

MMA PRESIDENT'S INAUGURAL SPEECH

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MMA President 2009-2011

I stand here today humbled by the task before us, grateful for the trust you have bestowed upon me, mindful of the sacrifices and efforts borne by so many of our distinguished forerunners. Over the past 49 years, there have been 44 presidents of the MMA.

Gratitude and Acknowledgements

I must acknowledge that over the years, I have been blessed for having worked with and having been mentored by some of the most respected pantheons of our medical profession.

I for one have learnt and benefited much from the vision, wisdom, philosophy, selfless commitment and impactful legacy of such great leaders.

I would like to acknowledge today, the leaders within the MMA whose ideas and ideals have personally helped inspire, shape and mould my professional character, they are: Dato' Dr Ronald McCoy, Dato' Dr Abdul Hamid Abdul Kadir, Dato' Dr T.P. Devaraj, and the late Dr M.K. Rajakumar.

Among others in the medical and healthcare scene who have taught, impressed, educated and supported me, especially in the statecraft, tenacity of purpose and dignified diligence of medical leadership are: Tan Sri Dr R.P. Lingam, Datuk Dr Athimulam, Datuk Dr Yeoh Poh Hong, Dr Milton Lum, Dato' Dr Lee Yan San, Dato' Dr Khoo Kah Lin, Datuk Dr N. Arumugam, Datuk Dr Teoh Siang Chin, the late Dr Tibbs Fernandez, and the late Dato' Dr Lim Say Wan.

I believe that as we endeavour to continue the legacy of our common mission, we have always to stand on the shoulders of giants before us. Clearly in my mind, these are our giants! Much can be learnt from their incalculable institutional memories.

At the personal level, I must also thank my parents, my mum Cecilia and my late father Paul who taught me Christian values, patience, hard work and perseverance. To my wife and soul mate, Bae Ling, thank you for still being there for me! To my children Timothy and Samantha, thanks for being the sobering anchors which make my life worthwhile. I love you all!

Challenging Past Crises

The past several years for the MMA have been challenging and contentious. There appears to be a growing sense of dissatisfaction, of negativism, of frustration, as a result of real or imagined injustices. Perhaps, this is a sign of the times we're in.

Partisan politicisation had cast blinding shadows over our greater purpose. I believe that not to recognise these problems would be remiss!

Although we went through an era of uncertainty and at times quite bitter acrimony, I believe that we have all emerged shaken, but stronger. In the final analysis, good sense and compromise through sincere dialogue, give and take, rather than rhetoric and innuendos triumphed.

We recognise that misunderstanding and differing interpretations of executive or councilor decisions or indecisions can sometimes blow up into seemingly uncompromising, implacable positions of conflict. Our fragile association can ill afford this.

In resolving crises such as these, we must remember that mistakes or miscues are often committed without willful intention to cheat or defraud the Association or its members.

Perhaps, this collective angst reflects the eroding level of trust in our society. Perceived wrongs and highhanded antics seem to pervade our day-to-day experience, disturbing even shocking our accustomed equipoise and sense of fair play. Despite this, we must learn from our human foibles, and move on.

I respect dissent as a legitimate facet of any democracy. On the other hand dissenters too must also recognise realities for the common good. Whatever personal misgivings, we must respect the views of the majority, which must be the supreme arbiter of what our members want and decide.

Every member should seriously consider the wellbeing of the MMA. I would like to quote political scientist Geoff Mulgan (one of Britain's top 100 intellectuals) who said, and I quote: "Good government should be illuminated by the future. But many governments live with their eyes on the rear-mirror, refighting ancient battles, and reigniting ancient enmities".

Of course, we must learn from such crises, but these should create opportunities for improvement, rather than spawn paralyzing pessimism and skepticism. It is by being involved and engaged that we as concerned members, can help shape and guide MMA's direction and purpose.

In my tenure as President, I hope to rise above such unconstructive activities from derailing our administration and policies. I will adhere to principles of greater transparency and accountability. I fully respect the fact that leadership styles are very personal and unique.

Dato' Khoo had emphasised his softly-softly consensual approach, but this does not imply that mine would be so much more different! My approach however, will be somewhat more cerebral, a tad idealistic, and perhaps more based on principles rather than on tightly focused mundane issues. Yet, I firmly believe that the MMA should be more expansive in its reach and its attention.

That said, we deserve the leaders that we have sanctioned to serve us, because we—the members—by ballot or by default, have elected them; as I have been, by those of you who have voted.

