



MEDIA STATEMENT

FOR IMMEDIATE RELEASE

“STOP CRIMINALISING THE PRACTICE OF MEDICINE”

The FPMPAM calls on the Minister of Health to withdraw the controversial Bill for the amendment to the Poisons Act 1952 which was tabled for first reading in Parliament as reported in CodeBlue on 28.11.2019

Among other amendments, the proposed Bill, if passed, will make it mandatory for doctors to provide prescriptions upon request from patients, failing which they will be guilty of an offence that is punishable by an RM3,000 fine, one year’s imprisonment, or both.

The Poisons Act 1952, incorporating latest amendment P.U.(A) 52/2009 regulates the importation, possession, manufacture, compounding, storage, transport, sale and use of poisons.

The words ‘sale’ and ‘supply’ as defined includes barter and also includes offering or attempting the sell; whilst “supply” includes the supply of commercial samples and dispensed medicines, but does not include the direct administration by or under the immediate personal supervision of a registered medical practitioner or registered dentist of a poison or medicine to his patient in the course of treatment where such administration is authorized under section 19.

Furthermore, supply does not include doctor’s administration and it is pertinent to know how in this law how the term “decline to issue a prescription upon request” is defined. If a request is unreasonable and illegal, doctors have every right to decline the request.

Clearly, the Poison’s Act is not the appropriate instrument to govern the practice of medicine which is regulated by the Medical Act. The Medical Act and the ensuing CPC already have sufficient provision on prescription practice by the doctor.

Infringement will subject doctor to disciplinary action by the Malaysian Medical Council (MMC). This is ‘perlaksanaan secara admistratif’ (implemented/enforced administratively)

In normal situation, a rule/policy is legislated if it cannot be done administratively, then the government has to resort to enforcement by law. As this is a high handed action, there should be evidence that doctors are not complying with the rule, repeatedly.



The tabling of this proposed law suggest that the Minister is dealing with widespread non-compliance by doctors and thus he must produce clear evidence of this.

Clinic premises are already regulated by the PHFSA into those with pharmaceutical services where medications are prescribed and dispensed and those without pharmaceutical services where the doctors only provide consultation and then issue prescriptions if treatment is required. The public are at liberty to choose.

We know of no serious discussion of this matter by the Minister with the Malaysian Medical Council or with the relevant medical bodies.

Furthermore we know of no country in the world that has such a law criminalizing the mere act of “refusal to provide a prescription slip”. There is also no law to compel anyone to see or continue to seek care from any doctor who do not provide prescription if requested. It is a right of the patient to choose his/her own doctor that provides for his/her complete care.

Doctors are also regularly confronted by patients demanding for a hypnotic drugs. What if the patient demands for a prescription for an abortion drug? How this would proposed law designed to deal with this?

The Minister should respect that the practice of medicine is already regulated by the Medical Act and the doctor-patient relationship is a social contract based on mutual trust. Micromanaging of this by introducing unnecessary regulations and laws promotes a toxic and untenable environment that will be detrimental to the provision of good medical care.

This Bill should be withdrawn and sent back for sufficient discussion and review by all relevant parties.

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About The Federation of Private Medical Practitioners' Association Malaysia

(FPMPAM)

The FPMPAM is the national body representing doctors in private practice in Malaysia. FPMPAM is committed to improve the quality of private health care through continuing medical education, continuing professional development of its members, ethics advocacy and public outreach programs. Founded in 1989, it consists of seven state-level associations and has over 5,000 members. For more information on the FPMPAM, please visit <http://fpmpam.org> or <https://www.facebook.com/fpmpam>.

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