



Dr Mary Cardoso

President, MMA 2011 - 2012
mary.cardosa@gmail.com

Developments at MMA...

The big question on everyone's mind – Is the MMA in danger of being deregistered?

I would like to inform all members that the Exco and Council have discussed this and have taken steps to prevent this from happening. It is true that the MMA received a “show cause” letter from the Registrar of Societies (Wilayah Persekutuan) asking us to explain some of the “digressions” from the constitution, most of which are related to the election of office bearers for 2011/2012. Together with the HGS, PE and DHGS, I met with the ROS WP officer who is in charge of our case on October 24, and we were informed that the show cause letter was a result of a complaint from one of our members. We have given an explanation for all the points raised, submitted the formal letter by the deadline (October 27, 2011), and are now waiting for the reply from the ROS.

In the meantime, as many will know, two articles appeared in one of the local newspapers – these articles were both written by the same person, with

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the second one quoting a past president of MMA as well as past HGT (as well as candidate for the post of PE at the 2011 election). We feel that this is totally unnecessary and unbecoming of our members, and that the situation has been over-dramatised and caused unnecessary alarm among members and others. The call for fresh elections is premature. Those of you who were at the AGM will remember that we brought up some of the points raised by the member who wrote the complaint letter to the ROS at the beginning of the AGM and the members present voted to proceed with the election.

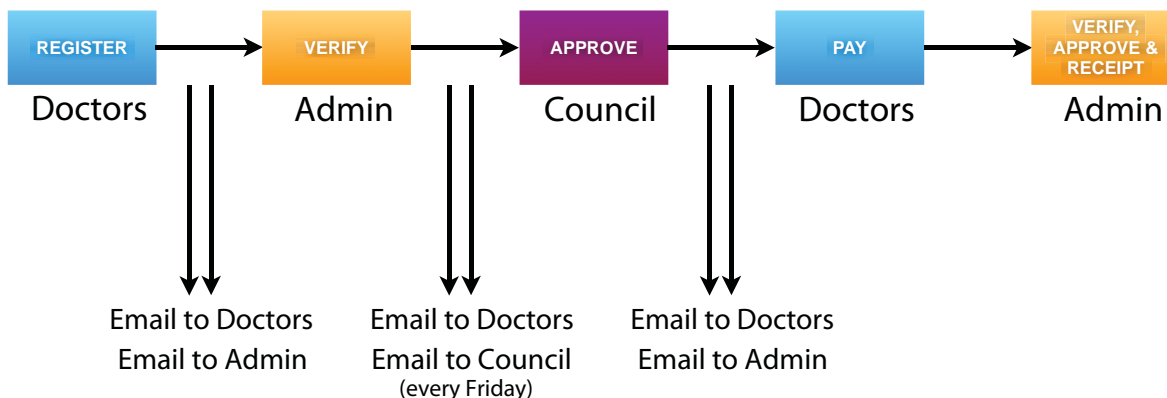
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P.S. This is déjà vu – remember that this occurred a few years ago, during Dato Khoo Kah Lin's term as President. I was the HGS then. The previous similar experience was also due to a complaint by our member, and was also resolved through letters and meetings with the ROS.

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Register @ MMA: The Flow.



New developments in the MMA: register@mma

We have finally got our online membership up and running, at <http://www.registermma.org.my>.

As a member, you should have received an email asking you to retrieve your username and password from the “support team”, with which you can log in and check your details, and update them if necessary.

If you have not received this email yet, there may be something wrong with your email address in the database so please email membership@mma.org.my to let them know that you have not received your username and password, and they will check your membership status and your email address. Our database was a little “dirty” with lots of mistakes in the emails as these were all manually keyed in by the staff.

But the system is working well for new registrations, so do let your colleagues who are not yet MMA members know that they can easily register as members. The process is listed above. Approvals by council will also be done via the system and you will be able to make your payments for new registrations and for renewals through the online payment system.

The World Medical Assembly 2011

The annual meeting of the World Medical Association (WMA) was held from 12-15 October 2011 in Montevideo, Uruguay. The WMA consists of 100 members – National Medical Associations (NMAs) from all over the world.

