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(For Members Only)

PERSATUAN PERUBATAN MALAYSIA • MALAYSIAN MEDICAL ASSOCIATION

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Editorial

The local undergraduate medical education sector has received brickbats from several sectors, and most of all from the medical profession itself. New private medical schools, entry qualifications to these medical schools, the quality of the academic staff, the dependence or preference on expatriate staff, clinical teaching and case mix, and finally the quantity and the quality of the graduates. This may be misconstrued as “guarding our own turf” whilst the medical profession is concerned with the future direction of healthcare, well-being of the community, and the commonly heard “are we to be treated by these graduates in our old age?”.

The medical profession must also take cognisance of the other view, the consumers. Almost 500,000 students appear for the SPM each year and about 10% are rated high achievers considering their examination results. The trend has been set, high achievers equal to medicine, and it may take a generation to change this mindset. Parents have spoken up, “my child is a high achiever, very caring, has always been keen on a medical career and I have sufficient funds to support his/her education. You doctors send your children for medicine, but now tell us to look at other courses!”. I have faced this situation many times, and I am sure you must have too. Take an opportunity to visit an Education Fair, there will be several career talks. There will be no standing space in the talk on Medicine as a career, the same room will be half empty for all other career talks!

Let us now analyse this situation objectively on the quality of the product and oversupply. As responsible healthcare professionals, our recommendations to the Government and the Medical Council must be objective. There are currently 40 medical programmes offered in this country, both public and private. The concerns are over some local private medical schools and the quality of their programmes. First relief, the moratorium on new medical schools and new medical programmes has been implemented. There has been no new medical schools or programmes after the moratorium; the two schools which admitted their first intake after the moratorium had obtained their approvals earlier. In this context, the profession’s voice has been heard! Second, we should not be too preemptive and judgmental in our opinions. Most of the new medical schools have yet to produce their first cohort of graduates, and commenting on their quality is not being fair or responsible. Until the first cohort graduates, an annual accreditation visit is conducted by the MMC, and the team includes Council members and senior academics from public universities.

The trend has been set, high achievers equal to medicine, and it may take a generation to change this mindset.

Next, is the admission of low graders: Much has been said about the low SPM results of some medical students. It must be remembered that it is the Malaysian Medical Council that specifies minimum criteria for entry into local medical schools. The admission requirement for entry into a Medical School is the Pre University Examinations and not the SPM. The MMC specifies SPM and GCE A Levels with a minimum of BBB, ABC or AAC and equivalent qualifications and grades in programmes like UEC, CPU, MUFY, NZ NCEA, SAM, and others. The tricky bit is the Foundation in Science programme conducted by various private institutions with the approval of the Ministry of Education and Malaysian Qualifications Agency (MQA).

The Foundation in Science is a one year academic programme, though there are allegations of institutions conducting these courses in ‘express mode’. Accepted, such abuse is wrong, but that would be the purview of the Inspectorate Division of the Ministry of Education. The MMC has specified the minimum entry qualification of medicine for a student in the Foundation Programme is a CGPA of 3.0 in Biology, Chemistry and Physics or Mathematics. If this is considered a low grade, then the medical profession must recommend what should be an acceptable CGPA (Note: the minimum CGPA of 3.0 is for Medicine, Dentistry and Pharmacy). The quality of these examinations, the conduct of these examinations, the demands of a career in medicine and the country’s needs (in numbers and ratio) will have to be considered in making this recommendation.

Back to the SPM, we may not be qualified to comment on the quality of secondary education and the strength of the SPM results. To say getting 10As in SPM now is like getting 5As in SPM 20 years ago is also irresponsible! Whatever, it has been documented that the GCE O level examinations is a better predictor of a student’s future academic performance than the GCE A Levels. Similarly the MMC has also specified that a minimum credit of 5Bs in Biology, Physics, Chemistry, Mathematics or Additional Mathematics and another subject is required as an additional criteria for admission into local medical programmes. If again this is considered low, the profession must recommend what should be the minimum SPM qualification as the additional criteria. When reviewing and upgrading these academic criteria, the wheel may once again turn back to high achievers equal to medicine!

Whilst watching the TV news on the first day of school this year, 7 year-old Standard 1 pupils were interviewed, and imagine the response to “nak jadi apa?” and the favourite answer was “Doktor”. I was pleasantly surprised to hear a few say “Pilot” and one “Polis”. Another generation needed for a mindset change!

Happy Reading and the Editorial Board wishes all our Chinese colleagues, friends and families ... Gong Xi Fa Cai!
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Advancing Frontline Care™
Medical students after 6 years of scholastic training, graduate as doctors. To germinate into a full-fledged doctor they need hands-on practical training in hospitals. This is the foundation on which the entire future of the doctor’s career will depend on. These embryonic formative years in the training of doctors are very essential. But this period of training has been decided according to the needs of the Ministry of Health through a period of compulsory training rather than the required or obligatory training for a fully qualified doctor. This period of training has been decided by necessity rather than what is actually required to become a ‘fully’ qualified doctor.

It was initially determined that a year of housemanship followed by a compulsory three-year period would suffice for a doctor to be awarded a full registration certificate. Doctors from unscheduled colleges had to undergo two years of additional training. This suited the MoH for some time to overcome the shortage in the healthcare services. As the shortage of doctors continued the housemanship period was increased to two years with postings in all major disciplines. Looking positively, it gave the doctors well-grounded training before they were given full registration. However some parents felt that this five year ‘training’ was excessive and clamoured for it to be reduced.

It should be noted that only the Medical, Dental and Pharmacy graduates are required to do Compulsory Service, Pejabatan Kesihatan Malaysia. Other professionals completing their graduate courses are NOT required to do compulsory service. They can directly enter the private sector or start postgraduation training, if they choose to do so.

There was always the universal feeling that there was a shortage of doctors in many specialities and in the rural areas. This is when the Government felt the urgent need to focus on addressing the shortage of doctors as it became an issue during elections. A few politicians felt that whilst the Government sector lacked doctors, many in the private sector were charging excessively. To address this shortage of doctors in the sector and to overcome complaints of ‘exorbitant’ charges in the private sector, a decision was probably taken to ‘flood’ the market with doctors. The compulsory service meanwhile helped to ease the country’s needs.

The MMA has apprised the MoH, that the compulsory training period must be retained.

This vision to produce more doctors resulted in the mushrooming of medical colleges. The medical colleges found it easy to establish themselves without the burden of having to build training hospitals for the medical students. They were also able to fill up the seats, as the Ministry of Education decided that only 5 B4s were necessary in the SPM to seek admission into medical colleges. Even this requirement was waived in certain circumstances. Education became another business proposition.

This production of doctors became a ‘flood’ with the ‘homecoming’ of 100s more who were studying overseas. This fast-tracked technique of addressing the shortage of doctors has now resulted in a situation of too many doctors and of doubtful quality!

The MoH is now in a quandary as to how they are to provide the required training jobs for doctors with all available posts almost filled-up. The MoH, to ease this ‘jam’ in the waiting list for doctors, resolved to shorten the period of compulsory training by a year, yet, the prospect of ‘jobless’ doctors is looming. With almost 5,000 doctors being mass produced, the jobless scenario is imminent, just a matter of time ...

Following persistent requests by some parents of doctors and doctors themselves, the MoH is toying with the idea of doing away with the compulsory period as a means of overcoming the Herculean task of providing jobs for doctors. A proposal is being floated, for doctors to be given their full registration certificate after their housemanship which allows them to dive into the private sector, irrespective of whether they have acquired adequate skills. Those zealous in continuing with the public sector, would need to apply for jobs, if available. It was also argued that this could provide the opportunity for private hospitals to employ medical officers without difficulty.

The MMA has apprised the MoH, that the compulsory training period must be retained. This the MMA feels is obligatory on the doctor, if he is to become adequately trained and equipped with sufficient skills, before being left on his own to manage cases in the public sector and more crucially in the private sector, where he will be performing without any supervision. This obligatory period of training will serve as a safety valve for producing doctors who are sufficiently trained before they are able to serve the public. We cannot prevaricate on this matter of obligatory training.

The calibre of doctors being produced now leaves much to be desired. This obligatory period of training for doctors is indispensable and should continue even in the form of a period of compulsory training. Only then will they become refined products to serve the nation. This period of obligatory training will also produce doctors who will be adequately qualified to do their specialisation anywhere in the world or else Malaysia will have half-baked doctors, to the embarrassment of the nation.

The profession should ponder over the next few steps. The MoH should engage all stakeholders in deciding the future of the profession in a fruitful manner. We certainly should avoid “knee-jerk reactions” to resolve these issues. Instead of indulging in omphaloskepsis and making ephemeral decisions, a long term well-planned curative blueprint is vital and essential to treat the ‘ills’ facing the profession. The landscape should be devoid of phantasmagorical imagery that portrays an illusory healthy picture of the profession.
Mirror, mirror on the wall, who is the Smartest Consumer of them all...

The Malaysian Ministry of Health (MOH), European Food Safety Authority (EFSA) and US Food Drug Administration (FDA) have approved the health claim for the maintenance of heart health based on the fact that 3 g oat beta-glucan per day can help reduce cholesterol. The question is – Are you taking a sufficient amount of oat beta-glucan every day to effectively lower your cholesterol? Currently, oat brands in Malaysia contain about three to five percent of beta-glucan which translates to roughly two bowls of oatmeal (70 g) for consumption. If that is too many mouthfuls for you, why not try oat bran powder with a higher concentration of oat beta-glucan at a much lower daily dosage?

Not All Oat Bran Powder is Created Equal!

As a smart consumer, it is imperative to know how to choose the best oat bran product with substantiated cholesterol-lowering efficacy. Use the selection criteria below as your know-how guidelines:

✓ Go for 100% oat bran powder. Some oat bran products in the market are added with thickeners, fillers or artificial ingredients to produce extra getting effect. Make sure you check the ingredient list on the packaging of the product.

✓ Good solubility and gel-forming ability in water. Make sure the oat bran powder can dissolve completely in water because the lumpy texture will affect the palatability of the mixture. The higher the solubility which ensures better gel formation, the better the cholesterol-lowering effect.

✓ Check the oat beta-glucan content on the label. Don’t be misled by numbers associated with the brand name of a product. High number does not necessarily imply that the product contains high amount of the active ingredient, in this case, oat beta-glucan. Make sure you check the beta-glucan content at the nutrition information on the product packaging.

In the Malaysian context, the maximum amount of oat beta-glucan allowed in food products is only 20 g per 100 g or 20%.

✓ Check the carbohydrate content on the label. Some oat bran products in the market contain a high amount of carbohydrates (monosaccharides & starch) which do not favour individuals with elevated blood sugar level and/or overweight problem. Make sure you check the nutrition information on the packaging for carbohydrate content.

✓ Cholesterol lowering effect of the oat bran powder is substantiated with clinical studies and human trials. Make sure you find out more information about the source of the oat bran powder and check if the oat bran powder was used as the research material in the clinical studies and published journals.

What you need to know about Biogrow Oat BG22™ ...

Biogrow Oat BG22™ is fully made of OatWell® oat bran powder imported from Sweden, rich in viscous soluble fiber oat beta-glucan with high molecular weight. Numerous clinical trials have proven the physiological effect of OatWell® oat bran on cholesterol reduction and blood sugar response. OatWell® oat bran has more than 30 scientific publications worldwide. **3 g or more OatWell® oat beta-glucan per day has been shown to help reduce cholesterol effectively.

Ruedi Duss, global business manager for OatWell® oat beta-glucan at DSM Nutritional Products, discusses how OatWell® can be used to add value to food products:

“To help people achieve the recommended daily intake of beta-glucan, DSM has added OatWell® oat beta-glucan to its ingredient portfolio.

Part of the ever-expanding OatWell® product family is Biogrow Oat BG22™ which is high in 20% beta-glucan developed in a proprietary way to retain the highest molecular weight for higher viscosity produced in the upper gut, in order to reduce blood cholesterol level effectively. Compared to other oat products, Biogrow Oat BG22™ provides the highest amount of beta-glucan per serving.”

2 scoops (≈ 18 g) of Biogrow Oat BG22™ a day deliver more than 3 g of oat beta-glucan, which is higher than the amount recommended by the Ministry of Health for a cholesterol-lowering effect.

Biogrow Oat BG22™ is high in dietary fiber, protein, magnesium, iron & zinc. Very low in sodium (salt).

Biogrow Oat BG22™ is all natural with no added sugar, preservatives and food additives.


How to consume Biogrow Oat BG22™?

Mix one scoopful / sachet of Biogrow Oat BG22™ with 200 ml of cold or lukewarm water and drink immediately before meals, at least twice a day for the maintenance of healthy cholesterol levels. It also tastes great when mixed with honey, soy milk or fruit juices.

Remember, healthy cholesterol level is the key towards a healthy heart!

This article is contributed by Lagosasi (M) Sdn. Bhd.
For more product information, please call 03-7956 2220 or email your enquiries to info@biogrow.com.my.
The excitement of having a fresh new year dawned upon us as soon as we bade farewell to 2013. Within a fortnight we had a series of meetings to map our plans for the year. We must say that 2013 was very interesting as the media was filled with various stories and comments from MMA as our President never did fail to update the public with the latest piece of news. More doctors today have come to acknowledge the relevance of MMA. Not all news reported in the media is favourable, but I believe the spirit of being transparent and sincere is important.

GP Summit and Scientific Conference 2014

This garnered a good amount of interest from members and non-members though the numbers of participants were short of 300. Nevertheless, the issues were well-discussed in a very open and informative manner. The sensitive and “controversial” issues were the main hit of the conference. It was officiated by the Deputy Minister of Health and the closing discussion was conducted with the Deputy Director General of Health, Datuk Dr Jeyaindran. I personally feel the dialogue with the Deputy Director General was fruitful.

3rd MMA Council Meeting

This meeting took place on 19th January 2014 and was fully attended by all Council members. Issues concerning the day to day operations of the association were deliberated but the difficult aspect of doctors signing the Data Protection was given a great amount of thought.
Are you worried about your dad getting a heart attack? Don’t forget to look out for mum. Heart disease is the number one killer of Malaysian women. Every year, 2.5 times more Malaysian women die of heart disease compared to all the cancers combined.

This year, Sunway Medical Centre is bringing you the opportunity to bring hope to women who need it. In collaboration with Siemens Malaysia, we are organising the Give a Heart campaign to increase awareness of heart disease amongst women and to raise funds for underprivileged women who suffer from heart disease.

