TO BE OR NOT TO BE A MEDICAL DOCTOR: THE MALAYSIAN DILEMMA

Noor Hazilah Abd Manaf* , Puteri Nemie Jahn Kassim**, Nurita Juhdi *

*Faculty of Economics and Management Sciences
**Faculty of Laws
International Islamic University Malaysia

Introduction- Healthcare at a glance

- Malaysian healthcare often regarded as a model for other developing countries
- Total expenditure on health as a percentage of GDP was 4.30% in 2011
- Life expectancy is 74.7 years; ie 72.6 years male and 77.2 years female; infant mortality rate is 6 per thousand life births
- Public healthcare highly accessible - nominal fee RM1 (USD 0.30) for outpatient inclusive medication; geographical access - healthcare facilities within five kilometre radius (Chua and Cheah, 2012).

- Private hospitals in urban areas mainly in Kuala Lumpur, Penang and Malacca – more affluent middle class
- 144 public hospitals and 187 private hospitals serving a population of 30 million
- Ministry of Health (MOH) still main provider of healthcare with 41,995 beds while private sector 13,957 beds
- Increased privatisation of healthcare services since 80s encouraged by government privatisation policy
- Distinct dichotomy between public and private hospitals and related issues

Table 1: Key Health Indicators for Malaysia and Selected ASEAN countries

	Malaysia	Indonesia	Thailand	Philippines	Singapore	Vietnam
Life expectancy (Average)*	75	69	74	68	83	76
Life expectancy (Male)*	72	67	71	65	81	71
Life expectancy (Female)*	77	71	78	72	85	80
Infant mortality rate (per 1000 live births)*	6	23	11	22	2	17
Healthcare spending(% of GDP)**	4.4	2.8	3.3	4.6	3.9	7.2
Doctors per 1000 people **	1.0	0.3	0.3	1.2	1.6	0.6

Source: World Bank Data 2014

Table 1.2 : Key Health Indicators for Malaysia and Selected Countries

	United Kingdom	US	Malaysia	Russia	Australia	France
Life expectancy (Average) (2014)	81	79	75	70	82	82
Life expectancy (Male) (2014)	79	77	72	65	80	79
Life expectancy (Female)(2014)	83	81	77	76	84	86
Infant mortality rate (per 1000 live births)(2015)	4	6	6	8	3	4
Healthcare spending(% of GDP)(2014)	9.12	17.14	4.17	7.07	9.42	11.54
Doctors per 1000 people (2011)	2.8	2.5	1.0	NA	3.3	3.4

Source: World Bank Data 2014

- Malaysia healthcare has come a long way since independence
- In 1957, IMR was 75.5 per thousand live births, by 1996 reduced to 9.1 per thousand live births and today at 6 per thousand live births.
- Malaysia expected to be an ageing nation by 2030 where 15 percent of population will comprise elderly more than 60 years of age.
- Shepard, Savedoff & Hong (2002) evaluated Malaysia healthcare as ‘remarkably good’ considering it devotes 4.6% GDP to health in comparison to 6% of most industrialised countries.

How have we fared?

- Private sector development has not grown in tandem with national aspirations
- Distribution of medical specialists is currently lopsided
- About 30 percent of country's medical specialists are serving in public sector which has 70 percent of country's hospital beds; reverse for private sector
- Privatisation policy and medical tourism led to further outflow of health professionals from public to private sector

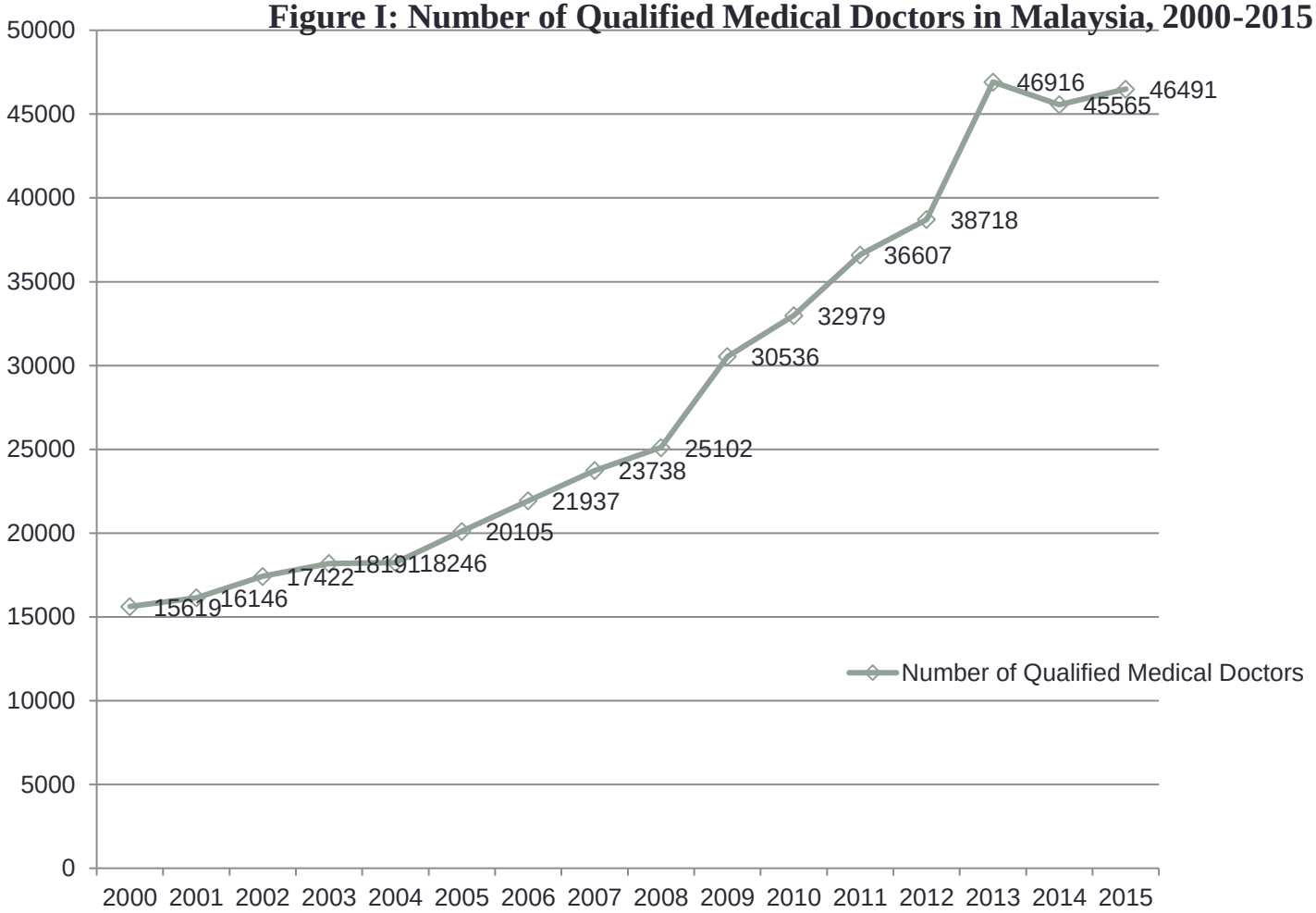
- Human resource in healthcare mainly financed by government from undergraduate medical education to specialist training
- Public universities main provider for medical education and government scholarships for specialist training
- Doctors in public hospitals continuously upgrade knowledge and skills supported by government
- Private hospitals do not invest in training of medical specialists
- Rather, they get supply from public hospitals and contracted as independent suppliers of service to the hospitals
- Provide curative treatment and do not engage in research