However, this sense of purpose and connectedness must belong to our members at large out there, whose voices deserve to be heard. Their choice of electing whom they want, on deciding the direction and purpose of the MMA, must not be taken away.

As the 45th President of the MMA, I will try my utmost not to disappoint you. I will do my level best to uphold the dignity and the prestige of our esteemed Association.

But we will need everyone's help to make our Association stronger, more relevant and more in tune, to tackle our staggering professional issues ahead.

Personal Commitment

Over the past many decades, the healthcare scene has evolved into a tremendously complex if unwieldy behemoth. We have cutting-edge technologies, avant-garde disciplines, greater skills, fashionable cures, newer hopes, yet unexpected newly deadly emerging diseases. Importantly, the expanding number of players and stakeholders and its escalating costs, have created this incredibly convoluted industry, which is undermining nations, the world over.

Therefore, for the medical profession, we will need stronger, more decisive leadership, more focused directions and more meaningful motivation to achieve our goals. We need to harness and guide preferred methods of the way we practice medicine and how we conduct our future professionalism, resonant with the needs and expectations in this modern age. Trying to helm a cluster of highly intelligent and opinionated professionals will be challenging, sometimes exasperating, and often nerve wrecking.

Those of you who know me better, will know that I can be rather blunt and forward. Yet I am not one to take disagreements or harbour criticisms personally. I believe in the robust and fearless exercise of good ideas and well-reasoned arguments, anchored on solid ethical moorings, to help mould and influence society in whatever small ways possible—to enhance society's worth and even to help better mankind, in our little corner of the world!

I am that perpetual optimist who believes that some little good can and does emerge despite the overpowering cynicism and despondency that abounds in today's world.

More than 10 years ago when researching for an Editorial that I was writing, I was touched by what a singular exhortation, by the late Senator Robert F. Kennedy, a visionary leader imbued with an uncommonly passionate sense of humanitarian ideals and moral standing. He had said:

"Few will have the greatness to bend history itself, but each of us can work to change a small portion of events, and in the total of all those acts will be written the history of this generation ... It is from numberless, diverse acts of courage and belief that human history is shaped.

"Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, these ripples build a current that can sweep down the mightiest walls of oppression and resistance."

These are the persuasions that I hope will guide my journey as I take on the onerous mantle of the MMA Presidency. I believe that each one of us can participate by doing one act of random kindness at a time, one by one by one...

What is MMA's Relevance to Today's Physicians, to our Rakyat?

The question of MMA's relevance to today's Malaysian doctors has been questioned time and again. With our membership growing so slowly or stagnating even, despite the huge increase in registered doctors, it appears that our representation is quickly but surely contracting.

Our 8,201 members now pale in comparison to the more than 25,862 registered doctors nationwide! Thus, MMA represents only one-third of all our doctors, and the percentage is likely to decrease with each passing year. Still, the MMA remains the largest Association representing doctors in this country.

Some have argued that the MMA is no longer relevant. Others have insinuated that MMA no longer carries the commitment or the clout of representing doctors' interests. Has the MMA been protecting our vaunted professionalism? Have we been defending our more than straitjacketed practice issues?

Sadly, we must admit that there have been moments when we appear to have been floundering. We've been so engrossed with our own parochial infighting; internecine politicking that we appeared to have lost our bearings. We appear to have forgotten our purpose of serving our members. We're seen to have been silent when certain of our medical professional interests had been encroached upon. I dare say, that is the general perception.

For one, I do not believe and cannot accept that the MMA is a fraternal club just for pandering to some insular interests. It is not a boys' club. It has to be more than that.

Perhaps, this is the time to rein in our baser instincts, tame our selfish inward-looking fixation, and finally get down to the brass tacks of leading and working for the doctors, and ultimately benefiting our patients. We have precious little time to work on so many pressing problems and issues.

The MMA must seize our role and stamp our relevance!

We must learn how to harness and use our 'power' as the premier national representative body to help shape and influence national health issues, policies and direction. We have to encourage our younger leaders to come forwards and engage themselves with greater passion and enthusiasm.

Above all, we must move beyond our petty obsessions, important while these may appear to our limited frames of mind. We can better channel our energies toward greater, more purposeful activities, which enhance our medical profession and our practice conditions.

We must show our non-member doctors that we are still a force to be reckoned with; that we are indeed espousing their interests and welfare. We must enlighten them that they have a duty to join us so that we may have a bigger say and mandate when we pursue dialogues and representation with the authorities that be.

