

## **Rights and Responsibilities of Doctors : Future of Doctors in Malaysia**

***Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican,  
President, Malaysian Medical Council & Director- General of Health, Malaysia***

We all know that the medical profession is facing significant challenges as we move forwards towards attaining the status of a developed nation. How do we maintain society's trust in the medical profession? How do we ensure that we still have the respect of the society at large? How do we guarantee that our doctors of today & tomorrow are competent, proficient and trustworthy? It is not just a question of enjoying the privileges and high social standing that has been bestowed upon us. That will be quite useless if we ourselves are not able to live up to their expectations when they need arises. That includes those of us who may require the services of doctors when we get ill. Can we trust them? Are they reliable enough? There are just too many horror stories that have been brought to my attention and I am getting quite nervous. I have to do something and I need your ideas and viewpoints on how we can ensure that our doctors are second to none and that they are indeed competent, reliable and trustworthy.

Living up to our responsibilities and public expectations, means that we need to have integrity...an inner moral strength that defines us and our profession. To quote Douglas Adams, *"To give real service you must add something which cannot be bought or measured with money, and that is sincerity and integrity."*

The medical profession is rightly regarded as "the noble profession" because the saving of lives and relieving of suffering are being undertaken by altruistic and compassionate professionals. Society has bestowed upon us the mandate and trust to act as the advocates of our patients in their pursuit of better health whilst protecting their dignity and rights. The medical profession has the responsibility to ensure that the health care that is provided is of the highest quality i.e. consistent with the best available evidence, so that our patients can achieve their desired health outcomes. We have a duty to ensure that the doctors we produce, be they new entrants to the system or those pursuing more advanced qualifications, possess the capability to become "competent and ethical carers", who are able to meet the real-world challenges of providing healthcare that is safe, effective, appropriate, efficient and patient-centred.

As in most countries, the medical profession is much sought-after in Malaysia, judging by the increasing number of students who take up medicine each year. While there were only 10 medical schools in the year 2000, today, we have 23 medical schools in the country – 10 public and 13 private. Last year (2008), 2,267 medical graduates applied to do their housemanship training in Ministry of Health hospitals. This number will keep on increasing in the coming years! To date, there are 371 medical degrees locally and throughout the world that are recognized by the Malaysian Medical Council,

So, what is the future of doctors in Malaysia? Factors we need to consider include the rapid changes in medicine and scope of medical practice; the changing disease and morbidity

patterns; the increasing expectations of patients and the public as well as the knowledge and skills needed to grapple with future needs.

In addition, rapid advancements in medicine invariably change the way medicine is being practiced. Future doctors, must therefore, take cognizance of the future of medicine and be ready for the challenges of the multiple roles that doctors have to play. Doctors are no longer just technical experts. They must also be good communicators and good team players, especially with other healthcare professionals. They are also patient advocates, teachers and trainers, researchers and even managers. You just cannot avoid any one of these roles. That is the reality. To be effective, you have to be multi-skilled and open to new ideas. Where resources are stretched or limited, we need to innovate in order to achieve desired outcomes. No point lamenting that you don't have enough of this & that. You will never have enough. Even if you have enough, you will turn round and say you need more as the goal post will keep on changing. So my advice to all of you is invest in innovation and you will find the light at the end of the tunnel. This would mean being creative and thinking out of the box and not be overly dependent on others. As long as you do not stray away from our basic principles and moral and ethical obligations, you can explore new ways of doing things to achieve a better outcome. Business unusual, as they say. Expect resistance from the bureaucrats but be prepared to sell your ideas and convert them.

### **Doctors – do we have enough?**

Currently, the output 3,333 doctors are doing their housemanship until October 2009. About 51% are from local universities and 49% from overseas medical colleges. Out of the 51% of our locally-trained doctors, 25% are from the public universities while 26% are from private institutions, including those running twinning programmes. The number of medical doctors produced is expected to rise to 5,188 by the year 2020 according to projections made by the Training Management Department of the Ministry of Health (MOH).

