

An outline of the medical services in Malaysia

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IN AUGUST 1957, MALAYA achieved independence and in August, 1963 Singapore, Sarawak and Sabah (British North Borneo) joined the States of Malaya to form Malaysia. In August 1965, Singapore left this union to become an independent state and the states comprising Malaya are now known as West Malaysia and the states of Sarawak and Sabah are known as East Malaysia. Health in West Malaysia is a federal matter placed under the responsibility of a Health Minister, while in East Malaysia, it is still a state responsibility and will become a federal matter in one year's time. This short paper refers mainly to the medical services in West Malaysia.

The nation's development has been framed in the three five-year development plans, i.e., 1st Malaya Plan, covering the period 1956-1960; the 2nd Malaya Plan 1961-1965; the 1st Malaysia Plan 1966-1970. The country's medical and health services have enjoyed expansion in these development plans.

In 1957, when Malaya attained independence, it inherited from the colonial powers a modest medical and health service. This consisted of eight general hospitals in the 11 states comprising Malaya and which served the major urban areas. The smaller towns were served by district hospitals staffed by one or two medical officers and these numbered 61. Most of the general hospitals (except Penang, Malacca and Johore Bahru) and all the district hospitals were old semi-permanent buildings.

The doctor-population ratio was 1:8,300 of population with uneven distribution. The country had no medical school and had to rely on Singapore and overseas medical schools for its doctors. It had a total

of 45 specialists, the majority of whom were expatriates and the total number of doctors was 856, with 401 in government. There was also a modest dental service with 70 Division 1 dental surgeons and an elementary pharmaceutical service, with 1-2 pharmacists per state to run the service. There were 152 fixed dispensaries, 90 travelling dispensaries and a number of scattered maternity and child welfare clinics as well as an Institute for Medical Research in Kuala Lumpur which also provided the pathological and bacteriological services of the country.

During the First Malaya Plan (1956-1960), little more was done than to train Malaysians to take over the administrative and specialist posts to be vacated by expatriate doctors under the Malayanisation Scheme.

In 1961, the government embarked on the Second Malaya Five-Year Plan (1961-1965). The plan allocated \$145 million for the development of medical and health services as against an expenditure of \$12.7 million between 1956-1960. The aims of the plan were "... for better medical and health services to the population to include a major expansion of the health services into the rural areas, the modernisation and expansion of hospital facilities, a more intensified campaign against tuberculosis, improvement of dental, psychiatric and leprosy services, and the establishment of a medical store and pharmaceutical laboratory ..."

By the time the Second Malaya Plan was completed, an estimated \$102 million had been spent, representing 4.3% of total non-security development expenditure.

Under the First Malaysia Five-Year Plan (1966-1970), the allocation for Malaya in the field of health and medical services was increased to \$150.4 million out of a total plan expenditure of \$3,713.6 million.

In both plans, the emphasis has been on rural development and the rural medical and health services have been expanded to an important degree. These rural health services are based on the rural health unit system which provides a maternity clinic for every 2,000, one sub-health centre for every 10,000 and one main health centre for every 50,000 of the population to provide curative and preventive services to the rural population. By the end of 1970, there will be 45 main health centres, 188 health sub-centres, and 1,050 midwife clinics cum quarters. This has resulted in considerable improvement in the rural health services with reduction in the infant mortality rate from 70 to 45. The staffing of these centres may be said to be very satisfactory and they provide maternity care, child health services, nutrition and health education programmes, control of communicable diseases, family planning advice, etc.

Improvements have also been made towards the training of medical and para-medical personnel. The Faculty of Medicine took in its first batch of students in 1963 and the University Hospital was completed in 1968. This national medical school produced its first batch of graduates in 1969 and is geared to produce 100-120 graduates a year from 1972. In order to train the country's para-medical staff, other training schools have been started, e.g. four schools for nurses, training schools for assistant nurses, public health inspectors, dispensers, laboratory assistants, hospital assistants, midwives, dental nurses and radiographers.

