

Letters

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Improving patient safety

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PRESENTLY, we have a two-tier healthcare system consisting of the public and private sectors. The public healthcare system, largely funded by the Government and financed mainly from public tax revenue, provides services through a network of tertiary care centres, general hospitals, district hospitals and public health clinics.

The private sector, which consists of private hospitals and general practitioner (GP) clinics, provide both curative and preventive healthcare services on a non-subsidised, fee-for-service basis and mainly caters for those who can afford to pay.

With the transformation of healthcare services being planned, it is perceived that the integration of services between the public and private sector is very much needed, at a cost the people can afford.

The major question that arises with the planned integration of services relates to the issue of who will bear the cost of services because, at present, there is no national health insurance scheme in place.

Although there are many models proposed, the main question that the policymakers need to be aware of is that of equity of access for holistic health services for all Malaysians. It is a mammoth task to implement it in the current context of the socio-economic and political scenario.

With the present healthcare system, primary care exercises only a limited gatekeeper function since many consumers can bypass a referral from a GP and go directly to a specialist in a hospital for an additional fee.

Consumers may receive treatment at different clinics or hospitals but as consumer details are not often communicated between the attending healthcare professionals, medication-related problems may occur.

More complicated medication regimen, the inability to properly recall the regimen, the greater number of physicians consulted regularly and the greater number of preparations prescribed and purchased have been associated with an increased risk of hospitalisation related to non-compliance.

Failure to integrate comprehensive care for patients will lead to an excessive burden on hospital services, with an acute shortage of beds.

In my opinion, with better coordinated care and prevention of adverse events and complications, savings on treatment costs and resources can be realised.

The “national survey on the use of medicines by Malaysian Consumers 2012” showed that 56% of consumers still do not understand the proper use of their medicines, are unaware of their trade name (51%) and are not aware of common side-effects (56%).

This could be due to pharmacists or dispensers having limited time to explain the uses of the medication to patients and little opportunity for a detailed, private consultation.

It is hoped that by having an integrated service model, all these problems can be corrected and the safety aspect of care can be enhanced.

I also hope that consumer groups will be further engaged in discussing issues related to future planning of the health system’s transformation as they can be the voice of citizens in a more efficient manner.

I urge the Government to think seriously about setting up a National Patient Centred Health Initiative Institute (most probably in a university) so that it can serve as a one-stop centre to engage consumer groups and health stakeholders for the better planning of healthcare transformation in the country.

The key is engagement as without engagement, any plan will be politicised by certain quarters.