According to the Ministry of Health projections, our targeted ratio was 1:900 in 2005, 1:800 by 2010; and 1:600 by the year 2020. The ratio achieved in 2008 was 1: 1,105. But this ratio must be taken in the right context. It varies according to the states. For example, in 2008, we surpass the target in some states such as Kuala Lumpur (1:488); Putrajaya (1:328); Penang (1: 817); Malacca (1:879) and Negeri Sembilan (1:859). While the number of doctors and doctor : population ratio have improved over the years, there is still inequitable distribution of doctors between the public and private sectors and between rural and urban areas. Some clinics in Sabah and Sarawak are still manned by assistant medical officers! Thus, numbers alone is not meaningful without considering the distribution factor.

In addition, the doctor: population ratio is a gross, non-stratified number and does not take into consideration the increasing sophistication of medicine and the many branches of specialization and sub-specialisation. So, while the numbers may be enough or even considered "over-saturated" in some places, there is still a shortage in almost all specialties and sub-specialty

areas, with some being more seriously short than others. These include internal medicine, anesthesiology, psychiatry, cardiology, neurology, neuro-surgery, urology and some others.

The ultimate aim of having enough doctors is for Malaysia citizens to have access to high quality and affordable healthcare so that our citizens can enjoy optimal health. Thus, doctors must be prepared to serve in areas where they are most needed. Because the medical profession is an altruistic one, that is, putting the greater good above one's own self-interest, the medical doctor is a special person and the medical profession, a noble and respected one. Thus, a career in Medicine is most fulfilling if our intention is to be of service to humanity. Unfortunately, not many of our young doctors today seem to be ready for this challenge to be of service. Most want to be in large centres and many would appeal when posted to hospitals outside the Klang Valley or capital cities.

So how can we provide equitable service to Malaysians?

### **Career pathway of a Medical Officer**

Obtaining a medical degree is just the beginning of a long journey! Training continues for years after graduation. Doctors then have choices as to what they want to do. Some want to be clinicians, others want to do public health. Yet others want to do research or become academics. Some others want to be managers or be involved in enforcement. They get a thrill out of weeding out the miscreants and the strayers or no gooders. They must be great fans of *Hawaii 5 O!*

I am not going to tell you things you already know like the housemanship training, compulsory service and how long it takes to become specialist etc.

Suffice it for me to say that whatever path you wish to follow; the MOH has a place for you.

### **Incentives to retain doctors in Ministry of Health : Achievements**

The Government has introduced many incentives and to our doctors which include, amongst others:-

- Increase in critical allowances from RM 500 to RM 750 starting 1<sup>st</sup> January 2008
- Increase in specialists' allowance starting 1<sup>st</sup> January 2009. It is worth mentioning here that the last review of specialists allowance was conducted in 1989 – 20 years ago.
- Approval for locum in private health care settings
- Allowance for Compassionate Lists to reduce the backlog of elective surgical cases where surgical procedures/operations are performed during weekend. Specialists are paid based on sessional basis rate which is RM200/hr whereas Medical Officers will be paid at RM80/hour.
- Hardship allowance for rural posting based on specific locations

- Faster promotions for specialists and increased number of posts for *Gred Khas* for specialists. For example 98 posts were created for “*Gred Khas C*” in addition to the existing 226 posts in 2007.
- Masters students who pass Part 1 will be considered as passed PTK 1 (level III) and upon completion of Part 11 will be considered as passed PTK 3 (level III) and will be given UD48 (Acting) on gazettement as specialists.
- Automatic promotion of house officers from UD 41 to UD 44 upon successfully completion of housemanship training and other services criteria.
- Waiving the PTK course for medical officers and replacing it with the PTK-CPD which is more flexible.
- Reducing the induction course for housemen to 5 days.

In an effort to overcome the shortage of manpower in the public sector, foreign doctors and specialists continue to be recruited and private medical practitioners are employed on a sessional basis to serve in Government hospitals. Private medical practitioners are also allowed to use public sector facilities such as operation theatres and wards on a contractual basis.

The Ministry has also introduced multiple entry posts for Malaysian doctors who intend to work with the MOH where the grade of appointment of specialists will be based on qualifications and experience rather than merely being appointed to Grade UD41, as was practised previously. In addition, they can also convert their employment status from contractual to permanent.

We are now working on timed promotions for our medical officers and specialists so that no medical officer will retire at low grades even after serving the MOH for so many years.

