



Research Summary
Developing a
Palliative Care
Takaful Package
Attracting Malaysian
Target Market

Collaboration University and Researchers' Names

Collaboration University

- ▶ Management and Science University (MSU)

Project Leader

- ▶ Mr. Wan Mohd Ashraf Adlin Wan Draman

Researchers

- ▶ Prof. Dr. Siti Khalidah Mohd Yusoff
- ▶ Prof. Dr. Muhammad Najib Mohamad Alwi
- ▶ Prof. Dr. Khairani Omar
- ▶ Assoc. Prof. Dr. Zunirah Mohd Talib
- ▶ Assoc Prof. Dr. Arun Kumar Tarofder
- ▶ Assoc Prof. Dr. Norshafarina Shari @ Kamarudin
- ▶ Assoc. Prof. Dr. Indang Ariati Ariffin
- ▶ Assoc. Prof. Dr. Hazian Hamzah
- ▶ Dr. Maryam Yousefi Nejad
- ▶ Dr. Nurul Aqilah Mhd Yusak
- ▶ Dr. Sakinah Mohd Shukri
- ▶ Dr. Nur Amalina Abdul Ghani
- ▶ Dr. Nabilah Rozzani
- ▶ Dr. Mohammed Faez AboBakr
- ▶ Ms. Nur Aina Abdul Jalil
- ▶ Ms. Nor Amilia Izzati Muhamad
- ▶ Ms. Nur Shahidatul Akmar Mahyedin



Research Assistants

- ▶ Ahmed Sarwar Khan
- ▶ Iffah
- ▶ Muhammad Haziq Ab Azizi
- ▶ Muhammad Al-Hafiz Mohd Al-Bazlinizam
- ▶ Mimi Asmida Ismet
- ▶ Zubaidatul Aqilah Lukman
- ▶ Hemarubini R Paramasivam
- ▶ Hana Chen Wei Jun
- ▶ Murada Ali Osman

Introduction

Palliative care is specialised medical care for people living with a serious illness. This type of care is focused on providing **relief from the symptoms and stress of the illness**.

What is Palliative Care?

Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage of a serious illness, and it can be provided along with curative treatment. Palliative care services include:

- ▶ Home care
- ▶ Assisted living
- ▶ Adult day-care
- ▶ Respite care
- ▶ Hospice care
- ▶ Nursing home
- ▶ Alzheimer's facilities
- ▶ Home modifications to accommodate disabilities

The goal of palliative care is to improve quality of life, where palliative care specialists treat people living with few diseases and chronic illnesses.



Objectives

- 1 Determine the **need for palliative care** among adult patients
- 2 Determine the importance of **individuals' knowledge and awareness** on purchasing palliative care takaful packages
- 3 Conduct a **comprehensive market analysis** for palliative care in Malaysia
- 4 Propose a **comprehensive market strategy** for palliative care for FWD Takaful Berhad
- 5 **Propose the terms and conditions** that are appropriate for palliative care for the introduction of new takaful packages

Three main components of palliative care services are:



In-patient palliative care and consultative palliative care (hospital-based)



Out-patient palliative care (hospital-based)



Community palliative care (community-based)

Research Findings

The Need for Palliative Care among Adult Patients

The **main findings** are:

- ▶ Older patients who are above 60 years old predicted their needs for coverage on some physical symptoms (cough, sexual dysfunction)
- ▶ Patients who are female predict their needs for coverage on social issues
- ▶ Patients from low-income group (B40) requires coverage in most domains especially in social, psychological and spiritual needs
- ▶ Patients staying in care-centres predicts the needs for physical and social needs coverage
- ▶ Patients with presence of physical complications of the primary illness predict the needs for physical and psychological coverage

Overall, the physical and social needs were predicted to have a demand for the broadest coverage across all predictive factors. In coherence with this survey, an interview with experts has found that those palliative patients do not need further treatment but more nursing care, as most of the cases involved were illnesses that cannot be cured. Therefore, they opt for the best supportive care.

