

No quick fix in sight over shortage of government doctors

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NOW that it is quiet on the medical front, maybe it is time to re-direct our attention to what Mahatma Gandhi said: The number of hospitals is not a sign of health, but of decay.

He is probably right because unless there are sick people, we don't need hospitals. And the more hospitals there are, it would be a fair assumption that there are many more "sick" people around.

In other words, in order to cope with the increasing number of "sick" people, more hospitals need to be built, which is somewhat an indicator of the "decay".

It then follows that more hospitals will need more doctors and, thus, by the same token, this too can be another sign of the "decay".

If this holds true, the converse is also equally true, namely in a healthy society, there is less demand for hospitals, and logically, the same goes for the number of doctors. So what can we say about the numbers of doctors and hospitals in this country?

Oh yes, there is this doctor-to-population ratio that needs to be fulfilled as an internationally accepted norm. The assumption here is that per cohort of some tens of thousand of people, there should be so many doctors made available in order to provide a "comfortable" service.

For Malaysia, the doctor-to-population ratio is said to be 1:650. As it stands today, it is not presumptuous to say that for most Malaysian urban centres, especially in the Klang Valley and Penang, the targeted ratio has been met.

So, if the guiding principle is to satisfy the said ratio, shouldn't doctors be encouraged to operate away from such city centres?

They should offer their services elsewhere, so that the desired ratio will be evenly spread throughout Malaysia.

Put differently, should doctors be allowed to flock to places where the ratio has been amply surpassed? And risk further "maldistribution" of doctors at the expense of the other needing areas?

More bluntly, is the so-called ratio just a "farce" when seemingly today, no matter how many doctors are trained, the situation will continue to be skewed.

A case in point: while the national doctor-to-population ratio is 1:1,420; in Kuala Lumpur, it is 1:420 (which surpasses the target of 1:650).

On the other hand, in Sabah, the ratio is 1:2,800, or half the national ratio (NST, June 1).

Similarly, it is safe to assume that in most rural areas, not just in Sabah and Sarawak, this will be the situation.

How much longer do those living in these areas have to suffer as doctors choose to serve in the cities?

So where do we go from here? Build more medical schools (which is easier said than done) to train more doctors?

Is it for some noble and compassionate aim of providing equitable, accessible and affordable health care to all Malaysians, or just because the brightest and smartest among us want to put on the white coats, with their own agenda?

This is implicit in that recent statement that "although 1,000 new doctors entered government service every year, 350 doctors resigned or re tired annually".

It means that the source of haemorrhage in the government service must first be sutured before any attempt to train more doctors could be regarded as a meaningful solution.

Common medical sense asks if we should give a blood transfusion to a bleeding patient, without first stopping the bleeding.

Reviewing perks and allowances is often suggested is one way to stop the "bleeding", but it is a short-lived and more of a "band-aid" approach.

Let's face it, there is no way the Government can completely satisfy their — often described — "overworked and underpaid" doctors in the face of fierce competition from the private sector.

Otherwise, the "bleeding" would have stopped long ago; no need to talk about private wings in government hospitals.

Like it or not, in a free enterprise system, the doctors too can be subjected to the highest bidder, namely the private sector.

So it is not surprising then that while private hospitals and clinics seem to flourish with greater sophistication and lavishness in the urban areas, the Health Ministry reportedly had to cancel its plan to build 11 hospitals (NST, June 6).

Sadly enough, it is "not because there is no money in the coffers. It is because there are not enough doctors to fill the new hospitals which have been built", according to Brendan Pereira in his column *Plain Talk*.

Guess where have the doctors gone to? perhaps, that is why not many doctors are keen to support the Health Minister's suggestion for those in the private sector to serve in government hospitals.

Many said they had served their "mandatory posting" of three years (which some regard as a form of tokenism). One wonders what if there is no such "mandatory posting".

More Interesting still, sources from the medical fraternity seem to show different trends among different ethnic groups.

For one group, 70 per cent are in the private sector, which is a complete contrast to another ethnic group (with 70 per cent in government hospitals). For the third group, it is 50-50 in the private and public sectors.

If this is the trend, the hope for a quick solution to the shortage of public hospitals by merely increasing medical student intakes is even more unlikely.

The question that begs to be answered is: how soon can we arrive at the desired doctor-to-population ratio given the increasing private sector-driven healthcare services?

Or, as health care becomes more and more commercialised how can the goals of equity, accessibility and affordability be urgently met?

It looks like the wise Gandhi is not wrong in his assertion. However, by now, the situation is no longer just limited to numbers. The kind of hospital is also an important factor.

It is obvious that unless hospitals (and doctors) are the kind founded on deep moral conscience (as opposed to business acumen), the decay will continue.

Intentionally or otherwise, it is the needy, the poor and the destitute who will be the sacrificial lambs once again. To overcome this, we need to reach deep inside us for real solutions.

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