

The Legal Muddle Over Healthcare Fraud in Malaysia

ERICA KONG XIN WEI
MUHAMAD SAYUTI HASSAN
MOHD ZAMRE MOHD ZAHIR*

ABSTRACT

This article is an analysis of whether the current law in Malaysia is sufficient to tackle healthcare fraud. The main problem of healthcare fraud in Malaysia context is the lack of specific provisions to combat it. The objective of the article is to highlight the gap in the laws by comparing the available local law and the laws in the United States of America. This article will cover the discussion on what is healthcare fraud, the forms of healthcare fraud as well as their effects. It will analyse the available legislation on healthcare fraud between the United States and Malaysia. Several types of healthcare fraud are identified such as billing schemes, kickbacks and medical identity theft. Several types of hospital fraud are identified, for example unnecessary procedures, corruption and unauthorised practice. The article's finding manages to identify several deficiencies in the law concerning anti-fraud law, anti-kickbacks law, cybercrime law and medical negligence. These weaknesses stem from inadequate laws where they are not specific to the fraud involved. Several recommendations are provided in addition for improvement. To conclude, there is limited data of healthcare fraud to prompt any strengthening of current laws because the current laws does not encourage prosecutors, whistle-blower or victim to report healthcare fraud. A systematic data collection is necessary to further advance the cause in fighting healthcare fraud.

Keywords: Fraud; healthcare; law; Malaysia

INTRODUCTION

Everyone has a right over his own health.¹ Medical and health are important things on the agenda of society.² When discussing health, there are issues pertaining to healthcare fraud. Fraud means wrongful or deception intended to result in financial or personal gain. Healthcare fraud is a crime that does not have any victims. It impacts everyone, both individuals and organisations, and costs tens of billions of dollars each year. It has the potential to increase health insurance premiums, expose the patient to unneeded medical treatments, and boost taxes. Medical practitioners, patients, and others who purposefully defraud the healthcare system in order to get illegal benefits or payments have the likelihood of committing healthcare fraud.³ Healthcare fraud is a sort of white-collar crime that involves filing fraudulent healthcare claims in order to benefit. Fraudulent healthcare schemes exist in a variety of shapes and sizes; individuals obtaining subsidised or fully-covered prescription pills that are actually unnecessary and then selling them on the black market for a profit; billing by practitioners for care that was never rendered; filing duplicate claims for the same service rendered; altering the dates, descriptions of services, or identities of members or providers; billing for a non-covered

service as a covered service; modifying medical records; intentional falsification of medical records. Anyone can commit healthcare fraud by providing false information when applying for programmes or services, forging or selling prescription prescriptions, using transportation benefits for non-medical purposes, and borrowing or using another person's insurance card. The Federal Bureau of Investigation, the United States Postal Service, and the Office of the Inspector General are all tasked with investigating healthcare fraud. However, due to the 30-day requirement, these organisations rarely have enough time to conduct a thorough investigation before an insurer is required to pay. A successful prosecution that results in a conviction of a healthcare practitioner might have serious implications. The healthcare professional faces jail, penalties, and perhaps losing his or her licence to practise medicine. Violators may face prosecution under the following statutes: 18 U.S.C. 1347 Health Care Fraud.⁴

IMPACT OF MEDICAL FRAUD

No country in the world is immune to healthcare fraud. In fact, such fraud has a major and far-reaching impact. The following parties may incur financial consequences:

1. Those who get insurance and pay greater premiums and out-of-pocket costs while getting less benefits and coverage;
2. employers who pay rising premiums to provide healthcare to their employees, resulting in a higher total cost of doing business; and
3. taxpayers who contribute more to fund healthcare costs in public health programmes.

Aside from monetary losses, healthcare fraud can put patients in danger by performing unnecessary procedures, using unauthorised medications, or overprescribing antibiotics and diagnostic testing. Each patient's medical records include a vast quantity of sensitive financial and medical information, which draws scammers.⁵

TYPES OF HEALTHCARE FRAUD

BILLING SCHEMES

According to the National Health Care Anti-Fraud Association in the United States of America, healthcare fraud is committed by organised criminals and a small proportion of healthcare providers. Some types of billing fraud are straightforward to detect if a patient is aware of the issue and thoroughly checks their benefit statements. In fact, many people have engaged in schemes to submit insurance claims for medically unnecessary operations. The purported payment for giving beneficiary information to providers in these frauds includes cash payments to patient recruiters, beneficiaries, and other accomplices. This information might subsequently be used by the providers to make false claims to insurance companies. The number of medical practitioners charged is especially remarkable in this case.⁶

It is critical to understand that a private hospital bill is made up of two parts which are the professional fees for the doctors and hospital costs. The professional fees charged by doctors and the fees charged by private hospitals must be distinguished. It is important to differentiate because the former is regulated while the latter is not.⁷

1. Doctors' professional fees

In Malaysia, consultation fees, ward visit fees, and procedure or operation expenses are all part of the doctors' professional fees. The Private Healthcare Facilities and Services Act (PHFSA) governs professional fees, where maximum fees allowed are

provided under the 13th Schedule of the PHFSA Regulations. According to the same Schedule:

“where two procedures are conducted through the same incision, the amount paid for the lesser procedure should not exceed 50% of the fee charged for the first procedure.”

If a repeat procedure is necessary as a result of the initial procedure, the fee for the second procedure should not be more than 50% of the fee for the initial procedure, and if a third repeat procedure is necessary, the fee for the third procedure should not be more than 25% of the fee for the initial procedure. The provisions in the 13th Schedule are especially important if a patient needs to have another surgery or operation as a result of complications from the original procedure or operation. During the whole course of their care in a private hospital, patients are entitled to an itemised bill at no additional cost. Across private hospitals and clinics as well as within the same hospital and clinic, professional fees for doctors may vary. This is because each patient's circumstances are different. In such circumstances, the patient will be informed of the associated professional expenses.

Patients should not refrain from asking the attending doctor(s) about professional expenses, especially if a surgery or operation has been advised. The inquiry should also include the professional fees that would be paid in case of complications. Any decrease in a doctor's professional fees is at their discretion. Numerous medical professionals have waived all or a portion of their professional fees for patients who are struggling financially or who have incurred higher-than-expected hospital expenses. As sharing this information might be construed as advertising, which is against Malaysian Medical Council policy, doctors choose not to do so since advertisement of medical treatment is considered unethical.^{8 9}

2. Hospital charges

Private hospital rates, in contrast to doctors' professional fees, are not controlled, for reasons that are best known to individuals concerned in the Private Healthcare Facilities and Services Regulations (PHFSA). Laboratory, imaging, nursing, operating theatre, physiotherapy, medication, accommodation, labour ward and other services are all included in private hospital charges. The cost of accommodation in private hospitals varies depending on whether it is a suite, a double bed, a single bed, or a room

with more than two beds. The patient has the option of selecting a place to stay. When deciding on accommodation, it is prudent to consider the length of stay, as this can be included in the fees for other services the private hospital provides.

