

# EDITORIAL

## CHALLENGES IN THE 1980s

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The medical profession in Malaysia stands poised to face the 1980s with several basic problems and the need to indulge in some self examination. By and large, the profession can stand up proudly by its record over these past decades and claim to have helped contribute to the nation's successful progress as a developing country now on the verge of being defined as a developed nation.

This progress by the country must now make us realize the need to re-examine our own concepts and attitudes as a profession. We have always had this chronic problem of a shortage of medical manpower particularly in the public sector. In spite of migration of a large number of doctors, there has been a steady net increase in doctors in the country. The resignation from the public sector to the private sector has fortunately only caused a minor imbalance. The quality of private medical care has improved considerably with the availability of hospitalization and investigational facilities in this area. This has placed greater strains on the public service which has also been deprived of senior trained medical personnel. The public sector faced with this situation of having to maintain the service has to also train the undergraduates and postgraduates for the eighties. With the government now committed to yet another, the third medical school, there can be the danger of sacrificing quality for quantity. The Minister of Education has already warned the universities in general about this possibility. The medical profession needs to jealously guard its standards and do everything possible within its means to help maintain and improve standards of medical practice as befitting the international image of the country. Towards this end, the private sector has on several occasions offered its services to the government and the universities but to no avail. The

profession needs to also make sure that its own members take pains to maintain their own standards by continuing medical education.

The 1980s will probably see the advent of various post-graduate colleges. The legislation that will lead to the establishment of the colleges are due to be tabled in Parliament soon. These colleges have been envisaged with the concept of the autonomy of the profession to ensure peer selection and maintain high standards of training and examination. These noble aims are highly commendable and the profession will need to work very hard to preserve these values which can be subject to erosion on grounds of political and social expediency.

The profession, through the Medical Council of Malaysia, has already established a committee to set up a Specialist Register which will provide the basis for the recognition of all post-graduate training and qualifications. It is hoped that our higher post-graduate training schemes will be supported by senior members of the profession who in turn should be actively involved in ensuring international standards. There should be greater efforts by the government for an integration of the private and public sectors to enable the best talent in the country to be comprehensively utilized for the good of the people and the training of its younger doctors.

The other growing problem which the profession will face in the coming decade is the ever increasing cost of medical care. It is a well-known fact that modern medicine like all other forms of modernization is becoming expensive. New diagnostic and treatment methods have become reliant on expensive technology and skilled

personnel. We are faced with new concepts of medical economics and questions of cost effective medical care. When economics comes into medicine, there is inevitably the tendency to commercialism in the profession. We cannot say that it does not already exist but this is not yet, anything like an industry here in comparison with some of the developed countries. In 1982, we are informed that doctors may be able to buy advertisement space and even T.V. commercial time in one of the world's most developed nations! The cost of medical care can be a very large burden for our people and even for the government, especially if it attempts to provide a total health service. This situation should therefore set the scene for more health insurance and social security services. In Malaysia, health insurance is just catching up in the private, foreign or joint venture manufacturing sector but most local employers seem to rely on the magnanimous public service which still provides a subsidized or free treatment. The much publicized government-sponsored SOCSO accident and injury scheme which has already brought in considerable revenue over the years has so far failed to launch a maternal and sickness benefit programme which was originally envisaged. The profession needs to spell out to the public, the media and the government its concern on these issues.

In the 1980s, we will also see a new generation of doctors who will be fluent in the National Language and hopefully in English while the present generation fluent in English gradually fades away. During this period, there may be some difficulties and the need for re-orientation and sustenance of interest and enthusiasm in professional and academic matters amongst the senior members. There is also the risk of a fall in standards for some time as those more proficient in Bahasa Malaysia become reluctant to participate at international meetings which are usually conducted in English. Local scientific meetings may be in

Bahasa and those proficient only in English may then become reluctant to participate! However, if we are to maintain our standards, the profession, the government and the universities must seriously contemplate addressing themselves to the necessity for absolute bilingualism in Medicine.

Malaysia, like all third world countries, is already facing this problem of 'dumping' by the developed nations. The Consumer's Association of Penang has repeatedly stressed the need for us to be alert to the inevitable tendency by the big drug companies and medical technological firms of the developed nations to turn to these countries who are rather naive and relatively uncritical. Many new drugs are found in these parts before use in the West because of the rigid need to pass the licensing authority which insists in correct and stringent regulations for drug trials in their own countries. Let us not be taken in by temptations to prescribe or use drugs which have not been ethically tried. Similarly, with medical equipment, our avid thirst for the latest in technology can leave us with instruments which are already out of date with no spares, or equipment which cannot be adequately maintained and serviced. These situations are so widely prevalent and recurring that constant vigilance needs to be exercised before any peremptory tendency to join the big leagues.

These are but some of the challenges and problems which will confront us in the profession but, nevertheless, the 1980s should be exciting years and the medical profession in Malaysia can look forward to playing its role with confidence. Though it cannot afford to isolate itself from the mainstream of socio-economic progress, we must ensure that we can maintain the dignity, the standards and the ethics of this noble profession which we have been entrusted with by our predecessors and our Society.