



-FINAL- YBTMK SPEECH

FOR

**“2nd FPMPAM / IPH Annual
Convention incorporating 1st
FPMPAM Malaysian Healthcare
Conference.”**

VENUE	:	SUNWAY PUTRA HOTEL
DATE	:	15 SEPTEMBER 2018 (SATURDAY)
TIME	:	9.05 – 10.00 AM

First of all, it is an honour for me to be invited to officiate the 2nd FPMPAM / IPH Annual Convention incorporating 1st FPMPAM Malaysian Healthcare Conference. It is indeed like a homecoming to me, as I was once served in the FPMPAM as the deputy president, under the stewardship of Dr Steven Chow and other committee members. The FPMPAM has always been epitomised as the source of an independent voice on the issue revolving around the healthcare in Malaysia.

Ladies and gentlemen,

2. Malaysian health system has achieved respectable outcomes in improving the health status of the population. We have always prided ourselves with >90% of our population have the vital access to healthcare facilities within 5 KM of radius. Furthermore, our health indicators such as life expectancy, maternal, child and infant mortality have shown an admirable gain as compared to other developing countries.

3. However, major challenges are ahead of us. With the existing public and private dichotomy in healthcare service, we still had a substantial out of pocket payment which may have catastrophic consequences for patients who are least prepared. According to Malaysia National Health Accounts on published by MOH, the source of financing for the Total Health Expenditure by MOH and out of pocket payment were 44% and 39% respectively in 2014.

4. Moreover, the public facilities especially MOH while providing affordable health care services are facing an increasing challenge to provide acceptable, quality care with limited and scarce resources. The private healthcare facilities, on the other hand, is experiencing cost escalation, resulting in an exclusion of the least fortunate population. Furthermore, the rise in Non-Communicable Disease (NCD) coupled with a rapidly ageing society will eventually exert a significant burden on our resources. By 2040, Malaysians with the age 65 and above will exceed 6 million or 14.5% of the population.

5. Therefore, there is an urgent need for a paradigm shift in our healthcare policy for the betterment of the people in Malaysia. To begin with, our honourable Minister of Health had repeatedly emphasized the need for primary care, with accentuation on preventive care. In line with the PH manifesto, the government is actively planning to roll out a special, free healthcare plan for the low income of the bottom 40 population. The extent of coverage will substantially depend on our resources. Therefore, We certainly hope that all General practitioners will leverage these future initiatives, with a more proactive role towards a family physicians concept.

Ladies and gentlemen,

6. Industrial Revolution 4.0 is causing a sea-change in the healthcare landscape. Artificial intelligence may potentially permit X rays, pathology specimens and skin lesions and match reporting, at times proven better than the relevant specialists in respective fields. For instance, IBM Watson has already been used to assist in designing a better cancer treatment

plan. Moreover, patients are becoming more knowledgeable through an instant consultation via “google doctor”. i.e search through the internet.

7. There is also the challenge of uberisation of healthcare where operators are currently able to provide healthcare services to the patients by linking doctors and patients via mobile apps, without owning hospital or clinic. Doctors, on the other hand, are able to provide consultation service remotely , even across the border via internet through the virtual clinic. These are challenges where the ministry and the medical practitioners should collaborate to ensure a healthy development of the healthcare industry without jeopardising the confidentiality, quality and care of the patients.

Ladies and gentlemen,

8. Dispensing rights have always been a continuous thorny ride between doctors and pharmacists. It resurfaces each time a new minister is in the office. We have strenuously looked into both sides of the argument and decided upon the best interest of the patient. At the moment, there is no plan for dispensing separation. The ministry, however, urges all medical practitioners to respect the right of the patients to choose where they would prefer to purchase their medications with necessary prescriptions when requested. All medications dispensed from the clinics should be labelled together with the usual dispensing instructions.

9. Lastly, I would take this opportunity to congratulate the organizers, collaborators and sponsors of this event. I certainly hope all of you will have a fruitful conference.

Thank you.