From now to July 2014, Sunway Medical Centre will donate a portion of fees earned from every scan undertaken using our new Siemens Somatom Flash Definition Computer Tomography (CT) scanner into the Give a Heart fund to be used to assist underprivileged women with heart disease. Give to someone who needs it, just as you receive the care you need at Sunway Medical Centre.
Data Protection Act 2010

Companies in Malaysia which may have personal data of the clients including those of doctors, are now subjected to the above law. Effective 15th November 2013, the personal data cannot be used by anyone for any purpose without proper consent. We doctors are now in a threatened position as we will be unable to purchase items from companies if we do not allow them to access or use our personal data. This indicates that we would be subjected to higher rates when obtaining medication and equipment should we work directly with principal companies.

MMA has sought some legal advice on this issue, but we will soon meet all the companies to discuss the best way of solving this difficult situation.

SGM: No Quorum

We have been in the process of writing our constitution in its new format as proposed by the Registrar of Societies (RoS). The important step was to have a SGM so that the changes would be accepted by members. Unfortunately, the poor response prevented a minimum quorum of 50, thus it was cancelled. However, we shall get RoS to advise us on the next course of action soon.

I personally feel the dialogue with the Deputy Director General was fruitful.

1st Global Manipal Alumni Health, Science & Technology Convention and 28th MAAM Convention
Networking Globally for the Future of Healthcare & Technology
7th to 8th August 2013
Kuala Lumpur

Super Saver Early Bird Promotion

MAAM would like to unveil a Promotion Offer from NOW till 31st MARCH 2014
The rates offered are for the Full Convention (inclusive of dinners).

For all Local Delegates Rm 500/per person
Foreign Delegates USD 400/per person.

(Payment can be made online at our website)
54th MMA AGM
BRANCHES AND SOCIETIES AGM
SUBMISSION OF ANNUAL REPORT 2013/2014

The Organising Committee of the MMA has finalised the dates for the 54th MMA AGM to be held at Persada Convention Centre, Johor between 29th to 31st May 2014.

1. COMPLIANCE OF ARTICLE X (ii), (iii), (iv): GENERAL MEETINGS OF THE ASSOCIATION
In accordance with the above Article, the Secretariat has set the following target dates and notices will be sent out accordingly.
   a. Notice of AGM – by 26th February 2014 (12 weeks before AGM)
   b. Last date for submission of resolutions – by 5.00 p.m. on 26th March 2014 (8 weeks before AGM)
   c. Members to receive Annual Report 2013/2014 by 15th May 2014 (2 weeks before AGM)

2. PREPARATION OF ANNUAL REPORT
All Branches, Sections, Societies, Committees, Representatives to external organisations should submit their Annual Reports by 26th March 2014.

3. DUTIES OF BRANCHES
In accordance with By-Law V (9) the Branch AGM should be held two months prior to the National AGM, that is by 26th March 2014.
Notice of the Branch AGM should be sent out at least 4 weeks before the date of the AGM.
All resolutions to be tabled by members at the Branch AGM should reach the Branch Secretary at least 21 days before the AGM.
At least 14 days before the Branch AGM, the Branch Secretary should notify members of the Agenda and also circulate the following:
   a. Annual Report
   b. Audited Statement of Accounts
   c. Minutes of previous AGM
   d. All Resolutions submitted in accordance to By-Law 10(ii)

3.1 Post Branch AGM
Minutes of the Branch AGM should be prepared, and after being approved by the Branch Chairman should be circulated to all Branch members.

3.2 Submission to MMA Secretariat by 30 days
The following should be submitted to the MMA Secretariat by 30 days of the MMA Branch AGM:
   1. Borang 9 (Peraturan 10) of the Societies Act 1966
   2. 2 copies of the Minutes of the Branch AGM
   3. 3 copies of the list of newly elected office bearers in the prescribed format
   4. 2 copies Statement of Accounts

3.3 Election of Delegates
All Branches should submit the list of delegates attending the National AGM to the MMA Secretariat by 4th April 2014. This will then be forwarded to the Organising Committee of the MMA AGM [Please note By-Law V (13)(I), (ii) & (iii)].

4. DUTIES OF SOCIETIES WITHIN MMA
In accordance to the terms of reference of Societies within MMA, all Societies should hold their AGM by 26th March 2014.
Societies should adhere to By-Law V subsection 10(I), (ii), (iii) and (iv) of the MMA Constitution in preparation of the Annual General Meeting of the Society.

Datuk Dr Kuljit Singh
Honorary General Secretary
Malaysian Medical Association
TO: ALL MEMBERS OF THE MALAYSIAN MEDICAL ASSOCIATION

Dear Member,


The Election Committee of the Malaysian Medical Association hereby calls for nominations for the post of President-Elect, Honorary General Secretary, Honorary General Treasurer and two Honorary Deputy Secretaries of the Malaysian Medical Association for the year (2014-2015).

In compliance with BY-LAW IX of the MMA Constitution, nominations are called herewith for the above posts.

No member may offer themself / herself as a candidate for more than one of the following posts of office bearers: President-Elect, Honorary General Secretary, Honorary General Treasurer and Honorary Deputy Secretary.

Please note that the candidate for the post of President-Elect for 2014-2015 shall be a MMA member in benefit from ALL REGIONS. Candidates for President-Elect must be Life or Ordinary Members of MMA of at least five (5) years’ standing and who shall have served in Council or in a Branch Committee for at least two (2) years.

The candidates for Honorary General Secretary, Honorary General Treasurer and two Honorary Deputy Secretaries can be a life member or ordinary member in benefit from ANY Branch of the MMA.

ALL NOMINATIONS FOR THE POSTS OF PRESIDENT-ELECT, HONORARY GENERAL SECRETARY, HONORARY GENERAL TREASURER AND TWO HONORARY DEPUTY SECRETARIES (2014-2015) MUST BE RECEIVED BY THE MMA ELECTION COMMITTEE BY 5.00 PM ON FRIDAY, 7 MARCH 2014. CANDIDATE, PROPOSER AND SECONDER MUST BE MEMBERS IN BENEFIT.

(Candidates wishing to withdraw the nominations can do so by Friday, 14 March 2014 by 5.00 pm)

Nomination papers are available from the MMA Secretariat at the above address. Nomination papers should be addressed to:

THE HONORARY SECRETARY, MMA ELECTION COMMITTEE
4TH FLOOR, MMA HOUSE, NO: 124, JALAN PAHANG
53000 KUALA LUMPUR

Please take care to fill the Nomination Forms correctly and legibly as improper or incorrect filling may lead to disqualification. Submission of nomination forms by fax will not be accepted.

Yours Sincerely

DATO’ DR MOHAN SINGH
Honorary Secretary
Election Committee
Malaysian Medical Association
The MMA GP Seminar 2014 was a whole day affair held on Saturday, 18 January 2014 at the Sunway Putra Hotel, Kuala Lumpur. The Opening Address was given by the Organising Committee Chairman Dr N. Ganabaskaran who is also the PPSMMA Chairman. This was followed by the Keynote Address delivered by MMA President Dato’ Dr N.K.S. Tharmaseelan.

This seminar was specifically aimed at addressing many topics of special and current interest to general practitioners in Malaysia. The Organising Chairman expressed his gratitude to YB Dato’ Seri Dr Hilmi bin Hj Yahaya, Timbalan Menteri Kesihatan, Malaysia who had agreed to attend as the Chief Guest and officially declare the seminar open.

The attendance at the seminar meeting, although falling short of the organising chairman’s expectation of at least 400 participants, comprised over 300 GPs and some specialists from all over Malaysia despite it taking place on the Thaipusam long weekend. It was particularly heartening to note the large representation of participants from Sabah and Sarawak. Dr N. Ganabaskaran personally thanked the two states for their support.

The seminar proper was preceded by two scientific talks on the topics of ‘Neck Pain and Cervical Spondylosis’ by Dr Muruga Kumar and ‘An Update on Weight Loss Surgery’ by Dr Cha Kar Hooi. Dr Sheamini Sivasampu of the Clinical Research Centre (CRC), Ministry of Health went through the interesting findings in primary healthcare delivery that were obtained from the National Health Statistics Initiatives Study. Two more talks, the first on ‘Pain Management’ by Dr Maya Nagaratnam and the other on ‘Gamma Knife Surgery’ by Dato’ Dr Jagdeep Singh Nanra were also included. In addition, Mr Kumara Guru, a nutritionist spoke on ‘Trace Elements in Diet and Health’ and Dr Mohamed Ali Abu Bakar of Clinical Research Malaysia enlightened general practitioners about the many opportunities available to them to participate in clinical research in his interesting talk entitled ‘How Research Helps GPs’.

The staging of this seminar was greatly aided by the generosity of many organisations and companies. The organisers are particularly grateful for the notable contributions from PERKESO (SOCSEO), Pantai Holdings Bhd, Sime Darby Healthcare Sdn Bhd and Qualitas Medical Group Sdn Bhd. Needless to say, many others, including those who took up the nearly 20 table booths also greatly assisted in making this seminar a reality.

The main issues affecting general practitioners such as the impact on their livelihood by Third Party Administrators (TPAs) and Managed Care Organisations (MCOs), PERKESO, Education Malaysia Global Services (EMGS), FOMEMA and the implications of the new Pharmacy Act were addressed, each issue by an expert authority well versed in it.

Managed Care Organisations (MCO) & Primary Healthcare Providers

Dr Ahmad Razid Salleh, Director Medical Practice Division, Ministry of Health explained what MCOs are and their role in encouraging the appropriate supply and utilization of healthcare with the emphasis being on prevention and primary care. He talked about the role of the GPs and the various parts of the Private Healthcare Facilities and Services Act which covered MCO activities. These included disclosure of patients’ information to MCO’s, late reimbursement, fee splitting, unbundling/
overcharging and delisting of doctors by individual TPAs / MCOs in private hospitals.

PERKESO (SOCSO) Health Screening Programme

Datin Dr Nik Amsharija binti Mohamed, General Manager, Medical & Rehabilitation Section of PERKESO, said that the organisation had embarked on a paradigm shift from just reimbursement for injuries and illnesses to preventive care. PERKESO currently insures 14.5 million workers and manages 83000 claims per year. General health screening is now being used as a tool to reduce morbidity and mortality. She described health screening programmes in UK, Japan, and Singapore. The PERKESO health screening programme in force now targets all those over 40 years of age with the aim of increasing the awareness about non-communicable diseases like diabetes, high blood pressure and cancer. 1.9 million health screening vouchers were distributed in 2013 but so far only about 300,000 workers have undergone screening.

Education Malaysia Global Services (EMGS)

Encik Mohd Yazid bin Abd Hamid, the CEO of EMGS said the idea of forming the company was mooted in Feb 2013 by the Ministry of Higher Education (MOHE) and the Jabatan Imigresen Malaysia. The objective of this was to root out and curb the problem of the large number of non-bona fide students involved in criminal activities and also those who had communicable diseases as they posed a great health risk to the general population. The medical exams also help to weed out students involved in drug abuse.

He also touched on the contentious and hot issue of the appointment of Qualitas Medical Group to manage the medical screening of all the students. The role of Qualitas he said, is similar to that of FOMEMA with regard to foreign worker medical examinations. Qualitas was chosen by EMGS and appointed with a specified list of duties and responsibilities and are answerable to EMGS. After complaints by many practitioners Qualitas has appointed non-Qualitas clinics also to handle the large number of medical examinations. Currently, there are 30000 new students coming into the country each year.

The question of the monopoly given to Qualitas, as expected, ignited a veritable firestorm of questions from the participants. More details about this incendiary issue will be given in a subsequent article which will appear in the Berita MMA soon.

Pharmacy Act

Encik Hatta Ahmad of the Pharmaceutical Services Division of the Ministry of Health took the participants through the provisions in the new Pharmacy Act. This act is an amalgamation of four existing acts that currently regulate the purchase, storage and sale of drugs, the registration of pharmacists and medicines advertisement. The new act will close off lacunae in storage and sale of drugs, the registration of pharmacists and medicines advertisement. The new act will also provide a tool to reduce morbidity and mortality. She described health screening programmes in UK, Japan, and Singapore. The PERKESO health screening programme in force now targets all those over 40 years of age with the aim of increasing the awareness about non-communicable diseases like diabetes, high blood pressure and cancer. 1.9 million health screening vouchers were distributed in 2013 but so far only about 300,000 workers have undergone screening.

Time for Integrative Medicine

Dr Anil Kumar Kukreja from Kota Kinabalu put forward the case for a more holistic approach to patient care with the incorporation of complimentary treatment modalities and the use of natural as opposed to synthetic products.

FOMEMA

Dr Keseson Vengadeson touched on the new issues relating to FOMEMA such as the requirement for digital chest X-rays and the proposed new medical examination format involving mental status and neurological examinations. There was unanimous dissatisfaction among GPs that the fee paid to them for doing FOMEMA medical examinations had not increased for more than a decade, in fact not at all since the inception of the body. This has not however prevented FOMEMA from arbitrarily placing increasingly heavier burdens and responsibilities squarely on GPs’ shoulders with complete disregard for rising costs. Dr Keseson proffered the explanation that any fee increase had to come from the UKAS and the Economic Planning Unit. The new and increased responsibilities thrust on doctors did not, according to him, originate with FOMEMA itself but were requirements newly stipulated by the Ministry of Health.

This dialogue was easily the highlight of the afternoon session with Datuk Dr Jeyaindran fielding a great many questions put to him by seminar delegates on a wide range of issues. These included, among others, the dispensing separation, the status of the Healthcare Transformation plan, the Fee Schedule, EMGS, FOMEMA and many other issues. In fact, the questions put to him covered not only every topic in the seminar programme but many others. Datuk Dr Jeyaindran addressed the questions head-on and gave clear and candid answers whenever he could. He was frank and forthright to admit that he was not aware of every issue put to him and neither did he have answers for everything. In addition to answering questions he also imparted good advice on some issues which he saw would crop up in the future such as the implementation of the WTO agreement on trade liberalisation. All in all, the session with him was not only highly informative and rewarding but was remarkable for the genuinely cordial manner in which it took place.

