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No clean bill of health for B40 due to financial woes

By LO TERN CHERN
andylo@thestar.com.my

GEORGE TOWN: A sense of disappointment hung over medical professionals running free health checks for mainly the B40 group at a health carnival here, and it is nothing new for them.

Once again, most of those who turned up showed signs they were dealing with at least one non-communicable disease.

"Four to five out of every 10 who came showed signs of heart disease, stroke, cancer, diabetes, chronic lung ailments or hypertension. It is common.

"This is largely due to their socioeconomic struggles. They're too busy making ends meet to prioritise their health.

"Many had sleep deprivation, poor diets, lacked exercise and did not go for regular check-ups due to financial or time constraints," said Dr S. Jeyashree, who is the Mita For Life Cancer

Counselling Centre chairman.

She was the coordinator of the Dharma Health Carnival at SJKT Azad in Jalan Kebun Bunga yesterday.

Organised by the Malaysia Hindudharma Mamandram Penang branch, the carnival offered basic medical screenings alongside a variety of other health services, including pap smears, breast examinations, vision and cataract tests, physiotherapy and consultations on nutrition and mental health.

The four-hour event, which aimed to attract 180 visitors, saw more than 200 people from diverse backgrounds turn up within the first hour alone.

Meanwhile, retired civil servant Jerry Chen, 65, reflects on his early years with deep regret as he now battles declining health.

Chen, who was diagnosed with diabetes at the age of 31 in 1991, attributes his condition to unhealthy lifestyle choices and



Most valuable asset: Families going for health check-ups at the Dharma Health carnival at SJKT Azad, Jln Kebun Bunga in George Town. — CHAN BOON KAI/The Star

poor dietary habits.

School senior assistant D. Jayah, 62, is recovering from a stroke she believes was brought on by stress.

"During the Covid-19 lockdown, many of us were confined at home and I had to conduct online

classes for students with special needs.

"The movement control order period was overwhelming and I neglected my own well-being.

"One morning, I felt numbness on the left side of my body and

after seeking medical help, I was diagnosed with a stroke.

"Fortunately, it was mild. I maintained a positive mindset by going outdoors more often to stay active," said Jayah, who is now on the road to recovery.

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Private clinics get final say on fees

Stakeholders: Advisories meant to help GPs find ways to cover rising operational costs

By CHARLES RAMENDRAN
charles.ramen@thestar.com.my

PETALING JAYA: Although some doctors' groups have proposed new service charges in retaliation against the newly enforced rule for displaying drug prices, private clinics can exercise their own autonomy in deciding their fees, says a private practitioners' group.

The Federation of Private Medical Practitioners' Associations Malaysia insists that the proposals made by some of its state affiliates were made in "good faith", adding that they were meant to help GPs cover the rising operational costs.

Its president Dr Shanmuganathan Ganeson said while advisories were issued, it is not compulsory for clinics to fix prices accordingly, and clinics are able to exercise full autonomy in setting their charges.

He was responding to a Malaysia Competition Commission (MyCC) statement last Friday where the commission had cau-

"A shophouse in Mont Kiara will cost much more than (one) in Hulu Selangor. However, GP consultation fees have remained capped at RM35 for the past 30 years. Hence, GPs have no choice but to mark up medicine prices to manage their overhead costs."

Dr Roland Victor

tioned private medical practitioners against introducing new service-related charges, as it could infringe the Competition Act 2010.

Dr Shanmuganathan revealed that medical practitioners had a dialogue with MyCC in December last year, during which a proposal for a RM20 regulatory compliance charge was considered.

Consequently, he said these state affiliates were mindful of

not imposing fixed charges and opted to provide indicative ranges, but the move has since backfired.

"While the meeting with MyCC was constructive, the Competition Act now flags the decision to provide an indicative range as potentially problematic.

"At this point, we are compelled to ask: what are the government's real intentions toward private GP clinics?

"From where we stand, it appears the system is simply tolerating us until something more centralised and controlled is in place.

"Our profession is for patient care and the health of the rakyat," Dr Shanmuganathan said when contacted.

"We want a sustainable, transparent GP ecosystem that patients can continue to trust.

"If there is no future for general practitioners in Malaysia's health system, we ask for honesty.

"Let us begin to responsibly wind down our practices so that our staff, medical suppliers, and patients are not blindsided when community-based private primary care collapses," he added.

Dr Shanmuganathan said what was more disturbing was the regulatory imbalance where independent GP clinics are being scrutinised while corporate third-party administrators (TPAs) continue to suppress fees without equivalent oversight from the authorities.

GP Dr Roland Victor said it is

not feasible for the price of medicines prescribed by clinics to be regulated as operating expenses may vary based on location.

"A shophouse in Mont Kiara will cost much more than (one) in Hulu Selangor.

"However, GP consultation fees have remained capped at RM35 for the past 30 years.

"Hence, GPs have no choice but to mark up medicine prices to manage their overhead costs such as rental, staffing and other facilities to sustain their clinics," he said.

Dr Victor said he was not against the display of drug prices but GPs need to see consultation fees fairly revised for sustainability.

He agreed that TPAs contribute to the escalation of medical costs but they are not being monitored enough, nor are they regulated by the same laws imposed on GPs and clinics.

"These companies often dictate terms and conditions to GPs on how medical charges should be imposed," Dr Victor said.