The new President of the WMA for 2011-2012 is Dr. José Luiz Gomes do Amaral from Brazil. Dr Cecil B. Wilson from the United States was

elected as President-Elect and Dr Wonchat Subhachaturas from Thailand became the Immediate Past President.

The assembly discusses issues currently relevant to medical practitioners and the practice of medicine in different parts of the world, and usually issues a number of resolutions and declarations at the end of the annual general assembly. These are all available at the WMA website, <http://www.wma.net> >> **Publications** >> **Policies**. These are

strong policies and I encourage you to read them and apply their principles in your work where relevant, discuss them with your colleagues and/or comment on them in the *Berita*. I will be discussing some of the issues that are relevant to us over the next couple of months.

Close to my heart is the **Resolution on Access to Adequate Pain Treatment**, which states that there are *“tens of millions of people with cancer and other diseases and conditions (who) experience moderate to severe pain without access to adequate treatment. ... (who) face severe suffering ... which is unnecessary and almost preventable and treatable.”* It also notes that in many cases, pain can be relieved with “inexpensive and relatively simple treatment interventions” and that in complex cases, treatment by multidisciplinary teams (especially in cases of severe chronic pain) is necessary. *“Lack of education for health professionals in the assessment and treatment of pain and other symptoms, and unnecessarily restrictive government regulations (including limiting access to opioid pain medications)”* were identified as two major reasons for the treatment gap.

The interesting point is the statement that **access to pain treatment is the right of all people and denial of pain treatment “violates the right to health”**. This is in line with the call of the International Association for the Study of Pain (IASP) and the World Health Organization (WHO) which stated

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Policies adopted by the WMA General Assembly

Montevideo, Uruguay, October 2011

- ✓ Declaration of Montevideo on Disaster Preparedness and Medical Response
- ✓ Declaration on End-of-Life Medical Care
- ✓ Declaration on Leprosy Control around the World and Elimination of Discrimination against persons affected by Leprosy
- ✓ Declaration of Edinburgh on Prison Conditions and the Spread of Tuberculosis and Other Communicable Diseases (Revised)
- ✓ Statement on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence
- ✓ Statement on the Global Burden of Chronic Disease
- ✓ Statement on Social Determinants of Health
- ✓ Statement on the Professional and Ethical Usage of Social Media
- ✓ Statement on Health Hazards of Tobacco Products and Tobacco-Derived Products (Revised)
- ✓ Recommendation on the Development of a Monitoring and Reporting Mechanism to permit Audit of Adherence of States to the Declaration of Tokyo
- ✓ Resolution on the Access to Adequate Pain Treatment
- ✓ Resolution on Bahrain
- ✓ Resolution on Independence of Medical Associations
- ✓ Resolution reaffirming the WMA Resolution on Economic Embargoes and Health

that “access to pain management is a basic human right” (*Declaration of Montreal, 2010*). Physicians and other healthcare professionals have an ethical duty to offer *proper clinical assessment* and to offer *appropriate* treatment to patients with pain – I have italicised the points that I think are important – that assessment is fundamental, and treatment must be appropriate. Another important point made is that instruction on pain management should be included in *mandatory* curricula and continuing education for physicians and other health professionals.



Dr Mary Cardosa, Dato Dr N. K. S. Tharmaseelan and Dr S. R. Manalan at the WMA Assembly

The final statement in this resolution is that *“Each government should provide the necessary resources for the development and implementation of a national pain treatment plan, including a responsive monitoring mechanism and process for receiving complaints when pain is inadequately treated.”*

The **Declaration on End of Life Care** states that

“Palliative care at the end of life is part of good medical care... The objective of palliative care is to achieve the best possible quality of life through appropriate palliation of pain and other distressing physical symptoms, and attention to the social, psychological and spiritual needs of the patient.

Palliative care may be provided at home as well as in various levels of healthcare institutions.

The physician must adopt an attitude to suffering that is compassionate and humane, and act with empathy, respect and tact. Abandonment of the patient when he or she needs such care is unacceptable medical practice.”