All the main topics generated vociferous debate and dialogue and as a result, the seminar which was scheduled to close at 6pm easily stretched to almost 7.30pm.
Report on SCHOMOS National Working Committee Meeting

We, the SCHOMOS had to get the ball rolling fast with our action plans. The National Working Committee (NWC) had their 2nd meeting on 14 December 2013. Under the leadership of Dr Azhar Amir Hamzah, the meeting discussed many issues to be put into action. The main issues were namely:

- **Sabbatical Leave for Specialists Who Have Been in Service for More Than 5 Years.** This has been discussed at JPA level and we hope to get a positive feedback by early 2014.

- **Senior Doctor Registrar Allowance.** KKM has been advised by JPA to restructure in terms of the Registrar post for senior doctors and these doctors could exercise Elaun Pendaftar according to PP 4/2002 circular.

- **Doctors Who Perform Administration Work Need to be Given Administrative Allowance.** At present doctors who have Masters in Hospital Administration are entitled to the allowance, but not the ones who do not have the degree. SCHOMOS has brought this up with JPA, KKM and Ministry of Finance; a survey will be conducted soon to assess both the number of doctors involved and the financial implications of this issue. We hope to obtain a solution by early 2014.

- **On-Call Allowance for Hospital Directors.** Many Hospital Directors especially in Sabah/Sarawak are doing clinical work due to shortage of doctors. SCHOMOS has also brought this up with JPA and KKM and it will be reviewed by early 2014.

- **Review in Salary and Promotion Scheme for Senior Medical Lecturers in Local Universities.** SCHOMOS has been trying to help our brothers and sisters in the Education Ministry and had a few fruitful meetings with the Higher Education Ministry.
• On-Call Allowance for Flying Doctors in Sabah / Sarawak. SCHOMOS has been fighting for our Flying Foxes (I mean Doctors) as they were getting a mere RM 30 per day. In the MBK Meeting with the support of our beloved Secretary General of KKM, Datuk Farida Mohd Ali, who had agreed to act upon this matter urgently (including the insurance), we hope to get good news by January 2014.

Other matters brought into the attention of NWC members are as follows

• SCHOMOS is also fighting for our Specialists who have done their sub-speciality BUT has no extra allowances. We in the SCHOMOS are in the midst of discussion with the KKM. Paperwork is being prepared, to back us up and show that our Specialists who have toiled for their sub-speciality should be rewarded separately. This matter, we hope to finalise during the Majlis Bersama Kebangsaan in January 2014. We will hope for good news then.

• For the Jusa C promotion exercise, the 3rd wave promotion is in the air, and the closing date is end December 2013. Our Specialists out there please be in touch with your administrative offices and make sure you apply for it. For those who are qualified and have not gotten the promotion, please contact the State SCHOMOS Chairman for help (of course you must be a MMA Member).

• SCHOMOS conducted the think tank meeting to discuss issues with the Ministry of Higher Education / Ministry of Health / Ministry of Defence.

• The Angkatan Tentera Malaysia has a good number of doctors but few are MMA members. SCHOMOS plans to have an awareness and membership drive next year. We are also planning to have one ATM Doctor as a member in the SCHOMOS NWC.

• Promotion exercises for our Health Officers to be discussed with KKM in the near future.

• Courtesy visit to YABhg Tun Dr Mahathir was also planned by our energetic National SCHOMOS ExCo and agreed by our NWC.

• SCHOMOS Climbathon project has been planned for 4 – 6 February 2014. This would be another one of our activities for charity, as well as an attempt at the Guinness World Record. All members are encouraged to support this project - please see our previous and future issues for more news.

• Role and Responsibility of Government Doctors. This one-day seminar will be organised by Pahang on 21 February 2014 and by Kedah in April 2014. The title of the seminar speaks for itself.

• Badminton Tournament in Pahang was washed away by the recent floods on 7 – 8 December 2013. Not to be heartbroken, PAHANG MMA SHALL RISE and organise it again on 22 – 23 February 2014.

Another matter discussed was membership drive among states. SCHOMOS felt that WE have to encourage our doctors to be united as a team since at present only 19% of MMA Members are SCHOMOS members and WE have to increase that figure gradually via the membership drive. The benefits of being a MMA Member should be preceded by the thought of uniting for the champion cause of fellow doctors. Awards for best state recruitment of members will be decided by the SCHOMOS ExCo in February 2014.

“What benefits we get from MMA should be at the back of our minds ... Being stronger in Unity for our champion cause of Fellow Doctors in our front minds”

The Next NWC Meeting will be held in February 2014.
MBK Meeting:
Good News for the “Flying Doctors”

Dr Azhar bin Amir Hamzah
Chairman
National SCHOMOS

The recent Mesyuarat Bersama Kebangsaan (MBK) Bagi Pekerja-Pekerja Pengurusan dan Profesional (P&P) meeting was held on the 19th – 21st September at the Ri-Yaz Heritage Hotel, Kuala Terengganu. SCHOMOS was represented by Dr Mastura (currently the MBK Chairperson) and Dr Azhar (currently the MBK Vice-Chairman). Many papers and issues were presented from various professional groups including the teachers, dentists, accountants and also by us. SCHOMOS had the most number of papers selected to be presented. The following are the papers that we discussed with the JPA officials:

- Cadangan untuk Mewujudkan Cuti ‘Subbatical’ bagi Pakar Perubatan yang telah Berkhidmat Lebih dari 5 Tahun.
- Cadangan Elaun bagi Pegawai yang telah Dilantik Sebagai Senior Registrar yang Berkhidmat dalam Perkhidmatan Awam.
- Cadangan Elaun Pegawai Perubatan yang Menjalankan Tugas Sebagai Pengarah Hospital.
- Cadangan Pemanjangan Kadar Elaun Kerja Luar di Luar Waktu Bekerja Biasa (EKLWBB) bagi Pengarah Hospital di Hospital Tertentu dalam Perkhidmatan Kerajaan.
- Cadangan Peningkatan Bayaran Insentif Perudara Kementerian Kesihatan dan Memberi Perlindungan Insurans kepada Pegawai Perubatan yang Melaksanakan Perkhidmatan Rawatan Perubatan Udara.

YM Datuk Raja Noor Zaedah Raja Ahmad who is the Pengarah Bahagian Saraan, chaired the Pre-Council meeting on the 20th September. The Council meeting was held the next day, chaired by Yang Berbahagia Tan Sri Mohamad Zabidi Zainal, Ketua Pengarah Perkhidmatan Awam, Jabatan Perkhidmatan Awam (JPA). Attending, and subsequently presenting in this meeting would be likened to a battlefield fight in the Parliament. All the Council members from the workers’ group i.e. us, will be placed at one side of the hall and labelled as ‘Kumpulan Pekerja’ while all the top officials from JPA and various ministries will be seated at the opposite side, in the ‘Kumpulan Pegawai’ group. While presenting, the Kumpulan Pekerja were constantly being fired at, by the Kumpulan Pegawai. You could feel the elevated levels of blood pressure and the number of boiling heads after the meeting.

JPA accepted to increase this “flying doctors” allowance

MBK meeting on the 21st September 2013 in Kuala Terengganu. Right in the center, Yang Berbahagia Tan Sri Mohamad Zabidi Zainal, Ketua Pengarah Perkhidmatan Awam, J abatan Perkhidmatan Awam (J PA). SCHOMOS was represented by Dr Mastura (currently the MBK Chairperson) and Dr Azhar (currently the MBK Vice-Chairman).
SCHOMOS has fought very hard for the “flying doctors” in Sabah and Sarawak. I hope that all the “flying doctors” out there will ‘fly’ in to join SCHOMOS and MMA soon. Please contact your State SCHOMOS reps or ExCo and get a form to sign-up. We need more doctors and we need to be united! Having you in the MMA and SCHOMOS will definitely make a difference. Please don’t hesitate. SCHOMOS and MMA has done a lot for you and it is your turn to serve and contribute!

Following is a summary of the outcome and feedback on the various issues presented:

<table>
<thead>
<tr>
<th>PAPER PRESENTED</th>
<th>OUTCOME / FEEDBACK FROM J PA</th>
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</table>
| Cadangan untuk Mewujudkan Cuti ‘Subbatical’ bagi Pakar Perubatan yang telah Berkhidmat Lebih dari 5 Tahun. | This paper was first presented by SCHOMOS last year at the MBK meeting. A lot of work and fine-tuning had been done to improve the guideline and criteria. KKM and J PA finally met on the 29th March 2013 to finalise the details in terms of identifying the critical area that needs to be given priority, criteria of candidates who are eligible, cost and benefit, other alternatives to Sabbatical Leave such as Medical Specialist Cross – Fertilization Program.  
  • J PA promised that there will be a green light, and the finalisation will take place by early 2014. |
| Cadangan Elaun bagi Pegawai yang telah Dilantik Sebagai Senior Registrar yang Berkhidmat dalam Perkhidmatan Awam. | J PA advised KKM to restructure the Registrar Post for the senior doctors and these doctors could exercise Elaun Pendaftar according to the PP 4/2002 circular. |
| Cadangan Elaun Pegawai Perubatan yang Menjalankan Tugas Sebagai Pengarah Hospital. | Since 1993, the Government has allocated Bayaran Insentif Pentadbiran Hospital (BIPH) for this group of doctors. A Pengarah Hospital with Ijazah Lanjutan Pentadbiran Hospital would use to get RM500 – RM700 per month; those without Ijazah Lanjutan Pentadbiran Hospital were given RM250 per month. Surat Pekailling Perkhidmatan Bil 3 (1994) cancelled this allocation for doctors who are Pengarah Hospital without Ijazah Lanjutan Pentadbiran Hospital.  
  • J PA, KKM and Ministry of Finance (MoF) will conduct a survey on these specific hospitals (those with Pengarah Hospital without Ijazah Lanjutan Pentadbiran Hospital) throughout the country in terms of number of doctors and financial implications.  
  • They have promised to come out with a solution by early 2014. |
| Cadangan Pemanjangan Kadar Elaun Kerja Luar di Luar Waktu Bekerja Biasa (EKLWBB) bagi Pengarah Hospital di Hospital Tertentu dalam Perkhidmatan Kerajaan. | Due to shortage of doctors in certain hospitals, the Pengarah Hospital has to be called in to carry out on-call duty, especially in Sabah and Sarawak and certain district/rural hospitals. J PA and KKM is seriously looking into this paper and this has been an important agenda of the Kajian Semula Elaun dan Kemudahan di bawah Pelan Induk Sarana Perkhidmatan Awam (PISA).  
  • They are working on this issue and will enlighten us by early 2014. |
| Cadangan Penambahbaikan Skim Pensyarah Perubatan Kanan Klinik di Universiti Tempatan dan Penyeraagaman Garis Panduan Kriteria Minima Kenaikan Pangkat. | Most clinical lecturers in the universities are stuck at DU54. Promotion is slow and salary schemes are not attractive. More senior, experienced clinicians are opting out from universities and less number of trainee lecturers are joining as substitutes. Medical Lecturers scheme and the SLAB scheme used to be attractive those days for the junior ones, but now things are different. There are senior consultant clinicians who are still ‘stuck’ at DU54 after 20 years of service. Trainee lecturers are not being confirmed as university staff until they have completed their Masters. What happens to them if mishaps take place along the way? They can’t enjoy the privilege (housing loan etc.) of a Government servant for the next 4 – 6 years post completion of their housemanship. Worse still, now that more medical graduates are accumulating, who’s going to train them as specialists/consultants later if universities don’t have good and experienced clinicians around? KKM has been very dynamic in terms of looking into the bigger picture. KKM now has a better promotion scheme which keeps the senior/experienced clinicians in the public sector. Ministry of Education and universities will run into major problems if this issue is not dealt with.  
  • Higher Education Sector of Education Ministry, represented by Tuan Haji Sani is assigned to look into this matter. SCHOMOS will be invited to attend a meeting with the Education Ministry to provide our feedback. |
| Cadangan Peningkatan Bayaran Insentif Perubatan Kementerian Kesihatan dan memberi Perlindungan Insurans kepada Pegawai Perubatan yang Melaksanakan Perkhidmatan Rawatan Perubatan Udara. | On-call doctors involved in rural visits via flights especially in Sabah and Sarawak were paid a minimal on-call allowance of RM 30 per day since 1980s. Our clinical on-call allowances in the hospital has been increased form RM25 to at least RM150 – RM200 (after a long SCHOMOS struggle). Therefore, it is appropriate that the Government increase these on-call claims for the “flying doctors” as well. After a long discussion in the MBK meeting, with the support of Datuk Farida, KSU of KKM, who strongly supported SCHOMOS’s notion, J PA accepted and promised to increase this “flying doctors” allowance from RM30 to RM300. In addition to that, they will look into covering the insurance fee for our doctors. Allowances of a different quantum will be given to the accompanying nurses and paramedics.  
  • Fine-tuning is in the process and J PA has promised to announce the good news by January 2014. |
A New President for the MMA Foundation
Admiral Tan Sri Dato’ Sri Mohd Anwar Bin Haji Mohd Nor (Retd)

The Malaysian Medical Association welcomes Admiral Tan Sri Dato’ Sri Mohd Anwar Bin Haji Mohd Nor (Retd) as the President of the MMA Foundation. The MMAF looks forward to his dynamic leadership and guidance in the affairs of the Foundation, and is confident of his contribution and commitment to its objectives.

Admiral Anwar was born in Malacca. After receiving his early education at the Naval Base Secondary School, Singapore, he attended the Officer Cadet School at the Britannia Royal Naval College Dartmouth, England, from 1968. Admiral Anwar is currently the Non-Executive Chairman of Lembaga Tabung Angkatan Tentera (Armed Forces Fund Board), Chairman of National Defence University Board, Chairman of Asian Broadcasting Network, and Chairman of Central Management Catalogue Agency Sdn Bhd.

He served the Royal Malaysian Navy for 38 ½ years, commanded 6 Ships and also several Shore Bases. He rose to the rank of Admiral and took office as Chief of Navy on August 2003 and later became the first Naval Officer to assume the post of the Chief of Defence Force in April 2005.

Throughout his service with the RMN, Admiral Anwar has attended various sub-specialisation courses including Navigation and Direction and Principal Warfare Officer in HMS DRYAD, England. He graduated from the Naval Staff College Rhode Island, USA, in 1981 and Joint Services Staff College in Canberra, Australia in 1988. He also attended the Defence Resource Management Course in Monterrey, Naval Postgraduate School, USA in 1995. He holds a Masters degree in Engineering Business Management from University of Warwick, United Kingdom. As a recognition of his Leadership and Management contributions, he was conferred an Honorary Doctorate of Doctor of Management by the University Terengganu Malaysia.

