

BOOK REVIEWS:

PHYSICIAN AND NURSE MIGRATION

The problem posed by "brain drain" of physicians and nurses has been the subject of many arguments for several years. A variety of factors have been blamed. Emotional outbursts and outcries against "politically disloyal citizens" have both coloured the problem as well as contributed little to solve it. For the first time the subject has been thoroughly documented and analysed so that its causes and implications can be rationally looked at. Individual studies of 13 countries, both developing and industrialised are documented. Unfortunately much of the statistics is already out of date. For example, data referring to Australia cover only the period up to 1972, whereas many changes have occurred in Australia, terminating with the recent declaration that Australia is "saturated with an excessive number of physicians".

Nonetheless, this valuable document has pinpointed some very important reasons for "brain drain". In the summary, a catalogue of 25 findings are listed. The first and perhaps the basic observation is that *"the migration of physicians and nurses is not a random phenomenon; movement takes place*

only if there are push factors present in the donor country as well as pull factors in the recipient country". This is followed by a series of other observations which are quite revealing. The report goes on to indicate that *"policies and practices in the recipient countries with regard to migration are more effective in determining the volume and direction of migration than are policies and practices in the donor countries"* and that *"restrictive policies in donor countries are ineffective and give rise to discontent and resentment among health professionals"*.

In a concluding chapter, a dozen "conclusions" are developed and briefly stated in terms of things to do and things not to do for the guidance of countries wishing to control migration by developing and implementing more appropriate health manpower policies. There is also a list of over 200 sources and references. This is an important document that should be studied by all health planners, medical educationists and political scientists.

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THE FUTURE OF HEALTH SERVICES IN MALAYSIA A Report of a

committee of the council of the Malaysian Medical Association, Kuala Lumpur, April, 1980, pp. 180, \$15.00.

In the practical world most matters can be argued for and against. This is probably why there is a cliché that there are always two sides to the coin. If a book deals with such a matter of public interest as health services in a country and criticizes their present conditions, it is natural to see some people argue for, and others against, the opinions expressed in the book. This is exactly what is happening with the report under review. If the newspaper coverage is any indication it seems to have dealt with some controversial issues and turned into a controversial report.

This reviewer first came to know of the report's existence from one of such newspaper articles. His initial reaction to the news was essentially pleasure at seeing the M.M.A. come up with prospective and interesting suggestions for the health service development, and respect for the country where such matters of public interest as health services can be openly debated. Medical associations in other countries are often more "narrow-minded" and concern themselves mostly with protecting the interest of medical professionals. In comparison to such medical associations, it is indeed commendable for the MMA to regard as one of its most important responsibilities, and to take upon themselves, the task of providing information and constructive criticism of the state of the health services in the country and of proposing changes and new developments to improve the quality and effectiveness of health delivery (Sec. 1.2). Having a competent body for such a task is an advantage to both the Government and the public. They may, therefore, well appreciate the effort made by the MMA.

The report itself is interesting reading to many who are concerned with the country's health services. The report naturally tells much more than the newspaper articles have quoted. One of the critical omissions in the newspaper articles is the motives of the report or of the MMA Council which requested the report.

The report implies that in view of the rapidly

changing socio-economic conditions in the country it is time to take a fresh look at the problems of health and to point out new directions and set new social objectives for health development (Sec. 12.3). It appeals by saying, "We cannot succeed (in achieving the national goals)** if we carry on stumbling from problem to problem, reacting in an *ad hoc* fashion to new problems and fixed in the current pattern of health care by mechanical incremental responses to demand" (Sec. 12.3). It reckons that lack of discussion has been a weakness of policy making in health, hence it aims to serve as a catalyst in initiating a process of intellectual debate and rational decision making (Sec. 1.5).

If one sympathizes with these opinions, and if one regards the Committee's recommendations as thought-provoking propositions, one can probably accept the report as good. The report acknowledges that the Committee has chosen to take a broad view of the entire health services in the expectation that the study would identify areas *for detailed study in the future**, due to the limitations and problems it was subjected to (Sec. 1.9). In other words its recommendations are generally not the conclusions derived from detailed study but rather the opinions based on the Committee's appraisal of the present health services in the country.