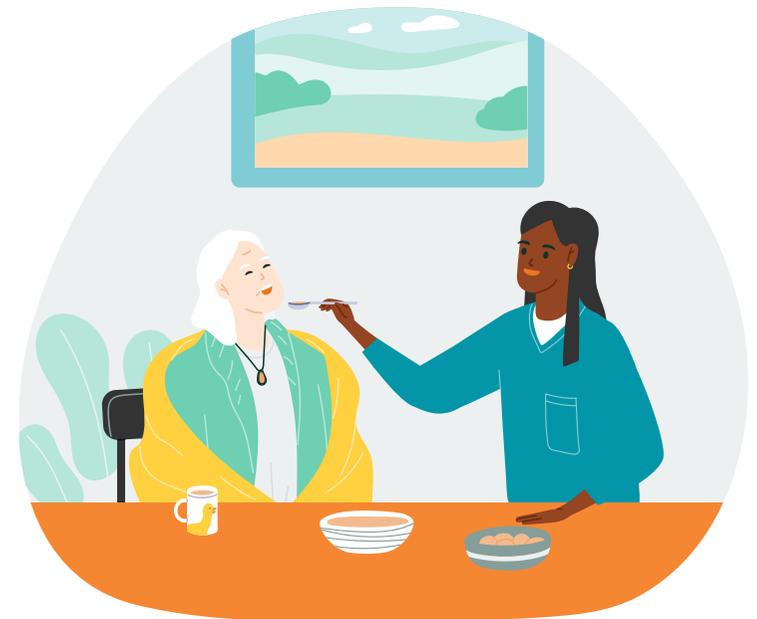
Research Findings

Palliative Care Market in Malaysia

To understand the palliative care market in Malaysia, this study conducted a focus group interview with several NGOs and palliative care service centres across Malaysia.

Based on the interviews, **four findings** were clearly identified. They are:

- 1 Individuals want to stay at their home before leaving this world
- 2 Very few NGOs or community-based palliative care centres in Malaysia that offer this sort of service at the homes
- 3 Getting these services at the hospital is more expensive than home-based services
- 4 So far, none of the insurance companies in Malaysia offer insurance coverage specifically for palliative care, particularly for home-based palliative care service



Proposed Takaful Package

Based on all findings reported from this study, this study proposes two packages which only contain the main and necessary services needed by clients. The **proposed packages** are as follows:



Package 1: Hospital-based



Package 2: Community-based

The current study had found that the major costs that would be prevalent when it comes to palliative care in various healthcare providers worldwide would include human resources, medical equipment, medication, and social support. If clients subscribe to either of our proposed packages, they will be eligible to receive all the mentioned services for each selected package.

It has also been found that other costs would be relevant to be packaged together with the main costs. Hence, additional services, like transportation, surgery, and laboratory services, will depend on their selection.



Proposed Takaful Package



Package Type: Hospital

Components of Cost:

- ▶ Inpatient hospital admissions/ bed days
- ▶ Personnel costs/ Human Resource
- ▶ Medical supplies, equipment and aids
- ▶ Inpatient procedures (surgery, chemotherapy, etc.)
- ▶ Investigations, laboratory & diagnostic costs
- ▶ Drugs & medications
- ▶ Outpatient hospital admissions
- ▶ Emergency room visits
- ▶ Ambulatory costs & transport
- ▶ Hospital day care
- ▶ Outpatient procedures (chemotherapy etc.)
- ▶ Overhead costs (building costs & capital depreciation)
- ▶ Palliative care unit admission
- ▶ Palliative care outpatient clinics



Package Type: Community

Components of Cost:

- ▶ General practitioner/ family physician surgery visits
- ▶ Medical & nursing home visits
- ▶ Allied health home visits (physiotherapy, mental health)
- ▶ Other home visits (social services, home care, other cares)
- ▶ Drugs & medications
- ▶ Medical equipment, aids and adaptations
- ▶ Day care services
- ▶ Stays in long-term care homes, nursing homes, skilled nursing facilities
- ▶ Transportations
- ▶ Diagnostic tests, laboratory tests
- ▶ Personal support (bathing, feeding, dressing, home help)
- ▶ Other social services (meals on wheels, etc.)
- ▶ Nutritional counselling
- ▶ Dental services
- ▶ Communication costs
- ▶ Residential respite care and rehabilitation
- ▶ Overhead costs