Private hospitals also charge various amounts for laboratory testing. While some hospitals outsource all or some laboratory processes, others do all laboratory testing on-site. Some of the most challenging tests are contracted out to labs inside the nation or even outside. Computerised tomography (CTs), X-rays, magnetic resonance imaging and ultrasound scans are examples of imaging investigations (MRI). Basic imaging tests are necessary for the majority of medical conditions. On the other hand, complex medical diseases necessitate more advanced imaging tests. To summarise, not every patient has to get an MRI or CT scan. Whenever complicated laboratory and imaging procedures are suggested, it is advisable to discuss their value and cost with the attending physician. Despite the fact that some imaging and laboratory tests may yield important data, patient care choices are unaffected by them.

As far as prescription drugs are concerned, they are either name-brand or generic. Usually, the former is more expensive than the latter. The price disparity between them, nevertheless, might not be very noticeable for many medications. Doctors prefer original drugs in crucial cases since their pharmacokinetics and pharmacodynamics are well understood, as opposed to many generics.¹⁰ Pharmacokinetic refers to the drug movement in the body while pharmacodynamics refers to how the drugs respond in the body. Innovator drugs or original drugs, while being more expensive, they have extensive testing to generate such data as compared to generic which comes after and does not have to repeat such testing.¹¹

The following scenario highlights the fraudulent billing claims and unnecessary procedures in healthcare fraud of Malaysia.

Based on a Malaysia news report in 2020,¹² a patient who complained of back pain and other minor symptoms was recommended an MRI scan and eventually diagnosed with slipped disc and a surgery was prompted. However, no diagnostic evidence was provided and no alternative treatment was available and the doctor resisted the request for second opinion. The victim was left with a big scar

and unremitting pain largely due to unconsented removal of his rib causing nerve damage. The doctor did not attend to his complain because his insurance coverage was no longer sufficient. The victim suffered rising medical cause and subsequently second opinions from surgeon suggested that the ailment can be managed conservatively.

A police report was lodged, alleging that one doctor filed two insurance claims totalling RM5,360 on behalf of the other doctor. The Malaysian Medical Council had charged the two doctors with professional misconduct.¹³

KICKBACKS

The payment of “kickbacks” in exchange for influence over healthcare services is another typical fraudulent ploy. Ineffective medical care, such as unneeded hospitalisation, surgery, testing, prescriptions, and equipment, might be the result of kickbacks. The United States Department of Veterans Affairs has been the site of some of the most heinous kickbacks incidents.

This system offers scammers a fantastic chance because it is common to have referral and contract-related kickbacks schemes. For trying to get a \$59 million contract from the Veterans Affairs (VA), the defendants in the case below are accused of making substantially false representations and omissions. In the majority of healthcare systems, contracts of this scale are rare. Anthony Lazzarino, a former director of VA podiatry, and Peter Wong, the CEO of Sunrise Shoes, allegedly conspired to pay and accept bribes in exchange for medical recommendations, and they also planned to commit wire fraud. Lazzarino and Wong engaged in a plan to defraud the VA between March 2008 and February 2015 by filing claims to the VHA for particular services and labour that were required but not included in the shoes given to veterans. They worked together to charge the VA for specialised shoes that cost as much as \$1,682 per pair and totaled about \$1.7 million, when in reality veterans only received “off-the-shelf” Sunrise Shoe products. Lazzarino also broke VA policy by sending patients straight to Sunrise Shoes and that he and Wong agreed to pay bribes in exchange for such referrals. Veterans were specifically steered to Sunrise by Lazzarino by giving them the store’s business card and making disparaging remarks about other suppliers. Lazzarino and Wong allegedly collaborated to provide the VA materially false information regarding where the shoes were made in order to get a contract from the VA, according to the

indictment. After several series of investigations, both of them were eventually prosecuted and tried for the offence. Both were convicted and sentenced to imprisonment.¹⁴

While laws in US act strongly against any form of kickbacks, in Malaysia any report of kickbacks may have been discouraged. For instance, an anti-corruption awareness video by the Malaysian Anti-Corruption Commission (MACC) depicting a medical practitioner receiving kickbacks for prescribing a Medical Certificate was taken down after strong opposition from the Malaysian Medical Association (MMA).¹⁵ In another situation, there was also an allegation regarding kickback fees in vaccine procurement during the COVID-19 pandemic. However, the government refuted the allegation.¹⁶

MEDICAL IDENTITY THEFT

Medical facility employees regularly steal patient information to make a profit by reselling on the illegal market, or patients without insurance who require medical care will do it themselves in this type of fraud. Medical identity theft not only costs the victim a lot of money, but it also generates a lot of stress. In the United States of America, according to a Ponemon Institute report, 65 percent of victims spent, on average, \$13,500 to undo the damage.¹⁷ Besides the high expenditures, resolving medical identity theft takes time. According to another Ponemon Institute poll, victims of medical identity theft spent 200 hours restoring their stolen data.¹⁸ Worse, a victim's medical history might be permanently altered, with falsely listing illnesses or injuries that the victim never experienced in records. Regrettably, a lot of medical identity theft victims may go months without realising it. In fact, only 15% of Americans are aware of medical identity theft.¹⁹ Only 38% of those polled could correctly describe "medical identity."²⁰ The aged and disabled are especially vulnerable to medical identity theft since they are less likely to detect any problems. By being vigilant when disposing anything with health information like invoices and prescription bottles, people may avoid having their information stolen in the first place. A lack of IT resources is the greatest impediment to installing anti-fraud technology.²¹

While there is no documented case of medical identity theft, Malaysia is considered one of Asia's most attractive countries for cybercriminal. Based on a report in 2010, it indicated that 87% of Malaysian traffic is malware and only 0.2 percent originated

from Malaysia to global networks.²² The cybercrime reported has increased from 3564 to 8090 from 2009 to 2010 indicating that the state of cyber security in Malaysia is susceptible to medical fraud related to cyber security.²³ Recently, it was reported that malware surged by 71% in 2022 to over 50 million.²⁴