## **Future Doctors – Rights and Responsibilities**

### ***Professionalism, Caring and Team work***

In addition to the technical aspects of care, there is also the equally important but difficult to measure “inter-personal” or caring aspect. There is no escaping from being caring in dealing with patients who are sick. Caring goes beyond patients. Many a time, you have to be supportive of family members as well, especially when dealing with serious and terminal diseases.

### ***Continuing Professional Development***

With rapid advancements in medicine, it is imperative that future doctors continually update their knowledge and skills in their quest to become “competent carers” and what better way to do so than continuing professional development (CPD)?

The Government has been generous in granting the Ministry of Health a special allocation of RM 300 million under the 9<sup>th</sup> Malaysia Plan for its CPD activities, in addition to the normal human resource development funding. With that, doctors and other healthcare professionals in

the Ministry of Health have been given plenty of opportunities to attend various courses and conferences to update themselves in their field of work. Nevertheless, learning should not be confined to courses organized by the Ministry of Health alone, but also at the local level in the hospitals, and districts, as well as through self-learning. This has been made possible with the availability and easier access to ICT facilities in most parts of the country.

The Ministry of Health is committed to excellence and will ensure that doctors are motivated to be actively engaged in continual education. In the very near future, doctors will be required to attain a certain number of “minimum credit points” as a pre-requisite for obtaining their annual practicing certificates. This requirement is being incorporated into amendments to the Medical Act, which is at an advanced stage of revision and development.

The Ministry of Health also has taken a big leap in development of CPD as now it is incorporated into the PTK examination / assessment. The MOH is the first Ministry approved by the Public Service Department to use CPD points as a measuring tool, replacing the Functional component of PTK and the success of this implementation will be benchmarked by other Ministries in future.

### ***Evidence-based medicine***

The rapid proliferation of various medical technologies in diagnostics and therapeutics can be perplexing as each claim to be superior to its predecessor in many ways. Sometimes, doctors are under pressure from patients and their families to provide treatment using newly-introduced technologies which are not yet proven conclusively, especially when dealing with critical illnesses such as cancers. For doctors working in the Ministry of Health, their choices may be regulated by policy decisions and this, in a way, makes decisions less complicated for them.

For doctors working on their own and in the private sector, they must be mindful of the need to practice evidence-based medicine and not succumb to pressures from patients and enticements from the medical industry. This is not an easy task, especially when faced with very emotional patients/family members who just want to try anything that would give them the slightest hope, at a cost that is not rational and with outcomes that are very uncertain.

As ethical and responsible patient-advocates, doctors must always put their patients’ interest above their own self-interests, irrespective of which party pays for the treatment. The selection and implementation of treatment options must be based on best evidence available, one that is cost-effective, safe and appropriate.

In this respect, the Ministry of Health has, together with the Academy of Medicine and the respective professional bodies, developed a number of *Clinical Practice Guidelines, Consensus Statements* to provide guidance to clinicians on best practices in the local context. These guidelines can be downloaded from the Academy website.

## ***Specialisation***

Medicine has advanced so much that five years of under-graduate training is insufficient to provide the depth and width in any particular field of medicine. Therefore, further training is needed to enhance the quality and level of care for the benefit of patients. Today, we have specialists in 14 areas of basic specialization and more than 20 areas of sub-specialisation in the medical and surgical disciplines alone.

Together with the Universities, we have increased training places for the Masters programme from 450 to 600, effective last year (2008) and the MOH has proposed to increase it further to 800 in 2011. This effort will increase the clinical specialist workforce in the country. Doctors can also embark on overseas membership and fellowship examinations to qualify as specialists. Scholarships for specialty and sub-specialty training overseas has also been increased from 35 five years ago to more than 80 currently.

Malaysia is still very short of specialists in all areas. With the expanding health tourism sector, specialist services are not for Malaysians alone, but for global clients from developed countries who benefit from the lower cost of healthcare service in this part of the world; as well as from less developed countries where such expertise is not widely available.

While we endeavour to increase the number of specialists and sub-specialists in the country, we are mindful of the fact that there is also great need for the generalists such as general physicians, general surgeons and primary care physicians because a large proportion of clinical conditions can be handled at this level. A great number of general physicians, surgeons and paediatricians are needed so that basic specialist services can be expanded to cover more district hospitals for the benefit of our population. With the shortage of general physicians and general surgeons, physicians and surgeons with subspecialty training working in the bigger hospitals should continue to provide general medical or surgical service. To optimise resources, they should not confine themselves to their sub-specialty areas, unless the hospital is a designated tertiary care centre for specific conditions. This would help to overcome the shortage of general physicians and surgeons who are needed in all hospitals.