The hospital services have been improved with new buildings for the general hospitals in Kuala Lumpur and Seremban and improvements to other hospital buildings. The bed strength has been increased from 20,337 in 1957 to 27,226 in 1969 (inclusive of beds in special institutions). This increase has not kept pace with the increase in population and the bed 1,000 population ratio has dropped from 2.09 beds in 1955 to 1.76 beds in 1970. Specialist services have been increased and from about 45 specialists in 1957 (majority expatriates) there are now more than 120 specialists with recognised post-graduate qualifications obtained overseas.

Improvements have also been made to other specialised medical services, such as psychiatric services and mental hospitals, leprosy services, laboratory services, medical research, dental services, etc.

Control programmes are in force, e.g., tuberculosis control, and these are in various stages of achieving their objectives. The greatest stress has been on tuberculosis control and malaria eradication.

There has also been a considerable improvement in the medical and health services in the private sector. There are at present 2,150 registered medical practitioners in the country and more than 2/3 of these are in private practice. This gives a ratio of doctors to population of 1:4,500 though the distribution is uneven — Selangor has the largest number of doctors, with a ratio of 1:1,947 and Kelantan the lowest with 1:17,704. Many smaller towns which never had the services of a doctor now have this service though practitioners prefer the larger towns. There has been a trend for those practising a speciality to leave Government and set up private specialist practice and the larger towns now have such specialists. This has encouraged the establishment of private nursing homes, and in the larger towns of Kuala Lumpur, Ipoh and Penang, there are private hospitals of high standards. The private sector therefore contributes very largely to the medical needs of the urban population and also to a fair degree that of the rural population.

Estates and mines provide medical facilities, including hospital care, for their employees. These estate hospitals generally provide elementary nursing and medical care with resident hospital assistants and midwives who work under the supervision of visiting medical officers.

Most commercial and manufacturing establishments and almost all the larger establishments provide medical benefits at the company's expense. Private practitioners are contracted to meet the medical (mainly curative) needs of the employees. Hospitalisation expenses are paid often in the case of senior employees, but the junior employees and the non-executive or labour force generally are referred to government hospitals for institutional medical care.

FUTURE DEVELOPMENT

During the ten years 1961-1970, the nation has developed in all fields. The nation has enjoyed economic prosperity and has had an average rate of growth of 6% per annum. Today, the per capita income in Malaysia is \$1,000/= (U.S. \$330/=) a level which is high in Asia though well below that in a developed country. There has been an increase in the population from 7.0 million in 1960 to 10.5 million in 1969, with 60% of the population under 21 years. While significant developments have taken place since

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1957, and the progress achieved is very commendable, there is yet need for even more and greater effort in further improving the medical and health services of Malaysia.

Given the financial constraints facing the federal government, and the need to allocate resources to economic development, especially with our rapidly rising young population, the health programmes under the Second Malaysia Plan cannot afford to be on a grand scale.

The rural health services have, rightly so, been greatly expanded in the last two 5-year development plans. These rural health services, in the Second Malaysia Plan, will have to be consolidated, any deficiencies rectified and environmental sanitation and family planning intensified. Health education and other programmes will have to be carried out.

It is suggested that because of the difficulties in getting private practitioners to the rural areas, government could set up schemes to encourage private practice in rural areas by granting capital medium term loans at fair interest rates to those wishing to set up rural medical practices and offer part-time hospital appointments in areas where the population isn't large enough to support a private medical practitioner.

The hospital services need to be improved in almost all states. There is a need to replace the present semi-permanent out-dated buildings by more modern and practical ones, in addition to a substantial increase in the number of hospital beds. Over the past ten years, the ratio of hospital beds per 1,000 of population has fallen and there is a great need in the Second Malaysia Plan to rectify this deteriorating position.

Better and modern equipment is needed and the pathological laboratory services should be developed. All general hospitals should have the services of a resident pathologist with pathological and bacteriological laboratories. The mental health services, too, should be expanded to provide for a psychiatrist in all general hospitals by the end of the next five years.

