

THE OPENING OF THE 2ND INTERNATIONAL COMBINED SCIENTIFIC MEETING
ORGANISED BY THE COLLEGES OF GENERAL PRACTITIONERS, PHYSICIANS
AND SURGEONS OF MALAYSIA
THE MING COURT HOTEL, KUALA LUMPUR

12 SEPTEMBER 1984

Yang Berbahagia Dato' Dr. Syed Mahmood, Pengerusi Jawatankuasa Penganjur; Dif-dif Kehormat; Tuan-tuan dan puan-puan sekalian.

Saya mengucapkan terima kasih kepada Jawatankuasa Penganjur Persidangan kerana menjemput saya untuk merasmikan Persidangan ini. Saya juga berharap Persidangan ini bukan sahaja akan memberi manfaat kepada tuan-tuan dan puan-puan dalam bidang perubatan, tetapi juga akhirnya akan memberi sumbangan kepada kesejahteraan penduduk negara ini.

Ladies and Gentlemen.

2. I would like to express my appreciation to the Organising Committee for inviting me to officiate the opening of this 2nd International Combined Scientific Meeting of the Colleges of General Practitioners, Physicians and Surgeons of Malaysia. I take this opportunity to welcome our guests from overseas and I hope you will find your stay in Malaysia both enjoyable and fruitful.

3. This is a Scientific Meeting of the medical profession and it is a long time since I was involved in the scientific part of medicine. Nevertheless, my wife and I feel we are amongst colleagues today. More than that, I know I am among friends including many very old ones. In my present job I can keep only a passing interest in the progress of medicine.

4. Meetings such as this provide an opportunity for the medical profession in this country to update their knowledge and skills as well as to exchange experiences with other colleagues from abroad. The advances of medical technology have been breathtaking. For the new generations, grown accustomed to beta blockers, psychotropic drugs and steroids, it must seem inconceivable how medicine was practised before penicillin. Even more dramatic advances lie ahead of us. But the question that has to be asked is whether we can afford the cost of modern medical technology? Even in as rich a country as the United States, soaring health costs have become a burden. Nearly two thirds of health insurance costs in the

United States are spent in maintaining the last two years of life. That does not seem to me to be an efficient way to spend health funds.

5. Although only a developing country, Malaysia would still want the best of modern medicine. But our resources are limited and, whether we like it or not, we will lag behind in the provision of some of the most sophisticated facilities. Scientific meetings will have no time for these mundane matters, but they are facts that must be faced by the government and the people. As a renegade doctor turned administrator I cannot help but dwell a little on this unscientific aspect of medicine.

6. Malaysia's medical problem is compounded by the inheritance of an accident of colonial rule. The British colonial government, faced with the problem of providing medical care for British expatriate officers, decided to set up Government hospitals where the officers could be given free treatment. To encourage locals to switch to western medicine, these government hospitals also provided, free treatment for anyone willing to be attended by doctors. The free hospitals became very popular and evolved into a part of the Government service. If any fee was charged, it was nominal. In the days when mixtures and powders cost a few cents, the Government could well afford the dispensing of free treatment. But today an antibiotic capsule may cost a few dollars each, making medication extremely expensive. Surgery is even more costly. Of course doctors and specialists do not come cheap either. Free medical treatment in Malaysia is now a heavy burden despite the nominal charges. And the trend is for the burden to become heavier.

7. Some will think that this is a problem for the Government alone. Actually it is not. It is a problem for the nation as a whole. The treatment is not really free. The people are paying for it, not directly of course. The question that they should ask themselves is whether their money is being spent on the right people, i.e. the deserving poor. Or could it be possible that some business concerns and even insurance companies and funds are taking a free ride on possibly the only non-contributory medical insurance scheme in the world.

8. I am sorry to focus on what seems to be a local issue at an international conference like this. But while you discuss enthusiastically on the technological advances in medicine and surgery, you should also spare a thought for the rapid escalation in cost. When you become cost-conscious then the technology of cost cutting will receive serious attention. Indeed to a certain extent it already has, although it may not be because you are concerned over the cost. When a famous surgeon moves from theatre to theatre performing only the most sophisticated part

of surgery, while assistants start the operation and close up the patient, what you are doing is mass surgery where costs are cut. The concern that will arise from mass surgery is not poor quality of work but a lack of personal involvement on the part of the surgeon. If carried too far the surgeon will recognise only a certain part of the anatomy of the patient and not the patient himself. When that happens hospitals will become repair shops. So no matter how advanced medical technology becomes, there must be a certain degree of personal relationship between the patient and the doctor, if medicine is to remain meaningful. Nevertheless mass or production line surgery does cut cost. There may be other ways if doctors learn to appreciate that cutting cost is important. And, of course, it is important, for high cost of medicine must deprive the poor of adequate medical attention.

9. It is in the context of these that Malaysia has decided to privatise some of the Government's social facilities. We are not about to deprive the poor of free medical treatment. But the present system enables even those who are able to pay to avoid payment altogether. Indeed, firms which should have taken medical insurance for their employees are availing themselves of free treatment. With privatisation, only the needy would be accorded free treatment.

10. Privatisation of hospitals will initially mean making Government hospital facilities available to private doctors at a fee. I do not think we will recover all our costs. There will still be an element of subsidy by the Government. But, at least, there will be a substantial recovery of a part of the cost expanded.

11. I am very happy to see this meeting being organised by the three Colleges together. Malaysia is not a very big country and it will be quite sometime before we get our 70 million people. Until then a multiplicity of organisations will only cause confusion. If the Colleges cannot merge, at the very least they can work together. After all the disciplines are not only related, but they actually overlap.

Ladies and gentlemen,

12. I am confident this Meeting will be very fruitful to each and every member of this noble profession. It is my pleasure now to officially declare the 2nd International Combined Scientific Meeting of The Colleges of General Practitioners, Physicians and Surgeons of Malaysia open.

Thank you.