Conclusion

- ▶ There is massive potential growth for the medical segment in the Takaful industry, especially for palliative care.
- ▶ **Awareness and knowledge of palliative care and takaful packages must be increased**, especially among the younger generation, so they are willing to purchase takaful from an early age.
- ▶ Malaysians **prefer palliative care services at home** rather than at a hospital.
- ▶ No insurance company provides specific palliative care takaful packages, particularly home-based; there is also a gap in the lower premium segment for hospital-based.
- ▶ A palliative care takaful package will help customers ease their financial burden in paying for palliative care services when the need arises.
- ▶ Apart from agents, **digital applications can attract significant interest** in palliative care takaful packages in Malaysia.

[Click here to read the full article](#)



Thank you



Research Summary
Membangunkan
Pakej Takaful
Penjagaan Paliatif
untuk Menarik
Pasaran Sasaran
Malaysia

Kerjasama Universiti dan Nama-Nama Penyelidik

Kerjasama Universiti

- ▶ Management and Science University (MSU)

Pemimpin Projek

- ▶ Mr. Wan Mohd Ashraf Adlin Wan Draman

Penyelidik

- ▶ Prof. Dr. Siti Khalidah Mohd Yusoff
- ▶ Prof. Dr. Muhammad Najib Mohamad Alwi
- ▶ Prof. Dr. Khairani Omar
- ▶ Assoc. Prof. Dr. Zunirah Mohd Talib
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Pembantu Penyelidik

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Pengenalan

Penjagaan paliatif adalah penjagaan perubatan khusus untuk mereka yang hidup dengan penyakit serius. Jenis penjagaan ini bertujuan untuk **menyediakan kelegaan daripada simptom dan tekanan penyakit itu.**

Apakah Penjagaan Paliatif?

Penjagaan paliatif adalah penjagaan perubatan yang diberikan oleh doktor, jururawat dan pakar perubatan khusus yang bekerjasama dengan ahli perubatan yang lain untuk memberikan lapisan sokongan yang lebih buat si pesakit. Penjagaan paliatif diberikan berdasarkan keperluan pesakit, bukan pada prognosis pesakit. Ia boleh diberikan pada mana-mana pesakit, tidak kira umur atau tahap keseriusan penyakit, dan boleh diberikan seiring dengan rawatan kuratif. Perkhidmatan yang termasuk dalam penjagaan khusus ini termasuk:

- ▶ Penjagaan di rumah
- ▶ Kehidupan dibantu
- ▶ Penjagaan harian dewasa
- ▶ Penjagaan sementara
- ▶ Penjagaan hospik
- ▶ Rumah penjagaan
- ▶ Fasiliti Alzheimer
- ▶ Pengubahsuaian rumah untuk menampung orang kurang upaya

Tujuan penjagaan paliatif adalah untuk meningkatkan kualiti hidup pesakit, di mana pakar penjagaan paliatif merawat pesakit yang menghadapi beberapa penyakit serta pesakit penyakit kronik.



Objektif

1 Menentukan **keperluan penjagaan paliatif** dalam kalangan pesakit dewasa

2 Menentukan **kepentingan pengetahuan dan kesedaran individu** tentang pembelian pakej-pakej takaful penjagaan paliatif

3 Menjalankan **analisa pasaran yang komprehensif** tentang penjagaan paliatif di Malaysia

4 Cadangan **strategi pemasaran komprehensif** untuk penjagaan paliatif untuk FWD Takaful Berhad

5 Cadangkan **terma dan syarat yang sesuai** untuk penjagaan paliatif bagi pengenalan pakej takaful baru

Tiga komponen utama dalam perkhidmatan penjagaan paliatif adalah:



Penjagaan paliatif pesakit dalaman dan penjagaan paliatif perundingan (berasaskan hospital)



Penjagaan paliatif pesakit luar (berasaskan hospital)



Penjagaan paliatif komuniti (berasaskan komuniti)

