

Boldly Tackling Non Communicable Diseases (NCD) – especially Diabetes

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The word 'boldly', to me means 'willingness to take risks; confident and courageous'. Other similar words would be 'daring', 'adventurous' and 'daredevil'. Bold steps would not necessarily be accepted by all i.e. the society at large but try we must. I will confine my discussion to our Malaysian scenario.

We need to 'tackle diabetes' because its prevalence is rising exponentially and thus the associated rise in human suffering and costs in dollars and cents to our nation. The prevalence is increasing primarily due to human behaviour. To fight it we need to pay attention to all three levels of intervention i.e. primary, secondary and tertiary prevention.

In primary prevention, the average weight of our population needs to be reduced and reduced really fast for it to be called even remotely a bold step. Public education over last two decades has increased knowledge but not change in behaviour. Human behaviour can be changed either via offering rewards or threatening punishments. I would like to suggest the following 'rewards' for consideration:

The cost of vegetables & fruits should be subsidised. The money for this should come from more taxation on highly refined carbohydrates and simple sugars. The difference should be such that Malaysians would naturally start their meals with fruits and vegetables before touching the carbs. Low fat cheese and milk should be much cheaper than the full cream. Higher tax should be applied to our cooking oils – thus encouraging more steaming or roasting than deep frying. For the sake of those who have a sweet tooth, safe and affordable artificial sweeteners should be made available. Our standard plates, bowls, spoons and cups should be miniaturised to quarter of the present size – to encourage smaller portions. Incentives should be given to the companies that produce them and thus they can sell it cheaper. The income tax department should give a RM100 tax deduction for every kilogram lost by those whose BMI is above 25. On the other hand, if the weight is regained, then the reversal of the RM100 should take place. (Income tax officers should be equipped with state of art weighing machines) Something similar should be implemented in school i.e. more end of year marks if an overweight child loses weight. When checking in for a flights, both the passenger and his luggage should be weighed together. Anyone with a $(\text{weight} - \text{weight at BMI } 25 + 20) < 20$ should get a 25% refund of the ticket price. This is fair as the less the weight on the aeroplane, less the cost of fuel used.

To make people walk, covered walkways and cycle paths should be provided by every town council. The present subsidy used for petrol could be channelled into this noble deed. If it is not enough, then cars entering towns can be automatically charged via RFID. All offices should have adequate clean bathrooms for people to shower after walking or cycling to work. National levels competitions between town council should be held to reward towns that provide the healthiest settings to its people.

No food outlet should be given a business license unless they provide the following:

1. Healthy alternative food at fast food joints like green salads
2. A glass of warm, boiled water at 20 cents.
3. Cessation of selling 'Sets' of unhealthy food combinations like two piece chicken + Coke + fries being cheaper than buying chicken alone.
4. Calorie value of the food available at the restaurant.

In secondary prevention, more convenient and efficacious drugs (especially some that will cause weight loss) should be used to reduce the HbA1c and thus delay complications. These drugs come with a heavier price tag. Thus health authorities across the world use formulary guidelines to use the drugs for those who would benefit most. Many patients do not appreciate the drugs given to them. Some patients get drugs from multiple sources. I believe a lot of drugs are not consumed as prescribed. Anything totally free, suffers the same fate. A fee of 15% of the total cost of the drugs could be imposed. This will reduce unnecessary prescriptions and thus allow more drugs with some

advantages available for more patients. Patients who achieve improvements in their parameters should get a deduction on their annual premium for medical insurance instead of high premiums for all patients with diabetes. The financial laws should be such that people should be able to use the medical insurance when they need it most including for outpatient care for chronic diseases like diabetes. Those who stay healthy should rightfully get annual deductions on their premium. In the current system, patients are unnecessarily admitted to get care, leading to increased costs and our country getting a distinction of having a high admission rate per capita.

As for tertiary prevention, we should encourage community participation. Large companies as part of their CSR should support resources for rehabilitation or daycare or nursing care or homes for the elderly or disabled etc. Costs could be reduced by linking volunteers with centres that provide the service. There should be a much higher deduction allowed for parents health care expenses than the current value.

Patient centred care (PCC) should have a firm footing in multidisciplinary team management of a patient with multiple co-morbidities. PCC should be led by a primary care physician leading to personalised care rather than a disjointed speciality centred care.

The above suggestions would only materialise if the majority of our people demand for them. It is not fair to expect the politicians to do everything. They normally only respond to voters' wishes. The above are system changes that would encourage all of us make the healthier choice the first choice. It is a way of us supporting one another to a 'leaner, diabetes-less' Malaysia.