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Contents

ExCo
4 Editorial
6 President’s Message: A Partnership with MLSM: A Mediation Bureau
9 Secretary’s Notes: Goods & Service Tax (GST) 2015 and Healthcare
11 The Treasurer: More on GST – The Impact on Healthcare

Election Committee
13 Call for Nominations (2nd Announcement)
14 National Election Process for MMA

PPS
15 Programme: MMA GP Seminar & Scientific Meeting

SCHOMOS
16 SCHOMOS – MoH Think Tank Meeting
18 SCHOMOS Meets the Education Ministry: Representing Doctors in Universities

Features
22 Speech by Deputy Minister of Health at 3rd MMA Evidence-Based Complementary Medicine Seminar
24 Report on 3rd MMA Evidence-Based Complementary Medicine Seminar
26 The Malaysian National Specialist Register
28 An Irish Rendezvous
30 54th MMA AGM

ASH
32 Environmental Tobacco Smoke

From the National Clinical Research Centre
34 The Malaysian Primary Care: Do We Know Enough? (Part 3)

President In The Press
36 Getting a Grip on Medical Graduates
37 Tobacco: Remove it from TPPA
37 Freeze on Dialysis Centres Welcomed

Personality
38 Professor Dato’ Dr Khalid Bin Abdul Kadir: Overcoming Adversity

Branch News
42 MMA Perak
43 Demise of a Senior Member: Dato’ Dr Balakrishnan Ratnam
43 MMA Selangor
44 Familiarisation Programme with Medical Colleges
44 MMA Kedah
46 SCHOMOS Kedah Shines

Letters To The Editor
45 MMA Sabah-Sarawak Games 2013
45 Stigma of Mental Health
46 Mark Your Diary
Editorial

I hardly met anyone who said the year 2013 was a drag! It has moved so fast, that we have to look at our diaries to recall some events! Nationally there was much excitement over the 13th General Elections, then the Cabinet appointments and the appointment of a Medical Practitioner as Health Minister. A new Director General of Health was also appointed this year. The MMA has vigorously engaged with the Government and raised pertinent issues, has been vocal in issues of national interest and those affecting the profession. The media, print, electronic and social media, have also had much share over the last few months on medical and health related matters. It started with the proposed increase in medical professional fees, quality of medical education, new medical schools, oversupply of doctors, the quality of our young House Officers and the last, hospital charges. However, I have not read about the quality or lack of it and oversupply in other popular professions, law, engineering, accountancy; either they have remained silent or we are broadcasting too freely! Accepted that Medicine is the longest professional course, generally the most expensive, and a dream of high achievers, and that must be the reason for this hype. Nevertheless the issues affecting the profession have to be addressed.

The MMA Facebook is personally updated by the President and to date it has registered 1550 likes. This remains another avenue for closer communication with the leadership of the Association. Feedback and comments on current issues are welcome.

At the level of the National MMA, several seminars had been held this year: The Seminar on Post Graduate Medical Education, the Seminar on Housemanship Training and the Seminar on Evidence-Based Complementary Medicine. These forums have given input to the MMA so as to guide the MMA in the formulation of its policies and guidelines.

Moving on to 2014, we look forward to another successful year for us, for the MMA, for the profession and the nation.

January starts with a very important Special General Meeting of the MMA to discuss amendments to the MMA Constitution. This is done on the advice and observations made by the Registrar of Societies and the MMA Legal Advisors. The Constitution as it is, seems to be too micromanaged, outdated thus not allowing the breadth for progress. It is hoped that the proposed amendments will be objectively discussed and the best position be adopted for the future of the Association. It is also time for the Annual Elections for the various posts at the MMA, national leadership. The call for nominations is out, and repeated in this issue. Taking up these appointments requires much commitment and dedication, and most of all, time. May the best person win!

The MMA Seminar for General Practitioners, organised by the PPS, will also be held in January. This event will see senior officials from UKAS, FOMEMA, EMGS, Pharmacy & Medical Practice Divisions of the Ministry of Health, amongst others, addressing the forum. It promises to be an event not to be missed by our GP colleagues. With a registration fee of RM 100 only, and a reimbursement to members attending, you just have to make the time!

The year 2015 will mark the 55th year of the MMA. A Committee has been formed to record the 55-year history of the MMA, and work on collection of historical records has started. This is to request all members who have photos, reports or anecdotes of the milestones of the MMA, to please share it with the Publications Unit of the MMA. The Commemorative Book is targeted to be released in May 2015.

