

PEMBUKAAN SIMPOSIUM MENGENAI PENJAGAAN KESIHATAN
HOTEL HILTON, KUALA LUMPUR

6 DECEMBER 1984

Dif-Dif Kehormat; Tuan-tuan dan puan-puan.

Saya ingin merakamkan penghargaan saya kepada pihak penganjur Simposium Mengenai Penjagaan Kesihatan yang telah memberi saya peluang untuk berucap. Saya berharap perbincangan kali ini akan memberi sumbangan kepada perancangan dan pengurusan perkhidmatan kesihatan di negara ini.

Ladies and Gentlemen,

2. Over the past 27 years we have been developing the medical and health services of the country as part of the socio-economic development programme. We have been able to develop infrastructures ranging from the most peripheral midwives clinics to the high-cost high-technology hospitals. We have also implemented various disease specific programmes to reduce problems of major public health importance. The success of the various programmes is reflected in the downward trend of a number of diseases and the changes in disease pattern that we are currently observing. We still have a long way to go in order to reach the status of more advanced countries. The escalation of health care cost is a major concern of the Government and we have to take steps to explore alternative possibilities for health care financing, cost sharing and cost containment. Although we believe that health is a universal right, the attainment of that right at least at the minimum acceptable level must necessarily be related to the financial capability of a country.

3. We have been building hospitals and have had a lot of experiences in running them. But I believe there are three major areas which require special attention.

4. First is the planning and designing of hospitals and the time taken to complete these steps. Because of the special nature of hospitals, its complex supporting services and peculiar engineering and utility requirement, a hospital is one of the most complex building to plan, design and construct. It requires a host of architects and engineers with specialised skill and knowledge in hospital design and operation. There is a need for us to build up sufficient pool of local expertise in this field to

cater for hospital construction and maintenance in the public and private sectors.

5. Second is the construction and commissioning of the hospital itself. I believe we can cut down further the period of building a hospital by adopting different building methods and better coordination of the various steps in its construction. Two hospital projects are now being implemented under the turnkey system. We shall be following closely the progress of these projects.

6. Third is hospital management. We need to infuse greater professionalism into hospital management. The bringing together of medical personnels, however highly trained they may be, in the most modern and well-equipped hospital does not automatically result in an efficient and high quality hospital care. They need to be supported by an effective resource management, an appropriate working arrangement, clear assignment of roles and functions, an efficient logistic and maintenance system, and good information support.

Ladies and Gentlemen,

7. We have allowed a number of foreign firms to participate in our development programmes, including the building of hospitals. What we hope is that through association with local firms and demonstration of new techniques, their local counterparts will be able to imbibe new skills and expertise and thereby further improve our own capability. To use a hackneyed phrase there would have been a transfer of technology.

8. Hospital care is the most expensive form of medical care. It requires a high capital investment and an equal high running cost. It is also a complex organisation to run and to maintain. The building of a hospital must not only be fully justified, but also its design, equipping and staffing should be such that construction and operation costs are kept to the minimum compatible with good hospital practise. The design should be simple as well as flexible to meet changing hospital practices. It should also lend itself to easy maintenance. With regard to equipment, with the present range now in the market, one should be able to choose the most suitable in terms of cost and operation.

9. The growth of private sector medical services that we are observing now in the Kelang Valley and in some of the major towns of the country is unprecedented. These facilities range from single practices and small maternity homes to hospitals of a few hundred beds. The location of these practices is obviously influenced by the pull of market forces, namely by

clients who can pay for the services. Whilst welcoming this development, because it supplements Government effort in providing medical services to the more well-to-do urban population, the Government is acutely aware that it can further worsen the current disparity in medical care between the rural and urban population. Such a development is clearly undesirable.

10. For those who cannot afford, the Government will continue to provide fully or partially subsidised medical services to the extent that the country's economy can afford. Those in the higher income brackets should be able to pay for their treatment and thereby lessen the burden borne by the Government in shouldering the cost of health care in this country. The private sector can further facilitate this cost-sharing by keeping their charges as low as reasonably possible, by cross subsidy and by opening clinics and hospitals in areas which are relatively under-serviced. In this way the services offered by the private sector will be accessible to a greater number of people, including those who would otherwise flock to the already congested Government facilities.

11. Every industry, more so the health industry, has a social responsibility. Private medical services should not be motivated exclusively by profit. After all it is society which has granted more or less monopolistic rights to the medical profession to practise their occupation, and it is public fund which supports medical education. In return it is therefore natural that the public expect reasonable accessibility to medical care, and are not denied medical care by high medical charges, undue concentration of facilities in high income areas or any other form of barriers erected against them.

12. To meet the needs of the community, a private hospital has to offer a minimum range of services and facilities. Although the use of private hospital services is to a large extent dictated by the ability of patients to pay, in my view it is extremely important for the hospital to be able to provide the services and facilities that are commonly associated with a hospital in order to serve the local community as effectively as possible. For example, the hospital should be able to provide accident and emergency services at all times. No accident victim for example should be denied first aid support simply because he is not a regular patient or cannot produce the required surety. The Ministry of Health is now reviewing the current laws relating to the registration of private hospitals to ensure that the minimum legal standards will facilitate optimum medical care.

Ladies and Gentlemen,

13. Once again I would like to thank the organisers for inviting me to officiate at the opening of this Symposium. It is my hope that all of you will have fruitful deliberation during this one day meeting. With this, I have great pleasure to officially declare this Health Care Symposium open.