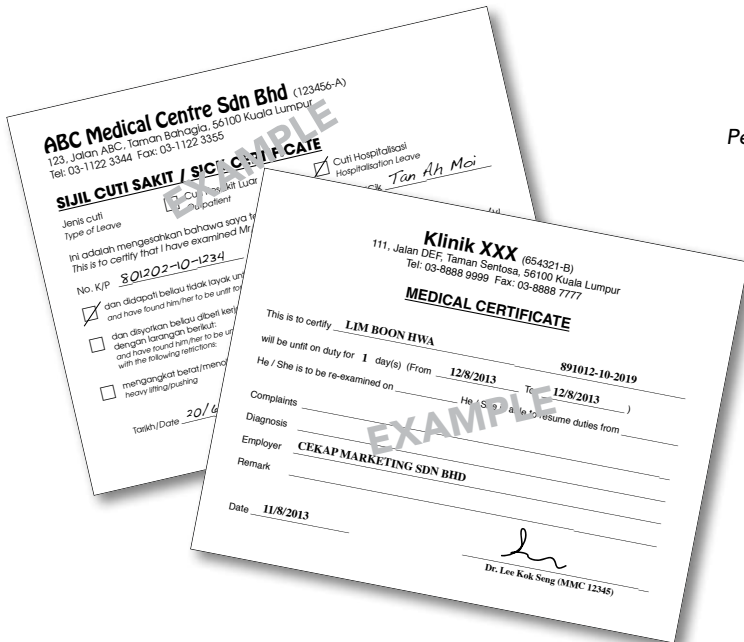


# Doc, Can I Have a MC?



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"My doctor asked me whether I needed a 7- or 14-day duration medical certificate (MC) for the surgery he performed for my carpal tunnel syndrome," a colleague of mine chuckled as she related to few of us over lunch. She was bemused as much as the rest of us with the manner the doctor had given her options. Medical absenteeism has been a contentious issue globally and in Malaysia. Polarised views on causes and management are frequently obtained. In recent times, it has made media headlines with various scandals ranging from selling of MCs' by a doctor and agents to syndicates selling faked MCs' from Government Hospitals. This is further compounded with the football World Cup samba!

As medical practitioners, patients often request MCs from us. The reasons vary from serious illnesses to seemingly trivial headache, food poisoning or malingering. We are caught between ethical practices versus pressure from some patients for MCs for non-genuine cases or medical conditions blurred with diagnostic dilemma. The Employment Act 1955<sup>1</sup> stipulates that 'an employee shall, after examination at the expense of the employer by a registered medical practitioner duly appointed by the employer; or if no such medical practitioner is appointed or, if having regard to the nature or circumstances of the illness, the services of the medical practitioner so appointed are not obtainable within a reasonable time or distance, by any other registered medical practitioner or by a medical officer shall be entitled to paid sick leave'. The employee is obliged to inform the employer within 48 hours of the commencement of the sick leave under this Act.

The Act by and large with few exceptions covers any person who has entered into a contract with an employer whose wages do not exceed RM2,000.00 per month under a contract of service with an employer. However, many companies adopt the same principle as per the Employment Act for employees earning more than RM2000.00 on sick leave provision. In the event of an industrial dispute, the Industrial Court tends to fall back to The Employment Act 1955 as a guideline. Hence, employers have the obligation to accept medical leaves issued by doctors when the MC is given within the ambit of the rule of law. Acceptance of medical certificates by employers given by assistant medical officers at 1Malaysia clinics or from Klinik Kesihatan remains solely as a goodwill gesture by employers.

A nationwide survey conducted by *Malaysian Employers Federation*<sup>2</sup> (MEF) revealed that employers cumulatively pay out an estimated RM 8.12 billion for the medical problems of the 6.5 million private sector workers nationwide. According to MEF<sup>3</sup>, Malaysia has the highest medical leave rate in the region. They are proposing the idea of setting up a Central Repository Database (CRD) to monitor employee absenteeism. If the concept is found to be viable, all employers will be required to report to CRD each time an employee takes medical leave with particulars of the staff and the concerned doctor. This raises issues with regards to protection of personal data, patient doctor confidentiality and probable abuse by some unscrupulous employers. Companies instead should take the initiative to monitor their own sickness absenteeism rate as well as trends and take measures to rectify the situation and counsel their employees.

As for doctors, an area of concern is regarding patient confidentiality. Some medical certificates carry the

patient's diagnosis which is against ethical practice as well as Malaysian Medical Council's (MMC) guidelines<sup>4</sup>. We need to be mindful of this when we are occasionally queried by human resource personnel for the patient's diagnosis. Medical certificates should ideally be signed and the doctor's full name together with the MMC registration number be stamped. Any of this information will enable employers to counter check the authenticity of the concerned doctor from the MMC website. It is ideal to indicate the time of issuance in the MC. Occasionally, Government doctors are requested to countersign blindly for civil servant patients especially teachers who had sought treatment and obtained medical certificates from private clinics or hospitals. This should not be condoned as a Government doctor cannot function ethically or professionally as a rubber stamp for a case that he or she had not attended to personally. Secondly, there has already been an amendment to the Government Order (GO) for the acceptance of medical certificates for civil servants from Government or private doctors<sup>5</sup>. Backdating of MCs is also unacceptable. There have been previous instances where doctors have been hauled-up for this act.

As doctors, we sometimes issue light duty slips to patients; another contentious issue. Light duty slips are not legally binding. Acceptances of these slips are at the discretion of the company. They do not carry much weightage and often discarded by employers or leaves them in a predicament if the nature of the job the patient is able or not able to undertake is not stated by the doctor in the light duty slip. Light duty remains subjective for interpretation from one to another. What is light to one person may be heavy to another!

There has occasionally been mudslinging at the medical profession with regards to medical absenteeism. The reality is there are many stakeholders involved to overcome this problem. There is a higher probability of unhappy and demoralised employees to take leave than the rest. Virtually all major reviews of the literature have demonstrated a consistent relationship between job satisfaction and absenteeism<sup>6</sup>. Health promotion efforts at the workplace result in reduction of healthcare

and compensation costs, increase productivity and worker morale, reduction in staff turnover, absenteeism and disability<sup>7</sup>. Workplaces should institute wellness programmes and they should be viewed as investment rather than a liability as the adage goes 'Prevention is better than cure!' 'Return to work' interviews conducted by companies have been found to be effective to curtail medical absenteeism. This may range from 'hope you're better, we missed you' message to the employee as well as trying to understand the underlying problems. This indirectly deters malingerers. Long-term sickness and employees with light duty slips may be referred to occupational physicians to ascertain how they can fit into the workplace as part of the 'Fitness to Return' programme.

Self-regulation is warranted, failing which we can expect fundamental changes to the whole mechanism of medical certificate issuance. It remains challenging to handle the vague cases and it is understandable to give the benefit of doubt to the patient. The next time when a seemingly healthy patient walks into your clinic and says, "Doc, can I have a MC?"; be wary! Have we reached a stage where we will have to examine the stools of the patient who presents with severe diarrhoea (well-hydrated with soft abdomen on palpation and sluggish bowel sounds on auscultation); or examine the sanitary pad of the patient who presents repeatedly for dysmenorrhoea?

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