The MMA and the Editorial Board of the Berita wishes all its members, families and friends a Very Happy New Year and may the new year bring peace, harmony and happiness to all our lives. To all members who have contributed articles, stories, reports and the like for publication in the Berita over the year, we THANK YOU for your support and the Editorial Board looks forward to your continued contributions and suggestions.
Welch Allyn wishes all MMA members a Happy New Year

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Medical Practice has certainly become much more stressful and more hazardous than before. We might need to constantly make a conscious effort to avoid potential mine fields in medical practice. The level of awareness amongst doctors in general, of the legal issues related to their work needs to be improved upon. It is perceived that there has been a rise in medico-legal disputes. This perception may be due to the large increase in premiums for medical indemnity which may be due to the large payouts to the patient when doctors are found liable.

Patients

The modern day patient in Malaysia is more willing to litigate and less likely to accept adverse events without investigating the reasons for the adverse event or attributing blame. In appropriate cases, indeed, patients ought to certainly ensure that their rights are protected, their grievances addressed and their losses compensated. Responsible doctors, do not have a problem with that.

Lawyers & the Judiciary

The problem is whether some of the patients are getting the right legal advice and whether the court dealing with the medico-legal dispute is sufficiently equipped or appreciates what one can reasonably expect of doctors. The large awards may encourage other patients to initiate litigation. This results in doctors giving up their practice, and those aspiring to be a Specialist in high-risk fields such as Obstetrics, Spinal Surgery, etc. will also be discouraged.

Awards have been sky-rocketing and spiralling. In a recent case the High Court awarded RM 5.4 million for a cerebral palsy case. This excluded legal and other costs. Caregivers of these unfortunate cerebral palsy children are entitled to all sorts of claims including paid holidays.

Doctors’ Responsibility

For the doctors, the message is clear. There is now the requirement of greater accountability and transparency. This cannot be wrong. Doctors only need to ensure that their explanations are understood and dealt with according to expectations and the law. Thus communication between the patient and doctor is essential. Both should understand one another. Doctors must make an effort to talk, empathise and spend more time in communicating.

Whilst today doctors are generally very conscious of the risk of litigation and personal liability, however, doctors may not be very clear as to the extent for liability. The potential for liability can range from:

i. The giving of advice to patients.

ii. Wrong or missing the diagnosis.

iii. Failing to warn of risks associated with a recommended treatment.

iv. To being liable for a breach of duty of care – e.g. even if the nurse makes a wrong count of gauzes or packs during surgery the doctor is liable.
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*PDDC, MOH. Guide to Nutritive Labelling & Claims (as at Dec 2010).

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Options for Doctors Protecting Themselves from Liability

When one speaks in terms of protecting from liability, we have to begin by ensuring, as far as possible, that we are not negligent and do not breach any duty that is imposed on us as doctors. This calls for continued medical education. For many of us, it also calls for a change of mindset. Whilst we may be trained as medical doctors, our patients also have a say on the choice or options of treatment. Hence the modern day approach to treatment is to make it a partnership between patients and doctors.

Professional Indemnity

However, no one is infallible. Things can and do go wrong. We have to accept this as a fact of life. It is therefore prudent that doctors should also opt for professional indemnity cover. There are many insurance options for practising doctors. The singular factor that drives doctors to seek the comforting embrace of an insurance company or protection society is the realisation that there is always a chance of that error occurring – not intentional, not reckless, not indifference, not negligence, but merely the occurrence of an error.

A few doctors are not covered by insurance or any form of indemnity cover. This is certainly a disadvantage for the patient and will burn a big hole in the pocket of the doctor, should an adverse event occur.

To address the problem, the Government has made it mandatory under the amended Medical Act (which will come into force possibly next year or so) for all doctors to have mandatory medical indemnity cover before being granted the Annual Practicing Certificate without which you cannot practise medicine.

The Medico-Legal Society of Malaysia (MLSM)

The Medico-Legal Society of Malaysia (MLSM) was founded for the immediate benefit of medical doctors and indirect benefit to patients, would-be patients and the public at large. It seeks to educate and create awareness among medical practitioners on their legal responsibilities and potential for liabilities. It also seeks to educate and create awareness and an understanding among medico-legal practitioners representing doctors on how the practice of medicine works and what are the areas of potential medical complications in specialised medical fields.

