

EDITORIAL

A chronic and so far insoluble problem in Malaya has been the reluctance of doctors to enter Government Service or to stay in it. Recently it has been seriously suggested that doctors should be forced to serve Government for two years or so in addition to their years housemanship. There would be no objection if the doctor had previously freely entered into a contract to do this, say as a student, in return for some personal advantage. There is objection to it if it is to be a rule that every newly qualified doctor must continue to serve Government for two years after his housemanship.

It has been argued that since nearly all doctors in Malaya have been educated largely at the taxpayer's expense it is fair for them to be forced to repay this debt by service. But all education in Malaya is heavily subsidised. This argument therefore applies to nearly every educated person in Malaya and could be used to justify a chain gang of engineers, miners, rubber tappers or any other group of Malaysians besides doctors. A medical service staffed in this way could hardly be a good one.

To attract doctors into the service a few changes are suggested. Obviously money is the main reason why a man works and keeps on working for a lifetime. Doctors are not saints or sinners but ordinary men with a standard of living to maintain for themselves and their families. If a doctor believes that he will double his salary by resigning he may do so. But what is his salary? He thinks it is the number of dollars he receives each month and will naively tell you so. In fact he receives about double this amount. To find out what his real earnings are he would have to consult an accountant and an actuary. He has pension rights, sick leave and ordinary leave with pay, housing at far below cost and security of employment. Many doctors do not put any value on these things until they have resigned and have to provide them for themselves. Moving out from under the Government umbrella into the cold rain of earning his living in private practice washes away many of a doctor's illusions. Perhaps it would be too drastic to pay doctors in future exactly what they really earn in hard cash and leave them as responsible adults to find their own houses and insure themselves against sickness and old age. It would be worth while to make clear to doctors what the real value of their salaries is.

A second suggestion is that the Ministry should encourage lost doctors to return to it. At the moment resignation is an abrupt and complete severance. The Ministry could, instead, allow a doctor who has resigned to return at any time within a year, and retain his seniority and any other rights his previous service has earned him. Some doctors could be brought back into the service in this way.

A major reason why doctors stay in Government service is that the opportunities for good work are better than outside it. Facilities for the investigation and treatment of illness are there and almost nowhere else in Malaya. When doctors find these facilities lacking, serving Government becomes a foolish waste of their lives. A bland civil service type of explanation for shortages simply proves to be the last straw. Given the present salary scales, good hospitals with good equipment would in themselves keep the service well staffed. A doctor nearly always joins the service expecting to find these things, their absence soon puts the thought of resignation into his head. We cannot stress too strongly the importance of this point.

A fundamental change in organisation is also suggested. We feel that the medical service is too centralised. Only a part of medicine, mainly that concerned with public health, needs to be administered centrally. The present centralisation means that doctors can be moved about the country and they don't like it. Decentralisation so that states or specially created medical regions had full control of medical matters would improve our service. Posts that fell vacant would be advertised independently by the local authority concerned and applied for by anyone in Government service. Such a system would mean that doctors moved because of their own choice and stayed put if their post suited them. Some regions offering less comfortable living would have to offer larger salaries than others. This would be a local decision determined by the laws of supply and demand. Hospitals would and should develop local interest, local loyalties and be under local control. We visualise regional or state boards responsible for finance, staff, supply and equipment of all hospitals. Doctors would be able to develop local loyalties and to get to know the regional medical authorities as persons and be known by them. Many of the irritations and frustrations of a doctor's life arise because the Ministry of

Health seems to him remote, arbitrary, political and unprofessional.

We hope that thinking along lines such as these will replace ideas of using force. A

doctor can do much or little for sick people according to his mood. He will not work well under duress. Such duress may prove in practice an administrative blunder.