

Editorial:

PROGRESSING TOWARD A MODERN HEALTH CARE SYSTEM

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The goal of a health care system is to provide quality health care for all. Societies and governments feel a moral obligation to provide equitable access to health care to individuals and communities from all income groups in both rural and urban areas. While a noble ideal, constraints such as a tight fiscal budget and an inadequate supply of qualified personnel are challenges to this goal. A US Presidential Commission appointed in 1978 to study the ethical dimensions in medicine and research produced a report called "Securing Access to Health Care," with the following conclusions:

- 1) While society had an obligation to ensure equitable access to health care, this should be balanced by the individual's obligation to bear a fair share of the total cost.
- 2) All citizens should have access to an adequate level of care that should be thought of as a floor below which no one ought to fall rather than a ceiling above which no one may rise.
- 3) If private institutions are able to provide equitable access there is no need for government involvement, although the Federal government has the final responsibility for ensuring that health care is available to everyone.
- 4) Efforts aimed at containing cost should not focus on limiting access to the least well-off members of society.

It may be worth while to study some of the conclusions in the report in relation to our own health care delivery and health financing systems: One of the outstanding features of our public health service is that no one, however poor, is denied health care at government hospitals. In addition, all children are immunised against fatally infectious diseases such as smallpox, diphtheria and tuberculosis. Such policies which do not require expensive technology, rather, simple and inexpensive techniques have helped to provide minimum health care to all Malaysians. We are also progressive in the area of preventive health care. Since independence, the government has developed health care facilities such as health centres, mobile clinics and mid-wifery services throughout the country. This way, the most remote corners of the country receive minimum health care. No form of pre-paid health care system can achieve this. However, we have not made similar developments in the application of laboratory and investigative techniques.

Medical scientists have, since time immemorial, faced with the challenges of diagnosing and managing complex and unusual presentations of the pathological processes of diseases with state-of-the-art techniques. Research in non-invasive diagnostic procedures such as Lithotripsy, is one such example. At the same time, they have not hesitated to borrow and incorporate advances into medicine such as fibre-optics, ultra-sound, nuclear magnetic resonance, radio-isotope, and laser beams that have been developed by other branches in science. Pathologists, bacteriologists and immunologists have their own brand of advancements using tissue culture and monoclonal anti-bodies in the fight against diseases. Such advances in diagnoses and management are the hallmark of modern medicine that no country can afford to ignore if they must maintain excellence in medical care. Malaysia has confined modern technological aids in medicine to hospitals in the Klang Valley. There are more CAT scans there than in any other part of the country. The availability of advanced laboratory facilities does not appear to have kept up with the needs of the country. Only one or two centres (and at the most one or two individuals) are

able to confidently report on investigations like cytological and radio-isotope examinations, and conduct monoclonal antibody research, the pap smear test being the only exception. It is disheartening that we must still send specimens, and even patients, to neighbouring countries for investigation. On the other hand, we are being plagued by "instant investigative experts" amongst doctors sent by medical equipment companies on short courses overseas to learn the applications of advanced investigative instruments like the gastroscop and the colonoscopy, etc. The health ministry or the Malaysian Medical Council should implement controls against the unskilled and unscrupulous use of modern technology.

If we must progress toward a modern health care system, we have to earnestly look at how we can upgrade the clinical laboratory, and the pathological and radiological services in, at least, all the state government hospitals and, subsequently, develop a quality control system to check performances. To accomplish all that was suggested, the government must look for alternative sources for financing health care in light of a shrinking health budget and escalating costs of medical care throughout the world. Although the budget appropriated to the Malaysian health ministry has increased from M\$80 million in 1969 to M\$1,354 million in 1986, we still experience shortages in quality and personnel.

A report by the World Bank submitted to WHO in 1987 suggests that patients who can afford should pay for their medical care – a statement that concurs with the third conclusion of the 1983 U.S. Presidential report noted earlier in this editorial. Moreover, government hospitals are heavily subsidised by taxpayers. In Malaysia, for instance, statistics in 1984 show a M\$37 million collection in taxpayer funds against a hospital budget of M\$917.7 million. If collection methods at Malaysian government hospitals are revised to include a means test whereby only the deserving are treated free of charge, they can appropriate up to 60% of the savings to upgrade curative services.

It is beneficial, therefore, to develop mechanisms like compulsory health insurance for those who can afford and welfare benefits for those who cannot. It may also be necessary to appoint a technical committee in the Ministry of health that will study ways of introducing modern technology in investigation and treatment in all government hospitals in Malaysia. Also, laboratory services can be linked with the universities' research departments in Malaysia or overseas to exchange and share ideas on new developments.

One of the ways in which academic excellences can be maintained in the public and private hospitals is to encourage peer review committees to undertake morbidity and mortality studies, and introduce medical audit in all departments. In this era of growing specialisation, we have to be wary of the generalist attempting complex medical procedures when hospitals should be utilising the skills of the specialist. If the health improvement measures, as suggested earlier, and the financing strategies recommended in the World Bank report, are implemented, then we can be assured that health care for all Malaysians will not fall below what can be generally considered an adequate minimum.

References

Report by the U.S. Presidential Commission produced in 1983: "Securing access to health care."

Report by the World Bank submitted to WHO in 1987