The MLSM is also conscious of the public’s rights to responsible healthcare and to be made aware of this. Towards these ends, the MLSM frequently conducts public seminars and conferences as well as lectures for medical schools, law faculties, hospitals, medical associations and NGOs.

This year the MLSM launched its first ever quarterly news bulletin, the Steth & Gavel, which contains case reports and articles on medico-legal issues. The e-version is available on the MLSM website and members in addition receive a hardcopy. Life membership is only RM 500.

MMA – MLSM Mediation Bureau

Many medico-legal disputes arise due to lack of communication. On average, most hospitals have an adverse event incidence of 5% but only 10% of these cases end up in court. Many patients sue even when there is no negligence. Lack of communication, empathy and doctors becoming defensive and clamping-up without meeting the patient for a variety of reasons, may make the patient frustrated and seek redress from the courts.

To assist in resolving some medico-legal disputes, the MMA in collaboration with the MLSM has formed a Mediation Bureau to help resolve some issues of negligence. Both the patient and the doctor need to take part willingly in the hearing which will be conducted by experts in the panel of the MMA-MLSM Mediation Bureau. The MMA and the MLSM are in the process of drafting the rules governing the Mediation Bureau. Those who are keen in resolving issues, please get in touch with the MMA secretariat.

Note: The President of the MMA Dato’ Dr N.K.S. Tharmaseelan is also the President of MLSM.
 Goods & Services Tax (GST) 2015 and Healthcare

Hon. General Secretary’s Notes

We must remember that doctors are service providers and not a consumer thus GST cost should not be shared with the practising doctor.

1st April 2015 would be the day when GST, also known as VAT (Value Added Tax) in some countries, will be implemented in full for all Malaysians. It is generally defined as a multi stage tax on goods and services. We would pay this new tax in all sectors of service and goods purchased but healthcare is categorised as an exempted item thus there will be no GST on the end consumer.

However, we are concerned that private hospitals will be subjected to a 6% GST on medical supplies purchased because no GST will be passed on to the consumer, who are patients. We are happy that patients will not be subjected to GST while receiving treatment but the increase in cost will have to be addressed. This will indirectly increase the total healthcare cost if this 6% is not zero-rated for hospitals. There will be no tax claim that the hospital may be allowed to file for, and we hope hospitals do not attempt to pass this to the practising doctor, which would be grossly against the principle of GST. We must remember that doctors are service providers and not a consumer thus GST cost should not be shared with the practising doctor.

On top of appealing for the removal of GST for medical supplies, MMA is initiating talks with the concerned authorities to seek more clarification on this issue. We shall report the outcome of our meeting in January/February 2014.
Johor SCHOMOS Night

One of the best sections MMA has (and no other medical society or association can ever have) is SCHOMOS. This is a key section, as all of us joined MMA when we were first in SCHOMOS. Johor had a vibrant SCHOMOS night with the State Pengarah, Hospital Pengarah, National MMA President and National MMA Hon. Secretary (myself) early December with more than 150 doctors. It was a night of glitter and entertainment as doctors themselves performed and some were as good as professional entertainers. Well done SCHOMOS Johor.

MPS Meeting

5th December 2013: MMA had a discussion with Medical Protection Society (MPS), which is pretty routine. A lot of issues were discussed and sorted out. Our concerns were on the increasing premiums for certain disciplines and the process of reporting. We were informed that MPS will have newer procedures, to enhance compliance and observation of corporate governance. The meeting ended on a good note as both parties agreed to work together to increase our delivery to the members.

Terengganu MMA CPD

We reported a few months back that Terengganu MMA had difficulty in conducting AGMs because of poor support and attendances at their meetings. It was a struggle to have MMA members attend any meetings at their branch but this time around it was historic according to the State Chairman, Dr Dayal. There were 150 doctors from various sectors, both public and private healthcare. The CPD event was a joint venture with MMA Terengganu and Prince Court Medical Centre, with PM Care as a supporter. Topics discussed were well accepted and now the momentum has started for more activities in Terengganu. I hope that Terengganu organises a MMA AGM soon.
More on GST: The Impact on Healthcare

Goods and Services Tax or VAT (Value Added Tax), is a broad-based consumption tax (tax on your spending) which affects all parties in a multi-stage taxation system across the value chain from manufacturing to sales; it is based on a tax-on-value-add concept which avoids duplication of taxes.