We must show that the MMA is the best hope for meaningful input and voice of the medical profession. We should actively work towards and gain more membership numbers. We must not shortchange ourselves by trying to dis-empower members because of perceived slights, prejudices, or even ethnic racist considerations, that has been raised at today's AGM discussions. We must not drive them even more into their comfort zone of apathy and resignation!

We must be credible dialogue partners with other stakeholders of the healthcare industry, including the Ministry of Health. Thus, we must learn to identify important national-level issues, gain more in-depth interests and knowledge so that we can play a more meaningful role to help modify or revolutionize policies, which ultimately require change for the better. We must strive to remain relevant and engaged.

Caring Ethos

As doctors, we must return to our Caring Ethos. We must regularly remind ourselves that among the professions, we are perhaps the only one that demands a caring value system. We must be mindful of our tradition, our Hippocratic oath, or its equivalent.

Sometimes, who we are, and what we should be doing slips from our consciousness. These days, it is easier to regress into our baser instincts. Instincts, which appear to be all too human, yet perhaps, too influenced by and too fixated on the all-pervasive consumerist tempo of the free-market system.

We sometimes let our better judgement succumb to the demands and lure of lucre, of money, of personal and/or professional arrogance, which beclouds our inner voice, our true vocation.

Sometimes, we just get too immersed in the tedium of work and more work that we forget to reflect on this. We move along mindlessly, oblivious of the many forces that impact on our professional status, our gradually eroding if still circumscribed worldview.

Practice Issues—Regaining our 'Magic'

In the daily grind of routine—that heady pursuit of monetary gains, that overpowering 'busy-ness'—we forget our healing art.

We distractedly dissipate our empathy, our special relationship with our patients. We lose that subtle touch of healing, that singular 'intimacy' with which we have been entrusted.

We let those "mystical chords of healing" slip away from us. We fail to harness and weave that innate physician attribute, that 'shamanic magic', which is by itself so powerfully therapeutic. Given with empathy, this special relationship may sometimes even supersede the need for medicines, intervention and the like...

Perhaps, it's the overpowering commercialism so steeped in today's medical practice, which has helped extinguish this sense of therapeutic healing. We are no longer admired as benign benevolent healers, but increasingly seen as purveyors of a commodity to be purchased...

Continuing Professional Development/CPD

Nevertheless, we are called upon to do better—our patients expect this of us: to deliver safe, competent, and up-to-date care.

Perhaps only 10 to 20% of all practicing doctors ever bother with CPD programmes. We must choose to reverse this pathetic trend. In the revised Medical Act, statutory requirements for physician re-licensing, will be mandated, regardless...

Private Healthcare Facilities & Services Act & Regulations (PHFSA-PHFSR)

As physicians, we have always been jealously proud of our autonomy and capacity to self-regulate. However, rising costs and unsatisfactory service complaints have prodded policy-makers the world over, to impose more and more regulatory constraints on the our profession.

Because we are apathetic, silent, uninvolved, uninterested, we have been overtaken by new laws, overweening managed care, litigation excesses, and lately painful new regulations which, seem to micromanage and even criminalise so many of the practice issues of private sector doctors.

These new regulations and laws are here to stay. But they are not benign: their sting has yet to be modulated despite our initial dialogue sessions with the MOH to smooth out the incongruities of some of these less palatable regulations.

These uncertainties pose potential dangers of over-interpretation and we perceive these regulations as overbearing and unkind toward the private medical practitioner. These must not be left to fester with uncertainty, to be overzealously interpreted and implemented by some enthusiastic practice division officials... We urge the Minister and his officials to help us resolve these as expediently and as justly as possible.

Medical Errors and Medico-Legal Challenges

The margins for medical error are diminishing every day; our patients' expectations are growing, their demands for more disclosure mounting, and their endurance for medical mistakes or untoward outcomes, waning.

The recent end-2006 Federal Court adoption of the Rogers vs. Whitaker principle (instead of the physician-friendlier Bolam test) of adequate disclosure of material risk has placed a greater burden of proof of non-negligence on doctors.

One way to help lessen rising medical negligence is to stay current and knowledgeable. We must learn to constantly sweep away the cobwebs of old and outdated practices—we have to update beyond deeply rooted boundaries of rapidly obsolescent concepts.

But medical knowledge is not enough. We must communicate better. We must interact and discuss more comprehensively with our patients and their loved ones. We have to document that, procedures and risks have been well understood or disclosed. No longer is it enough to simply push ahead paternalistic “doctor-knows-best” practices...

