ABSTRACT

Malaysia has experienced significant improvements in the delivery of healthcare services since independence. The Malaysian healthcare system has transformed into a resilient dual-tiered parallel system, with a sizable and booming private sector. The unprecedented growth of the private medical sector has had wide ranging implications for the Malaysian health care system. This thesis seeks to examine the consequences of privatisation on the delivery of healthcare services in Malaysia by following the analytical themes associated with the process.

The first analytical theme addresses the consequences of the policy on healthcare expenditure borne by the public and private sectors. The second analytical theme evaluates the consequences of the policy on the distribution of hospitals, beds, doctors (trained/ specialists) and nurses in the country by the public and private sectors. The third analytical theme assesses the consequences of the policy on the distribution of hospitals, beds and doctors by higher and lower level of urbanised states.

The evidence shows a trend shift of healthcare expenditure towards the private healthcare sector. Also, contrary to the claims over efforts to ameliorate the burgeoning expense borne by the government, policy has aggressively promoted preferred private operators through medical tourism, grants and concessions. The implicit subsidies have remained but are shared by the private owners.

The evidence also shows that public hospitals still have most of the beds and treat patients who cannot afford private care, though medical specialists and experienced nurses have increasingly moved to the private sector. Although the government has

gradually solved the problem of numbers with regards to doctors by raising the number of approved medical colleges from 1 in1980 to 36 in 2012, there are now serious concerns over the quality of doctors produced by the new colleges.

Finally, the evidence also shows that there is a strong urban bias in the privatisation policy. Private hospitals driven by markets are also located in the more urbanised states of Selangor, Penang Johor and the Federal Territory of Kuala Lumpur than the less urbanized states such as Sabah, Sarawak, Pahang and Kelantan, thereby causing an unequal distribution of healthcare. Although the trend bed to doctor ratio and population to doctor ratio between the higher level of urbanization states and lower level of urbanization states shows convergence, the distribution of hospitals, beds and doctors between those states is still unequal. Most of the trained doctors are concentrated in the more urbanized states, while fresh graduates dominated the doctors in the less urbanized states.

Hence, we recommend strongly that the government reviews its healthcare policy so that the distribution of resources (hospitals, beds, doctors (including specialists) and nurses) is targeted at serving patients rather than profits.

ABSTRAK

Malaysia telah mengalami peningkatan yang signifikan dalam bekalan perkhidmatan kesihatan sejak kemerdekaan. Sistem kesihatan Malaysia telah beralih kepada satu sistem bercabang dua yang selari dengan cabang swasta yang besar. Pertumbuhan pesat dalam sektor kesihatan swasta telah membawa implikasi yang meluas kepada sistem kesihatan Malaysia. Tesis ini cuba meninjau kesan penswastaan ke atas perkhidmatan kesihatan di Malaysia dengan mendekati tema analitik yang berkait dengan proses ini.

Tema analitik yang pertama meninjau kesan dasar ke atas perbelanjaan yang ditanggung oleh sektor awam dan swasta. Tema analitik kedua menganalisis kesan dasar ke atas taburan hospital, katil, doktor (yang dilatih/pakar), dan jururawat di dalam negara berasaskan sektor awam dan sektor swasta. Tema analitik ketiga mendekati kesan dasar ke atas taburan hospital, katil, doktor dan jururawat berlandaskan darjah pembandaran yang dialami oleh negeri-negeri.

Bukti menunjukkan arus peralihan perbelanjaan kesihatan condong kepada sektor swasta. Malah, berbanding dengan dakwaan terhadap usaha untuk mengurangkan pengembangan perbelanjaan kerajaan, dasar memperlihatkan usaha kerajaan untuk mendorong peneroka swasta terpilih melalui pelancongan perubatan, geran dan konsesi. Subsidi implisit telah kekal tetapi dikongsi oleh pemilik swasta.

Bukti juga menunjukkan hospital awam masih mempunyai bilangan katil yang terbanyak dan merawat pesakit yang tidak mampu mendapatkan rawatan daripada sektor swasta, meskipun kebanyakan pakar perubatan dan jururawat yang berpengalaman telah berpindah ke sektor swasta. Biarpun kerajaan telah menyelesaikan

masalah bilangan nombor dengan menambahkan kolej perubatan daripada 1 pada tahun 1980 kepada 36 pada tahun 2012, kini telah muncul keraguan serius terhadap mutu doktor yang dihasilkan oleh kolej-kolej baru.

Akhirkata, bukti juga menunjukkan bias dasar penswastaan terhadap pemusatan sektor swasta di kawasan bandar. Hospital swasta yang dipandu oleh kuasa pasaran lebih terpusat di negeri-negeri yang telah mengalami pembandaran yang tinggi, iaitu Selangor, Pulau Pinang, Johor dan Wilayah Persekutuan Kuala Lumpur berbanding dengan negeri-negeri yang telah mengalami pembandaran yang rendah seperti Sabah, Sarawak, Pahang dan Kelantan. Keadaan ini menyebabkan ketidakseimbangan dalam taburan perkhidmatan kesihatan. Meskipun arus nisbah katil doktor antara negeri-negeri yang telah mengalami pembandaran tinggi dan rendah semakin dekat, taburan hospital, katil dan doktor antara negeri-negeri ini masih tidak sama. Kebanyakan doktor yang terlatih terpusat di negeri-negeri yang telah mengalami pembandaran yang tinggi sementara graduan baru mendominasi doktor di negeri-negeri yang telah mengalami pembandaran yang rendah.

Oleh itu, kami syorkan agar kerajaan mempertimbangkan semula dasar kesihatannya agar taburan sumber (hospital, katil, doktor (termasuk pakar) dan jururawat) disasarkan untuk memenuhi keperluan pesakit berbanding dengan mengaut keuntungan.