HOSPITAL FRAUDS

Control issues and a too complicated structure have resulted in a high rate of healthcare related fraud in the hospital industry. There are many different sorts of hospital fraud. These frauds can be classified into two categories: those performed "by" hospitals and those committed "against" hospitals, and they are discussed in few sections: (1) Unnecessary Procedures, (2) Corruption and (3) Unauthorized Practice.²⁵

The requirement for fraud is defined in section 17(a)-(e) of the Malaysia Contracts Act 1950 as any stated acts²⁶ committed by a party to a contract, or with his connivance, or by his agent, with intent to deceive another party thereto or his agent, or to induce him to enter into the contract. If someone tempts another person to enter into a contract with the intent to deceive, even if he knows it is a lie, he may be liable for fraud. The contract would be *void ab initio* (void from the start), implying that there was never a contract in the first place. In this type of situation, the victim should at the very least claim for monetary damages. Provided the victim can prove fraud, the law provides the victim with other legal remedies in the form of equitable relief such as rescission or reformation.

UNNECESSARY PROCEDURES

When hospitals perpetrate fraud, it is frequently through the use of unnecessary procedures. These forgeries can be linked to a variety of factors. Hospitals, for example, want to boost their image by completing a large number of treatments and therefore appearing to be more proficient at executing them. Strict insurance claim restrictions are also grounds for doctors and hospitals to conduct fraud against their patients. But probably the most pressing demand is the desire to reach financial targets and generate additional income through invoicing for these treatments. Even when less expensive options result in a superior outcome for the patient, hospitals may frequently upgrade patients to more expensive therapy when profits are a factor.²⁷ Moreover, since the need for hospital services has diminished

and people seek less expensive alternatives, some hospitals have looked for new methods to generate cash. Some hospitals perform needless procedures such as severe cancer treatments, chemotherapy, heart procedures and infusion therapies.²⁸

A “hospital-physician transaction,” which also has the potential to include healthcare fraud is any association between a hospital and a doctor. Hospitals are forbidden from filing insurance claims for patients who have been referred to them by doctors who have a “prohibited financial connection” with the hospital. They may be able to negotiate a deal for less than the fair market value or for more. A hospital-physician relationship is legitimate if the doctor is paid at fair market value, which is the price that would be paid in a transaction conducted at arm’s length. Illegal behaviours are not always clear since hospital-physician interactions might be convoluted. For instance, the United States Department of Justice (DOJ) acquired a \$237 million judgement against Tuomey Healthcare System Inc. of South Carolina, which was accused of having a referral agreement with physicians.²⁹ Tuomey signed contracts with 19 physicians that forced them to recommend their outpatient treatments to Tuomey in order to avoid losing lucrative outpatient procedure referrals to a surgery centre. Tuomey provided the doctors with payment that was significantly more than fair market value and included a percentage of the money that the referred activities’ Medicare³⁰ revenue brought in. The DOJ agreed to a \$1 million settlement with Ralph J. Cox III, the previous CEO of Tuomey Healthcare System, for his part in the hospital’s fictitious Medicare and Medicaid³¹ billings for treatments recommended by doctors with whom the establishment had shady business links. Cox was also prohibited from engaging in federal healthcare programmes for four years, including managerial or administrative services funded by federal healthcare programmes, under the settlement agreement’s conditions.³²

In case of Nur Muhammad Tajrid Zahalan, he was left permanently disabled in a Kuala Lumpur hospital in 2015, in what can only be described as a medical malpractice nightmare of negligence, unnecessary surgery, false expense charges and insurance claims, and another mistreatment. The Malaysian Medical Council conducted a three-year investigation into the incident, which occurred at Prince Court Medical Centre in Kuala Lumpur, and cross-examined 12 doctors and referred charges against four physicians, including the

neurosurgeon at the centre of the matter, Ramesh Kumar, who has been charged with “infamous conduct in a professional respect,” also known as “gross professional misconduct.” However, given Malaysia’s lenient disciplinary mechanism against medical offenders, only one doctor has been thrown from the medical registration since 2005, raising concerns about whether authorities will take more rigorous action against others identified in the complaints.³³

CORRUPTION

Hospitals are also victims of healthcare fraud. These are frequently in the form of embezzlement, in which an unauthorised advantage is transferred to the fraudster from the hospital. Hospital staff members, from secretaries to the top management, are just as likely to commit fraud and steal money as they are in any other industry when individuals are given positions of trust and access to enormous amounts of money, such as in hospitals, the possibility of embezzlement increases. Furthermore, hospitals are frequently not-for-profit businesses, which increases the danger of embezzlement because hospitals typically have fewer personnel and less segregation of duties. The two incidents that follow show how hospital personnel embezzled monies from their employers in a variety of ways.

In the first case, the phoney software firm was established by William Roe, the CFO of Danbury Hospital in Hartford, Connecticut, who authorised \$95,000 in payments for services that were never rendered. He also illegally collected \$46,166 by manipulating the worth of his property as assessed. Danbury Hospital had consented to pay the discrepancy between the sales price and the assessed value. He received a 33-month prison sentence.³⁴ Interestingly, Roe used the same software scam while being employed at St. Rita Hospital, Ohio. Had the first hospital chosen to file charges, perhaps there was a way to stop the atrocities at the second hospital.

An employee named Eduora McDaniel and Divine Iron Works co-owner Angela Hunter created purchase orders for fake goods and services in the second case. They allegedly agreed to split the VA’s funds amongst the products and services Hunter’s company never delivered. From January 2011 through December 2014, “Divine Iron Works” was virtually dead and lacked any tangible goods or services. In her capacity as a VA prosthetics representative, McDaniel had the right to acquire

prosthetic goods and services if a VA doctor deemed them medically necessary. She also carried a government-issued Visa credit card for this reason. For Hunter's business, McDaniel "allegedly" created false purchase orders, which Hunter then used to make purchases using McDaniel's government credit cards. Overcharging for healthcare in private hospitals has become typical practise in areas where medical fraud is prevalent. Excess billing charges of at least 20% are not uncommon in private hospitals across the country.³⁵ McDaniel was eventually convicted and sentenced to imprisonment.³⁶

As far as Malaysia is concerned, The Malaysian Anti-Corruption Commission Act 2009 (MACCA 2009)³⁷ defines four major offences: (1) soliciting or receiving gratification (Bribe) [Sections 16 and 17(a)], (2) offering or giving gratification (Bribe) [Section 17(b)], (3) intending to deceive (False Claim) [Section 18], and (4) using office or position for gratification (Bribe) (Abuse of Power or Position).