Library services should be provided for all hospitals, the general hospitals having a fairly comprehensive medical library and the district hospitals with smaller libraries of standard medical textbooks.

Establishing Institutes of Medicine in the different branches of medicine for the purpose of providing curative services, training facilities for post-graduate education and research.

(a) Institute for Medical Research, which was

established in 1900, has contributed a great deal to the country in terms of research into tropical diseases and providing pathological and bacteriological services.

- (b) Institute of Public Health was established during the First Malaysia Plan and is contributing greatly to the health needs of the country.
- (c) Institute of Neurological Sciences named after our Prime Minister, is being built and staff for it being trained at present, and forms part of the General Hospital complex in Kuala Lumpur.
- (d) The nation should be able to go further and develop the following four institutes in the Second Malaysia Plan. Public participation could be invited in the development of these institutes, not only with financial contributions but also public participation in management. Specialists in private practice, in government service and the university must serve on the staff of these institutes and it is strongly felt the staffing of these institutes should not be a narrow policy of only having full-time government officers.

- (i) Institute of Tropical Medicine
- (ii) Institute for Chest Diseases
- (iii) Institute of Orthopaedics
- (iv) Institute of Ophthalmology

Under the First Malaysia Plan, government accepted the need for voluntary family planning. To this end, the National Family Planning Board was established in 1966 though prior to this, a lot of active work was done by the Family Planning Association, a voluntary organisation. To reduce our high birthrate, expansion of these services is necessary to provide both education and birth control facilities throughout the country in a most aggressive manner.

The Faculty of Medicine, University of Malaya is geared to produce 100-120 graduates from 1972. It is estimated that there will be an equal number of Malaysians graduating from overseas medical schools, especially Singapore, Australia, India and Taiwan. A Faculty of Dentistry is being set up in 1970 and a Faculty of Pharmacy is also believed to be in the pipeline. There is talk of a second medical school, perhaps as part of the University in Penang but this may not be achieved in the Second Malaysia Plan.

During this period, the medical profession should crystallise its thoughts on post-graduate medical education and should begin at least to organise proper training courses of lecture-demonstrations in pre-

paring for post-graduate qualifications.

With the reduction in the strength of the Commonwealth Armed Forces stationed in this country over the past two years and this reduction likely to continue, government has to increase the country's armed forces. This will entail a larger establishment for the medical arm of the armed forces, including specialists. The taking-over of the military hospitals at Kinrara and Terendak will mean that military medicine will have to be placed on a firmer footing.

Social Security: In 1969, the Government of Malaysia passed the Social Security Act though this has yet to be enforced. This act essentially replaces the old Workmen's Compensation Ordinance and provides workers with an

- (a) Invalidity pension scheme
- (b) Employment injury scheme

Rules and regulations are being drafted at present and the Minister of Labour may bring this act into force within the next year. No form of health insurance exists and as far as one can see none is contemplated in the near future.

Our administrators, medical and general service, have continued to develop the medical services along the established colonial lines which completely divide the service into two, i.e., a service provided by government with full-time doctors and staff, and the

private medical practitioners who have no connection with government institutions. The government argues that a patient can go to a government outpatient department for treatment of his illness and will be seen and treated, if necessary, by their best specialists, at no cost. While this may be true in theory, in practice there is a great deal of dissatisfaction among the general public.

The Malayan Medical Association feels that Malaysia, since independence, has done well in its development plans and has now reached a stage where it should seriously study the different forms of health and medical services provided in the more developed countries, with a view to integrating our medical services (government and private), introducing contributory health insurance schemes, etc. The Malayan Medical Association has requested government to set up a high-powered commission to receive evidence and make recommendations on the type of medical service this country should have in the future but this has so far not been accepted by government.

It is hoped, if not expected, that our Ministry of Health and the government's administrators and economic advisers will give serious thought to consider changes from the present pattern of our "colonial" medical service towards patterns in developed countries and provide better medical services to the people of this country.