Admiral Anwar is an avid sportsman representing the Navy, the Armed Forces and Malaysia in hockey. His notable achievement was when he represented Malaysia during the Asian Games, Tehran in 1974. He continued contributing to hockey in various positions including as President of Malaysian Hockey Federation. He is also an avid golfer and has represented Malaysian Armed Forces in the ASEAN Armed Forces Golf Tournament and continues to lead the Malaysian Golf Association (MGA) as President.

In 2013, Admiral Anwar was elected as the President of the Ex-Serviceman Association Malaysia (NGO) and continues to be President of Retired Malaysian Navy Officers’ Association (RMNOA).

The MMA and MMA Foundation look forward to a close working relationship with Admiral Tan Sri Dato’ Sri Mohd Anwar Bin Haji Mohd Nor (Retd) and extend its good wishes.

Editor.
World Sleep Day
14 March 2014
Theme: Restful Sleep, Easy Breathing, Healthy Body

Briefly on Sleep Medicine
Sleep medicine in Malaysia has evolved rapidly since more than a decade ago and this interest is shared by many physicians which includes generalists, respiratory physicians, neurologists, psychiatrists, and otorhinolaryngologists both in the adult and paediatric groups.

Sleep
Humans spend about one third of their lives sleeping, however, a majority of us do not know much about sleep. It is widely believed that sleep is an idle state for the body and does not have any physical or mental significance. In fact, the exact opposite has been scientifically proven.

Sleep Stages
Sleep can be divided into two main stages. The first is non-rapid eye movement (NREM) sleep and the second is rapid eye movement (REM) sleep. NREM is further divided into Stages N1 and N2 (light sleep) and N3 which is deep sleep. These phases of sleep are important for the body to restore its activity and the lack of these light and deep phases of sleep will result in fatigue and stress during the day. REM sleep occurs after about 90 minutes, where dream phase begins. Vivid dreams occur during this stage; it is an important phase to restore the activity of the mind. However, while the brain is active, the body is “paralysed”. This is when some cultures attribute the body to being possessed, compressed or squeezed by some unseen being – but science has proven that this is not true. REM sleep is in fact the most important stage of sleep and plays a major role in brain development.

Sleep Apnoea
Sleep apnoea is defined as periodic reductions in ventilation during sleep, resulting in poor oxygen supply to the brain. Sleep apnoea is divided into three broad categories which are obstructive sleep apnoea (OSA), central sleep apnoea (CSA) and a mixture of both or mixed sleep apnoea. Due to nocturnal brain hypoxia there are frequent arousals, however patients are unaware of this and instead report of excessive daytime sleepiness. Patients may also have morning headaches, personality changes, poor memory, confusion, and irritability. Their bed partner may report loud snoring, cessation of breathing, and choking sounds during sleep. Frequent arousals result in poor sleep quality, thus sleepiness during the day. Sleepiness is associated with reduced attention, diminished concentration, reduced information processing and retention.

It is important to maintain a good sleep hygiene which are:
- regular rising and bedtime
- decrease or eliminate naps
- daily exercise but not immediately before bedtime
- do not use the bed for reading or watching television, instead for intimate activities only
- relax mentally before going to sleep
- if one is hungry, have a light snack and avoid heavy meals or alcohol

World Sleep Day (WSD) is an annual event, intended to be a celebration of sleep and a call to action on important issues related to sleep, including medicine, education, social aspects and driving. It is organised by the World Sleep Day Committee of the World Association of Sleep Medicine (WASM) and aims to lessen the burden of sleep problems on society through better prevention and management of sleep disorders.

In conjunction with the WSD, the Sleep Disorder Society Malaysia (SDSM) will be holding its Scientific Conference (SLEEP 2014) from the 20th till the 22nd of March at the Cititel Midvalley, Kuala Lumpur. Our theme for this year's conference is “Healthy Sleep, Healthy Living”. This conference is targeted at all doctors and paramedics. There will be a one day pre-conference workshop, followed by one a half days conference. We have invited Professor Teofilo Lee Jr and Dr Tripat Deep from the United States of America, and Dr Ton Song Tar from Singapore. Local speakers who are expert in their fields include Professor Dato’ Dr Raymond Azman Ali, Professor Dato’ Dr Fuad Ismail, Dr Muhammad Muhsin Ahmad Zahari, Dr Ahmad Fadzil Abdullah, Dr Ashaari Yunus, and Dr Ahmad Izuanuddin Ismail.

On behalf of the SDSM, I would like to invite all MMA members to participate in this scientific conference which I am sure will open a new world of knowledge in sleep medicine.

References:
# Pre-Conference

Thursday 20 March 2014

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<td>0800-0830</td>
<td>Registration</td>
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<td>0830-0900</td>
<td>Somnographs: Full vs. Limited</td>
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<td>0900-0930</td>
<td>Recording Artifacts and Solving Technical Problems with PSG Technology</td>
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<td>0930-1030</td>
<td>Starting/Titrating/Setting of CPAP &amp; NIPPV: Practical Aspects</td>
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<td>(1030-1130)</td>
<td>Installation of Computer</td>
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<td>1100-1130</td>
<td>PAP Compliance in OSA Patients</td>
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<td>1130-1200</td>
<td>Management of Complicated Sleep Apnoea</td>
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<td>Outcomes of PAP Therapy in OSA Patients</td>
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<td>1230-1400</td>
<td>LUNCH SYMPOSIUM OSA: A Systemic Disorder</td>
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<td></td>
<td>Prof Teo fio Lee-Chiong followed by LUNCH</td>
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<td>1400-1730</td>
<td>Interpretation of Sleep Studies (hands on) – Participants and facilitators – Glenn Roldan</td>
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<td>0810 - 0900</td>
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<td>0910</td>
<td>OPENING CEREMONY &amp; WORLD SLEEP DAY COMMENGERATION</td>
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<td>0910</td>
<td>Delegates and speakers be seated</td>
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<td>Bacaa Doa</td>
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<td>0920</td>
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<td>0930</td>
<td>Speech by VIP followed by officiating of opening ceremony &amp; World Sleep Day 2014 (Minister of Health)</td>
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<td>BREAK</td>
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<td>Booth Visitatation, Photography session &amp; Press Conference</td>
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<td><strong>SYMPOSIUM 1</strong></td>
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<td>Nocturnal Sweating: Is it OSA?</td>
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<td>Future of Sleep Diagnostics</td>
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<td>Speaker: Dr Ahmad Fadzil Abdullah Chair: Prof Dr Roslina Abd Manap</td>
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<td>ANNUAL GENERAL MEETING SDMS</td>
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# Conference Day 2 – Saturday 22 March 2014

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<td><strong>PLENARY 2</strong></td>
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<tr>
<td>0830-0915</td>
<td>OSA and Cancer: The next frontier</td>
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<td>AP Dato’ Dr Fuad Ismail</td>
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<td></td>
<td>Dr Ashari Yunus</td>
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<td><strong>SYMPOSIUM 3</strong></td>
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<td>Q &amp; A</td>
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<tr>
<td>1245-1300</td>
<td>Concluding Remarks by President SDMS</td>
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# Be A Part Of

**Our Preferred Columbia Asia Medical Team**

**Columbia Asia Hospital - Puchong**

**Medical Officer**

- MBBS Degree or equivalent from a recognized institution approved by Ministry of Health, Malaysia
- Registered with the Malaysian Medical Council
- Possess a valid Annual Practicing License
- Experience in Emergency Department, Medical Surgical & Paediatric Unit

Interested candidate, please forward by post or email, a detailed resume stating the qualification, contact details and necessary copies of certificates and documents to the following address by 28 February 2014.

**Human Resource Department**

Columbia Asia Hospital Puchong

No.1, Lebuh Puteri, Bandar Puteri Puchong, 47100 Puchong, Selangor.

Email: hrpuchong@columbiaasia.com
In the midst of price hikes and doctors battling to get jobs in the future, I’d like to highlight a long-standing issue that has gone unnoticed and has been cast aside for more ‘glamorous’ problems.

Yes, without wanting to seem as though I have nothing else to write about other than mental illnesses, patients and their problems, I would like to highlight an issue which I hope will open the hearts of those in power to make a change.

There are many mentally ill patients who are without family and are unable to take care of themselves due to the chronicity of their illness. There is no provision for them to go anywhere unless they are taken in by an NGO. How many are that lucky? The burden of their care falls unto their neighbours and community, which is not fair. That too, if they are lucky enough to have such caring neighbours. In today’s society even that is scarce.

They are brought in for admission because there is no one to supervise them, their treatment and care. We treat and stabilise them but ultimately, have nowhere to send them. Believe me, it is not from the lack of trying. The frustrations of having doors closed on you or reaching a dead end is another story altogether. Imagine our worry when the patient is a lady? I will leave the perils and downside of our female patients – with mental illness and living alone – to your imagination.

Oh yes we have a couple of Government nursing homes that do take them in but even to get them in is a challenging test to one’s patience.

Eventually out of sheer frustration, we have no choice but to send them ‘home’, put them under our community care and hope or pray that the neighbours will help. There comes a point when our community team would arrive, and friendly neighbours who once opened their doors to us, will run in and shut their doors and windows. Can we blame them? It’s not fair that the responsibilities have to lie on them. We also worked with the village heads who eventually, also stopped answering our calls. These are genuine problems that are faced by most of us in the Psychiatry department all over the country.

Yes, our health centres do help us a lot, but someone needs to take these people for treatment, monitor and supervise their medication.

The authorities concerned need to realise that a large majority of them can achieve remission or even partial remission.

Dr Gayathri K. Kumarasuriar
gsuriar@yahoo.com.sg
Department of Psychiatry and Mental Health
Hospital Sultan Abdul Halim, Sungai Petani
Life Member MMA

Where Do They Go?

The authorities concerned need to realise that a large majority of them can achieve remission or even partial remission.
Towards Better Governance of NPOs in Malaysia

The Registrar of Societies Malaysia had invited MMA and other Non-Profit Organisations (NPOs) to attend a National Seminar on Anti-Money Laundering and Counter Terrorism Financing 2013: “Towards Better Governance of NPOs in Malaysia”. This was the first time it was held among the NPOs, held on 14th November 2013 at KL Renaissance Hotel, and attended by 250 participants.

The seminar was officiated by the Honourable Dato’ Hasan Malek, Minister of Domestic Trade, Cooperatives and Consumerism.

NPOs play a vital role in the world economy, and in many national economies and social systems. Their efforts complement the activity of the Government and business sectors in providing essential services, comfort and hope to those in need around the world. The ongoing international campaign against terrorism has unfortunately demonstrated that NPOs are vulnerable to money laundering and terrorism financing. Therefore, protecting the NPO sector from abuse is a critical component of the global fight and necessary steps to preserve the integrity of NPOs are required. NPOs may be vulnerable to abuse for a variety of reasons for they enjoy the public trust, have access to considerable sources of funds and are often cash-incentive.

This conference not only explained the latest development in money laundering and terrorism financing related to the non-profit sector, but the panel speakers also shared practical tips and best practices in combating the abuse of NPOs.

The objective of the conference is to provide a platform for the non-profit sector and regulators to share their views in understanding and implementing the new legal requirements in money laundering and terrorism financing, as well as to emphasise that the NPOs are accountable and responsible in managing the vulnerability of their organisations.

NPOs could be in the field of environment, humanitarian aid, animal protection, education, art, social issues, welfare, early childhood education, health, politics, religion, research and sports.

There are three Government agencies that monitor the rules and regulations related to NPOs in Malaysia:

- Companies Commission of Malaysia (CCM)
- The Registrar of Societies Malaysia for organisations registered as society (RoS)
- Legal Affairs Division of the Prime Minister’s Department

There is a total of 53,851 NPOs that are registered in Malaysia, comprising of:

- 1,869 companies limited by guarantee, registered with CCM under Company Act 1965;
- 51,734 societies registered with RoS under Society Act 1966;
- 248 Foundation and Trustees registered with Prime Minister’s Department under Trustee Act 1952.

Under the National Coordinating Committee (NCC), a small committee for NPO was formed whereby CCM is entrusted to head the committee (which also has three agencies - namely the RoS, Bank Negara Malaysia and Inland Revenue Department) in planning and executing strategic action when it comes to identifying and minimising risk related to Money Laundering and Terrorism Financing amongst NPOs in Malaysia.

Generally, governance refers to process, regulation and practice that is accepted by an organisation to ensure that all involved within are well informed, controlled and responsible in their every action. Good governance is based on transparency, integrity and responsibility. In the context of NPO, governance is related to the structure and process to make decision, responsibility, control and good behavior at the highest level of an organisation including efforts to abolish bribery, abuse of power as well as the possibility of being abused knowingly or otherwise as a medium for terrorism financing.

Guidelines and International Standards on Combating Terrorism Financing

Financial Action Task Force (FATF) is an organisation accredited by the United Nations, formed in 1989 by the G7 Countries which prepared a guideline called “Special Recommendations” for its members to follow.

Special Recommendations by the FATF includes policy to abolish money laundering and terrorism financing in the financial system and organisations, inclusive of NPOs. Organisations will be rated regularly according to their compliance in following the regulations or recommendations by the FATF members.

Role of Malaysia in International Ratings in Anti-Money Laundering and Terrorism Financing

Malaysia is a member of Asia Pacific Group on Money Laundering (APG), which is a member of FATF.

In respect to the NCC which was formed in 2000 and having members from the Enforcement Agencies and Regulatory Law, Bank Negara Malaysia acts as the main secretariat to monitor the effectiveness of the preventive steps in anti-money laundering and counter financing terrorism according to international standards.
Getting back to my story, I was approached by a MM Kelantan rep regarding a humanitarian mission for the Haiyan/Yolanda Typhoon that occurred in early November 2013 - this was the disaster which catastrophically destroyed the Leyte and Samar Islands in Philippines. Thanks to the MOU signed by Universiti Sains Malaysia (USM) and MERCY Malaysia, it became easier for me to obtain unrecordable leave from my department. My “bosses”, Dr Lutfi (NOR Department USM) and Dato’ Dr Zaidun (HUSM Director) did not hesitate with their permissions though informed with such short notice, and I am very thankful to both of them. MM was very effective and experienced; my travel arrangement was completed in just a few days. As this was my second humanitarian mission (the maiden mission was in Phnom Penh, Cambodia) and my first one under MM, I was a little bit skeptical. The scariest things I worried about were of course the food supply and basic necessities like water and electricity. As I am not the outdoor type, I hoped not to be a burden to anyone during my mission there.

