

SPEECH BY DEPUTY PRIME MINISTER

YAB Deputy Prime Minister of Malaysia, Dato' Seri Dr Wan Azizah Dr Wan Ismail

at the dinner on 15th September 2018 at Sunway Putra Hotel, Kuala Lumpur

2nd FPMPAM/IPH Annual Convention
incorporating
1st FPMPAM Malaysian Healthcare Conference

Salutations

Dr Steven Chow, President, Federation of Private Medical Practitioners' Associations, Malaysia & Organising Chair, Annual Scientific Convention of FPMPAM / IPH; Dr Milton Lum Co-Organising Chairman, Annual Scientific Convention of FPMPAM / IPH; Council members of the FPMPAM; Fellow Medical Practitioners from all over Malaysia; Affiliated Societies and Organisations; Ladies and Gentlemen

Introduction

Fellow doctors, friends and family, tonight I speak to you as a fellow doctor and as your Deputy Prime Minister, a position that has come upon me by the grace and wisdom of Allah SWT. It is my pleasure to congratulate the Federation of Private Medical Practitioners' Associations, Malaysia on this special dinner event with the theme "Doctors and Society".

Fajr Doctrine

Ladies and Gentlemen,

The 14th General Election ushered in a new era, which has also earned the moniker Malaysia Baru. However, there is considerable ambiguity over what Malaysia Baru really means. Allow me to use this august occasion to present an idea that I believe should define this new era.

Since we are talking about the dawn of a new era, let me call it the Fajr Doctrine. Fajr is the Arabic word for dawn, that period that ushers in a new day. The Fajr Doctrine envisions what, in my mind, Malaysia Baru should be like.

Modern economics has generally dealt with how economies allocate resources and the role of market forces in the making of these decisions. It is generally recognised that market forces are driven by the motive of profits. As such market forces are not capable of dealing with requirements and needs that do not provide profits.

Often, the state has to step in to deliver public goods and services such as education, welfare, safety, defence and basic health services. However, the state has the tendency to become enormous yet inefficient bureaucracies. As such, economic planners often have to deal with the question of state-market relationships.

It is often thought that economies have to decide between the state's involvement in the economy and the extent to which the private sector should be given a free reign. The late Professor Ostrom, who was the first woman to win the Nobel Prize for Economics, found that in some situations neither the state nor the private sector is equipped enough to manage resources.

The state tends to be inefficient and cumbersome and sometimes prone to corruption. The private sector tends to be motivated by profit maximisation and is sometimes short-term oriented.

Ostrom found that in some situations, non-state actors are simply better at managing resources. She found that local tribes and rural communities are more effective at managing resources such as grazing land, fisheries resources, water supplies and jungles.

These entities recognise they are dependent on these resources for their existence. As such, they always maintain a balance between exploitation and preservation. For example, the Orang Asli communities do not destroy jungles or contaminate the rivers.

It is loggers and businesses, often with the collusion of the state, that destroy our jungles and rivers. In order to have a balanced and sustainable development, we need a third pillar to complement the role of the state and private sector.

This third pillar is non-state actors such as local communities, NGOs, social enterprises and social activists. We see today many services that cannot offer profits to businesses and which cannot be offered efficiently by state bureaucracies but are often offered by non-state actors.

Services such as emergency and relief services, soup kitchens, food banks as well as the running of orphanages and hospices are now run by non-state actors. In the past, the roles of non-state actors were not always recognised.

Sometimes efforts by these non-state actors were met with hostility. The new Malaysia must not only recognise the role of non-state actors, we should nurture and support their growth. The state and private sector can join hands in supporting these non-state actors. The state can play its part by supporting through legislation and funding for these non-state actors. The private sector can fund as well as work closely with non-state actors through their CSR programs.

Most of you are private medical practitioners. This makes you professionals and all of us here who had served in the government understand how it works. Being in private medical practice means you are businesses, and thus are also part of the private sector.