Keperluan Penjagaan Paliatif di Kalangan Pesakit Dewasa

Dapatan utama adalah:

- ▶ Pesakit warga emas yang berumur lebih daripada 60 tahun meramalkan keperluan perlindungan untuk beberapa gejala fizikal (batuk, disfungsi seksual)
- ▶ Pesakit wanita meramalkan keperluan mereka untuk perlindungan terhadap isu sosial
- ▶ Pesakit daripada golongan berpendapatan rendah (B40) memerlukan perlindungan dalam semua aspek, terutamanya dari segi keperluan sosial, psikologikal dan rohani
- ▶ Pesakit yang tinggal di pusat penjagaan meramalkan keperluan untuk perlindungan fizikal dan perlindungan sosial
- ▶ Pesakit dengan komplikasi fizikal penyakit utama meramalkan keperluan mereka untuk perlindungan fizikal dan psikologikal

Secara keseluruhannya, keperluan fizikal dan sosial diramalkan mempunyai permintaan perlindungan yang paling luas merentas semua faktor ramalan. Seajar dengan tinjauan ini, satu temu ramah dengan pakar perubatan menyatakan bahawa pesakit-pesakit paliatif ini kurang memerlukan rawatan lanjut tetapi lebih kepada penjagaan kejururawatan, kerana kebanyakan kes terlibat adalah penyakit yang tidak boleh diubati. Oleh itu, mereka memilih penjagaan sokongan yang terbaik.

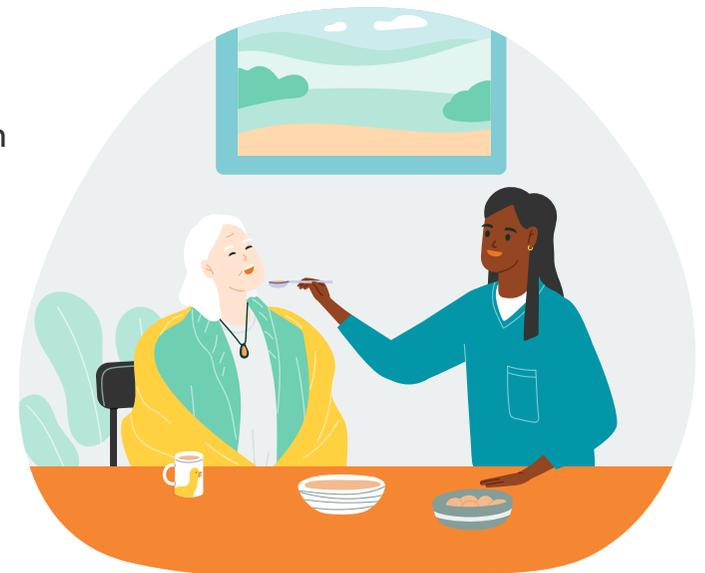
Dapatan Kajian

Pasaran Penjagaan Paliatif di Malaysia

Untuk memahami pasaran penjagaan paliatif di Malaysia, kajian ini menjalankan temu bual pada kumpulan tertentu dengan beberapa NGO dan pusat perkhidmatan penjagaan paliatif di seluruh Malaysia.

Berdasarkan temu bual, **empat dapatan utama** telah ditemui, iaitu:

- 1 Individu ingin tinggal di rumah mereka sebelum meninggalkan dunia ini
- 2 Sangat sedikit NGO atau pusat penjagaan paliatif berasaskan komuniti di Malaysia yang menawarkan perkhidmatan seperti ini di rumah
- 3 Mendapatkan perkhidmatan ini di hospital adalah lebih mahal daripada perkhidmatan di rumah
- 4 Setakat ini, tiada syarikat insurans di Malaysia menawarkan perlindungan insurans khusus untuk penjagaan paliatif, terutamanya untuk perkhidmatan penjagaan paliatif berasaskan rumah



Cadangan Pakej Takaful

Berdasarkan dapatan kajian ini, dua pakej telah dicadangkan yang meliputi perkhidmatan penjagaan utama dan yang diperlukan oleh para pelanggan. **Pakej-pakej yang dicadangkan** adalah seperti berikut:



Pakej 1: Berasaskan hospital



Pakej 2: Berasaskan komuniti

Kajian semasa mendapati bahawa kos-kos utama penjagaan paliatif pada penyedia penjagaan kesihatan di seluruh dunia adalah sumber manusia, peralatan perubatan, ubat-ubatan, dan sokongan sosial. Jika pelanggan melanggan salah satu daripada pakej yang dicadangkan, mereka layak menerima semua perkhidmatan yang disebutkan untuk setiap pakej yang dipilih.