The travelling arrangement was excellent. A briefing by the MM rep, Miss Ain, occurred in LCCT. She explained about the MM in whole, the history and objectives as well as the progress they have achieved in Philippines. I was put under the 3rd team group. The travelling from LCCT Kuala Lumpur to Cebu Island (with transit in Manila) was actually better than expected. Yet, I had to travel alone as I had to travel one day earlier before the rest of the group.

At Ormoc District Hospital with Hospital Director, Dr Maria.

I reached Cebu Island early in the morning and was greeted by another MM rep, Mr Collin. He then brought me straight to the ferry terminal where I had to travel 3 hours to Ormoc City, Leyte Island, the location of the MM HQ. At the Ormoc Ferry Terminal, I was greeted by Mr Wen and sent straight to a one-star hotel. Shockingly, even though Ormoc City was one of the cities badly affected by the typhoon, it was still not as bad as ground zero in Tacloban. Here at least some of the facilities were still working though with a lot of limitations present. He explained that I was “unlucky” as my team missed out on the opportunity to “camp” like the previous team had. I was given one of the three beds in a room which was only fit to accommodate 2 people. Yet, I am thankful for it is still better than sleeping in a tent. After freshening up, I was sent to the Emergency Rescue Unit (ERU) camp located in front of the Ormoc City District Hospital that had been destroyed. A lot of repairing work was taking place at the hospital. After a minor briefing, I was given a seat and a table to start work as a GP. I was accompanied by a survivor, Miss Ju, who became my first translator. She had been Ormoc Hospital’s Welfare Officer before the building was destroyed by the typhoon. She managed to escape death due to maternity leave but few of her colleagues did not. She devoted the rest of her maternity leave to volunteering here in our Mercy Malaysia OPD Camp. I was introduced to Dr Maria, the Hospital Director who willingly shared her private toilet with all the volunteers. Her office also was filled with many boxes of medicine as it was among the few rooms saved from the disaster. As MM was handling the OPD, the OT and emergency cases were taken up by the remaining hospital staff, International Red Cross and AMAX/CMAX/Doctors Without Borders. Here, many locals could speak English except for some of the older generation - in this case the translators would play very important roles. MM knew about this, and for the rest of my stay here I was accompanied by local translators who translated Visayas (majority do not speak Tagalog like in Manila) to English.

The demographic of Leyte Island’s population is mostly made out of Roman Catholics. We can see churches everywhere in the island. So, for a Muslim like me, halal food is a major problem. MM was well aware of this and sent us to eat at a small halal café in the city every day. However, most of
the Muslim members preferred to stay and eat whatever they could get in the camp like maggi mee, cans of sardine and food given by the Malaysian Armed Forces.

Here, my day started early about 4.20am as it was already Suboh or sunrise around 5.30am. Then, we had to go to our basecamp at the Ormoc Health District HQ for breakfast and the day's briefing. We were divided into three teams which are the Medical Team (Medic OPD and cases including a few Post Traumatic Syndrome Disorder (PTSD) cases. The closing of our clinic would usually take place at 5.00pm, followed by a debriefing at 5.30pm. Then, we would head back to basecamp for dinner. The night is free and easy, and most of us would take this opportunity to walk along the nice seaside and watch the beautiful ocean. MM stated that the mission will not happen if not for the volunteers, so every Sunday afternoon support to the living as well. I was personally saddened after looking at an announcement board with hundreds of pictures posted by the locals in a bid to locate their family members or missing relatives. We left the place and proceeded to a historical site where one man was known to have kept his promise – the landing site of General Douglas McArthur in Leyte Island after World War II. We left the city with new perspectives and I was touched upon reading a banner by the locals, “Roofless, Homeless but Not Hopeless”.

My mission there also gave me an opportunity to work and mingle with many types of people. Yet, nobody left a bigger mark in my memory than MM’s only volunteer from Manila, Mr Melvin. He is a nursing graduate who was among one of the first few to be sent as volunteers for this mission ... and the last one to go. He witnessed everything in between, from post-disaster till recovery. His last speech was touching as he expressed both his and the people’s sincere gratitude to all MERCY members and Malaysians for helping. He said that our contribution was priceless and he will not forget it as long as he’s alive. I have also met a lot of doctors here from various fields and schools of thought. But, being cramped-up for almost 24 hours could sometimes make us angry at each other and cause us to subsequently argue. The tension was exacerbated by the lack of food and sleep, and the tiredness which came as a result of performing tasks we never usually do at home. Though arguments and disappointments did take place, the spirit of helping and a gentle smile from our members reminded us the reason why we were there. Hence we were never too tired to forgive, forget, and cheer each other up every single day.

Truthfully, I loved the mission. The mission taught me a lot about the meaning of teamwork and showed me the good in human heart. I appreciate MM’s kind gesture of prioritising the volunteers’ needs during the mission. I am thankful to have gone through this experience with the people I have met there. My return trip was smooth, and for most of the journey I reflected back on the memories gained whilst in Philippines.

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I was sent to the Emergency Rescue Unit (ERU) camp located in front of the Ormoc City District Hospital that had been destroyed

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Medic Mobile), Engineering Team (who do the house/school repair and provide electrical generators as well as water pumps to areas of need) and the Technical Team that kept all things organised in order to ensure a smooth mission. The medical team will then go to the OPD camp around 6.30am to perform the necessary duties like cleaning the tents and stock the medicine before the clinic would start its operation around 8.00am. The previous team had accepted more than 600-800 patients per day. Now that the chaos has died down and the situation has stabilised, the OPD has altered the limit to 400-450 patients per day. According to Dr Maria, the hospital could only facilitate 150-200 patients per day before the typhoon, therefore she hoped for the numbers to reduce slowly so she would have enough resources to take back the OPD. Around 10.00am, two doctors and a few health assistants (pharmacist or nurses) will visit the villagers, who were deemed severely in need of health services by WHO and the Philippines MoH. As my expertise was mainly on clinic and wards, I was only sent once, which was for a few days before my departure. I was sent there with a mobile team coordinated by the Valencia Government Clinic's doctor-in-charge, Dr Edmund. He briefed me about the situation in Valencia Barangay and sent our mobile team to the DPL (Don Patacion Larrazabel) area with few local nurses and a midwife. Here, myself and Dr Tan, a Public Health Officer from Penang, managed to consult 169

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Dr Long Tuan with his volunteers.
We in Johor are working towards hosting our 54th MMA AGM in May. We are both excited and tensed-up as well because of the high expectations from our members. I assure you that it will be an AGM that every member will enjoy and remember. In this month’s BERITA, we have included the registration form and the tentative programme for the 3 days.

Please send in your forms as early as possible so we may prepare for the number of people attending and also add in activities if needed. The hotel will be refurbished by May 2014 for the Sultan of Johor’s Coronation Ceremony. We will actually be getting brand new rooms with new furniture at rock bottom rates. We have negotiated the prices of the hotel to accommodate everyone. The hotel is in the middle of town and the kids can be kept occupied. Legoland, Hello Kitty and Universal Studios - what else can a child ask for while following Daddy or Mummy to a meeting!

We are also trying to get sponsors for the daily lucky draws on items such as the iPad, Samsung 32-inch TV and other electronic goods, so make sure you leave some place in your vehicle to take all this back. In next month’s BERITA, I will be furnishing you with some information about the Indonesian island trip. In fact, if you could send me an email regarding your interest in Batam Island, the number of people and the number of days, I will revert with the details. The boat ride and the shopping might interest some of the kids and spouses. You may reach me at my email address: mraj231267@gmail.com

I will be updating you on the transport details as well in the upcoming issue. We have a direct bus from Kuala Lumpur that will stop right in front of Persada Convention Centre. There will also be an elaboration on the flight details and so on. Till then, we hope to see more forms rolling in!
A Healthier Way To A Natural Bone Formation

800 IU
A cholecalciferol dose that was clinically proven to reduce the risk of hip and any nonvertebral fractures.¹

Inactive Form
Gives a more natural way of vitamin D supplementation without any concern for hypercalcemia.²

Cold-pressed in Olive Oil
For an assured optimal absorption.³

References:

Rafflesia Medical Centre
Kota Kinabalu, Sabah
Tel: 088 240 640 (Theresa/Ida) Fax: 088 272 640

1. OBSTETRICS & GYNECOLOGIST
2. RADIOLOGIST
3. PAEDIATRICIAN
4. DENTIST (Part-time/Visiting)

POSITION VACANT

DOCTOR WANTED IN GP CLINIC
Kuantan, Pahang
• Full time medical officer with valid APC
• Good remuneration package
Contact No: 019-916 6657
Email: sybadar@tm.net.my / sybadar1224@gmail.com

First Announcement
SYMPOSIA SERIES ON PRIMARY CARE MEDICINE
Date 21 & 22 June 2014
Venue Le Meridien, Kuala Lumpur
scan here or search for "WATTzupDoc" in google play store for more information

*cpd points awarded
For more information: www.cleve.com.my | May: 012-638 8128 | 012-631 3436
**REGISTRATION FORM**

Name: ____________________________________________________________  Age: __________

IC Number: ____________________________  MMA Membership Number: ____________________________

Address: ________________________________________________________________________________  Postcode: ______________

State: ________________________________________________________________________________  Official Delegate: □ Yes □ No

Contact Number: (O) ___________________________  (H) __________________________ (HP) __________________________

Email: __________________________________________________________________________________

Vegetarian: □ Yes □ No  Attending National Banquet: □ Yes □ No  Attending State Dinner: □ Yes □ No

Spouse’s Name: ____________________________________________________________________________  Official Delegate (If Applicable): □ Yes □ No

IC Number: ____________________________________________  MMA Membership Number (If applicable): __________________________

State: _______________________________________________  Contact Number: (O) ___________________________  (H) __________________________ (HP) __________________________

Email: __________________________________________________________________________________

Vegetarian □ Yes □ No  Attending National Banquet: □ Yes □ No  Attending State Dinner: □ Yes □ No

(Meals are included for registered members and registered spouses)

**ACCOMPANYING CHILDREN AND GUEST(s):**

Name: ____________________________________________  IC: ____________________  Gender: □ M □ F  Vegetarian: □ Yes □ No

Name: ____________________________________________  IC: ____________________  Gender: □ M □ F  Vegetarian: □ Yes □ No

Name: ____________________________________________  IC: ____________________  Gender: □ M □ F  Vegetarian: □ Yes □ No

**MEALS** (Excluding member and spouse) –

- Extra meals chargeable at Lunch RM45nett / Dinner RM 60nett per adult
- Child at Lunch RM35nett / Dinner RM 45nett per child (child 4 to 12)
- Annual Banquet and state dinner chargeable at RM110 per guest (children below 12 are not allowed)
- Fellowship night chargeable at RM80 per guest and RM50 per child

**SPOUSE’S PROGRAMMES** (please indicate number of pax attending)

- 28th May 2014
  - Facial Care class (free): □  Cooking Demo (free): □
  - Shopping trip to Johor Premium Outlet (JPO) – RM 40

- 29th May 2014
  - Nail Care class (free): □  Cooking Demo (free): □
  - Day trip to Legoland Malaysia (Wet & Dry park) – Adult RM 145 / Child RM 122:
  - Day trip to Legoland (Dry park only) – Adult RM 120 / Child RM 100:

- 30th May 2014
  - Fitness class (free):
  - Day trip to Universal Studios Singapore – Adult RM 205 / Child RM 160:

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**54th MMA NATIONAL AGM AND SCIENTIFIC MEETING**

The Puteri Pacific Johor Bahru – 28 to 31 May 2014
Tel: 07-219 9999 Fax: 607-223 5522
PAYMENT FORM

REGISTRATION FEES
Delegate @ RM100 □  Spouse @ RM100 □

EXTRA MEALS (please indicate number of pax)
28th May 2014
Lunch @ RM45:  Adult □  RM35:  Child □
Dinner @ RM60:  Adult □  RM45:  Child □
State Dinner @ RM110 x ____________

29th May 2014
Lunch @ RM45:  Adult □  RM30:  Child □
Dinner @ RM60:  Adult □  RM35:  Child □
National Banquet @ RM110 x ____________

30th May 2014
Lunch @ RM45:  Adult □  RM35:  Child □
Dinner @ RM60:  Adult □  RM45:  Child □
Fellowship Night @ RM70 x ____________

SPORTS PROGRAMME (28th May 2014) – kindly tick one option only
Golf @ RM100 □  Bowling @ RM20 @ RM50 □
Tennis @ RM20 □  Badminton @ RM20 □
Spouse and Children Programmes (for non – delegates only) □

ACCOMMODATION AT THE PUTERI PACIFIC (First-come first-served basis & subject to availability)
• Princess Deluxe including 2 breakfast IN _______ OUT _______ RM 260 x ___ nights RM ________
• Imperial Deluxe including 2 breakfast IN _______ OUT _______ RM 290 x ___ nights RM ________
• Executive Deluxe including 2 breakfast IN _______ OUT _______ RM 402 x ___ nights RM ________
• Extra Bed  IN _______ OUT _______ RM 85 x ___ nights RM ________

TOTAL AMOUNT  RM _______________________

Added Benefits:
• 20% discount at Rebung Spa  * Airport Shuttle at RM 8 per way
• Free mini-bar offerings  * Discount vouchers at JPO
• Child minding services  * Executive Deluxe rooms with Full Club Floor benefits

Payment:
Conference registration & sports programme to:
54th MMA National AGM & Scientific Meeting
Alliance Bank Malaysia Bhd
AC 0116 7001 0023 794
Tel: 607-232 7523, Fax: 607-232 863, e-mail: mmajb@streamyx.com
Hotel stay & tour packages:
Puteri Hotels Sdn Bhd – MBB 5-0111-24790-4
In this month’s issue, NCRC would like to bring your attention to the driver for primary care services - the patients. Earlier publications have highlighted the resources consumed and existing primary care providers who are delivering the care needed.

The National Medical Care Survey (NMCS) which is in its third year, aims to paint a picture of the care processes in the Malaysian primary care setting. NMCS is the only provider-based randomised cross sectional study of primary care activity at national level in Malaysia. The data captured in this survey includes reasons for seeking treatment (reasons for encounter), problems managed (morbidity pattern) and health interventions (prescription, investigations, and referrals). Results are expressed either in proportions or rate per 100 encounters.