Anyone who knows of and fails to disclose an act of bribery commits an offence under Section 25(1) and 25(2) and faces a fine of up to RM100,000 or imprisonment sentence of up to ten years, or both.

Additionally, any person who knows and fails to report act of soliciting and obtaining of bribe is committing an offence under Section 25(3) and 25(4), it will be fine not exceeding ten thousand ringgit or imprisonment not exceeding 2 years or to both.

UNAUTHORISED PRACTICE

Practicing, attempting to practise, or offering to practise a regulated healthcare profession without a valid licence is a criminal infraction punishable by a minimum required jail sentence (for example, Florida Statute 456.065(2)(d)). The following example shows how an unauthorised person impersonating a licenced medical expert might threaten patients' health.

Juan Manuel Perez misrepresented himself as a Licensed Vocational Nurse (LVN). Perez started working at Cleveland Health Care LLC in January 2015 under the guise of being an LVN. Perez offered a licence number that, according to him, belonged to someone else with the same name. Contrarily, Perez had never been an LVN and lacked a nursing licence from the Texas Board of Nursing. From January 2015 until July 2016, Perez provided medical services and conducted patient home visits for Cleveland Health Care. Afterwards, Perez utilised

the identity that was stolen to get jobs at other local hospitals, including Harlingen Medical Centre and Valley Baptist Medical Centre. In connection with identity theft, Perez received a required 24-month prison sentence.³⁸

In the Malaysian context, the Consumer Protection Act of 1999 prohibits "misleading and deceptive behaviour, false representation, and unfair treatment." Section 8(a) defines "false," "misleading," or "deceptive" conduct, representation, or practise as conduct, representation, or practise capable of leading a customer astray. Section 9(b) expressly mentions services, which doctors are expected to deliver. Part 4 of the same Act deals with Offences, Defences, and Remedies in regard to Parts 2 and 3 of the Act. Section 25(1)(a) and (b) distinguishes between offences that can be committed by corporate bodies and those that can be committed by individuals.

For an individual, it falls under subsection (b), which means the person will face a severe punishment of up to RM100,000 or imprisonment for up to three years, or both. If he has the audacity to commit the same offence again, the punishment is increased to a maximum of RM250,000, imprisonment for no more than 6 years, or both.

The real kicker in section 25(2) is that if the act is a continuing offence, he shall be punished RM1000 for each day or part of day that the offence continues after his conviction. For instance, impersonating a doctor is an ongoing offence because it occurs over time and is not a one-time occurrence.

However, there are defences open to the alleged, which are outlined in sections 27 and 28. They must demonstrate that the offence was the result of an accident, a reasonable error, etc. and/or that the advertisement for their services was not their responsibility.

RECOMMENDATIONS

ANTI-FRAUD LAW

In the United States, specific Anti-fraud laws works in tandem to deter and punish liable perpetrator. The Federal False Claims Act is used against healthcare fraud. Liability is established when any person presents a dishonest or fraudulent payment claim to any government or government contractor. Generally, the statute tackles fraudulent billing, inaccurate claims and even kickbacks for a referral. The *qui tam* elements are present where both prosecutor and private person (whistle-blower)

share the reward in successful cases.³⁹ Healthcare providers and its employees can be subjected to penalties of \$5,500 to \$11,000 for each false claim submitted and additional 3 times of damages caused and may also be excluded from participation in Medicare or Medicaid.⁴⁰

As for Malaysia, forgery maybe invoked under section 463 of the Penal Code. However, the provision is under Chapter XVIII with specific emphasis on currency and bank notes and may not be relevant to the sophisticated nature of healthcare fraud. In the private sector, the Financial Services Act 2013 may be relied on as insurance companies are the one to be defrauded in a fraudulent claim. Nevertheless, the available laws may not be wide reaching to cover healthcare fraud.

ANTI-KICKBACKS LAW

Kickbacks fees are considered a form of negotiated bribery as compensation in order to gain preferential treatment or improper service rendered. In the US, the Anti-Kickbacks Statute criminalises any form of kickbacks whether direct or indirect, in cash or other form, to trade for prescribing, purchasing or recommendation of any service to Medicare, Medicaid or any federally supported initiative. The Stark law further strengthen anti-kickbacks laws by prohibiting physician referrals to any other designated health services and clinical laboratory services. The definition of kickbacks was also expanded as well by the Health Insurance Portability and Accountability Act.⁴¹

In Malaysia, kickbacks fees are prohibited under the Private Healthcare Facilities and Services (Private Medical Clinics or Private Dental Clinics) Regulations 2006. In this case kickbacks are referred as 'fee-splitting' made between practitioners, healthcare facilities, organizations or individuals as inducement to refer or to receive a patient to or from another practitioner, healthcare facility, organization or individual. However, the laws mainly cover private facility and not wide reaching as hoped. The Malaysian Medical Council took an opposite view to the law where according to them, fee splitting is permissible as long as the basis of referral is based on the quality of care and not on monetary benefits. Furthermore, the guideline emphasizes on that the practitioners must have direct responsibility or management involvement of the patient to be ethically permissible in a sense.⁴² Though the guideline has been revised and reworded differently, according to them fee-splitting is only prohibited

when it is part of inducement and not if it is part of quality of care when read carefully.⁴³ The issue of fee-splitting when allowable as part of quality of care is subjective as any form of referral can be camouflaged as part of quality of care even though the main aim can be monetary. A consultation with all relevant stakeholders is necessary to make the law work.

CYBERLAWS TO COMBAT MEDICAL IDENTITY THEFT

Several laws exist in regard to deter medical identity theft, although it is part of the current cybercrime laws. For instance, under section 3 of the Computer Crimes Act 1997 (CCA 1997), hacking is a criminal offence with a fine of not exceeding RM 50,000. However, in the case of *PP v Vishnu Devarajan*,⁴⁴ the case could not go through due to procedural errors. As for identity theft, section 416 of the Penal Code may apply to medical identity theft even though it is not medically nor cyber-specific. Under section 416, it is an offence to cheat by personification where a person cheats by pretending to be someone else or by substituting one person for another, or representing someone who he or she is not. Except in the case of theft of identity card, there are no documented cases for identity theft in the context of cybercrime.⁴⁵ Because of this, there are ample rooms for legislation to improve in order to combat medical identity theft where cybercrimes are involved.