It goes on to elaborate the various actions that are needed, including good pain and symptom management, good communication and ensuring informed consent, stating that physicians should *“promote patient autonomy and shared decision-making, and be respectful of the values of the patient and his or her family.”*

The Declaration also reminds us about the importance of proper documentation of treatment decisions and the reasons for them, recognition of the importance of the family/carers and their needs,

including bereavement support, and talks about the importance of teamwork, training and research and education in this area. It ends with the following statements:

“The care that people give to dying patients, within available resources, is an indication of their degree of civilisation. As physicians representing the best humanitarian tradition, we should always commit ourselves to delivering the best possible end-of-life care.

The WMA recommends that all National Medical Associations develop a national policy on palliative care and palliative sedation based on the recommendations in this declaration.”

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End-of-life care is not just for the palliative medicine doctor. Those working in other areas of medicine also have to deal with end-of-life issues in our practice. There are many of us who are still uncomfortable when managing patients at this time, probably because we are not equipped with the necessary skills, not just to communicate with the patient and his/her family but also on how to make decisions of withdrawal/withholding of treatment. We need training on this area, which many did not receive whilst in medical school. Hopefully the situation is different now, but if senior doctors are not comfortable with end-of-life care, junior doctors – no matter what training they had in medical school – will not learn how to manage such situations well. This is something that perhaps the MMA can take up.

The **Montevideo Declaration on Disaster Preparedness and Medical Response** drew much interest.

“According to the World Health Organization (WHO) Center for Research on the Epidemiology of Disasters (CRED), the frequency, magnitude, and toll of natural disasters and terrorism have increased throughout the world. In the previous century, about 3.5 million people were killed worldwide as a result of natural disasters; about 200 million were killed as a result of human-caused disasters (e.g. wars, terrorism, genocides). Each year, disasters cause hundreds of

deaths and cost billions of dollars due to disruption of commerce and destruction of homes and critical infrastructure.”

“In light of recent world events, it is increasingly clear that all physicians need to become more proficient in the recognition, diagnosis, and treatment of mass casualties under an all-hazards approach to disaster management and response.”

The WMA calls upon its members to promote a standard competency set to ensure consistency among disaster training programmes for physicians across all specialities.

Malaysia is lucky that we are not so “disaster-prone” in terms of natural disasters, but we do have disasters (albeit of lesser scale) like the floods and outbreaks of infectious diseases and again, this may be another area where we should develop a response plan. Anyone interested in taking this up?

Many more of the resolutions warrant further discussion, but I will do this in the next issue of the *Berita*. In particular, I would like to discuss the issue of “social determinants of health (SDH)”. This is a new-ish area for many of us, but an area of growing importance and there was an international conference on SDH in Rio de Janeiro soon after the WMA general assembly where there was in-depth discussion on this topic. Watch this space. **M**

Congratulations

The MMA congratulates the following members:

DR C R BEENA DEVI

Johan Bintang Kenyalang (J.B.K)

On being conferred the recent award by the
Yang di-Pertua Negeri of Sarawak
in conjunction with his 90th birthday celebration.

YB DATUK SERI DR S SUBRAMANIAM

Darjah Gemilang Seri Melaka (D.G.S.M)

DATUK DR MUHAMMAD SAFIAN NAIM

Darjah Mulia Seri Melaka (D.M.S.M)

DATUK DR PANDURANGAN SUBRAMANIAM

Darjah Pangkuan Seri Melaka (D.P.S.M)

DR CHAN KIN YOONG

Darjah Seri Melaka (D.S.M)

On being conferred the recent award by the
Yang di-Pertua Negeri Melaka, Tun Mohd Khalil Yaakob
in conjunction with his 73rd birthday celebration.

**YBHG DATO' SERI DR HASAN BIN
ABDUL RAHMAN**

**PROF DATO' SERI DR ABU HASSAN
ASAARI ABDULLAH**

Darjah Sri Sultan Ahmad Shah Pahang (S.S.A.P)

DATO' DR MOHAMED MYDIN

Darjah Sri Indera Mahkota Pahang (S.I.M.P)

YBHG DATO' DR NOORAINI BT BABA

Darjah Sultan Ahmad Shah Pahang (D.S.A.P)

DR BALACHANDRAN S KRISHNAN

Ahli Mahkota Pahang (A.M.P)

On being conferred the recent award by the
Sultan of Pahang, Sultan Ahmad Shah
in conjunction with his 81st birthday celebration.