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Visionary healthcare system needed

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RECENTLY Prime Minister Datuk Seri Dr Mahathir Mohamad called on private hospitals in the country to be more charitable towards their patients, and to address the plight of the poor in the light of our economic problems.

The Association of Private Hospitals of Malaysia wishes to put on record that we fully support the call.

And, we are advising our members to review their policy of patient billings and to do everything possible to soften the blow.

We urge our members to take a fresh and detailed look at three main components in their patients' bills and make determined changes where necessary, without any compromise on quality care.

These three components are staffing, material costs and professional fees.

Over the past 20 years, manpower costs have spiralled upwards because of the economies of supply and demand.

To begin with, it must be accepted that staff salaries were set at an unrealistically low level. We believe the present level is about right. Another rise in salaries in the present climate would be inflationary.

However, we are not advocating downsizing or salary cuts, but rather a moratorium on emoluments. We are certainly against another wage war arising from staff pinching, with offers of higher wages. It is counter-productive at best and disastrous at worst.

We have always advised new private hospitals to train their own staff. New hospitals should take advantage of the years needed to build a hospital, from planning to commissioning, to train their staff in the various local schools and colleges.

Material costs range from swabs and sutures, drugs and food to costs of high tech equipment. Unfortunately, most of these, except food, are imported. And, being subject to currency fluctuations, they will cost more.

Instead of using brand name, original drugs and medication, approved generics can be substituted. Doctors and hospitals should be able to offer such alternatives, and patients should be assured that approved generics are just as effective.

Bulk purchasing may to a certain extent help reduce costs, and hospitals in the same vicinity could band together and purchase directly from manufacturers. Ideally, local manufacturing of medicines would help prevent costs escalating from currency fluctuations.

Equipment costs can be crippling, especially if it is imported. Over the past decade, we have imported large quantities of such equipment in both the private and the public hospitals.

We would like to suggest a moratorium on equipment purchase unless absolutely necessary, and maximum (but justified and appropriate) use of what the country already has.

The APHM supports Health Minister Datuk Chua Jui Meng's call for a certificate of need prior to importing expensive medical equipment. It is hoped this certification will be implemented with transparency and apply to private and public hospitals alike.

Though the APHM agrees with Malaysian Medical Association president Dr Milton Lum that a doctor's fees form only a "small portion" of the total fees of patients in private hospitals, certain facts have to be highlighted.

A doctor's fee is less than 50 per cent of the patient's bill in most cases, and usually averages between 25 per cent and 30 per cent.

We feel it is best left to the doctors and the MMA to comment further on doctors' contribution in alleviating the plight of patients. We are confident they will do the right thing in helping trim costs.

One good thing about the present situation is that it highlights the problems in our healthcare system and the urgent need to address the relevant issues.

What we need is to plan and implement a complete overhaul of a previously good system that is outdated and now rather tattered from makeshift changes over the years.

We fully support a Royal Commission on the healthcare system as called for by the MMA. At the very least, a National Consultative Council should be formed to review the system.

The proposed changes to the Private Medical and Health Facilities Act are a cause of concern to the APHM. There has been a lack of transparency in the proceedings of the committee formulating the Act.

Though it must be admitted that the APHM has a representative sitting on this committee, he was not able to communicate meaningfully with the association as the proceedings were governed by the Official Secrets Act.

All key players, except for the Health Ministry, have been effectively excluded from participating actively in this exercise. However, we have gained some information from Press reports attributed to Chua.

These unfortunately are fragmented and inadequate. The APHM fears the proposed changes may be too restrictive, addressing only a limited set of issues, and appearing to bear too heavily against the private sector.

It is hoped the full scope of the Act covers all relevant issues and does not focus solely on the private sector.

Patchwork reforms and knee-jerk changes in policy will only make matters worse. A number of points need to be considered.

The World Health Organisation recommends a healthcare budget of seven per cent of Gross Domestic Product for a country our size and at our stage of development. We spend only 3.4 per cent of our GDP. The US spends about 15 per cent of its GDP on health.

Surprisingly, we have a reasonable infrastructure in terms of spread and accessibility. The question is whether these funds are used to maximum advantage.

We, in the private sector, take cost control seriously, passing the benefits on to patients. For instance, the private sector has, in the past decade, been able to build hospitals at lower cost (bed for bed, at comparable levels of sophistication) than public facilities.

We have exercised fairly strict fiscal discipline and understand that to be successful we must adopt the principles of long term investments with low rates of returns. We build on a demand-supply basis and have not been tempted to esoteric heights such as very expensive totally paperless hospitals which may not necessarily be cost-effective.

A deeply entrenched flaw is overpurchase of new equipment. This is of course not confined to the private sector alone. A newly opened department in a hospital for instance purchased six new state-of-the-art colour doppler at the cost of millions. One would be sufficient, two more than enough. Six?

A cultural defect we in Malaysia suffer from is that of reacting negatively to anything local. We know of a patient who was treated for life-threatening condition in a neighbouring country. He was admitted to a single room in a private hospital and had extensive surgery performed. On discharge, the bill was in excess of RM250,000.

Another patient was admitted to a local private hospital and also into a

single room. She had a complex surgical condition and also required extensive, emergency surgery. On discharge, the bill was RM10,000. Responses? Not much of a murmur from case one: "Very expensive" from case two.

Notwithstanding the above arguments, the APHM wishes to inform the public again that our member hospitals have been and will always be treating the disadvantaged.

We have been providing free life-saving emergency treatment for those who cannot afford it. We have been giving discounts on our bills to deserving cases and often written off some of these bills.

We have multi-bedded wards for the management of the less advantaged sectors of society. We provide discounted charges to public sector patients who avail themselves of services not provided by the public sector hospitals in the vicinity. A growing number of our member hospitals have funds set aside for care of the poor.

We also encourage our staff and support them financially in their outreach programmes to homes for the aged, the handicapped and the poor. We provide pro-health public lectures and screenings to educate the public on healthy lifestyles.

But all these have been voluntary and come from the heart. It will be interesting to see how charity can be legislated.

The recent controversy over the screening of foreign workers shows that with a correct approach a more economical system which is just and accurate can be developed. The Ministry could conduct a very stringent set of examinations on small random sampling of foreign workers and arrive at a set of percentage passes for medical, laboratory and radiological examinations.

The rest of the foreign workers could then be screened by any doctor, lab or X-ray facilities. Using the percentage passes as benchmarks, the ministry can monitor the level of accuracy of the various generals practitioners, lab and X-ray facilities, and act accordingly. This system would at one stroke allow for a more accurate health screening at a lower cost and at the same time give every doctor, lab or X-ray facility including private hospitals a chance to participate in the exercise - a win-win situation.

Another point the Minister can look into is the dubious practice of labs performing blood screening, (for walk-in clients) without medical indications. At best, they are a waste of money, especially now, and at worse they can be downright harmful.

These batteries of tests performed without proper history taking and medical examinations can give a false sense of security to those suffering from illness not detected by the tests e.g. cancer of the uterus, breast and most other malignant conditions, ischaemic heart disease, psychiatric problems, etc.

Some labs have even started making diagnoses and instituted treatment subsequent to these blood and urine tests. We urge the Minister to look into this problem with urgency.

We believe that our Minister is both visionary and motivated enough to plan a complete overhaul of the system. We see the economic problem as a sharp shock necessary to jolt all of us out of complacency. We support our Prime Minister and subscribe to his sentiments that Malaysians can solve our own problems. Now is the time to act.