Who visits primary care more often - the young or the old, males or females?

- The most frequent user (50.8%) of primary care services in Malaysia were the working adults (15-44 years old).
- Those ≥ 65 years old contributed to only 8.9% of patients’ visits.
- Australia in 2011-12 recorded that 31.1% of their primary care encounters were working adults whereas those ≥65 years of age contributed to a relatively similar proportion at 29.7%.²
- Females accounted for a greater proportion of the encounters (57.3%). This is unsurprising, as literature has proven that females tend to demonstrate a health-seeking behaviour.³

To what extent are Malaysians and foreigners utilising the primary care system?

- Malaysians and permanent residents contributed to the majority of primary care attendees (93.2%).
- The remaining 6.8% of total attendees were foreigners; more than three quarters of them sought treatment in private clinics.
- Malays accounted for 60.3% of the patient encounters, followed by Chinese (19.1%) and Indians (12.5%). In addition, 6.7% of the attendees were from the indigenous population.
On average, a patient attending a Malaysian primary care clinic presented with 1.67 reasons per encounter (RFE).

More than half (51.7%) of them came for 1 RFE whereas only 3.4% had ≥4 RFE per visit.

Out of the top 30 RFES listed in the NMCS report:
- 55.9% were symptoms or complaints
- 30.3% were chronic illnesses
- 10.6% were diagnostic or preventive procedures (e.g. medical check-ups, vaccination) and the remaining were infections and trauma/injury.

The most commonly managed RFE in public clinics were hypertension, which was seen in 31 out of 100 encounters, followed by diabetes and lipid disorders (20.2 per 100 encounters) respectively.

On the other hand, patients presenting to private clinics reported more symptom-based problems; fever (24.6 per 100 encounters) and cough at an almost similar rate (24.5 per 100 encounters).

There was a difference in morbidity patterns between the public and private sector. Hypertension was the leading problem (20.4%) managed in public clinics and was seen in 33 out of 100 encounters.

Second was diabetes at 14.6%. Type 2 Diabetes patients made up the majority with a rate of 20.5 per 100 encounters.

Third was lipid disorder (13.9%).

By comparison, the private primary care providers saw mostly acute conditions. The top two most frequently seen problems were upper respiratory tract infection (25.4%) and gastrointestinal infection (5.0%).

Medical check-up was also common in the private clinics; at 4.4 per 100 encounters.

The importance of reliable data on primary care services and activities in Malaysia cannot be emphasised enough. It is only when we truly understand where the root of the problems are that we can move forward to improve and provide better, affordable quality care to our patients.

More in next month’s issue... so do stay tuned!

References

For more information, do not hesitate to contact us. We are just a call away!

Healthcare Statistics Unit
National Clinical Research Centre
3rd Floor, MMA Building,
124 Jalan Pahang, 53000 Kuala Lumpur
Tel No: 03-40439300/9400
Fax No: 03-40439500
www.crc.gov.my/nhsi/

Better Use of Better Statistics for Better Policies and Health Outcomes

We would like to thank our Director General of Health, Ministry of Health Malaysia, for the permission to publish this article.
Royal College of Surgeons in Ireland
Intercollegiate Basic Surgical Skills Course – Penang / Serdang 2014

Month       Date             Venue
June        18th – 20th     Perdana University – RCSI
September   3rd – 5th      Penang Medical College

Intercollegiate Basic Surgical Skills Course
THREE DAY TECHNICAL TEACHING COURSE

Aimed at: Surgical trainees who are starting basic training.

- **Course Objectives:**
  To train participants in basic techniques for all types of surgery

- **Course Content:**
  - The emphasis of the course is on:-
    - basic knot tying techniques
    - suturing techniques
    - percutaneous biopsies
    - gastrointestinal/vascular anastomosis
    - repair of nerve and tendons
    - introduction to safe laparoscopy
    - endoscopic procedures
  - Closing Date:
    - One month (exactly) before course date commencement or
    - when fully subscribed

- **Fee:**
  - EURO 300.00 for Malaysian Nationals with KKM (MOH) Malaysia
  - EURO 750.00 for Other Nationals

- **How to apply:**
  Please note that there are only sixteen places available on each course. These are awarded on a first come, first served basis on receipt of completed application and fee. Please keep this Surgical Training Office advised of any changes to your contact details.

To enroll, please return completed application form (available at www.rcsi-star.com) and fee to:-

**Prof N. Premath**
Director of Surgical Training
Royal College of Surgeons in Ireland
Penang Medical College
4, Jalan Sepoy Lines
10450, Penang
Malaysia

Tel. No. 604-226 3459
Fax No. 604-227 6529
Email: prem@pmc.edu.my
New Straits Times • 29 December 2013

**DIALYSIS CENTRES**

**Formulate standards for the centres**

The Malaysian Medical Association supports and applauds the proactive steps taken by the Health Ministry to ensure patient safety in kidney dialysis centres. While most centres meet standards, some pose a health hazard and cause more morbidity and mortality.

This is mainly because of infections resulting from poor maintenance of hygienic and sterile conditions. Dialysis centres are an unregulated industry and pose as time-bombs in this country.

Some staff do not have basic knowledge in medicine. With 20,000 trained nurses unemployed there is no reason why dialysis centres could not recruit trained staff.

The government is considering introducing stricter entry requirements for students wanting to pursue medical degrees in universities.

Health Minister Datuk Seri Dr S. Subramaniam said the Health and Education Ministries were studying measures to implement the new requirements.

He said another measure was to restrict new higher learning institutions from offering medical degree courses for five years. The ban is effective from May 1, 2011 until April 30, 2016.

“We are aware of the concerns over the rising number of doctors entering the local market, with the number of doctors entering the service reaching 5,000 annually. “Our ratio of doctor to population has reached 1:600,” he said after attending the national-level Thaipusam celebrations at Sri Subramaniar Swamy Temple in Batu Caves here yesterday.

He was responding to the concerns raised by the Malaysian Medical Association on the growing number of doctors who had “flooded the market”.

Its president, Datuk Dr N.K.S. Tharmaseelan, had said on Thursday that there were too many doctors and medical institutions for a population of 27 million. The then higher education minister Datuk Seri Mohamed Khaled Nordin had said the freeze was based on several factors, including the marked increase in the number of medical graduates and the competency of housemen, teaching staff and teaching hospitals.

Dr Subramaniam said there was a possibility that the minimum requirement (to enrol into medical courses) might be increased from the present 4Bs eligibility based on the Sijil Pelajaran Malaysia examination results.

“We might set the bar higher and even make this a mandatory requirement for those who opt to study overseas. “This mechanism will be able to control and ensure that only the best qualified will be allowed to study medicine,” he said. Additional reporting by Balqis Nasir.
Malaysian Medical Association: Illegal Maids Pose TB Threat

KUALA LUMPUR: Illegally-employed maids who have not gone through proper health checks before entering Malaysia are among the contributors to the rise of tuberculosis (TB) in the country.

According to Malaysian Medical Association (MMA) president Datuk Dr N.K.S. Tharmaseelan, these stay-in maids are in direct contact with children and family members with the high possibility of the disease spreading in the household.

“One person is enough to spread it to the whole family and visitors. It goes on without stopping,” Dr Tharmaseelan said.

He pointed out cases where initial health checks on foreign workers failed to reveal the disease, only to be discovered months or even years later.

He said anti-tuberculous drugs could provide a remedy if they were given in the recommended dosages over an adequate period of time with proper supervision.

“But that does not happen with illegals. Illegal migrants tend to shy away from health providers or health checks.”

Legal migrants, on the other hand, are tested for TB upon arrival. If they were infected, they would be immediately deported.

“Malaysia is one of the few countries in the world that provides free TB treatment to patients. Even foreigners are treated for free before they are sent back to their country,” he said.

MMA is fully supportive of the Health Ministry’s effort and commitment in controlling the high number of TB cases and deaths in the country.

“The number of TB cases have clearly surpassed dengue over the years. It is now a common infectious disease with high number of deaths.”

But Tharmaseelan said it was unfair to only blame foreigners for the outbreak.

“Based on the figures provided by the ministry, only 12 to 13 per cent of the 22,710 reported TB cases in 2011 were found to be foreigners. The bulk comprised locals.

“It is important to find the source of the disease,” he said.
Professor Dr Lekhraj Rampal: In Service of Humanity

Interviewed & written by, Donald Wee
Senior Writer

Professor Dr Lekhraj Rampal is a Professor and Senior Consultant Epidemiologist at the Faculty of Medicine and Health Sciences, UPM. He obtained his degree in Medicine and Surgery in 1972 and a Master degree in Public Health with honours in 1978. In 1986, he received training in Cancer Epidemiology under the W.H.O. Fellowship. He obtained his Doctorate of Public Health degree in Epidemiology in 1988. In 1991, he received a Fellowship from Asian Development Bank for Cardiovascular Disease prevention Program in Finland ‘The North Karelia Project’. In 1992, he received a W.H.O. Fellowship in Advance Epidemiology in CDC Atlanta, USA. He was the President of All India Malaysian Student Association (1970). Prof Rampal is a Life Member of MMA and has been deeply involved with public health and health promotion for more than 40 years. He has been actively mapping tobacco control activities in Malaysia since 1983. He is also an outspoken member of the Action on Smoking and Health (ASH) Committee MMA for more than 20 years, having served as its Chairman (1996-2009, and more recently 2013/2014) and Secretary (1983, 1986-1993). He used to run hard-hitting public education campaigns. At the individual level he is involved in educating the population on the harmful effects of tobacco products and the harmful effects of second hand smoke. At community level he is a catalyst and strong advocate for changes in Government policy on educating the population on the harmful effects of tobacco products, smoking cessation facilities, smoke-free workplaces, raising of tobacco tax, and ban on tobacco advertising/promotion/sponsorship/packaging/labelling of tobacco products.

At present, he is the Chairman of ASH Committee MMA, the VoC Committee MMA, the AIDS/STI Committee MMA, and the Public Health Society MMA. His involvement with anti-smoking began back in 1986 when he first organised the National No Smoking Day. This was followed by the National No Smoking Week in 1987-1989, 1991, and 1993. He was also the Chairman of the Organising Committee for the International Quit Smoking and Win campaign in Malaysia (1998, 2000, 2002, 2004, and 2006). This was complemented by a national level World No Tobacco Day 1993, 1998, 2000, 2002, 2004, and 2006.

To supplement these programmes, he also organised courses to train doctors and healthcare workers on tobacco cessation. He is a strong advocate of efforts to educate communities about the harm that tobacco does and focuses his efforts on enhancing tobacco control efforts in developing countries.

He is also the President of the College of Public Health Medicine for the Academy of Medicine Malaysia (2009-2014) and a member of the Board of Directors of the Health Promotion Board Malaysia (2007-2013, Deputy Chairman from 2007 through to 2010). He is also a Fellow of the Academy of Medicine of Malaysia, a Fellow of the Academy of Medicine of Singapore, a Fellow of the Royals Society of Health London, and a Fellow of the Public Health Medicine of Malaysia.

Empowerment of the people to take care of their own health is critical. People need to take care of their own health and the first step is to take ownership of it.
Prevention is the Best Cure

Prof Rampal is passionate about non-communicable diseases (NCDs) and its prevention. “My first concern is about NCDs and how they can be prevented. Basically, primary prevention is better than cure. That is the basic concept that we should be advocating. Any number of hospitals you build in Malaysia for heart or cancer is not enough. It’ll be easier to prevent the disease than curing it. That is my complete belief,” he opines.

“It is less costly and by not getting NCDs, you will be less of a burden to the individual, family, and community. Take smoking for instance; why have I spent more than 20 years fighting against it? It is simply because I am completely convinced that it is very harmful to the health and is completely wasteful. Smoking drains a few billion ringgit every year. This is money that just goes down the drain so we need to take more action on that,” he advises.

“You see, when someone gets sick because of smoking and gets a heart attack or cancer, the whole family will suffer. He will be affected first, but his family and community will also be affected. In turn, the nation will also be affected. Where will he go? In all likelihood, he will go to our public health services. That’s why prevention is better than cure,” he states.

More Proactive Action Needed

However, Prof Rampal believes that more actions need to be taken in order to prevent NCDs. He points out the issue of smoking and what has been done to address it. There are more than 4 million aged 15 years and above who are smokers. The simplistic solution of raising cigarette prices is not enough to deter schoolchildren and the poor from smoking. Prof Rampal insisted that stricter measures must be taken. We need to ban tobacco advertising, promotion and sponsorship. There should be more rigorous monitoring and enforcement of W.H.O.’s Framework Convention on Tobacco Control.

He points out that raising the price of cigarettes is just one strategy. There are still numerous issues that need to be confronted, such as people who still insist on smoking in air-conditioned areas, schoolchildren still being able to buy cigarettes, what their parents are doing about it, and also what the public is doing.

A paradigm shift in strategies for the prevention of non-communicable diseases is needed. It is imperative that we seriously prevent and control its risk factors. There is a need to have a holistic approach and community and industry participation. It is the social responsibility of the corporate sector to ensure that they proactively participate to reduce non communicable diseases in the country and do no harm to the health of the population.

“Instead of sitting around and waiting for the Government to do something, we should be working with them via our community leaders then we will succeed,” he speaks out, reinforcing his stand that proactive action should indeed be carried out at all levels.

Example the food industry, including manufacturers and restaurants, should reduce sodium and sugar in the food supply over the next five years is one of the types of approach that, if implemented, would reduce hypertension and diabetes in the population.

There must be commitments from local authorities (City Hall, Town Councils, District Councils) and the Government to increase the amount of parks and recreational facilities for physical activity. This can be further accentuated by local authorities that pass urban design plans that facilitate physical activity. Transport, infrastructure and land-use policies that create appropriate conditions for safe walking and cycling need to be planned and implemented. These indicators should be part of Key Performance Index (KPI) of the local authorities.

Stop Waiting to Be Told What to Do

It is still not too late to do something about it, but more needs to be done. For instance, how many private clinics are there in Malaysia that only deals with preventive care?” he queries.

Prof Rampal points out that almost everybody visits the doctor after they get sick. However, he questions the effectiveness of this strategy. Why wait until then? Prof Rampal was quick to point out that we should make it a habit to get ourselves checked out before we get sick. He also mentioned that this practise of preventive medical check-ups is quite commonplace overseas. For instance, the practise of checking blood pressure and cholesterol levels are routine in countries like Finland.