Medical education and training

- Medical education is a strategic issue - healthcare identified as key economic area through internalisation of healthcare.
- Rapid increase in medical schools for the past decades
- Until the year 2000, there were 11 local medical schools – six public and five private
- Today, there are 32 medical schools – 11 public and 21 private.
- More private medical schools at 2 to 1 ratio
- Compare with 17 and 20 medical schools for Canada and Australia respectively, with similar population.

- 32 medical schools and another 370 recognised medical qualifications from abroad
- Produce about 5000 medical graduates a year
- freeze on new medical schools from 2016 to 2021

Figure I: Number of Qualified Medical Doctors in Malaysia, 2000-2015



Source: Health Indicators, Ministry of Health Malaysia, cited from Han (2017).

- Rapid increase in medical schools tied to country's drive to be hub for education in the region
- But internationalisation of medical training did not take place as planned as almost all places taken up by local students, both sponsored and self-funded
- In 2008, housemanship period was extended from one year to two years – six department rotation
- Influx of housemen into training system as number of training hospitals did not increase proportionately
- Some still in system as they could not complete within 2 years

- In 2009, 38 public hospitals designated for housemanship training, but government only able to increase to 44 in 2015
- Affects waiting time for a medical graduate to get placement for housemanship, which in recent years increased from six months to a year.
- Neighbouring country offer housemanship training to top final year students of public universities
- Pressure also faced by training hospitals which have to deal with a large number of housemen at same time.
- Less medical cases

- In 1980s, ratio of housemen to patient beds was 1:20; but by 2013 the ratio has gone down to 1: 3
- Call for need to assure quality by various stakeholders
- Housemanship provides foundation for skills and competence as new doctors, under supervision, put into daily practice knowledge, skills, behaviours and attitudes learnt as medical students (Goldacre et al, 2010)

- Inadequate supervision one of predictors of medical errors among housemen, apart from inadequate knowledge and distraction (Manaf, 2018)
- Problem too many medical graduates and not enough medical specialists in public training hospitals to supervise
- It takes a long time to produce a medical specialist
- (5 + 2 houseman + 2 compulsory + 4 specialist (+ gazettement period between 12 to 18 months) + 3 subspecialty

- Stop-gap measure to address dire need to ease the congestion in the housemen system
- Ministry of Health is limited in its capacity to increase number of training hospitals within a short space of time
- highlights opportunity for a public-private partnership by allowing private hospitals to conduct housemanship training
- Australia-Commonwealth Medical Internship (CMI) initiative
- Pharmacy – one year Provisionally Registered Pharmacist (PRP) training in private facilities recognised by Pharmacy Board Malaysia.

- 70% country's medical specialists are serving private hospitals which has 30% percent of the country's hospital beds
- The private hospitals may also consider recruiting housemen upon completion of their training rather than pinching from the public hospitals
- Enable private hospitals to take a more proactive role in capacity building, paving the way towards the academic health centre model.

Conclusion

- Malaysian healthcare - distinct public-private dichotomy and shifting from public sector dominance to an increasing significance of private sector
- effect of internal brain drain where medical specialists and other health professionals leave public sector for private hospitals
- curative nature of service of private hospitals does not require their physicians to engage in research and development – waste of resources
- public-private partnership in research, education and medical care.

- Engagement of private hospitals in education can be achieved by providing housemanship training for medical graduates
- This will ease congestion in housemen system and contribute towards assuring quality in our healthcare system.
- Should not be limited to housemanship training alone – also medical specialty training.
- Now only KPJ University College of Nursing and Health Sciences allowed to conduct specialist training in Otorhinolaryngology.

- Medical education and training is an arduous affair. Thus, to be or not to be a medical doctor depends on one's calling for a lifetime in medicine.

- Thank you