UNNECESSARY PROCEDURES

Unnecessary procedures can be part of medical malpractice or medical negligence. When a medical provider action fails to meet the medical standard of care, their behaviour would result in a medical negligence. However if the medical negligence causes the patient to suffer an injury, then it can also be classified as medical malpractice. Therefore, if the unnecessary procedure causes no harm to the patient, it would be medical negligence. If it is harmful then it can be considered as medical malpractice. In any case, unnecessary procedure is at least a form of medical negligence and be used in this context. Like most data, medical malpractice in Malaysia is not collected systematically and therefore even there is an upward trend of unnecessary procedure, it is not captured in the system.⁴⁶ The claim for medical negligence or malpractice in Malaysia is regulated mainly by a Tort system and fraught with difficulty.

From a patient's point of view, any compensation received in malpractice cases are not worthwhile as there are offset by the cost and long-time taken to bring a lawsuit in the court. Furthermore, the number of successful claims is abysmal that shows the current system is weak in compensating injured victim. As compensation depends on successful cases, the present system causes victims to be uncompensated and unnecessary procedures undeterred.

The above situation is compounded with a lengthy time period required and also the high cost of litigation. The compensation as well is case to case basis and has uncertain guidelines. In Malaysia, the litigation process can range from 15 to 25 years, from the date of harm to the end of the case. The case of *Foo Fio Na v Hospital Assunta & Anor*⁴⁷ took 15 years and *Dr Chin Yoon Hiap v Ng Eu Khoon & Ors*⁴⁸ took 25 years to complete. While aids are given by the Malaysian Legal Aid Department and the Malaysian Bar, many complainants are excluded because they do not qualify under the 'mean test'.⁴⁹ In addition, the provision for legal aid is only 0.001% of Malaysia's annual GDP and considered very low as per other developed countries. Furthermore, there is a limitation period to submit litigation claims under Limitation Act 1953 (Act 254) which is 6 years from time of injury. Moreover, the Act does not provide for injury which materialises later. In contrast to the United Kingdom, the allowed claims are much further from the cause of harm as it starts based on the knowledge of the cause of the harm. These provisions are important as expert opinions are important to determine such cause of harm.⁵⁰

Another major obstacle for patients in making claims for medical negligence is the accessibility of their medical records. In Malaysia, the medical negligence claim depends highly on the amount of information a patient is able to obtain and the degree of complexity of the treatment. Generally, it is impossible for a patient to make a claim against his doctor unless some form of information is obtained regarding the misconduct that is usually by obtaining his medical record. Under the Malaysian Medical Council guideline, a patient's medical record is considered property of the medical practitioner and healthcare facility, intellectual property of medical practitioner as they have written it. Unfortunately, for patient to access patient's record, some hospitals would usually deny a patient to its record when medical negligence or malpractice can be established as per the case of *Toh Kong Joo v Penguasa Perubatan Hospital Sultanah*

*Aminah, Johor Bahru*⁵¹ where only court proceeding enables the patient to obtain his copy. Therefore, a patient has to wing it to bring claims to the doctors themselves in order to obtain the medical records.⁵²

The requirement of expert medical opinions is important on whether the act or omission can be regarded as medical negligence. In the tort system, the only acceptable proof is the testimony or professional opinion of another doctor. This is of course difficult, as doctors may be unwilling to provide evidence against their colleagues. Furthermore, medical practitioner and hospitals are not willing to issue apologies to patients as apologies can be used as admission of negligence or dialogue to the patient which can constitute proof of negligence. The current tort system in total, does not favour prevention of recurrences of medical negligence such as unnecessary procedures.⁵³ The medical negligence has been criticised for its lack of particular act for medical negligence in Malaysia.⁵⁴

CONCLUSION

Generally there is an issue with data availability of any forms of healthcare fraud. Part of it can be due to the lack of motivation from prosecutors or whistleblowers to report fraud as there is no *qui tam* elements that rewards their involvement. Perhaps there is no specific laws which can combat the elusive nature of healthcare fraud which arguably deters victim from reporting it. While anti-kickbacks law exists in Malaysia, generally the Malaysian Medical Council takes an alternative view of it.

Malaysia as a developing country is definitely susceptible to rising fraud and many news are sprouting in regards to such risk. A systematic data collection is necessary to facilitate the enactment of laws to combat fraudulent healthcare fraud. Specific laws to combat healthcare fraud is necessary to address the loopholes in the legislation especially in, anti-fraud, anti-kickbacks, cybercrime and medical negligence as current law as it stands is merely adopting other existing laws which were not intended to combat healthcare fraud and hence not far and wide reaching. An enactment of separate special law in regards to medical negligence is very much appreciated at this high time. In the United Kingdom for instance, medical negligence is analysed under a different Act which have a package of compensation, explanation, and apology and prevention report.

In addition, a health court can be established for managing negligence or even any forms of healthcare fraud. The health court can be staffed by trained adjudicators, independent expert witness and with guidelines of amount of compensation. The judge would have specific training in regards to healthcare and guidelines would be issued on the standards of care with precedents that both patients and medical practitioners can depend on.

ACKNOWLEDGMENT

Authors thank and appreciate the Ministry of Higher Education (Malaysia) and Universiti Kebangsaan Malaysia for funding the research under UU-2021-013, UU-2021-012 and GGPM-2021-041. Special appreciation to the research group members, Faculty of Law of UKM and Fakultas Hukum, Universitas Janabadra, Indonesia.

NOTES

- ¹ Khairil Azmin Mokhtar, 'Health and Human Rights Within the Context of International Human Rights Laws and the Malaysian Constitution', (2021) 29(1) *IJUM Law Journal* p 103–127, <https://doi.org/10.31436/iiumlj.v29i1.536>. See also Mohd Zamre Mohd Zahir et al, 'Prospect and legal challenges of medical tourism in relation to the Advance Medical Directive (AMD) in Malaysia', (2021) 29(S2) *Pertanika Journal Social Sciences and Humanities*, p 17-28.
- ² Mohd Zamre Mohd Zahir (ed), *Isu Semasa dalam Undang-undang Perubatan dan Kesihatan di Malaysia*, Penerbit UKM, Bangi, 2021.
- ³ Muh Endriyo Susila, 'Criminal prosecution of doctors in Indonesia: issues and problems', (2015) 23(3) *IJUM Law Journal*, <https://doi.org/10.31436/iiumlj.v23i3.195>.
- ⁴ 'Healthcare Fraud', Cornell Law School: Legal Information Institute, https://www.law.cornell.edu/wex/healthcare_fraud
- ⁵ N.F. Stowell, C. Pacini, C. Wadlinger, J.M. Crain & M. Schmidt, 'Investigating healthcare fraud: its scope, applicable laws, and regulations', (2020) 11 *William & Mary Business Law Review*, p 479.
- ⁶ N.F. Stowell et al 'Investigating healthcare fraud: its scope, applicable laws, and regulations', p 479.
- ⁷ M. Lum, 'Private hospital bills', *The Star*, May 30, 2010, <https://www.thestar.com.my/Lifestyle/Health/2010/05/30/Private-hospital-bills>.
- ⁸ J.W. Jones & L.B. McCullough, 'Medical advertising always unethical, or does it just seem to be? (2015) 61(6) *Journal of Vascular Surgery*, p 1635-1636I.
- ⁹ Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) (Amendment Order 2013), P.U.(A).
- ¹⁰ Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) (Amendment Order 2013), P.U.(A), p 90-92.