I know many of you already do this but I would like to urge all of you to do more in supporting the non-state actors in providing their services to the needy and marginalised. There are medical professionals who dedicate their lives to being volunteers with NGOs and working with social activists.

In order to realize the Fajr Doctrine, we need more people to be involved with non-state actors. Private medical practitioners can help the non-state actors through donations, by volunteering time and services as well as actually joining these entities as key leaders. This is important because medical services are highly regulated and governed by strict professional standards.

Anyone can cook and feed the homeless, but it requires qualified medical doctors to provide them medical services. On my part, I plan to use institutions such as Yayasan Kebajikan Negara to play a bigger role to raise funds and support the needy as well as non-state actors such as NGOs, communities and social activists.

I hope you will join me in giving substance to the Fajr Doctrine by giving your time and financial resources to support the third pillar, that is, the non-state actors. I believe this balance between the state, the private sector and non-state actors is necessary to create a just and responsive society.

It also helps empower the rakyat to take charge of their destinies and to care for one another. If we can build this healthy relationship envisioned in the Fajr Doctrine we will usher in a new day, a new Malaysia that can become a model for others. I believe all of us here share this desire and can empathise with this vision.

Doctors to the Fore

As individuals, doctors as professionals have a special duty as custodians of their patient's health in accordance to the basic principle "to heal sometimes, to comfort always but never to harm".

On the other hand, doctors as a group, being highly trained, intelligent and empowered individuals; also have a social contract with the rakyat whom they serve. No doctor should feel detached from the pains and hardships of the society in which he or she lives and practises.

A society struggling in pain and in turmoil is no different from that of a patient with fulminant cancer fighting for his life. In both situations, it is the expected duty of the doctor to stand up and act for the betterment of his patient and likewise, his society.

The Doctor in the House

As doctors, it is in the DNA of the profession to heal. It is my call to you to exercise this duty in whatever way possible to help heal our nation. There have been calls to put more money into healthcare but, unless and until we have addressed the issue of wastage and haemorrhage in the system, all this money will not end up benefitting the rakyat.

The mantra of this government is good governance, cost-efficiency and productivity in healthcare. We must be able to deliver high impact healthcare at a reasonable cost and with high patients' satisfaction.

Commercialisation of Healthcare

Healthcare cost is expected to rise both as a result of organic growth and demand for high-end treatment facilities. However, in the background looms the ever-engulfing trend of commercialisation of healthcare, which is touted as the panacea for cost control in developed countries.

Both doctors in public and the private sector have a role in checking commercialisation of healthcare. Their combined voices will ensure the right planning is done when policy-makers rework their strategies for the next Malaysia Plan.

Thus it is now pertinent that we relook our healthcare policies and one of the things we are looking at is a "cradle to grave" social protection policy, which will address these issues.

The MILLENNIUM DEVELOPMENT GOALS REPORT 2015 – "Leaving no one behind"

The Millennium Development Goals Report 2015 (Malaysia) has highlighted specific areas of concern in our performance in health for our rakyat. Our government will not take comfort in just appreciating our performance thus far. More needs to be done, for example, for child mortality among vulnerable groups including "indigenous communities such as the Orang Asli in Peninsular Malaysia and Orang Asal of Sabah and Sarawak; the urban poor; and persons including children who are undocumented, stateless and refugees whose access to healthcare is often severely compromised".

I am indeed encouraged by the enthusiastic effort of the Federation in its medical outreach programmes to reach out to those in the remote areas of Malaysia.

This government will encourage your efforts to help fill the gaps missed by the public service and to generate a new culture of inclusive compassionate healthcare for all.

Conclusion

Reshaping the Malaysian society will not be easy but it will be done. I have faith in my fellow Malaysians and in my country. The journey to where I am today has not been easy but my faith in Allah SWT and my training as a doctor helped me cope and triumph through adversity. The pain of the past may have gone, but the new Malaysia must learn never to repeat the same mistakes.

Thank you and Selamat Hari Malaysia.