



MEDIA STATEMENT

FOR IMMEDIATE RELEASE

THE FPMPAM HEALTHCARE WISHLIST - BUDGET 2015

Kuala Lumpur, 8 October 2014 - In view of the upcoming announcement by the government on the 2015 Budget, the Federation of Private Medical Practitioners' Associations Malaysia (FPMPAM) has circulated its wish list for healthcare for 2015. These are as follows:

1. Put more money in Rakyat's healthcare

We urge the Government to increase the Healthcare allocation in the budget to 6% - 7% GDP.

With the increased allocation, the Government should strengthen the primary care system by increasing the level of Private / Public integration via outsourcing care of out-patients with chronic illness from the public hospital outpatient clinics to the private primary care clinics (in the same vicinity) for follow-up treatment. All private primary care, GPs and family practitioner clinics should be invited to take part in this program. The present one-stop prescription and dispensing system in private clinics should be continued as it is patient-friendly and cost-effective.

Likewise, for patients requiring surgery and procedures, if the wait list in the public hospitals is too long, these patients should be referred to local private healthcare facilities instead of being sent overseas.

Rationale: *This will allow a shorter waiting list for public out-patient clinics. Shorter waiting time is patient-friendly, allows better patient-doctor interaction and translates as improved productivity for both the patient and the healthcare system. Referring patients to local private facilities will save time and cost and strengthen local expertise.*

2. Designate healthcare services as GST zero rated.

Rationale: *Healthcare is a right of the rakyat. The sick is already suffering from the ravages of ill-health and should not be taxed.*

3. Do not privatise public hospitals and public healthcare clinics

With the current escalating cost of living, we urge the Government to abide by its promise made two elections ago, not to privatise the public hospitals and public healthcare facilities. Privatisation of public healthcare facilities will only further worsen the situation and gravely affect the safety net for healthcare for the lower income groups and those not who are not insured.

Rationale: *The provision of this safety net allows for affordable and universal accessibility of our healthcare system for this sector of the population and should remain as the responsibility of the Government.*

4. Control Healthcare Cost by implementing the following:

i) Implement immediately a schedule for hospital fees

Escalating hospital fees are a major cost in increasing healthcare cost. There is at present no laws to regulate the hospital fees and the fees of commercialised healthcare services. It is escalating by leaps and bounds since 2000. We urge the immediate implementation of regulations to require all private hospitals to declare their fees for their index 50 hospital procedures.

Rationale: *This will allow initiation of some form of containment of private hospital fees with the eventual target of a schedule for hospital fees. This hospital fee schedule is vital for the long-term viability of the system.*

ii) Enforce Pathology Laboratory Act 2012 to control unregulated health screening and medical tests

We urge the Government to immediately enforce the Pathology Laboratory Act. Unnecessary blood tests and health screening, random wellness checks by business-driven private laboratories and business entities must be regulated. All these must be compliant with the Pathology Laboratory Act, the Private Healthcare Facilities and Services Act (PHFSA) and all other laws to stop the current trend of unnecessary tests.

Rationale: *Unnecessary medical tests and health screening is a big business. Unfortunately it is a health and moral hazard. An independent registered medical practitioner assessment, preferably by the family doctor, must be required before any test is allowed to be done. All such tests should only be ordered by a registered medical practitioner based on patient's health needs and the doctor must have no vested interest in the investigating facility.*

iii) Regulate the middle-men in healthcare

We urge the Government to immediately implement and enforce regulations in the PHFSA 1998 to regulate this business of medicine. No such regulations exist to date.

Rationale: *Middleman services are draining away patient's healthcare money at source. This affects simple taken-for-granted items like medical examination, seeing a doctor when one is sick and now, even the dispensing of medicines. Eventually the terms and conditions of the middleman and not the doctor will end up determining the care of the patient.*

This business is unregulated and many such entities have come and gone leaving patients and doctors with millions of ringgit of unpaid bills. If this is allowed to continue, the private healthcare system will eventually be broken beyond repair.

iv) Enforce the Medical Devices Act 2012

The use of medical devices should be in the hands of properly trained registered medical practitioners and in a medical setting. The Act has been passed in Parliament but yet to be enforced. To avoid a conflict of interest, doctors teaming with entrepreneurs to own high end equipment must also declare their interest.

Rationale: *These devices are capable of inflicting damage and injury when used by unauthorised individuals and is a danger to the sick and the suffering*

v) Implement Alternative Dispute Resolution for Medical Mishaps

We urge the Government to urgently implement the Alternative Dispute Resolution for medical mishaps.

Rationale: *The current system of resolving medical mishaps occurring for whatever reason takes too long and is not fair to the patients. The system is already backlogged by many existing cases. The increase in new cases both in the private and the public sector is expected to worsen the situation. At the end of the day the overall cost of healthcare escalates as reflected by increasing medical indemnity fees, increased defensive medicine and increased absolute cost of provision of care.*

ADR for medical mishaps is a proven system worldwide which lessens the need for expensive long-drawn court proceedings.

5. Set up Multi-Agency Dengue Task Force in every State Health Department

We urge the Government to set a target to control Dengue Fever incidence by 50% in year 1, 60% in Year 2, 70% in year 3, 80% in Year 4 and 90% in year 5. Target

reduction in Dengue mortality by 75% in year 1, 80% in year 2, 90% in Year 3, 95% in year 4 and 99% in year 5

Rationale: *The Dengue epidemic has gone on for too long. It is a major disease burden and is taking away too many lives. It must be controlled and we must be more focussed. The Dengue Task Force must be empowered to inspect all sites posing a Dengue hazard and empowered to take all necessary measures until a particular Dengue hazard is rectified. It is clear that present enforcement measures are not effective in construction sites and areas under the jurisdiction of local authorities.*

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