- ¹¹ 'Generic Drug Facts', U.S. Food and Drug, 2021 <https://www.fda.gov/drugs/generic-drugs/generic-drug-facts#:~:text=Generic%20medicines%20tend%20to%20cost,to%20demonstrate%20safety%20and%20effectiveness>.
- ¹² S. Augustin, 'Academic lodges report of false insurance claims by 2 surgeons', *FMT*, February 2, 2020, <https://www.freemalaysiatoday.com/category/nation/2020/02/02/academic-lodges-report-of-false-insurance-claims-by-2-surgeons/>.
- ¹³ 'Medical Malpractice Nightmare in Malaysia', *Asia Sentinel*, November 21, 2019, <https://www.asiasentinel.com/p/medical-malpractice-nightmare-malaysia>
- ¹⁴ 'Former VA Podiatry Chief Sentenced to 6.5 Years in Prison for Health Care Fraud Scheme', United States Attorney's Office - Eastern District of California, U.S. Department of Justice, March 3, 2020, <https://www.justice.gov/usao-edca/pr/former-va-podiatry-chief-sentenced-65-years-prison-health-care-fraud-scheme>.
- ¹⁵ Farah Solhi, 'MMA Demands Public Apology from MACC over 'Poor Taste' MC Bribery Video', *New Straits Times*, January 5, 2022, <https://www.nst.com.my/news/nation/2022/01/760506/mma-demands-public-apology-macc-over-poor-taste-mc-bribery-video>.
- ¹⁶ Rajvinder Singh, 'Kickback claims over moderna vaccine refuted', *The Sun Daily*, August 6, 2021, <https://www.thesundaily.my/home/kickback-claims-over-moderna-vaccine-refuted-LD8173836>.
- ¹⁷ 'Fifth Annual Benchmark Study on Privacy & Security of Healthcare Data', Ponemon Institute, May 2015, https://www.ponemon.org/local/upload/file/Fifth%20Annual%20Patient%20Privacy%20%20Data%20Security%20Report%20FINAL%201_IDE%20050315.pdf.
- ¹⁸ 'Fifth Annual Study on Medical Identity Theft', Ponemon Institute, February 2015, https://www.medidfraud.org/wp-content/uploads/2015/02/2014_Medical_ID_Theft_Study1.pdf.
- ¹⁹ 'Medical ID Theft Study Results', *Nationwide*, March 2012, <https://static.nationwide.com/static/medical-idtheft-mar12.pdf?r=56>.
- ²⁰ Ibid.
- ²¹ N.F. Stowell et al 'Investigating healthcare fraud: its scope, applicable laws, and regulations', p 479.
- ²² Ganesin A/L Supayah & Jamaludin Ibrahim, 'An overview of cyber security in Malaysia', (2016) 4(6) *Kuwait Chapter of Arabian Journal of Business and Management Review*, p 12-20, https://www.arabianjbm.com/pdfs/KD_VOL_6_4/2.pdf
- ²³ Ganesin A/L Supayah & Jamaludin Ibrahim, 'An overview of cyber security in Malaysia', p 12-20.
- ²⁴ Surin Murugiah, 'Ransomware attacks in Malaysia up 16% y-o-y in 2022, Says Trend Micro', *The Edge Malaysia*, March 8, 2023, <https://theedgemalaysia.com/node/658253>.
- ²⁵ N.F. Stowell et al 'Investigating healthcare fraud: its scope, applicable laws, and regulations', p 479.
- ²⁶ (a) the suggestion, as to a fact, of that which is not true by one who does not believe it to be true;
(b) the active concealment of a fact by one having knowledge or belief of the fact;
(c) a promise made without any intention of performing it;
(d) any other act fitted to deceive; and
(e) any such act or omission as the law specially declares to be fraudulent.