For those who opt to work at the primary care level eventually, there is also need to ensure they become effective gatekeepers.

## ***Patient Education and Health Advocacy***

With the increasing prevalence of chronic life-style related diseases, future doctors must be able to play the role of advocates for health, besides managing diseases and their complications. Doctors must be able to explain and influence their patients regarding healthy life-style issues, including preventive measures for better health. Help your patients make better lifestyle choices so that they can become healthier. Thus, you must need to be knowledgeable and credible – more knowledgeable than the internet and credible by practicing what you preach i.e. be good role models.

As a doctor, your service might also be required in the community or in organizations that you are involved in. The world, and Malaysia is no exception, is faced with the threat of the epidemic of non-communicable diseases. In Malaysia, 42.6% of adults aged 30 and above were found to have hypertension in the last National Health and Morbidity Survey in 2006, up from 29.9% in the second survey in 1996; and 14.4% in the first survey in 1986 ( adults *aged 25 and above*). Diabetes mellitus has increased from 6.3%, to 8.3% to 11.5% over the same period. 43.1% were found to be either over-weight or obese (*29.1% and 14% respectively*).

You must be an *Ambassador for Health* in your family, amongst your friends and in your community. Play the role of health advocate well. Help make the people of Malaysia healthier.

### ***Soft Skills or the “Art of Medicine”***

The Ministry of Health is a service organization and deals with people. As such, good communication skills are crucial, even more than in an office setting. Analysis of complaints compiled by the Ministry of Health in 2007 indicated that 42.6% of them were related to communication problems (*Public Relations Office, Ministry of Health Malaysia*). Doctors contributed the most, comprising 26.8% of the total, followed closely by nurses at 26.1%. A report from the Canadian Medical Protection Association indicated that 80% of Canadian lawsuits against physicians had an element of communication problems.

Communication at the first point of contact will determine whether the patient loves you or loathes you. It will also help you to establish a diagnosis and organize treatment plans and options along with the patient. Mere acknowledgment of their presence when they are seated to see you at the clinic, or when you are conducting ward rounds, is enough to ‘break the ice’ and provide an impression.

Of course, in the process, you will either make their day or end it.

Communication with family members is also crucial especially with regards to explaining about a serious illness such as cancer; a terminal illness where cure is no longer realistically possible and conservative or palliative treatment is the only choice; and worst still if an error has occurred. What you say and how you say it, is a skill that needs to be learnt. Good communication skills, empathy, ability to handle difficult patients and their emotions are crucial to being a good doctor, not just technical skills alone!

Complaints against doctors are rampant these days and my e-mail box is full of them everyday. The complaints come from the public as well as from the people in our own services. Nowadays, even the housemen dare to file complaints against their specialists and consultants!

We have received reports that our doctors are abusing the privileges given to them. There are those who do locum during office hours, advertise their services in private clinics and hospitals without getting clearance from us and providing fast track services or procedures for patients

after they agree to be considered 'private' patients. Other unsettling happenings that have come to my notice and that disturbs me greatly are the following: specialists not attending to ill patients, doctors late for or absent from ward rounds; rude behaviour and unprofessional banter amongst doctors in front of patients; not informing hospital directors or taking the necessary action against staff who do not turn up for work or who ignore their duties and responsibilities; specialists unwilling to take action against non-performing or undisciplined house or medical officers and many others. Where is the professionalism of these doctors? With such a scenario, we have no future. And the respect accorded to us by society will gradually be eroded and we have only ourselves to be blamed if we do not act now.

### ***Medico-legal***

In the years to come, some of you may be leaving the MOH to work in the private sector. You must be aware of the legal requirements of your practice especially under the *Private Healthcare Services and Facilities Act 1998* and its Regulations 2006. This is intended to bring about greater accountability and to raise the standard of services in the private sector. The Act provides for the registration of medical and dental clinics, licensing of private hospitals and healthcare facilities, prescribe standards for private healthcare facilities, and spells out the roles and responsibilities of a licensee, holder of certificate of registration and person in-charge of the healthcare facility.