Medical Education and Possible Glut of Physicians in the Future

With 23 functioning medical colleges in the country producing some 1,500 medical graduates annually, plus another 1,000 or more overseas-trained doctors returning, we worry that there will be an uncontrolled glut where many medical graduates would be underemployed or worse, unemployed or poorly employed.

We recognise that there is mal-distribution of doctor deployment to rural communities, but we also fear worsening urban competition. In the KL-Klang Valley, the physician-people ratio is already 1:398! Therefore, we need to ensure that the increase in the number of medical graduates will be carefully modulated to accommodate the true needs of the population, the country.

WTO/GATS/AFTA 2010

We need to address the opening and freeing up of our healthcare services to ASEAN: AFTA, (ASEAN Free Trade Agreement) comes into force in 2010, i.e. in less than a year's time! The opening of the ASEAN free market for physicians and healthcare services is quite unsettling.

Uniformity of standards and regulations should be considered to stem the unfettered influx of physicians of questionable quality or need. There is no doubt that there will be fiercer competition where many of our own homegrown doctors will be undermined, and their livelihood compromised.

We also urge the government and Ministries of Health and Higher Education to review their objectives and policies vis-à-vis these changing supply-demand dynamics.

Closer Collaboration and Engagement with Like-minded Professionals and Groups

The MMA represents only 8,170 doctors in Malaysia; two-thirds of all registered doctors still choose to remain outside our ambit.

MMA does not and will not have the exclusive right to usurp the attention, the involvement or the representation of every medical practitioner. There will be smaller societies, which represent more vested interests of some of our doctors; these are not always mutually exclusive. Human beings will choose diverse associations to cater to their disparate needs and interests. These are as legitimate and as influential as their leaders would have them be.

We should not exclude doctors even if they choose to be more active elsewhere. We should work towards more inclusive and collaborative positions of cooperation and consistency of objectives. Some of these medical societies have very dynamic if narrower interest bases, which represent the urgings and intentions of many doctors, but their ability to deliver on certain issues, make them relevant.

Some societies' strength and singular expertise may even exceed our own MMA's collective vision, action or inaction. We must not shun them as competitors, but harness their strengths to enhance our capacity to present a more united front for our shared lobbying roles.

Therefore, the MMA under my leadership will engage meaningfully with the Federation of the Associations of Private Medical Practitioners of Malaysia, the Association of Specialists in Private Medical Practice, Malaysian Pharmaceutical Society, the Islamic Medical Association, Consumer Groups, Coalition for Healthcare Initiatives, Association of Private Hospitals of Malaysia, Physicians for Peace and Social Responsibility, Human Rights Advocacy Groups (including SUHAKAM, Suaram, HAKAM), and the Bar Council on issues which we share or have common grounds to pursue.

Paramount Importance of Engaging and Collaborating with MOH

15,862 doctors are now working within the MOH, while some 10,070 doctors are in private practice, as of 31 December 2008.

We are mindful that we have had excellent working relationship with the MOH on most issues pertaining to the medical profession. Many public service issues have been satisfactorily resolved through collaborative progress and dialogue; however, issues with regards private medical practice have been less collegial and/or agreeable.

We are extremely pleased that promotional aspects in the public sector have improved tremendously. More than 100 senior doctors have been promoted to JUSA C and above—we wish to record our sincerest thanks to the DG of Health, YBhg. Tan Sri Dato' Seri Dr Hj. Mohd Ismail Merican, for putting his personal touch, and commitment to help bring this about. We fully acknowledge his positive input to help our Health Minister make important and gracious gestures toward our medical fraternity and our interests.

We understand the constraints and his singular commitment to enhance the standards of healthcare in the country, and we fully support his conviction and his passion.

Wile, we sometimes have friction between the MMA and the MOH, we will try hard to mitigate differences in approaches. We cannot always agree with MOH policies and plans unreservedly, but we will continue to share and contribute our ideas and expertise to establish a better healthcare system for Malaysia.

We will shoulder our balanced responsibility to help guide and shape health plans and policies that agrees with our objectives and that of our patients' and physicians' interests.

Although we have in the past been quietly, successfully working towards greater physician benefits, these have not always been understood by doctors out there, who perceive that we have been too silent, too slow, too unresponsive, perhaps too submissive.

It may be because of this negative perception that the MMA has not been able to attract more membership and support, of late. Thus, I do believe it is time to raise our noise level, to be more engaged, so that our standpoints can be better appreciated.