- ²⁷ ‘New York Doctor Who Performed Unnecessary Back Surgeries Pleads Guilty To Participating In Trip-And-Fall Fraud Scheme’, United States Attorney’s Office - Southern District of New York, U.S. Department of Justice, September 29, 2022, <https://www.justice.gov/usao-sdny/pr/new-york-doctor-who-performed-unnecessary-back-surgeries-pleads-guilty-participating>.
- ²⁸ C. Barber, ‘My cancer might be back—and I Wonder if unnecessary radiation caused it in the first place’, *Fortune*, September 23, 2020 <https://fortune.com/2020/09/22/health-care-unnecessary-medical-treatment/>.
- ²⁹ ‘United States resolves \$237 million false claims act Judgment against South Carolina hospital that made illegal payments to referring physicians’, *Justice News*, The United States Department of Justice, October 16, 2015, <https://www.justice.gov/opa/pr/united-states-resolves-237-million-false-claims-act-judgment-against-south-carolina-hospital>.
- ³⁰ A Federal Health Insurance. See ‘What’s the difference between Medicare and Medicaid?’ U.S. Department of Health and Human Services, last modified November 8, 2022, <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html>.
- ³¹ A joint Federal and State program that assists in covering for medical expenses. See ‘What’s the difference between Medicare and Medicaid?’
- ³² N.F. Stowell et al ‘Investigating healthcare fraud: its scope, applicable laws, and regulations’, p 479.
- ³³ Overcharging in healthcare ‘has become common practice.’
- ³⁴ J. Pirro, ‘Former Danbury Hospital CFO gets 33-month sentence to Federal Prison for embezzling former Danbury Hospital Executive: Judge cites conduct of William Roe as she gives him 33 months in Federal Prison’, *Newstimes*, July 11, 2011, <https://www.newstimes.com/local/article/Former-Danbury-Hospital-CFO-gets-33-month-1460988.php>.
- ³⁵ N.F. Stowell et al ‘Investigating healthcare fraud: its scope, applicable laws, and regulations’, p 479.
- ³⁶ ‘Former VA Employee Sentenced to Max in Fake Invoice Scheme’, United States Attorney’s Office - Southern District of Texas, U.S. Department of Justice, August 9, 2019, <https://www.justice.gov/usao-sdtx/pr/former-va-employee-sentenced-max-fake-invoice-scheme>.
- ³⁷ Act 649.
- ³⁸ ‘San Benito Man Convicted of Posing as Licensed Vocational Nurse’, United States Attorney’s Office - Southern District of Texas, U.S. Department of Justice, November 3, 2016, <https://www.justice.gov/usao-sdtx/pr/san-benito-man-convicted-posing-licensed-vocational-nurse>. See also N.F. Stowell et al, ‘Investigating healthcare fraud: Its scope, applicable laws, and regulations’, 479.
- ³⁹ N.F. Stowell et al ‘Investigating healthcare fraud: its scope, applicable laws, and regulations’, p 479.
- ⁴⁰ ‘False Claims Act Prevention’, University of Rochester Medical Center, <https://www.urmc.rochester.edu/compliance-office/education-tools/false-claims-act-prevention.aspx>.
- ⁴¹ N.F. Stowell et al ‘Investigating healthcare fraud: its scope, applicable laws, and regulations’, p 479.
- ⁴² ‘Ethical Implications of Doctors in Conflict Situations’, Malaysian Medical Council, 2006, <https://mmc.gov.my/wp-content/uploads/2019/11/Ethical-Implications-Of-Doctors-In-Conflict-Situations.pdf>
- ⁴³ Code of Professional Conduct 2019, Malaysian Medical Council.
- ⁴⁴ [2016] 1 LNS 1066.
- ⁴⁵ N. Parker, A. Rendell & Allen & Overy (eds.), *The International Comparative Legal Guide to Cybersecurity 2019*, Global Legal Group, London, 2019.
- ⁴⁶ Puteri Nemie Jahn Kassim & Nazri Ramli, ‘The inviolability of medical confidentiality in Malaysia: An analysis of the rules and exceptions’, (2016) 24(2) *IJUM Law Journal*, p 335-357, <https://doi.org/10.31436/ijumlj.v24i2.262>.
- ⁴⁷ [1999] 6 MLJ 738.
- ⁴⁸ [1998] 1 MLJ 57.
- ⁴⁹ ‘Eligibility of the Applicant’, Malaysian Legal Aid Department, <https://www.jbg.gov.my/index.php/en/legal-aid/eligibility-of-the-applicant> [20 May 2023].
- ⁵⁰ Siti Naaishah Hambali & Solmaz Khodapanahandeh, ‘A review of medical malpractice issues in Malaysia under Tort Litigation System’, (2014) 6(4) *Global Journal of Health Science*, p 76-83, <https://doi.org/10.5539%2Fgjhs.v6n4p76>
- ⁵¹ [1990] 2 MLJ 235.
- ⁵² Siti Naaishah Hambali & Solmaz Khodapanahandeh, ‘A review of medical malpractice issues in Malaysia under Tort Litigation System’, p 76-83.
- ⁵³ Ibid.
- ⁵⁴ Zahidul Islam, ‘Medical negligence: Current position of Malaysia and Bangladesh’, (2019) 8(3) *World Journal of Environmental Biosciences*, p 18-21.

REFERENCES

- Augustin, S. 2020. Academic Lodges Report of False Insurance Claims by 2 Surgeons. *FMT*. February 2. <https://www.freemalaysiatoday.com/category/nation/2020/02/02/academic-lodges-report-of-false-insurance-claims-by-2-surgeons/>.
- Barber, C. 2020 My Cancer Might be Back—and I Wonder if Unnecessary Radiation Caused it in the First Place. *Fortune*. September 23. <https://fortune.com/2020/09/22/health-care-unnecessary-medical-treatment/>.
- Code of Professional Conduct 2019, Malaysian Medical Council.
- Dr Chin Yoon Hiap v Ng Eu Khoon & Ors* [1998] 1 MLJ 57.
- Eligibility of the Applicant. 2023. Malaysian Legal Aid Department. <https://www.jbg.gov.my/index.php/en/legal-aid/eligibility-of-the-applicant> [20 May 2023].
- Ethical Implications of Doctors in Conflict Situations. 2006. Malaysian Medical Council. <https://mmc.gov.my/wp-content/uploads/2019/11/Ethical-Implications-Of-Doctors-In-Conflict-Situations.pdf>
- False Claims Act Prevention. University of Rochester Medical Center. <https://www.urmc.rochester.edu/compliance-office/education-tools/false-claims-act-prevention.aspx>.

