



# YBTMK SPEECH

FOR

“DOCTORS’ DAY 2018”

VENUE	:	HOTEL SCARCITY ALOR SETAR
DATE	:	13 OCTOBER 2018 (SATURDAY)
TIME	:	7.00 – 8.00 PM

## **INTRODUCTION**

It is my pleasure to congratulate the Federation of Private Medical Practitioners' Associations of Malaysia and the Kedah/Perlis Private Medical Practitioners' Society and the Organising Committee for a very successful two-days' activity in conjunction with your Doctors' Day 2018. The enthusiasm and commitment that they put into this event have been very inspiring for me, being a practising doctor until lately.

### **ACKNOWLEDGING DOCTOR'S ROLE IN OUR NATION BUILDING**

Our history has witnessed and recognised the doctor's leadership role in nation building since the times of British colonisation, through the years of war and then national independence. The list of names of doctors who had fought and fallen for our nation is long and will never be forgotten. Names such as the late Tun Dr Ismail, Dr Sybil Karthigesu and Dr. Wu Lein The, just to mention a few, deserves preservation in our corridors of history.

Today, history is being repeated yet again. Two doctors are at the forefront of our nation's leadership, i.e. PM Tun Dr. Mahathir Bin Mohamad and DPM Dato Seri Dr Wan Azizah Binti Wan Ismail.

## ADDRESSING INEQUALITY IN HEALTHCARE

We have been told time and time again that we have one of the best healthcare system in the world. What we have achieved in healthcare outcomes are at par with many of the developed nations despite spending only a modest budget of 4% of GDP. Despite having universal healthcare coverage and accessibility, we have been bugged with the perennial issue of equality and equity in healthcare delivery which remains till today. Even today, we hear the cry for help from the under-served communities in the remote areas of East and West Malaysia and see the urgency to act.

Inequality destroys the fabric of our society and creates long term social, economic and political challenges. Epidemiological studies repetitively have shown that income inequality within a given population will have negative impact on the health of its people. The greater the income inequality in a society, the greater the disease burden it has to carry. The health status of the *rakyat* becomes inversely proportional to their status in the socioeconomic ladder. Malaysia has one of the highest inequality rates in Southeast Asia, compared to many Latin American countries. Creeping inequality within ethnic groups and regions in Malaysia poses perhaps the most serious threat to social cohesion and the forging of a *Bangsa Malaysia*. Our Government is committed to address this issue.

We will put more money into healthcare and ensures that each and every ringgit will be well spend for the *rakyat* in keeping with principles of good governance, cost-efficiency and productivity in healthcare. Even though we face financial constraints in the short term, we are committed to increase healthcare spending in line with Pakatan Harapan's manifesto.

## **IMPROVING PRODUCTIVITY IN PUBLIC HEALTHCARE**

A study was done by Vitalis Chukwudi Nwagbara and Rajah Rasiah on services provided by 87 MOH hospitals in 2006 and 2010; and the result was published in 2015. The report showed sub-optimal performance and ineffectiveness of public hospitals despite mounting competitions from private sectors. One of the key findings in the study was inefficient utilisation of resources with low bed occupancy rate (BOR) in non-specialist district hospitals and over congestion of BOR over 100% at state general hospitals.

As a response the MOH developed a system of collaboration between non-specialist hospitals and major specialist hospitals or state hospitals by sharing Human Resources and beds via cluster of hospitals. Under this cluster hospital concept, specialists from major specialist hospitals and state hospitals provide service at non-specialist hospitals so that bed utilisation of non-specialist hospitals can be maximised. So far, out of 145 MOH hospitals, 47 hospitals, including 27 non-specialist hospitals have been grouped under 13 clusters. As a result, the BOR at small non-specialist hospitals has gone up and this partially helped to relieve congestion at major specialist hospitals.

Over the past three months, since my appointment to the current post, I have the opportunity to visit many hospitals and health clinics (*Klinik Kesihatan*). There are observations which I would like to share with you.

1. There was a shortfall in allocation for many years in terms of maintaining and upgrading the existing facilities, even though the service load has increased tremendously due to population growth or expanded scope of service. Many hospitals and clinics' buildings need long overdue renovations/replacements. A lot of assets are beyond economic repair (BER) and in need of replacement.
2. The freeze on new intake of civil servants, despite increased workload has affected the MOH facilities more so because doctors, nurses and medical assistants are 'labour intensive'.
3. Our staffs at MOH, either at hospitals or at Health Clinics are committed to provide the best service possible within the limited resources available.

In order to tackle the scarcity in spending in healthcare over the years and to build or upgrade the capacity in MOH, the amount needed should be higher than the current annual budget of RM 27 billion.

Thus, it is now pertinent that we relook carefully at our healthcare policy and re-examine the role and responsibility of the government in healthcare. As a responsible government we will not out-source our mandated social duty. MOH will always be the safety net for those who cannot afford private healthcare.

A meaningful “inclusive” private-public partnership in the delivery of healthcare may be the answer. In fact, MOH is willing to study various options in partnership with private sector in an attempt to optimise the use of resources on both sides. The private sector will not be treated as a stepson in this relationship. Every doctor, in private and public sector will have a role and be acknowledged.

It is indeed a noble intent to have a national Doctors’ Day in signifying the amalgamation of intention and action of all Malaysian doctors, in the public and private sectors; to provide the best for their patients, truly “uniting doctors for better patient care”.

I am glad to note that the Federation have been celebrating Doctors’ Day on 10th October since 2014 and wish them the very best for their future endeavours. As a doctor myself, I will personally support this call for a national Doctors’ Day and I will impress upon my Cabinet colleagues to do likewise.

## **UNDP MILLENNIUM GOAL: “LEAVING NO ONE BEHIND”**

It is the priority of this Government that ‘no one should be left behind’ in line with UNDP Millennium goal. I am indeed encouraged by the enthusiastic efforts of the Federation in its medical outreach program to extend the vital assistance to those in the remote areas of Malaysia.

This government will encourage and facilitate your efforts to help in filling the gaps missed by the public services and to generate a new culture of inclusive compassionate healthcare for all. Volunteerism in medicine is a trait of the profession that will be encouraged, treasured and recognised by this government.

## **DOCTOR’S FINGER ON THE PULSE OF MALAYSIAN SOCIETY**

The doctors are the best profession to gauge the health of our society. At birth, often the first face that the child see is the doctor’s and at death, he may be the last. So, like it or not, the doctor will be there come what may.

Collectively doctors have the special ability to reach millions of people across the nation daily. The doctors’ whispers travel far and loud reaching many ears. We in the Ministry of Health would like to hear from you.

It is pertinent upon you, as trained ethical professionals to transmit the truth, the whole truth and nothing but truth. You can do so by mentoring, counselling, mediating, preaching the message of tolerance, reconciliation and the need for the nation to move ahead. You have the trust of your patients and society.

The trust the patients have on our profession is the cumulative result of many generations of sacrifices and contributions of our predecessors, who tirelessly and selflessly upheld ethics and professionalism.

However, the tide is slowly changing due to rapid commercialisation of healthcare services. The day society no longer trust its doctors is the day doctors will lose their esteemed status as leaders and champions for their patients and the people. Let's pray that this day will never come.

To those who are in the academia and institutions, it is also your duty to see that the DNA of the profession is carried on to the next generation of doctors.

Lastly, I thank you again for this invitation.