“Empowerment of the people to take care of their own health is critical. People need to take care of their own health and the first step is to take ownership of it. Don’t sit around waiting for your doctor to tell you what to do. Simple lifestyle measures have been shown to be effective in preventing or delaying the onset of type 2 diabetes. To help prevent type 2 diabetes and hypertension and its complications, people should achieve and maintain...
a healthy body weight; be physically active – at least 30 minutes of regular, moderate-intensity activity on most days. More activity is required for weight control; eat a healthy diet of between three and five servings of fruit and vegetables a day, reduce sugar, salt and saturated fats intake, and avoid tobacco use as smoking increases the risk of cancers and cardiovascular diseases.

Just last year, Prof Rampal took his students through their paces when he led them on a walk to observe World Physical Activity Day 2013. The intention was to bring further awareness of the importance of physical activity for good health. This special ‘Walk Against Hypertension’ was officiated by Miss Universe Malaysia 2013, Carey Ng and was attended by over 350 UPM students.

For The Good of All

“Of course, we still need to do more for them as they cannot be left just like that. We need to motivate them, especially the youths from the poor or lower-income communities in order to inspire them. There is still a lot that remains to be done,” he contends.

“One thing good about the recent Orang Asli community project that we worked on was that the village headmen numbering around 50 were willing to cooperate. For example, this one house that was worked on, we only contributed the materials while they built it themselves. It’s a partnership,” Prof Rampal shares.

He went on to add that there is a difference between sympathy and empathy. Prof Rampal is insistent that we need to show the low-income group that we are with them and that there shouldn’t be any class differences.

“For instance, instead of spending a few hundred on a single meal with your family, why not give that to the poor? That sum is enough to feed a small family for a week or two,” he suggests.

“Looking back at the recent Orang Asli project, one good thing was the show of solidarity from both my colleagues, students and Orang Asli community leaders. There were around 20 doctors and 101 students who volunteered to

Volunteerism is the Path to Take

Prof Rampal is also very passionate about volunteerism. He is deeply enthusiastic about this topic and feels that it is the responsibility of everyone to contribute in any way they can.

“I believe that the young and the middle-income group need to learn to volunteer their services to the poor. Similarly, the rich should build this inside them to think of the poor and the middle-income group. So what do you do if you don’t have any money? It’s simple! You can volunteer your time or services,” he says.

“You could say that the spirit of volunteerism is my actual love. I always believe that we can all do something for the poor. The most important thing about our community work is that we feel we are with them. Our students would also come to know their way of life,” he comments.

Looking back at the recent Orang Asli project, one good thing was the show of solidarity from both my colleagues and my students.
spend their own personal time on a Sunday to carry out this project,” Prof Rampal beams. The Social Outreach Medical Camp Program for Orang Asli in Tapah Perak, organised by MMA, was a good opportunity for the development of the students’ personality. “From this, I can say that the youth in the universities are willing to volunteer. We just have to harness their strength and energy in a positive way and have it put to good use for their community social responsibility. In addition to this, it will also benefit them personally as it will provide them with a sense of inner peace and humility. It is my firm belief that you must love God and lose your ego. Ego is your downfall,” he cautions.

His Work is His Life

Prof Rampal happily affirms that he considers his work to be his life. It is something that he finds great joy in, and is highly committed to. “I even come in to work on weekends. Every day of the week I am available to my students, regardless whether it is Saturday or Sunday,” he proclaims.

He went on to elaborate that being a Professor is not an easy task. The level of commitment needed is tremendous as Prof Rampal has a responsibility to the students that he has agreed to mentor. He frequently makes himself available to his students and he does it with a willing heart.

“It is simply because I greatly value professionalism, which is why I am very committed when it comes to my students. My door is always open to them. My typical day starts in the morning. When I come in, I am very focused on what I want to do for the day. In between, I always make it a point to make the effort of squeezing out some time to see my students if they need me,” he confides.

He is also very matter-of-fact about the need to plan things out, as he believes that satisfaction will follow. He goes on to add, “This is especially true when you are doing something not just for yourself, but for others. That is where inner peace comes from. Take it as an opportunity to gain from your interactions with them. You might even ascribe some of the principles of karma to your actions.”

Taking a Break

So how does he relax? Gardening is one of his hobbies and he loves spending his time nurturing the plants and sitting back to enjoy their natural beauty. He also finds great joy in volunteering to help people as his ‘hobby’ for it gives him inner peace.

“By volunteering, I am appreciating the chance that God has given me to help others,” he asserts. “Although age is catching up, I don’t feel the need to slow down at all. Age is never a factor, it is your mind that will determine whether you succeed or fail. I am enjoying my work and since I am constantly working with youths and the community I always feel young as well,” he jokes.

“You must not only treat your children as your children. By right, everyone, irrespective of race or religion, should be your child. The moment we divide by race, religion, or class that is where the problem will start,” he counsels.

MMA Must Lead the Way

His advice to his colleagues in MMA is simple – they must serve. “Think of your patients as an opportunity for you to serve. Do not think about how much you can get from them. Materialism should not be there. Every patient that comes to you is an opportunity for you to learn and expand your experience,” he encourages.

“The medical profession is not just a business. It is not for you to enrich yourself in the material sense. You should be using your knowledge and experience to serve the people. Inner peace is more important than being materialistic,” he suggests.

He also stresses, “Always include the preventive aspect when you deal with your patient. Don’t forget to include the preventive message. It will reduce cost to the patient, community, and country.”

Professor Dr Lekhraj Rampal is a staunch believer in the virtues of professionalism, integrity, and love for another human being. He points out, “Professionalism is very important for me, irrespective of the job you do.” He is happily married. All his 4 children are doctors, all in Government Service, of whom one is in the Military. He has seven grandchildren.
On the 9th of January 2014, a book titled “My Cholesterol Journey in Malaysia” written by YBhg Dato’ Dr Khoo Kah Lin was officially launched by YABhg Tun Ahmad Sarji bin Ahmad Hamid at the Academy of Medicine of Malaysia in Kuala Lumpur.

Despite the late afternoon rain, the event was well-attended by almost 200 guests, including a surprise appearance by our former Prime Minister, YABhg Tun Dr Mahathir Mohamad and his wife YABhg Tun Dr Siti Hasmah Mohd Ali.

Among some of the distinguished attendees from the medical fraternity included current MMA President, Dato’ Dr N.K.S. Thermaseelan, Past MMA Presidents, Dr S.R. Manalan, Dr David Quek, Dr Tan Hong, Datuk Dr Azhari Rosman, President of National Heart Association of Malaysia (NHAM), former Health Director General, Tan Sri Dr Ismail Merican, and founder of the Malaysian Psychiatric Association, Tan Sri Dr M. Mahadevan.

Also present at the book launch were respectable industry top-brasses such as Bank Muamalat Chairman, Tan Sri Dato’ Dr Mohd Munir Abdul Majid and MAA Group Berhad’s Executive Chairman, Tunku Dato’ Ya’acob bin Tunku Tan Sri Abdullah and his wife, Datin Ezurin Yaacob.
A familiar face in the medical world, Dato’ Dr Khoo served as President of the Malaysian Medical Association from 2007 – 2009. He is currently the Master of the Academy and also a Director of the Heart Foundation of Malaysia (YJM). He is a renowned Interventional Cardiologist and Lipidologist.

Dato’ Dr Khoo Kah Lin is a world expert in Familial Hypercholesterolaemia (FH). He has been practising as a consultant Cardiologist for the past 40-odd years. Dato’ Dr Khoo has successfully identified, treated and managed many Malaysians who have been diagnosed as having FH.

Under the auspices of the Heart Foundation of Malaysia, the treatment options available to FH patients include statin drugs at a reduced rate and LDL Apheresis (Cholesterol Dialysis) where indicated. Dato’ Dr Khoo shares the story of how he set up the only LDL Apheresis centre in South East Asia. This programme is a collaboration between the Heart Foundation of Malaysia, Nephrology Department of the University of Malaysia and the Sau Seng Lum Charity Foundation. Till today, Dato’ Dr Khoo continues to be actively involved in cutting-edge research, especially in the area of molecular lipid genetics.

Through his interest in molecular lipid genetics and his work with international researchers, Dato’ Khoo has succeeded in detecting various types of gene mutations causing lipid disorders such as the LDL-R gene defect, the Apo B100 gene defect, lipase gene defect, ABCA1 gene defect and produced numerous international publications.

“My Cholesterol Journey in Malaysia” is the first ever book written by a Malaysian, on Malaysians, for Malaysians, about cholesterol and heart disease in Malaysia. The 91-page book documents Dato’

Khoo’s research and journal articles over the past four decades, and documents the eating habits, lifestyle, and the abnormal lipid genes in Malaysians.

In his generous way, Dato’ Khoo has kept the cost of this book low (RM35) so that more doctors and allied healthcare professionals can purchase a copy, with the hope that more doctors will take up the challenge of helping this special group of patients.

“All that I achieved with my colleagues was done without money or study grants, but sheer enthusiasm,” Dato’ Khoo shared at the launch.

“People came into my life when I needed them most and when I reflect on this, I’m always reminded of Dorothy (Julie Garland) in the movie, The Wizard of Oz, who journeys down the yellow brick road to reach Emerald City in search of the Wizard to help her. Today, I feel so blessed that the dreams that I dared to dream at the start of my cholesterol journey really did come true.”

“My Cholesterol Journey in Malaysia” was the first ever book written by a Malaysian, on Malaysians, for Malaysians, about cholesterol and heart disease in Malaysia. The 91-page book documents Dato’

All proceeds from the sale of his book will go to The Heart Foundation of Malaysia (YJM). Copies of the book can be obtained from VersaComm (Ms Sia or Ms Jean: Tel no: +603-5632 3301/ +603-5621 1408/+603-5637 8588) or (Ms Rissa: Tel no: +603-4427319 at the MMA).
This is a welcome addition to the somewhat sparse shelves that feature books related to the history of Malaysian medicine in this country. One such valuable book was *The History of Medicine in Malaysia – Vol 1&2* published by the Academy of Medicine a few years ago. This is indeed a welcome addition.

As the title implies, this is a collection of the biographies of each and every Malay doctor up to Independence Day - there are less than 60 of them. As these are not official biographies, one can imagine the gargantuan task by the author of compiling, quite often from zero, their life histories. Sources for the book vary from the subjects themselves (if they were still alive) to offspring, relatives and official Ministry and University archives. This book is even more commendable when the author acknowledged that it took more than 10 years to compile it.

Given the hurdles faced, some doctors could not be traced (12 to be precise), nor the whereabouts of their families and relatives known at the time of writing. As a result, this book (the present edition, at least) is not a complete treatise of all the Malay doctors that served the country prior to Independence. However, the author expresses a positive interest in accumulating further data to produce a more complete future edition.

Nevertheless, this 964-page book provides engaging reading both for the general public, providing useful hitherto-unknown nuggets of information about local medical personalities, as well as a source of reference and teaching resource for researchers and academics. Not many would know that the first Malay doctor was Dr Abdul Latiff who graduated in 1910 and had a road named after him, near Hospital Kuala Lumpur. Or that Tun Dr Ismail bin Datuk Abdul Rahman was the Acting Prime Minister when he suffered a fatal heart attack in 1973 and subsequently became the first person to be interred in the Warriors Mausoleum.

The book is divided into three parts: the first featuring tables listing the important chronological events in local medicine with important achievements by the Malay doctors. The second part contains a brief biography summary while the bulk of the book, the third part, features a longer and more detailed story of each of the doctors.

There are ample monochrome photographs, many from private collections previously hidden from the public eye, but the resolution of many is far from ideal, partly from the antique nature of these photos but partly also from the nature of the printing process and the non-glossy paper used.

All in all, the author needs to be congratulated on embarking on such a noble task single-handedly, using self-funding, with the consequent limited resources available, to produce an encyclopaedia-like treatise, with further editions in the offing. It is hoped that the relevant Government agencies can financially support further editions of this worthwhile project to fill-up the dearth of books on Malaysian history.
It was indeed a night to remember! The 42nd MMA Perak Installation Dinner was held on the 12th October 2013 at the Syuen Hotel, Ipoh, Perak Darul Ridzuan. With the progress of each year, we see amazing changes in what the Organising Committee has done for the programme.

To begin, the MMA team and invited guests arrived in style, immaculately groomed and clad in outfits according to the night's theme of black-and-white. Our invited guest of honour was the MMA President, Dato' Dr N.K.S. Tharmaseelan who arrived early to mingle with members and guests during the cocktail reception. One could not have expected it but there was a lion dance troupe that escorted the VIP guests as they emerged to walk down the red carpet. Just as soon as we settled down in our seats, there was a total blackout in the hall which was then followed by another magnificent performance of a fluorescent dragon dance on stage. The only hampering thing was the accompanying music with a background commentary in Mandarin that could not be universally understood and that includes myself!

Our Organising Chairman Dr Rosalind Simon, who shimmered in her black and gold saree, made her welcoming address in confidence and made sure everyone enjoyed the event. This year we had two ladies lined-up to propose the toast – Dr Puvaneswari led the crowd in toasting to the King and Dr Elya Zetti to the Sultan of Perak. Everyone was starving by then and we were not disappointed with the menu, which was an elaborate 8-course Chinese dinner. I give my compliments to the chef for a job well done. In between meals we had more entertainment to aid digestion – an imitation of Fred Astaire and Ginger Rogers’ ballroom dance and a couple of exotic Chinese belly dancers.

The addresses made by both the MMA President Dato’ Dr N.K.S. Tharmaseelan and Outgoing Chairman of MMA Perak Dr Japaraj Robert Peter was short, concise and sweet. The highlight of the event finally arrived with the citation and installation of the Incoming Chairman, Mrs Yek Sing Chee. Mrs Yek was present to support him, and beaming with pride. The new office bearers of MMA Perak were introduced on stage and were almost blinded by flashes of light from the cameraman.

There was more to follow that evening. A young doctor-cum-comedian who hailed from Kuala Lumpur tickled us pink and kept us in stitches with his antics and jesting. The lucky draw session kept everyone sitting up and aiming for the well-worth prizes. In addition, MMA Perak awarded four members’ children for their excellent achievement in the 2012 SPM examination and presented cheques to two charitable organisations. Finally the night ended with talented members and guests moving to the beat of techno music on the dance floor. Wish you were there? Come join MMA Perak as there’s more to come.
As 2013 came to an end last year, the East Coast state of Pahang felt it was not to be left out from other states in organising its activities.