People as individuals may not take as broad a view as the Committee has done. Consequently, people tend to look at its recommendations separately, not fully appreciating the report as a whole or the motives behind the effort. When the recommendations are scrutinized individually, the people's opinion on the respective subjects naturally vary and controversies may follow. The rather limited and one-sided appraisal of the subjects given in the report seems to have enlivened or confused the debate, depending on one's point of view. The definitive style of the report may not be to everybody's

* *The italics by the reviewer*

** *The words in parentheses by the reviewer.*

liking and it may have roused some people's feelings unnecessarily. However, this may have been considered as the price to pay in order to initiate intellectual public debate on the subject concerned.

The most unfortunate thing about the report is that the General Hospital, Kuala Lumpur, and its management has been a serious public concern and the report has made an unusually blunt statement by calling its overgrowth "a monumental blunder". The report quotes in support of this opinion two studies carried out in the United Kingdom. The studies have found the most economical hospital size in terms of the number of beds and the cost per case when the *recurrent** costs are considered; they have found a shallow U-shaped cost curve with respect to the hospital size, and the most economical size below 400 beds, i.e. much smaller than the present 2,300 beds at the General Hospital, Kuala Lumpur (Sec. 7.3).

A little reflection on these studies can see that their findings serves no sound basis to call the General Hospital, Kuala Lumpur, a monumental blunder. For example, the studies have not taken into account the fixed capital cost normally incurred when building a hospital, such as for the land, buildings and equipment. The studies have also discovered that the cost curve is a *shallow** U-shape, implying that the most economical hospital size can easily shift significantly above or below the optimal size that the study has found, if any cost related to the hospital size changes.

The study's *tentative** conclusion was only that a large hospital did indeed pose problems for management efficiency. This is still far from suggesting that an optimal hospital size could be established or a very large hospital should not be planned. The report does not provide any additional material to fill this gap between such suggestions and the study's tentative conclusion.

In contrast, a little stretch of imagination from the studies *may* even suggest that the economy of scale can apply for large hospitals if the accompanying management inefficiency could be overcome. After all, the cost curve was a *shallow* U-shape; the potential cost reduction from better hospital management may be more than the gradual cost increase observed in the studies. If this happens to be the case, at least

the average recurrent cost per case enjoys the economy of scale or, theoretically speaking, the larger the hospital the more economical its operation is. However, in reality this will not be the case, as our management capability always has some limit, though possible to improve.

Hopefully, the above discussions help resolve the controversy about the General Hospital, Kuala Lumpur. The controversy is unproductive, because the effectiveness of a hospital cannot be argued for or against only in reference to its size, and its economy cannot be argued without reference to its management capability.

The controversy has been, in the reviewer's opinion, even counter-productive: it drew the public's attention to such an unessential issue as the size of a general hospital and away from the fundamental issue of redesigning the future health care system for the country, on which the report is intended to initiate intellectual debate. It is unfortunate that a rather hurried and doubtful statement on an unessential issue made in the report has obscured the merit which the commendable effort by the MMA Committee as a whole deserves.

Apart from differences of opinion on the individual issues discussed in the report, it is worth appraising the report as a whole. In this appraisal, the need for debate on the future health care system may be presumed. This reviewer is also appreciative of the need, hence highly commends the initiative taken by the MMA and the effort by the Committee.

In the reviewer's opinion, the report and its many thought-provoking propositions are good enough for us to start intellectual debates on the wide-ranged issues associated with the future health care system of the country. In short, the report is a valuable asset to all concerned with the health care in the country. But, it has some serious limitations.

Rather contracted discussions on many individual issues and the opinions or recommendations based on such discussions is one such limitation of the report. As a result the reader is often left with the uncomfortable feeling of having been shown only one side of the coin and not both sides. Sometimes, such contracted discussions can mislead not only the reader but the writer as well. The controversy about the General Hospital, Kuala Lumpur, is a case in point.

