not be infected with greed, which is the deadliest of diseases."

These biting comments by Deputy Prime Minister Datuk Seri Anwar Ibrahim on the status quo of Malaysian health care (NST, Aug 22) reveals the dilemma that the Government faces in providing quality, accessible, and affordable health care to the populace.

On the other hand, there is a trend towards privatisation of health care. Prime Minister Datuk Seri Dr Mahathir Mohamad has conceded that in the future, the Government can no longer afford to provide free health treatment for all. Up there, the policy-makers thrash out a compromise in balancing egalitarian goals and market forces. On the ground, the huddled, sick populace brace for the outcome of the council.

Taufik knows little of these developments. "I am not a learned man," he says with quiet regret, casting a glance at the skies, and sighs, "I hope that someday, my children will not have to go through this." A prayer cast upwards.

Many understand his sentiment. This was perhaps the reason for the important talk given by healthcare specialist Victor R. Fuchs recently to the country's Who's Who, including Dr Mahathir at Syarahan Perdana.

Professor emeritus at Stanford University, Fuchs' accreditations include being the author of nine books, the editor of six others, and over 100 articles.

"Stanford economist arrives for premier lecture. The haze descends," joked Fuchs, on the quiet expectations of his audience as reflected in the day's newspaper headlines.

It was against this background that the recent Annual Premier Lecture, entitled "The Challenges to Health Policy In Modern Economies", was held at the Putra World Trade Centre. Launched in 1995, the Prime Minister's Fellowship Exchange Programme is set to play a contributory role towards achieving Vision 2020, with an annual premier lecture (syarahan perdana) where distinguished individuals are invited to deliver a lecture in their respective field.

There were hints that as an authoritative speaker, Fuchs, a respected authority on economics, would offer a way out of the dilemma.

As he himself put it, "you are in a position to formulate policy not only for the current conditions, but for the conditions which will prevail 10, 20 or 30 years down the road."

Unfortunately, Fuchs offered no sugar-coated vision of the future; his predictions on what lay down the road for Malaysia was all challenge and formidable obstacles.

"It's very difficult for a nation to develop the courage and wisdom to make policy not only for today but policy for the future," he warned.

The whole basis for his arguments was the fact that as an economy modernises, health care's share of the gross domestic product (GDP) increases.

In the United States, for example, 14 per cent of the GDP is allocated to health care," he said, adding that "this means that one out of every seven dollars of the total production in the country is for hospitals, physicians, drugs, nursing homes and so on."

Fuchs was polite when he said that in Malaysia, the percentage of GDP allocated to health care is only half the figure for the other members of the Organisation for Economic Co-operation and Development (OECD).

What he did not mention was that the allocation for health care from GDP in Malaysia is extremely low: in 1986, 2.1 per cent was allocated, which was reduced to 1.7 per cent in 1990, and to 1.4 per cent in 1994.

Fuchs mentioned that as an economy modernises, the trend would be for an increase in the proportion of GDP to health care. "There's every reason to think that rising figures for health care will soon be apparent in Malaysia," he said.

On the other hand, Fuchs also detailed the trend of governments to continually cut costs because spiralling health care costs represent a large part of the government budget.

The focus now is on privatising health care, with the emphasis on a multitude of approaches: under the Seventh Malaysia Plan, efforts are under way to privatise Government hospitals, introduce a mandatory health insurance scheme, and develop telemedicine. Are these efforts effective?

An interesting thing happens here. Throughout the talk and after, people were expecting him to praise, criticise, denounce, or to suggest Malaysia's approach to health care.

Fuchs did no such thing. "There are several models you can choose from. You can say you want to lessen government intervention. The United States is in this extreme, yet it pays for 40 per cent of health care, either through subsidies or taxes.

"Some countries raise health care finances through taxes, others through insurance, and others yet through employee funds and tax subsidies. You must choose the best, which works for your current situation and for the future."

There was also some expectation that he would be outright critical of the way in which market forces seem to push the trend towards privatisation of health care, all leading to higher costs.

Again, he preferred instead to examine the approaches used. "In the United Kingdom, the approach to cut costs has been to tackle the problem from the supply side - health care is regionalised, limited."

The only suggestion he made was that "whatever the approach, the only prerequisite is that it is in line with the founding policy and principles of a nation.

"In Germany, it is 'Social Solidarity'; in Canada, 'Peace, Order, and Good Government'; and in the United States, 'Life, Liberty, and the Pursuit of Happiness'. Malaysia's political leadership must be strong, focused, to plan and apply a policy to fit its founding principles."

So even as we weigh Fuchs' arguments, Taufik Kamaruddin the gardener,

and others of the faceless masses pray for the day when the sick and the poor will receive proper medical treatment.

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