Malaysian Medical Association – Dr. Krishna Kumar Hari Krishnan, President

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MMA's president shares the reasons why Malaysia is ranked today third in terms of healthcare quality, with a very efficient public system, high quality doctors and strong government support. However, the situation could change as too many doctors change to the private sector, NCDs are drastically increasing and financing healthcare will become more and more challenging.

Malaysia is ranked third best place in the world for healthcare quality. Could you share with us the reasons behind this Malaysian excellence?

The mere fact that 99 percent of the Malaysian population is located a maximum of five kilometers away from a primary care facility makes us unique and this applies to both urban and rural areas. Malaysia has also been in constant progress since the implementation of the healthcare NKEA (National Key Economic Area). We boast high qualified doctors and our efficiency rates both in government and private hospitals are high. Healthcare treatment in government hospitals is virtually free, which gives access to high quality service to every Malaysian citizen.

The issue however is that government hospitals are still overcrowded, even though new hospitals are being built. The number of new private hospitals is also rapidly increasing as there is a growing

demand for private health services. Some of these hospitals are designed for foreigners, especially those based in Melaka and Penang.

Currently, the government sector cannot cope with medical tourism because many foreigners come with subsidized care. The number of foreigners is increasing, both legal and illegal ones. But when it comes to healthcare, our open door policy pushes us to treat everyone on the same basis; this is fundamental.

How do you assess the level of healthcare services and infrastructure from public and private hospitals here?

The quality of healthcare is good on both sides. The real issue is that the number of patients outnumbers specialists in government hospitals. Therefore patients do not receive personalized care but rather what is called “departmental care.” Some of our hospitals’ infrastructure is outdated but we are upgrading and building large hospitals to cope with the additional load.

In private hospitals patients receive specialized care simply because the number of patients is considerably smaller than in public ones. Patients assume that private hospitals provide better care but the reality today is that many patients end up turning to government hospital treatment when medical complications appear. Also many patients decide to come to us because of the unavailability of private medical space, medical expertise or insufficient financial power.

For my clinic (obstetrics and gynecology department), the waiting time for 90 percent of patients to receive services is half an hour. To schedule an appointment, obstetrics patients only wait around a day and for operations gynecology patients waiting lists are only two to four weeks. To compare the private and public sector, a private obstetrician performs 40 to 80 deliveries per months and roughly 700 deliveries per year. On our side we perform 8,000 deliveries per year with only six specialists.

While government hospitals are overcrowded and have to come up with new ways to become more and more efficient, our endeavors are hardly compensated. For instance, the premium for medical indemnity for a private obstetrician and gynecologist is around RM 76,000 (USD 24,000), but the cost of a caesarian section is only RM 1,600 (USD 500) for the doctor and normal deliveries only half of that. Therefore, imagine how many deliveries must be done for free to cover your indemnity. This is an issue that must be analyzed thoroughly.

Non-communicable diseases (NCDs) are increasingly prevalent in Malaysia with almost 80 percent of Malaysian adults concerned. Why is it the case?

Because the socio-economic status of Malaysians has risen, fast food chains have expanded and this has led to worsening diets. In the past, people were working in the fields and doing labor-intensive jobs, while today a large part of the population has moved to the service industry, which implies hardly any physical effort in comparison. Food habits have changed and instead of consuming high fiber products people are going towards high fat foods. Sadly, the combination of unhealthy diets, sedentary lifestyles and insufficient physical exercise has fueled a series of health complications. In the last decade cardiovascular diseases and diabetes have skyrocketed.

The issue is that Malaysians do not realize how catastrophic the situation is at the moment. Until they become aware that they need to make a drastic lifestyle change, NCDs will keep growing at a fast rate. Perhaps the government has been too kind in that sense. Since healthcare costs for a man on the street are very cheap, instinctively they stop worrying about health.

Indonesians are very health-conscious because hospital admission is a catastrophic expenditure to bear there. Here, it is easy to come in and out of the hospital without really having to spend anything. In addition, Malaysians rarely see a doctor when they are feeling well and doing a medical checkup with an ill patient is not possible.

In Malaysia, Socso (Malaysia’s social security organization) gathers a number of private workers that pay a small percentage of their salary to cover medical expenses for working injuries or illnesses. This agency has given out millions of free vouchers to receive free medical checkups to workers over 40 but the uptake has been very low – only 30 percent have used it.

With more complex diseases and fast increasing rates of new patients bearing these diseases, the government will not be able to provide care for these patients for much longer, because of cost and insufficient medical specialists. Today the number of patients with dialysis far outnumbers dialysis specialists available; this is the reality.

Are there enough campaigns implemented to raise awareness about severe diseases in Malaysia?

Many health campaigns have seen the light on national media, but campaigns alone are insufficient to change the current situation. The real problem is the Malaysian way of thinking and the fact that we are more reactive than proactive. Malaysians have the tendency to think that NCDs only happen to others and refuse to accept that prevention is essential. The ones diagnosed with NCDs believe that since health treatment is available and almost free, their health condition will suddenly improve; but once again this is not the case.

What is the situation today regarding non-branded generic manufactured drugs? Are they as effective as innovative drugs?

In Malaysia, under the Ministry of Health, generic drugs are given priority over originals if they are available and they meet the quality expected. When new drugs appear, because of patent requirements, we must use original drugs.

If we identify that a particular drug is inefficient, be it generic or original, we immediately report this issue to the authorities so that the batch of drugs can be fully analyzed. We have only experienced one ineffective generic drug case and this one was not manufactured in Malaysia. Overall, Malaysian manufactured generic drugs have been efficient so far.

Bottom line, while limiting costs for the government is crucial, patients still need the best drugs available and this means that when originals work best for patients, the government is willing to pay more.

What will be MMA's main ambitions for the next five years?

MMA needs to anticipate change and help doctors stay ahead of the curve. The private data protection act in Malaysia is changing the medical landscape and we need to understand how it will affect medical issues faced by doctors. We currently have very strict rules and regulations concerning patients' data but we do not know how the new private data protection act will affect our ability to communicate with others about patient's problems. Discussions are crucial in our line of work and the reality is that not every doctor can help a patient optimally every time. When this happens doctors need to get together to share ideas and find the best solution and this might change with this new act.

With the new GST Goods and Services Tax enforcement, it will be important to see what repercussions it will have on the pharma industry. Because our turnover at the hospital is more than half a million ringgit (USD 160,000), MMA will have to fall under GST requirements.

We are also worried about the lack of medical compensation for doctors working in government hospitals. While the cost of living has increased drastically in the last years, doctors have not been compensated on their side. Private doctors are still paid at least three times more and therefore government doctors are rapidly moving to that side. Therefore it is only logical that the brain drain between public to private will increase in the coming years. Considering that our hospitals are overcrowded, we need to be able to bring more doctors and convince them to stay. The government will surely play an important role in this endeavor.

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