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From the Desk of the **President**

It has been a busy two months for MMA and for me as President.

A time for celebration...

We have cause to celebrate this month - after more than three weeks in detention, YB Dr Jeyakumar Devaraj, MP for Sungai Siput and MMA life member, was released from detention under the Emergency Ordinance (EO), together with the other five members of the Parti Sosialis Malaysia who were detained at the same time. It was a difficult time for us, Kumar's friends and colleagues and I would like to thank all members who spoke to or emailed me to give their views and also those who wrote to the newspapers and in the social media about the Kumar they knew, all calling for his release. Indeed this input from members gave me the courage and confidence to publicly call for his release on behalf of the MMA — in all, I issued three press statements (reproduced in this *Berita*), which unfortunately were not carried by the mainstream media. Put together with repeated, similar calls from Malaysians as well as international groups (including the World Medical Association) we must have played a part in Kumar's release, together with his colleagues. I salute everyone of the six PSM members who survived the ordeal of that detention without trial, and I think that we should all thank them for their courage and for showing all Malaysians that what we believe in is worthwhile fighting for.

And an opportunity for reflection...

We also have a chance to reflect ... I believe that this experience was also a "political awakening" for many doctors — not just because we did not believe the charges against Kumar and the others, but more so because we felt unable to do anything about it. As doctors, many of us believed that we can divorce ourselves from politics and just practice medicine. But as I mentioned in my message last month, politics

affects so many aspects of our lives and we cannot escape into the cocoon of our clinics or hospitals. Indeed, even whilst as doctors, surely all of us take it for granted that a hospital should be a sanctuary for people seeking shelter (for whatever purpose) not many of us are able to articulate this in public; those who did do this recently have been quizzed by the police, called for an inquiry by the Ministry of Health, questioned by colleagues and even accused of being anti-government! As doctors, we are trained to look for the truth, and to tell the truth — this also means not keeping quiet when an untruth is told.

MMA Meets the DG and the Minister of Health

Whilst all this was happening, life went on and MMA's work continued. We met with the DG of Health on July 14th and with the Minister of Health and all the major officials of the Ministry of Health (MOH) on July 17th — it was a good meeting, with many issues addressed, which are reported by the HGS and SCHOMOS and PPS in this *Berita*. Importantly, the MMA is now represented in all the Technical Working Groups (TWGs) for the preparation of the 1Care Blueprint, and we hope to be able to contribute constructively to this process.

TWGs for 1Care

The TWGs are related to Primary Care, Secondary and Tertiary Care, Pharmaceutical services, Public Health, Health Financing Mechanisms, Governance and Stewardship, Regulations and Enforcement, Human Resource and ICT and there are many meetings, workshops and discussions planned for this year alone. We have appointed one or more of our members to represent MMA in all the TWGs, both to participate in the deliberations as well as to inform our

members regarding the various issues being discussed. At the same time, we are also having our own meetings to have more in-depth discussions on the different aspects of the planned transformation. While we have said many times that we have a great health system and "If it ain't broke, why fix it?", I think that we need to recognise that there is definitely room for improvement, and that if things continue to develop along the same way for the past 10-20 years, healthcare will soon be unaffordable and unavailable to a large segment of our society. At the same time, we would like the MOH to recognise and acknowledge the contributions of doctors, including general practitioners, to the health of our nation. In the end, the final consideration has to be that which benefits the people (not the doctors) the most. In this regard, I have asked the MOH to open the discussions to civil society groups but have been told that this will only be done at a later stage.

Shift duty for housemen?