Kos-kos lain yang relevan juga akan disertakan dengan kos-kos utama. Oleh itu, perkhidmatan tambahan seperti pengangkutan, pembedahan, dan perkhidmatan makmal bergantung pada pilihan mereka.



Cadangan Pakej Takaful



Jenis Pakej: Hospital

Komponen Kos:

- ▶ Kemasukan hospital pesakit dalam
- ▶ Kos kakitangan / Sumber Manusia
- ▶ Bekalan dan alat perubatan, alat bantuan perubatan
- ▶ Prosedur pesakit dalam (pembedahan, kemoterapi, etc.)
- ▶ Kos siasatan, makmal dan diagnostik
- ▶ Ubatan
- ▶ Kemasukan hospital pesakit luar
- ▶ Lawatan unit kecemasan
- ▶ Kos ambulans dan pengangkutan
- ▶ Penjagaan harian hospital
- ▶ Prosedur pesakit luar (kemoterapi, etc.)
- ▶ Kos overhead (kos bangunan dan kekurangan modal)
- ▶ Kemasukan unit penjagaan paliatif
- ▶ Klinik penjagaan paliatif pesakit luar



Jenis Pakej: Komuniti / Berasaskan rumah

Komponen Kos:

- ▶ Lawatan pengamal perubatan am/ doktor pembedahan keluarga
- ▶ Lawatan rumah untuk penjagaan dan perubatan
- ▶ Lawatan rumah untuk kesihatan bersekutu (fisioterapi, kesihatan mental)
- ▶ Lawatan rumah yang lain (perkhidmatan sosial, penjagaan rumah dan penjagaan lain)
- ▶ Ubatan
- ▶ Bekalan dan alat perubatan, alat bantuan dan ubahsuaian
- ▶ Perkhidmatan penjagaan harian
- ▶ Penginapan di rumah penjagaan dan fasiliti penjagaan terlatih
- ▶ Pengangkutan
- ▶ Ujian diagnostik, ujian makmal
- ▶ Sokongan peribadi (mandi, makan, pemakaian, bantuan rumah)
- ▶ Perkhidmatan sosial lain (penghantaran makanan, etc.)
- ▶ Kaunseling pemakanan
- ▶ Perkhidmatan pergigian
- ▶ Kos komunikasi
- ▶ Penjagaan sementara di kediaman dan pemulihan
- ▶ Kos overhead

Kesimpulan

- ▶ Terdapat potensi perkembangan yang besar bagi segmen perubatan dalam industri takaful, terutamanya untuk penjagaan paliatif.
- ▶ **Kesedaran dan ilmu pengetahuan tentang penjagaan paliatif serta pakej pelan takaful perlu diperbanyakkan**, terutamanya dalam kalangan generasi muda supaya mereka ingin melanggan takaful daripada usia muda.
- ▶ Rakyat Malaysia **lebih memilih perkhidmatan penjagaan paliatif di rumah** berbanding hospital.
- ▶ Tiada syarikat insurans yang menyediakan pakej takaful khusus untuk penjagaan paliatif, terutamanya penjagaan di rumah; terdapat juga jurang pada segmen kurang premium bagi pakej penjagaan di hospital.
- ▶ Pakej penjagaan paliatif dapat meringankan beban kewangan pelanggan dalam melaksanakan pembayaran yang tinggi untuk perkhidmatan penjagaan paliatif apabila diperlukan.
- ▶ Selain daripada ejen, **aplikasi digital juga dapat menarik minat orang ramai** untuk melanggan takaful dalam pakej penjagaan paliatif.

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Terima kasih