The MMA Pahang Scientific Symposium has matured progressively to its third year in 2013. It was organised by Dr Hew Kin Sun, with the Chairpersons being Assoc Prof Dr How Soon Hin and Datin Dr S. Gowri. It was held at M.S. Garden Hotel, Kuantan on 26th October 2013, a one day event which was attended by nearly 100 participants.

The topics were well-covered by all the 11 speakers. The participants also visited the booths outside the hall. Later that Saturday night (26th October 2013), MMA Pahang organised the 31st Annual / Installation Dinner in the same venue. The Chief Guest was none other than our beloved Menteri Besar, YAB Dato’ Seri Diraja Haji Adnan bin Haji Yaakob, who despite his heavy schedule, managed to attend midst of function. The dinner was excellent and the entertainment was by Khoo Academy. We moved on to a good guitar performance by Dato’ Dr Vasanth and his young partner who played the organ, and subsequently to another guitar performance by our ‘Cikgu’. We turned “panas” when our invited singer Mr Ali and his Nepalese partner belted out Hindi Songs. It was so hot that our Menteri Besar made sure he sang a few Hindi songs solo and with the Nepalese partner mentioned.

The Menteri Besar was so happy, he announced that the dinner would be sponsored by the State Government. We were glad to have been graced with the presence of National MMA President, Dato’ Dr N.K.S. Tharmaseelan and our National SCHOMOS Chairman, Dr Azhar Amir Hamzah during our dinner function. The Organising Chairman was our Energetic Gastroenterologist Dr Tee Hoi Poh, and not forgetting our Active MMA Pahang Chairman, Dato’ Dr Paramanathan, who both made sure the function went well from beginning to the end.

Lucky draws were patiently awaited, and guests anticipated for their numbers to be called. The 250 members had a good night that weekend. The Master of Ceremony, Dr P. Thillai Nathan (myself), conducted the function smoothly (from the feedback obtained from the members, TRULY). Hope to meet all MMA Pahang members again during next year’s dinner function.
The J ohor SCHOMOS Doctors Appreciation Night unfolded successfully at the five-star Renaissance Hotel, Johor Bahru on 30th November 2013. The event was graced by Chief Guest Dr Mohd Khairi bin Yakub (Johor Health Director), Dato’ Dr Tharmaseelan (President MMA), Dr Rooshaimi Merican (Director of Hospital Sultanah Aminah, JB), Datuk Dr Kuljit Singh (MMA Hon. General Secretary) and other VIPs including the heads of various departments at the hospital.

The event, a first of its kind, brought together all Government doctors in Johor under one umbrella, regardless of positions and departments, for a memorable dinner and a colourful evening. We hoped that this function would also serve as a membership drive to gather new members and encourage lapsed members to renew their membership. Another opportunity here is to create an awareness regarding the existence and role of SCHOMOS/ MMA, especially among the doctors serving in Johor.

It is often said and agreed that spare time is hard to come by in the life of a doctor, and many would choose to spend their little spare time with their families, revising for examinations, or simply by resting at home. This does not help in fostering good relationships among us, especially those in different departments. A perfect farm, a profitable farm, and a righteous farm is not a farm if there are no seeds growing ... rather it is the farm with planted crops which will bear fruit.

It is undeniable that all doctors have their hidden talents, so we had a few wonderful performances by some doctors who were rewarded. We had lucky draws too. The event attracted a total of 280 participants and was officiated by Dr Mohd Khairi bin Yakub (Johor Health Director) who represented the Director General of Health. He delivered his keynote address on “The Future of Doctors in Malaysia”. He narrated some of the issues, such as time scale promotions which has its pros and cons. Some of the following problems that accompany the time scale promotion have been raised to the Director General of Health: 1) no incentives for those in challenging positions 2) everyone will be promoted as per time scale though some may have underperformed 3) senior doctors are not respected by the juniors when they are in same grades.

A group photo with Chief Guest, Johor SCHOMOS members and MMA Johor members.
4) New talents are lost, especially non-clinical doctors who were not promoted to Jusa or Khas C. In the future, intake will be based on the availability of the post. Due to the overflowing of doctors, we cannot be sure that they will be given full employment or just a contract. He welcomes SCHOMOS/MMA for its active participation, now and in the future.

This was followed by a banquet dinner and performances by the talented doctors. We have some very good singers and dancers (where have you guys been hiding all this while?). Bravo to the winners and to the rest, there is always next year. This was a much deserved break for all who have been slogging at the hospital throughout the years.

Overall, the Johor medical fraternity can rejoice in the success of hosting the first Johor SCHOMOS Night in Johor Bahru. The number of participants, presence of distinguished speakers and good event coordination (including registration, venue and food) all made the event a great success. The smooth running of the seminar would not have been possible if not for the untiring support of SCHOMOS and MMA Johor, Jabatan Kesihatan Negeri Johor and Hospital Sultanah Aminah, JB. I wish to thank everyone who assisted and participated in this meaningful event. Last but not least, this event would have remained a “mere thought” had it not been for the sponsors who helped to subsidise the event and furnish gifts for the lucky draws.
YEAR 2014

FEBRUARY

ADVANCES IN INTERNAL MEDICINE SEMINAR 2014
Date: 15th & 16th February, 2014
Venue: Dewan Kuliah Utama (DKU), Fakulti Perubatan Dan Sains Kesihatan, Universiti Putra Malaysia, Selangor.
Contact: Dr Sazlyna / Dr Wan Aliaa
Tel: +6012-7382506 / +6013-4888405
Fax: +603-8947 2759
Email: sazlyna@upm.edu.my/ wanaliaa@upm.edu.my

KURSUS & MOCK EXAMINATION MRCP PACES
Date: 15th & 16th February, 2014
Venue: Wad C1, Hospital Taiping
Contact: Jabatan Perubatan Hospital Taiping
Tel: +605-808 3333/840 8020
Fax: +605-807 3894

MARCH

3RD PENANG CONFERENCE ON CLINICAL EMERGENCIES
Date: 6th March 2013 (CPR course and Pre-conference workshops)
7th – 9th March 2014 (Conference)
Venue: Bayview Beach Resort, Batu Ferringhi, Penang
Contact: Mr SP Palaniappan
Tel: +604-222 9188
Fax: +604-226 2994 / 226 2994
Email: emergenmed@gmail.com
Website: http://sleepsocietymalaysia.org

NATIONAL TB & LUNG DISEASES CONFERENCE 2014
Date: 28th – 30th March 2014
Venue: Sunway Putra Hotel, Kuala Lumpur
Contact: Sally MAPTB / Dr Syakirin (IPR)
Tel: +603-2274 3070 / +603-4023 2966
Fax: +603-2274 4156
Email: maptb@nationaltbdc2014.com
Website: www.facebook.com/nationaltbdc2014

5TH NATIONAL FOOT AND ANKLE TRAUMA SYMPOSIUM
Date: 27th – 28th March 2014
Venue: Seri Malaysia Hotel, Kangar
Contact: Dr Radzeli / Dr Kamarulzaman / Dr Norzakiah / Tn Hj Fazil
Tel: +6012-324 5451 / +6012-201 0595 / +6019-575 6528 / +604-973 8249
Fax: +604-977 9723
Email: nfatskangar@gmail.com

APRIL

10TH NATIONAL SYMPOSIUM ON ADOLESCENT HEALTH (NSOAH)
THEME: “ADOLESCENT POTPOURRI”
Date: 4th – 6th April 2014
Venue: Rainbow Paradise Beach Resort, Penang.
Contact: Ms Laila
Tel: +6013-2665 911
Fax: +603-4505 422
Email: maah.secretary@gmail.com
Website: http://maah.org.my/

MAY

MMA PERAK’S 3RD NATIONAL HOUSE OFFICER SURVIVAL SKILLS COURSE
THEME: FACING THE CHALLENGES
Date: 10th – 11th May 2014
Venue: Kompleks Rawatan Harian, Hospital Raja Permaisuri Bainun Ipoh
Contact: Dr J aparaj / Ms Malai
Tel: +6019-3994795 / +6016-5119022
Fax: +605-2436543
Email: japaaraj@hotmail.com/mmaperak_2c@yahoo.com
Website: http://www.hosurvivalskillscourse.com/

INTERNATIONAL CONFERENCE ON OCCUPATIONAL MEDICINE (ICOM) 2014
Date: 17th – 18th May 2014
Venue: Seri Pacific Hotel Kuala Lumpur.
Contact: Mrs Vicky Sivaratnam
Email: vicky@msohp.com.my
Website: www.msohp.com.my

JUNE

30TH ANNUAL CONGRESS OF MALAYSIAN SOCIETY OF NEPHROLOGY
THEME: “CONTROVERSIES IN NEPHROLOGY”
Dates: 20th – 22nd June 2014
Venue: Shangri-La Hotel Kuala Lumpur
Tel: +603-4022 5882
Fax: +603-4042 6882
Email: msn@msn.org.my
Website: www.msn.org.my

ADVANCED LEVEL OBSTETRICS AND GYNECOLOGY ULTRASOUND COURSE
THEME: SCANNING TO SAVE LIVES
Date: 20th – 22nd June 2014
Venue: Kompleks Rawatan Harian, Hospital Raja Permaisuri Bainun Ipoh
Contact: Dr J aparaj
Tel: +6019-399 4795
Fax: +605-243 7389
Email: japaaraj@hotmail.com

SYMPOSIA SERIES ON PRIMARY CARE MEDICINE
Date: 21st & 22nd June, 2014
Venue: Le Meridien Kuala Lumpur
Contact: Ms J essie / Ms May
Tel: +6012-6313 436 / +6012-6388 128
Email: clev.info@yahoo.com

AUGUST

1ST GLOBAL MANIPAL ALUMNI HEALTH SCIENCES CONVENTION 2014
Date: 7th – 8th August 2014
Venue: Royale Chulan Hotel, Kuala Lumpur
Contact: Dr Philip George/Ms J essie/MAAM Secretariat
Tel: +6012-3974 633 / +6012-6313 436 / +603-7852066
Fax: +603-2282 8355
Email: manipalghsc@gmail.com/manipalmaam@gmail.com
Website: www.manipal.org.my
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Pantai Holdings Berhad (Pantai) is Malaysia's leading healthcare group with a network of multidisciplinary hospitals throughout Malaysia under two brands, Pantai Hospitals and Gleneagles Hospitals. Pantai is also part of Parkway Pantai Limited, a subsidiary of IHH Healthcare Berhad (IHH) a leading international provider of premium healthcare services. In line with our future expansions in Manjung (Perak), Kota Kinabalu (Sabah) & Medini (Johor), we are looking for suitable candidates for the following positions:-

**CENTRAL REGION**

**PANTAI HOSPITAL KUALA LUMPUR, GLENEAGLES KUALA LUMPUR, PANTAI HOSPITAL CHERAS, PANTAI HOSPITAL AMPANG & PANTAI HOSPITAL KLANG**

- Anaesthesiologist
- Cardiologist (EPS)
- Cardiotoracic Surgeon
- Dermatologist
- ENT Surgeon
- General Physician
- Haematologist
- Hepatologist
- Infectious Disease Physician
- Neonatologist
- Nephrologist
- Neurologist
- Obstetrician & Gynaecologist
- Oncologist
- Paediatrician
- Paediatric Oncologist
- Paediatric Orthopaedic Surgeon
- Radiologist
- Respiratory Physician
- Rheumatologist
- Urologist
- Vascular Surgeon
- Medical Officer

**NORTHERN REGION**

**GLENEAGLES PENANG, PANTAI HOSPITAL PENANG, PANTAI HOSPITAL IPOH, PANTAI HOSPITAL MANJUNG & PANTAI HOSPITAL SUNGAI PETANI**

- Anaesthesiologist
- Chest/Respiratory Physician
- Endocrinologist
- ENT Surgeon
- Gastro-enterologist
- General Physician
- General Surgeon
- Haematologist
- Head & Neck Surgeon
- Infectious Disease Physician
- Intensivist
- Nephrologist
- Neurologist
- Oncologist
- Obstetrician & Gynaecologist
- Ophthalmologist
- Paediatrician
- Paediatrician/Neonatologist
- Radiologist
- Rheumatologist
- Urologist
- Medical Officer

**SOUTHERN REGION**

**PANTAI HOSPITAL AYER KEROH, PANTAI HOSPITAL BATU PAHAT & GLENEAGLES JOHOR**

- Anaesthesiologist
- Cardiologist
- Cardiotoracic Surgeon
- Dermatologist
- Endocrinologist
- ENT Surgeon
- Gastro-enterologist
- General Physician
- General Surgeon
- Haematologist
- Geriatrician
- Nephrologist
- Neurologist
- Obstetrician & Gynaecologist
- Oncologist
- Ophthalmologist
- Oral-Maxillo & Facial Surgeon
- Urologist
- Orthopaedic Surgeon
- Paediatrician
- Plastic & Reconstructive Surgeon
- Radiologist
- Medical Officer

**GLENEAGLES KOTA KINABALU**

- Anaesthesiologist
- Cardiologist
- Dermatologist
- Endocrinologist
- ENT Surgeon
- Gastro-enterologist
- General Physician
- General Surgeon
- Haematologist
- Infectious Disease Physician
- Neonatologist
- Nephrologist
- Neurologist
- Ophthalmologist
- Paediatrician
- Radiologist
- Respiratory Physician
- Urologist
- Vascular Surgeon
- Medical Officer

**All Medical Officers must possess**
- MBBS Degree or Equivalent
- Experience in Emergency Department, Medical, Surgical & Paediatric Unit preferred
- Registered with the Malaysian Medical Council
- Valid Annual Practising Certificate

**All Specialist and Consultants must possess**
- Relevant post-graduate qualification with minimum 3-5 years' experience as a Consultant in the above disciplines
- Valid Annual Practising Certificate
- Registered with the Malaysian Medical Council
- Registered with the National Specialist Register of Malaysia

Qualified candidates are encouraged to apply via email or post with the submission of your latest resume, certificates and other relevant supporting documents. Kindly indicate the preferred hospital that you wish to apply for.

**MEDICAL AFFAIRS AND QUALITY DEPARTMENT**
Pantai Holdings Berhad
Suite 17.01, Level 17, The Gardens South Tower,
Mid Valley City, Lingkaran Syed Putra
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