Malaysian rules rules hamper medical tourism

Physicians and dentists in Malaysia are not able to compete viably in the rising Asian medical tourism market. Unlike in other countries such as Singapore or Hong Kong, doctors in Malaysia are not allowed to advertise names other than names, qualifications, job titles, telephone numbers and places of practice in any form of advertisement. Moreover, all medical advertisements, including websites, have to be approved by the Ministry of Health’s Medicine Advertisements Board (MAB).

The MAB’s control has blocked the advertising industry, harming it from foreign advertisements. Foreign health-care facilities and tourism agencies wanting to advertise in the media in Malaysia, including through advertising, are still not allowed to name the health-care facilities for which they are advertising.

While Ministry officials claim they do their best to help promote medical tourism, other countries are extending their lead in the competition for foreign patients who seek treatment abroad. In the Philippines, where the 4th World Health Tourism Congress was held in March, the country’s Department of Tourism has established a significant medical tourism program in 2006 already. According to the Department’s figures, total spending by patient-tourists and wellness seekers has reached an estimated US$550 million per year, or an average spending per tourist of about US$5,500.

Thailand has also become a popular destination for medical tourists in Asia, earning the country more than US$1 billion a year. The Thai government has invested in many areas of the country’s burgeoning medical tourism market, such as spending visa clearance for patients and ensuring the highest standards through accreditation programmes. By now, 90 per cent of Australian dental patients that go abroad are visiting Thailand or treatment, according to the website freighthealth.com.

Recently, Malaysia’s Health Minister Datin Seri Low Tiong Lai told the newspaper the Star that health care is not just another commodity for sale in the market and that any form of advertisement should not breach the medical code of ethics. Malaysian Medical Association president Datin Dr Kho Kiah Lin added that his association is open to discussion with the health-care industry regarding innovative ways to make medical tourism more attractive but he would rather be conservative than over-advertise.

Martial arts film star to promote global health

The Australian Healthcare and Hospitals Association (AIHA) is urging the Federal Government of Australia not to further delay implementation of the Commonwealth Dental Health Program in the light of the National Health and Hospitals Reform Commission’s recent proposal to include dental services in a Medicare-type scheme. Through the Commonwealth Dental Health Program (CDHP), the Government has promised to provide funding for state and territories to deliver public dental services and help to clear the backlog of people waiting for public dental treatment. The Program aims for one million additional public dental visits by providing A$629.9 million (US$520 million) over a period of three years.

“We welcome the recognition by the National Health and Hospitals Reform Commission of the need for increased Commonwealth involvement in the provision of public dental services,” said Ms Prue Power, Executive Director of the AIHA. “However, we are concerned that the debate about the implementation of the Commission’s proposed ‘Denticare’ scheme may delay implementation of the Commonwealth Dental Health Program.”

Ms Power said that over 100,000 pensioners and low-income earners have missed out on promised dental services due to the Senate stalemate over the implementation of the proposed Commonwealth Dental Health Program which is a Government election commitment and targets pensioners and low-income earners who often struggle to afford private dental services. The current stalemate in the Senate has left thousands of Australians without access to promised dental services, she added.

AIHA has proposed a solution to this Senate stalemate very similar the Denticare scheme proposed by the Commission. It reduces the scope of the Medicare Chronic Disease Dental Program by excluding more complex dental care such as crowns, bridges, implants and orthodontics, thereby freeing sufficient funds to implement the CDHP for low-income earners.

“We therefore urge the Government and the Opposition Senators to support the alignment of the scope of the Chronic Disease Dental Program with the proposed Denticare so that the Commonwealth Dental Health Program can be implemented without further delay,” Ms Power said.

Aussie government rebuked for dental health programme

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First global incubator launched for dentistry

Claudia Salwiczek

LEIPZIG, Germany: Launched at the Greater New York Dental Meeting in December 2008, Dentcubator is the world's first virtual incubator for dental innovations. With currently 65 shareholders in 11 countries, Dentcubator aims to help develop and fund innovative ideas for the dental market. Proposals can be sent either to a member of one of the ten panels or to ideas@dentcubator.com.

They are referred to one of ten committees, whose members are globally renowned speakers, educators and inventors like Stephen Buchanan, John McSpadden, Sonia Lezyk, Sascha Jovanovic, or Jörg Strew. Every idea is evaluated not only for its own efficacy, but also for its ability to be redesigned for the emerging markets. Next, the idea is passed on to a screening committee that makes helpful suggestions about how the patent holders can further improve their product. Ideas that are deemed worthy of funding are passed on to Dentcubator for financial support, branding, marketing, advertising and access to the general dental market.

New compound to fight caries

Research conducted at the Health Sciences University of Hokkaido in Japan has found that CSA-15, a antimicrobial compound from Ceragenix Pharmaceuticals, Inc. in the United States, had potent bactericidal activity against all 25 strains of oral bacteria related to dental caries and periodontal disease including protease positive strains. The strains tested were isolates of Strepnotococcus mutans and Poryphyromonas species that are responsible for dental caries and periodontal disease.

CSA-15 is a Ceragenin compound which is composed of a group of rapidly active broad spectrum bactericidal, fungicidal and virucidalcs with potent activity. “Since CSA-15 is not peptide based, it is not a substrate for the proteases that are found in the oral cavity, which are capable of degrading antimicrobial peptides,” said lead investigator Dr Emiko Isogai, a Professor at the Department of Disease Control and Molecular Epidemiology at the Health Sciences University of Hokkaido. “The simplicity of the Ceragenins make them easier to prepare and purify than antimicrobial peptides.”

Steve Porter, Chairman and CEO of Ceragenix, stated that his company has seen increasing interest in their Ceragenin technology from medical device and pharmaceutical companies as a result of the emerging drug resistant bacteria in daily life. He added that the company’s first joint development and commercialisation transactions for their technology are expected to occur later this year.

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Dentcubator evaluation committee members Dr. Michael Silverman, Seattle, USA, Dr. Huan Huang, China, Douglas Johnson, Tulsa, USA, and Dr. Louis Malmacher, Cleveland, USA (from left to right) recently gathered at the IDS show in Cologne. (DTI/Photo Claudia Salwiczek)