* *The italics by the reviewer.*

Even if they are not misleading, they tend to skip over the logical sequences and sound unconvincing. As a result the concluding opinion may not be seriously taken. This tendency increases as the understanding of the issue concerned differs significantly between the writer and the reader. A case in point can be found in the Chapter 6 on Primary Health Care, in quote from page 63, “. . . there has been the temptation for governments to use primary health care as an alternative to good health care. This is a deplorable tendency and we wish emphatically to reject double standards in health. Primary health care in Malaysia must involve the application of modern medical science and well-trained staff.” Following this discussion the report recommends or advises that double standards in planning for health services must be consciously avoided. No one would disagree with the advice. However, as far as the reviewer can see, the government wants to develop primary health care as the basis for good health care and not as its alternative.

Such inconsistency in the argument can be counter-productive, because it makes the concluding recommendation appear irrelevant to the reader; the reader may even overlook recommendations which are actually worth noting.

Another limitation is the inconsistency between some opinions and recommendations expressed in the report. For example, the report predicts the increasing share in curative health care by the private sector in the coming decade, as well as the high fees which a great majority of the people in the country cannot afford. In order to make private medicine still accessible to the majority, the report recommends the introduction of a National Health Insurance scheme. It contends that the scheme will strengthen the purchasing power for private medicine by the majority. Elementary economics tells us that a higher purchasing power leads to a higher demand and, with a limit in supply, to a higher price for the commodity, i.e. private medicine in this case (Sec. 10.5).

This may not be the only effect of a National Health Insurance scheme. Another likely effect is the further concentration of doctors in the private sector in the urban area which is decisively a better market for high quality and expensive medical care than the rural area. Yet another likely effect will be the decline of preventive care; it may occur because a health insurance scheme is rarely conducive to disease preventive efforts by the beneficiary, or due

to the increase of doctors engaged in curative care, induced by the higher demand. In short, the National Health Insurance scheme may work against such principles as the allocation of health resources on the basis of need and the priority to the prevention of diseases, that the report propounds.

Another example is the suggestion of an autonomous hospital management board. The cardinal objective of such a management board will be to improve the service of the hospital concerned. Consequently, the improvement may be measured in terms of the capacity of specialized units or the numbers of beds. The autonomy may also lead to a conflict of interests or poor cooperation with other hospitals, which may aggravate the geographical or inter-hospital service discrepancies.

Yet another and, in the reviewer's opinion, regrettable limitation of the report is the lack of a coherent vision for the future health care system for the country. The reader may understand the individual criticism to the present health care system and agree to the specific improvements recommended. However, the reader will have difficulty in visualizing a coherent health care system for the future from the collection of these criticisms and recommendations. If such a vision had been discussed at the onset the above mentioned inconsistencies of opinions and recommendations might not have arisen. Instead, the report merely concludes with the suggestion of appointing a Royal Commission for Health, which is presumably to provide such a vision and the directions for systematic changes. The report has been quite daring in its arguments and individual recommendations; it could have also been daring in the proposition of a prospective health care system for the country. (Sec. 12.3).

Though the report has such limitations as discussed above, in the reviewer's opinion, it represents an achievement which the MMA can be proud of. Even if the present situation is well understood, to design the right changes for the future will be a hazardous task. The MMA Committee's work is the first effort of its kind, hence it has taken its fair share of such hazards. Its limitations must be tolerated for this reason. The report has identified important areas for detailed study in the future. The follow-up should consist of such a detailed study. Mindful of the hazardous task, the report urges *research* into efficiency and effectiveness of health programmes and institutions (Sec. 5.5)

The Ministry of Health has already recognized the need for such research and proposed the development of a national programme for health service research in the Fourth Malaysia Plan. The collaboration of the MMA and the private sector to this

government's effort will hopefully enhance the chance for the country to achieve its 'developed country' status by 1990 as far as the health of its people is concerned.

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