Under my leadership style, the MMA under my watch will be more resolute and will be more vocal. This is not to say that we will be arrogant or unreasonable, but it is important for us as a medical body to articulate our viewpoints and our convictions more clearly and perhaps, more publicly.

I believe that under our current sociopolitical climate of greater participation and expectation, our doctors demand this—doctors are urging for a greater voice and say. Therefore, we will not be too fearful of putting our viewpoints across if these are believed to be the best solutions for our healthcare system.

We will cooperate where we share common ground, but we will also not be too afraid to disagree where such decisions and regulations impinge upon our practice and our livelihood. We will of course not be seeking after our own narrow professional interests per se, but will make measured responses of workable and practical solutions, which benefit above all our patients' interests, without betraying our own.

Where physician professionalism and autonomy are threatened, we will voice our concerns clearly and earnestly so that we remain relevant and consistent with the tenets of global medical professionalism and ethical practices, and as a member signatory to the World Medical Association and the United Nations.

If we show greater leadership, then I believe others would also agree to be part of our show and strength of purpose. If on the other hand, other similar societies are more dynamic and innovative, then we should not be too proud to acknowledge their strengths and leadership—we must work towards a win-win partnership to attain our greater common goals.

We must share a more inclusive attitude with all who wish to join us in enhancing our medical professionalism and practice. We must refrain from excluding membership participation just because of minutiae and trivial differences. This will instead turn away many who would have joined our forces to move in tandem within the MMA. We lose membership gain and possibly too we lose our legitimate representation based on strength of numbers.

Therefore, we must work harder to show that we can still attract our younger physicians to join us. We must show that we are still relevant—that we still have a greater purpose of policies and influence, within which our new members can take greater pride of place.

Concluding Remarks

I believe we can and we must be bold enough to change, to believe in the art of the impossible...

US President Barack H. Obama (in his Inauguration speech, 20 Jan 2009) said, and I quote:

"... that greatness is never a given. It must be earned. Our journey has never been one of short-cuts or settling for less. It has not been the path for the fainthearted..."

Each and every one of us has that little something that we do, most of the time obscurely and outside the mainstream of our consciousness or attention. We carry on in our mundane labors, the best that we can, quietly and with dignity.

As medical professionals we can do no less. Indeed, we are called upon to do even more. Let's make our profession even more luminous as we enter into the new century. Allow me to paraphrase yet another segment of Barack Obama's inaugural message:

"The time has come to reaffirm our enduring spirit; to choose our better history; to carry forward that precious gift, that noble idea, passed on from generation to generation." How aptly these words reflect the profession of medicine!

Let us practice the noble art of medicine as has been enjoined upon us from time immemorial!

Let's engage more meaningfully and help shape the kind of medical practice that we'd all be proud of.

Let's find ways to ensure that healthcare is not simply an unreachable luxury only for the privileged few, but one that every Malaysian citizen can access without barriers.

Let's work to find common solutions, which will benefit all, but especially those in need, i.e. our less-well-off or uninsured patients.

Let's work towards a common system where healthcare is not splintered and dichotomized among those who can afford and those who cannot.

There is much that needs to be done, and more that should be considered and thought about.

Let us doctors and the MMA concern ourselves with more and more of our actual medical professional issues, instead of being bogged down in enervating trivialities of administrative lapses.

Let's remind ourselves what philosopher-ethicist James Q. Wilson had said, that:

"Mankind's moral sense is not a strong beacon light, radiating outward to illuminate in sharp outline all that it touches. It is, rather, a small candle flame, casting vague and multiple shadows, flickering and sputtering in the strong winds of power and passion, greed and ideology. But brought close to the heart and cupped in one's hands, it dispels the darkness and warms the soul."

Let's rise above parochial interests and work towards achieving our collective objectives.

Recent challenges and setbacks for the medical profession should not cause too much despair and despondency for doctors. Our own controversial administrative crises should not dampen our spirit of resilience and strength.

On May 24, 2009, Catholics celebrated World Communication Sunday. Pope Benedict in his message for that day said, and I quote *"Life is not just a succession of events or experiences: it is a search for the true, the good and the beautiful. It is to this end that we make our choices; it is for this end we exercise our freedom."* unquote.

Finally, I'd like to leave you all with this Chinese saying: *"Let's wake up the earth from lethargy! When winter comes, can spring be far behind?"* [For the full version of the speech, see <http://myhealth-matters.blogspot.com/>]