

LEARNING CURVE **PERSPECTIVE**
**DZULKIFLI
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'Unique' healthcare model in the making

LIKE an adolescent's pimple, the relationship between the medical and pharmaceutical fraternities erupts every so often.

Just like teenagers, behaviours become erratic. Barbs are exchanged, memories get shorter, friendships are strained, egos expand – all to impress on onlookers as to who is the better among the two. Forget about the healthcare team spirit where each member supports one another professionally to deliver the best for patients and the public, especially those who cannot afford to pay for the luxuries of healthcare.

The pimple, in this case, is known as “dispensing rights” which are now shared between the two fraternities, with medical professionals dominating them. This goes against the international standard of practice where the pharmacists dispense, while their medical counterparts prescribe. The separation of functions is insti-

tuted for a very good reason, notably to provide check and balance in the interest of the patient's safety and to eliminate risk. Medicines, for all intents and purposes, are “poisons” that can kill if not properly prescribed, dispensed and used. Despite the checks and balances, there are inevitable medical errors; imagine the scenario when there are no safeguards.

This is why government hospitals have long instituted and keenly practised this “separation” of functions unlike most, if not all, private practices. Normally the latter is more exemplary than the former, but, for some strange reasons, it is not so when it comes to dispensing rights. Some say it is not so strange because it has something to do with the ringgit sign.

Previously, the eruptions returned to status quo without any significant changes taking place, waiting in the sidelines only to blow up again. But this time it

seems different, with some throwing in their lot in favour of the medical fraternity continuing to dispense medicines at the expense of the professional rights of pharmacists to do so, even though it contravenes what is accepted as the norm internationally.

More surprisingly, there were even voices that wanted to make Malaysia “unique” by being the only country to remain as a doctor-dispensing market.

So it looks like we have reached the end of the line. The focus now is to make this “uniqueness” real. Luckily, it is a no-brainer. For starters, we need to stop educating pharmacists for the future of the country.

Moving forward, there should not be any more intakes for pharmacy and related courses, which means that in the next few years, all schools or faculties of pharmacy will close down.

And pharmacy courses abroad

should not be recognised in this country, making it illegal for graduates educated abroad to practise pharmacy here. It has been more than 40 years since the first school of pharmaceutical sciences was set up in the nation to bring about higher quality of care for the *rakyat*.

Yet when it comes to the issues of dispensing rights, the arguments for the implementation never seem to advance any further. The same half-truths and outdated (mis)information are recycled as though learning or relearning has not taken place, which is difficult to believe for a group of professionals that need to do just that to keep abreast.

Next, the separation of medical and pharmaceutical functions in government hospitals can be dismantled due to the potential shortage of pharmacists. As a substitute, the surplus numbers of doctors reported recently — some are still

waiting for postings — can be deployed to take the place of pharmacists. The premise is that if school-leavers can do that at private clinics, those trained in medicine should be able to do so blindfolded. This will definitely work the magic of making the situation “unique”, where medical doctors run the whole show.

Next in line is Bahagian Farmasi, of course. It can firstly be downsized prior to closing it down, when there are no more pharmacists left to manage it. Functions such as drug enforcement or licencing and the like can be passed onto the other departments including the medical department.

When all these are done, we cannot be more unique. Dubious but unique — if that desire to be unique overrides issues of quality of care, safety and professionalism. By then, we should be at the threshold of being a developed nation, come 2020.

Will this form of “uniqueness” be one of the crowning glories that Malaysians can be proud of?

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