

MMA and the Public

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GLANCING THROUGH the scrap book of paper-cuttings wherein the MMA has come before the public during the past year one cannot help but feel flattered that the Association is closely identified in people's mind with the profession in the country. Nevertheless, it is regrettable that there has been so much misunderstanding about our functions and our limitations, the MMA often being unfairly criticised for not taking action against alleged professional misbehaviour etc.

Ethical Matters

It is not generally realised that we are as anxious as, if not more so than, the public that the medical profession should maintain high ethical standards for the good of the people and for the maintenance of the regard and esteem of the public for our noble profession. By and large we find our members conform to the traditions of good professional behaviour. However, as it happens with any group of people, there is always the occasional individual who tends to stray from the straight and narrow path. We may have our suspicions and we may hear rumours of misdoings by one or other of our colleagues. But everyone has to be treated as innocent until he is proved guilty. None can be proved guilty until a complaint is received and a competent authority enquires into it and sits in judgment after the respondent has been given every opportunity to defend himself. Only then can punishment be meted out in keeping with the gravity of the offence.

Unfortunately, the MMA seldom receives specific complaints of professional misconduct against a doctor from a patient, members of the public or

his colleagues. Even if such a complaint is received the MMA has limited powers to deal with the situation. The MMA can only deal with its members and a dissatisfied member can resign and refuse to take the advice or abide by the decision of the Association,

To assist the members of the medical profession the MMA has drawn up the Ethical Code which outlines the duties of doctors in general, to the sick and to each other. The formation of rules is one thing, observance of them in the rough and tumble of professional practice is quite another. While a formal code of ethics may provide the doctor with a standard, problems will always arise in the course of his professional work on which he needs specific guidance. One of the most important functions of the MMA is to provide the advice and assistance on ethical problems that members may seek.

From time to time doctors working together in a practice or in the same locality find themselves at variance with one another. Most of these disputes concern relationships not governed by law but by the traditions of the profession. To assist members to resolve such differences the MMA has set up an Ethical Committee of experienced men to hold an enquiry under the umbrella of the Association and provide impartial adjudication.

False Sick Certificate

It has been alleged that certain private medical practitioners give medical leave to undeserving cases for some financial consideration and the MMA is requested to investigate this and take action. This

can be a very difficult matter. The beneficiary, the malingerer, is most unlikely to cooperate with the investigator and the benefit of the doubt has to be given to the doctor. After all, if a patient goes along to the doctor with a complaint of acute abdominal pain the previous night and the examination reveals no obvious cause for it, the doctor cannot summarily dismiss him as a malingerer. He may well have a hidden pathology which is not obvious at the first examination and which may require rest and further investigation. The doctor has to use his judgment and experience and his knowledge of psychology on the patient before he can decide if it is a genuine case. If it turns out that the 'patient' was wanting leave, which he could not otherwise get from his firm or Government Department, to attend a wedding or a cricket match, the fault lies in the 'patient' and not the doctor who gave him the benefit of the doubt. Besides, this type of abuse — the issue of false medical certificates — can be most difficult to prove in a court of law.

Use of 'Bogus' or 'Imitation' Drugs.

There has been a spate of publicity in the local press claiming that certain doctors are using 'bogus' or 'imitation' or sub-standard drugs and suggesting that MMA should investigate immediately and take action. It is not clear what the accusation is all about. Doctors don't manufacture drugs but buy them from licenced pharmacists. It is possible that some of the confusion in the lay mind results from the multiplicity of trade names (depending on the manufacturer) under which various drugs (often known by the chemical or generic name in scientific circles) are marketed, the public assuming that one brand is superior to another. It is possible that certain drugs, owing to bad storage or prolonged keeping, have lost some of their potency and doctors prescribe these unwittingly. In such cases, it is as much to the disadvantage of the doctor who wants to cure as to the patient who wants to be cured.

It is possible but unlikely that reputable drug firms put out medicines which do not conform to the formula and specifications of the recognised pharmacopoeas. Government has set up a Standards Institute of Malaysia which among other things

is expected to lay down the minimum requirements of purity etc. of the various ingredients that go to make up a drug imported or manufactured in the country. This will prevent the marketing locally of spurious and adulterated drugs. The MMA recognises the value of SIM and sends its representatives to serve on its many Technical Committees. Government is proposing to set up a National Pharmaceutical Laboratory and when ready this would be able to periodically check the purity, potency and efficacy of the drugs and be of assistance to the doctor and the public.

Doctors and Dispensing.

A doctor in private practice in this country examines and treats his patients. It is a great convenience for the doctor and his patient that the doctor (whose training includes dispensing) has in his premises a stock of drugs he needs to treat his patients with and is in a position to dispense immediately the medicines required. If the doctor only prescribes and sends his patients elsewhere to get the medicines they need, it entails sick persons having to travel to a pharmacy and waste precious time waiting for the dispensing to be carried out. In the long run this system may result in the public having to waste more time and energy and also to pay more for the same service. It must be realised that today drug manufacturers have put out the medicines in such convenient forms as pills, capsules, injections with disposable syringes etc. that the dispensing part of the doctor's work is greatly eased.

In spite of this, the Malaysian Pharmaceutical Society criticises the MMA as being concerned only with nurturing its monopolistic interest. The Malaysian Pharmaceutical Society probably thinks that only pharmacists should be allowed to dispense medicines. However, we are told that out of a total of 250 pharmacies in Malaysia, a hundred are in Kuala Lumpur and Petaling Jaya; and of these 100 only about 12 are dispensing pharmacies allowed to dispense scheduled drugs under the Poisons Ordinance. What sort of service do they propose to provide the public?