- Farah Solhi. 2022. MMA Demands Public Apology from MACC over 'Poor Taste' MC Bribery Video. *New Straits Times*, January 5. <https://www.nst.com.my/news/nation/2022/01/760506/mma-demands-public-apology-macc-over-poor-taste-mc-bribery-video>.
- Fifth Annual Benchmark Study on Privacy & Security of Healthcare Data. 2015. Ponemon Institute. https://www.ponemon.org/local/upload/file/Fifth%20Annual%20Patient%20Privacy%20%20Data%20Security%20Report%20FINAL%201_IDE%20050315.pdf.
- Fifth Annual Study on Medical Identity Theft. 2015. Ponemon Institute. https://www.medidfraud.org/wp-content/uploads/2015/02/2014_Medical_ID_Theft_Study1.pdf.
- Foo Fio Na v Hospital Assunta & Anor* [1999] 6 MLJ 738.
- Former VA Employee Sentenced to Max in Fake Invoice Scheme. 2019. United States Attorney's Office - Southern District of Texas, U.S. Department of Justice. August 9. <https://www.justice.gov/usao-sdtx/pr/former-va-employee-sentenced-max-fake-invoice-scheme>.
- Former VA Podiatry Chief Sentenced to 6.5 Years in Prison for Health Care Fraud Scheme. 2020. United States Attorney's Office - Eastern District of California, U.S. Department of Justice. March 3. <https://www.justice.gov/usao-edca/pr/former-va-podiatry-chief-sentenced-65-years-prison-health-care-fraud-scheme>.
- Ganesin A/L Supayah & Jamaludin Ibrahim. 2016. An Overview of Cyber Security in Malaysia. *Kuwait Chapter of Arabian Journal of Business and Management Review* 4(6): 12-20, https://www.arabianjbm.com/pdfs/KD_VOL_6_4/2.pdf
- Generic Drug Facts. 2021. U.S. Food and Drug. <https://www.fda.gov/drugs/generic-drugs/generic-drug-facts#:~:text=Generic%20medicines%20tend%20to%20cost,to%20demonstrate%20safety%20and%20effectiveness>.
- Healthcare Fraud. Cornell Law School: Legal Information Institute. https://www.law.cornell.edu/wex/healthcare_fraud
- Jones, J.W. & McCullough, L.B. 2015. Medical advertising always unethical, or does it just seem to be? *Journal of Vascular Surgery* 61(6): 1635-1636I.
- Khairil Azmin Mokhtar. 2021. Health and human rights within the context of International Human Rights Laws and the Malaysian Constitution. *IJUM Law Journal* 29(1): 103-127. <https://doi.org/10.31436/iiumlj.v29i1.536>.
- Lum, M. 2010. Private Hospital Bills. *The Star*, May 30. <https://www.thestar.com.my/Lifestyle/Health/2010/05/30/Private-hospital-bills>.
- Malaysian Anti-Corruption Commission Act 2009 [Act 649].
- Medical ID Theft Study Results. 2012. Nationwide. <https://static.nationwide.com/static/medical-idtheft-mar12.pdf?r=56>.
- Medical malpractice nightmare in Malaysia. 2019. *Asia Sentinel*, November 21. <https://www.asiasentinel.com/p/medical-malpractice-nightmare-malaysia>
- Mohd Zamre Mohd Zahir (ed). 2021. *Isu Semasa dalam Undang-undang Perubatan dan Kesihatan di Malaysia*. Bangi: Penerbit UKM.
- Mohd Zamre Mohd Zahir, Tengku Noor Azira Tengku Zainudin, Ramalinggam Rajamanickam, Ahmad Azam Mohd Shariff, Zainunnisaa Abd Rahman, Ma Kalthum Ishak, Syafiq Sulaiman & Nor Hikma Mohamad Nor. 2021. Prospect and legal challenges of medical tourism in relation to the Advance Medical Directive (AMD) in Malaysia. *Pertanika Journal Social Sciences and Humanities* 29(S2): 17-28.
- Muh Endriyo Susila. 2015. Criminal prosecution of doctors in Indonesia: Issues and problems," *IJUM Law Journal* 23, no. 3 (2015), <https://doi.org/10.31436/iiumlj.v23i3.195>.
- New York Doctor Who Performed Unnecessary Back Surgeries Pleads Guilty To Participating In Trip-And-Fall Fraud Scheme. 2022. United States Attorney's Office - Southern District of New York, U.S. Department of Justice. September 29. <https://www.justice.gov/usao-sdny/pr/new-york-doctor-who-performed-unnecessary-back-surgeries-pleads-guilty-participating>.
- Parker, N, Rendell, A. & Allen & Overy (eds). 2019. *The International Comparative Legal Guide to Cybersecurity 2019*. London: Global Legal Group.
- Pirro, J. 2011. Former Danbury Hospital CFO Gets 33-month Sentence to Federal Prison for Embezzling Former Danbury Hospital Executive: Judge Cites Conduct of William Roe as She Gives Him 33 Months in Federal Prison. *Newstimes*. July 11. <https://www.newstimes.com/local/article/Former-Danbury-Hospital-CFO-gets-33-month-1460988.php>.
- PP v Vishnu Devarajan* [2016] 1 LNS 1066.
- Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) (Amendment Order 2013) (2013).
- Puteri Nemie Jahn Kassim & Nazri Ramli. 2016. The inviolability of medical confidentiality in Malaysia: An analysis of the rules and exceptions. *IJUM Law Journal* 24(2): 335-357. <https://doi.org/10.31436/iiumlj.v24i2.262>.
- Rajvinder Singh. Kickback Claims over Moderna Vaccine Refuted. 2021. *The Sun Daily*. August 6. <https://www.thesundaily.my/home/kickback-claims-over-moderna-vaccine-refuted-LD8173836>.
- San Benito Man Convicted of Posing as Licensed Vocational Nurse. 2016. United States Attorney's Office - Southern District of Texas, U.S. Department of Justice. <https://www.justice.gov/usao-sdtx/pr/san-benito-man-convicted-posing-licensed-vocational-nurse>.

- Siti Naaishah Hambali and Solmaz Khodapanahandeh. 2014. A review of medical malpractice issues in Malaysia under Tort litigation system. *Global Journal of Health Science* 6(4): 76-83. <https://doi.org/10.5539%2Fgjhs.v6n4p76>
- Stowell, N.F., Pacini, C., Wadlinger, C., Crain, J.M. & Schmidt, M. 2020. Investigating healthcare fraud: Its scope, applicable laws, and regulations. *William & Mary Business Law Review* 11: 479.
- Surin Murugiah. 2023. Ransomware Attacks in Malaysia up 16% y-o-y in 2022, Says Trend Micro. *The Edge Malaysia*. March 8. <https://theedgemalaysia.com/node/658253>.
- Toh Kong Joo v Penguasa Perubatan Hospital Sultanah Aminah, Johor Bahru* [1990] 2 MLJ 235.
- United States Resolves \$237 Million False Claims Act Judgment against South Carolina Hospital that Made Illegal Payments to Referring Physicians. 2015. Justice News, The United States Department of Justice, October 16. <https://www.justice.gov/opa/pr/united-states-resolves-237-million-false-claims-act-judgment-against-south-carolina-hospital>.
- What's the difference between Medicare and Medicaid? 2022. U.S. Department of Health and Human Services. <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html> [8 November 2022].
- Zahidul Islam. 2019. Medical negligence: Current position of Malaysia and Bangladesh. *World Journal of Environmental Biosciences* 8(3): 18-21.
- Erica Kong Xin Wei
Lecturer
Faculty of Law
Multimedia University
Email: kong.xin.wei@mmu.edu.my
- Muhamad Sayuti Hassan
Senior Lecturer
Faculty of Law
Universiti Kebangsaan Malaysia
Email: sayutihassan@ukm.edu.my
- Mohd Zamre Mohd Zahir* (Corresponding author)
Senior Lecturer
Faculty of Law
Universiti Kebangsaan Malaysia
Email: zamre@ukm.edu.my