Another "hot" topic which has been discussed extensively among doctors of all levels in the MOH (specialists, MOs, housemen and administrators alike) is the issue of "shift work" for housemen. This has come about because of two factors — firstly, the complaints (from housemen as well as from their parents!) about the long working hours and secondly, because we have large enough numbers of housemen to be able to

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implement a system of staggered working hours — this will also address the problems of "excess" housemen in each ward. It was amazing that so many people had so many different ideas on the "best" way to implement this system — but it only goes to show that there is no single perfect way of doing anything. I was happy to see that SCHOMOS has been able to contribute constructively to the process of discussion and negotiation regarding the implementation of this system, and after a big meeting last Friday the DG agreed to call this a system of "flexi hours" (rather than shift-work) and that different hospitals will implement whichever system they feel best suits the hospital as well as the different specialties in the hospital, and all the different experiences will be reviewed and shared at a later stage. In the final analysis, the important considerations would be reduced working hours for housemen without compromise of their training.

The "Lynas Issue"

After the report of the expert panel from the IAEA on the rare earth plant in Gebeng, Pahang, the MMA issued a statement expressing our continued concern about the detrimental health effects of the plant, in particular with respect to the disposal and storage of the waste materials (see this issue of *Berita* for the statement). The good news is that both the Minister of Health and the DG of Health have also expressed their concern to MMA regarding this, and the Minister has invited

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MMA to be part of the committee set up to study this in depth. We already have prior experience with the Asian Rare Earth plant in Bukit Merah, and we hope that the MOH will not support a project that is a potential health hazard that will affect not just our generation but many many more to come.

Health is not a commodity, and healthcare should not be a business

The pressure to liberalise the advertising of healthcare services (and, by extension, to allow more liberal advertising by doctors) is on! At a recent meeting with the committee for the promotion of Health Travel, I was asked to discuss allowing doctors to put photos of themselves (larger than IC size) into promotional materials and advertorials — my protests that this was something that was contained in the MMC Code of Ethics seemed to fall on deaf ears. We need to discuss this further, and to resist some of the pressures to allow doctors to advertise freely, just like any other industry. The other "threat" on the horizon is the complete liberalisation of healthcare services in the country. This has already been agreed upon by the trade ministry in trade negotiations, and means that there will be no restrictions on foreign ownership of hospitals (previously restricted to 70% equity for hospitals of not less than 50 beds) and that foreign specialists (though still subject to MMC registration requirements) will also be allowed to open their own clinics! This is something very new and we will be getting more information on this, hopefully soon.

I was happy to read the article "confessions and remembrances", reproduced in last month's *Berita*, just as relevant today as in 1994. It reminds us to go back to our core business of patient care and our core values of putting service first, and not letting the lure of the Ringgit influence our practice. Sadly, there are many stories (from patients as well as from other doctors) about doctors who may be making decisions regarding treatment and investigations which seem to be influenced by the dollar sign rather too much; perhaps one hears of these stories only because people like to talk about their bad experiences — hopefully, for every "bad" story, there are 10 or more "good" ones which never get told. Each and every one of us needs to look into ourselves and be honest about our motivations in our practice. We must remember that the patient's best interest must be paramount.

Putting the "person" back into the "patient"

As doctors, we must also remember that patients are people first. Often we may forget to look at the person because we are more interested in making a diagnosis, or we are caught up with the "interesting signs and symptoms" or the "rare condition" that the patient presents with. We must always remind ourselves to look for the person in the patient.

Effective communication with patients, both for patient education and empowerment — so that they can make informed decisions — is what we need to be doing every day. Communication — both talking *and* listening, are skills that one can never stop trying to better, and in this regard, I must say that palliative medicine has a lot to offer. Listening to patients' stories is an aspect of patient care that many of us may have lost today, perhaps because of time constraints — but if we are to do justice to our patients (and, indeed, ourselves), we need to remember and recapture this important facet of our practice. We need to stop and listen as often as we can, because we can learn so much from patients' stories and our doctor-patient relationship becomes that much more meaningful and with that, our management more effective and perhaps less stressful for us. We need to remember that we are also human beings, and we too have stories, that are also important — but that will be the subject of my next message!

"The good physician treats the disease; the great physician treats the patient who has the disease."

~ Sir William Osler

Let us all strive to be GREAT physicians! **M**