More importantly, however, is the law that directly governs or regulates the medical profession, i.e. the Medical Act 1971, which many are still ignorant of, such as registration requirements. It is disturbing to learn that even within the Ministry of Health, there are doctors who have not registered themselves years after housemanship training.

Some have pleaded ignorance and some just do not care. Some hospitals and health districts do not have a system of keeping track on their doctors' registration. Some hospital directors do not take their job in ensuring all doctors working in their hospitals are fully registered with MMC, seriously. I am putting a stop to all these. As president of the Malaysian Medical Council, I will no longer tolerate delays in registration and doctors who default will be dealt with accordingly.

It is essential that all doctors read and understand the requirements and their obligations under the medical profession, in particular *Duties of a Doctor and Code of Professional Conduct for Doctors*, which are available at the Malaysia Medical Council's (MMC) website. Ignorance and failure to observe the code of ethics have resulted in many complaints against doctors being brought to the MMC. In 2008, seven doctors were suspended for periods ranging from three months to two years and five were reprimanded by the MMC for various ethical offences.

In addition to the medical laws, you must also be aware of other legal requirements like the *Dangerous Drugs Act 1952*; *the Poisons Act 1952*; *Sale of Drugs Act 1952*; *Medicines (Advertising and Sales) Act 1956* and their Regulations; and other forthcoming laws such as the *Medical Devices Act*. The *Code of Ethics for Infant Formula Products* is also another area you

must be familiar with. Thus, being a doctor is no ordinary business. There are professional standards and ethical requirements that must be adhered to. You, who have chosen to take up this noble profession to be a doctor. With this comes a heavy responsibility. You must uphold the good name of the profession, so that it continues to be held in high esteem by the public.

### **Ten Golden Rules of Good Medical Practice**

Lastly, as practising or future doctors, allow me to remind you of the *Ten Golden Rules of Good Medical Practice (Duties of a Doctor, Malaysian Medical Council)*. These are good ethical values and standards of professional conduct that will always remain relevant and should be upheld at all times by all practising doctors which are as follows :

1. Practise with kindness, ethics and honesty.
2. Upgrade professional knowledge and clinical skills.
3. Maintain good patient records.
4. Maintain good communication with patients and relatives.
5. Maintain doctor-patient confidentiality.
6. Allow second opinion and referral to colleagues.
7. Maintain good working relationship with colleagues.
8. Be conscious of cost of healthcare.
9. Avoid publicity, self-promotion and abuse of position.
10. Be a partner in promoting global health.

### **Conclusions**

Medicine is indeed a very challenging and demanding career. Sadly, many doctors today have embarked on this journey without knowing what it entails. For those who believe that this is the right choice for you, may you find the job fulfilling as you strive to provide the best healthcare to your patients, and contribute towards enhancing the health and wellbeing of the people in Malaysia for a better quality of life.

I would like to end with two memorable quotes: Richard Horton, editor of the Lancet and the prime author of a report on medical professionalism from a working party of the Royal College of Physicians once said that "Professionalism is medicine's most precious commodity. Medical professionalism . . . underpins the trust the public has in its doctors'. The great British poet and philosopher, Samuel Taylor Coleridge once said "He is the best physician who is the most ingenious inspirer of hope".

As doctors, you do not need the Director General of Health to talk to you about rights and responsibilities. You should know it by heart. If you don't, it is time you to get to know them. What is important is how you are going to make use of your rights and responsibilities to help you become competent carers who will be able to improve the health outcomes of our rakyat. If you face challenges along the way or you have some good ideas on how to improve our health care delivery system, talk to us. Maybe we can help. Maybe we can make use of some of your good ideas and improve our services.

Let us be branded as doctors who are not only competent, compassionate and caring, but doctors who exhibit our traditional Malaysian values of humility and respect for one another. Respect between the less senior and the more senior, respect between doctors and other health care providers, respect amongst the different ethnic groups and the different beliefs and culture and respect for authority, lest we breach the code of professional conduct or practice beyond or outside our competency or what we have been trained for.

Maybe then, we will have a future...

***\*Speech at SCHOMOS Seminar "Rights and Responsibilities of Doctors" on 5 December 2009***