This is in contrast to both the Sales and Services Tax in Malaysia which is just added at one stage (Sales Tax at Manufacturer level and Service Tax at Consumer level).

The Goods and Services Tax in Malaysia (GST) was initially mooted by the Federal Government in 2011 to replace the existing Sales and Services Taxes, but was met with much resistance from the public at large and was put on hold. During the recent Budget 2014 presentation by the Finance Minister (and also the Prime Minister) YAB Dato’ Sri Mohd Najib Bin Tun Razak at the Parliament on 25th October 2013, he announced a GST of 6% starting April 1, 2015. This will replace the Sales and Services Tax.

Economists believe the Government has rightly approached the GST as a new source of income with a broad tax base as a means of diversifying tax revenue sources and reducing its dependence on revenue from Petronas. GST will improve accounting, reduce tax fraud and facilitate enforcement of the upcoming Anti-Profitsteering Act.

TYPES of SUPPLY

1. Standard-rated supplies

   Standard-rated supplies are taxable supplies of goods and services which are subject to GST at standard rate. A taxable person who is registered under GST has to collect GST on the supply and is eligible to claim input tax credit on his business inputs in making taxable supplies.

2. Zero-rated supplies

   • Zero-rated supplies are taxable supplies of goods and services which are subject to GST at a zero percent rate. In this respect, businesses do not collect any GST on their supplies but are entitled to claim credit on inputs used in the course or furtherance of the business.
   • To provide complete relief from GST to the final consumers, especially to the lower income group.
     ✓ Agriculture products – paddy and fresh vegetables.
     ✓ Foodstuff – rice, sugar, table salt, plain flour, and cooking oil.

3. Exempt supplies

   • To make Malaysian products and services more competitive abroad.
   • Exports of goods and services.
   • International services.
   • To provide complete relief from GST to the final consumers, especially to the lower income group.
     ✓ Livestock supplies – live animals and unprocessed (fresh or frozen) meat of cattle, buffaloes, goat, sheep and swine.
     ✓ Poultry – live and unprocessed (fresh and frozen) meat of chicken and duck.
     ✓ Eggs (fresh and salted) and fish.
     ✓ Supply of the first 200 units of electricity per month to domestic users.
     ✓ Supply of the first 35 cubic meters of water per month to domestic users.
   • To reduce tax burden on the final consumers.
     ✓ Domestic transportation of passengers for mass public transport by rail (KTM, LRT, ERL and Monorail), ships, boats, ferries, express bus, stage bus, workers’ bus, school bus, feeder bus, and taxi.
     ✓ Toll highway.
     ✓ Residential property.
     ✓ Land for agricultural purposes and land for general use (Government building and burial ground).
   • Private healthcare.
   • Difficult to tax.
   • Financial services.

4. Supplies not within the scope of GST

   ✓ Supplies which do not fall within the charging provision of the GST Act include non-business transactions, sale of goods from a place outside Malaysia to another place outside Malaysia, as well as services provided by the Government sector.

As we can see, services provided by the Government sector are supplies not within the scope of GST but private healthcare is under exempt supplies which means no GST at consumer level. However, private hospitals/clinics will be taxed on products purchased from suppliers and this increased cost will be passed to the patient in other ways.
How GST works (exempt)

In the current Sales and Services Tax, pharmaceutical and medical devices are not taxed. The MMA ExCo would like to meet the authorities concerned with GST, to discuss the impact on private healthcare in terms of cost to private health services, purchases of drugs and medical devices (from lab reagents, spatula, medical equipment etc.) and its effects on patients!

We would like to propose for private healthcare to be in the zero-rated supplies category like other necessities.

The example below is just an illustration on how GST works (zero-rated) on the commodity sugar.

<table>
<thead>
<tr>
<th>The delivery / Supply chain</th>
<th>Sugar refinery</th>
<th>Wholesaler</th>
<th>Retailer</th>
<th>Consumer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value-Adding Activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Purchase cost : RM 100**
**GST : RM 0**
**Purchase price : RM 100**

**Selling price : RM 125**
**GST : RM 0**

**Added Value : RM 25**
(No GST : RM 0 )

**Total selling price : RM 125**

*Note: Claim input tax credit

References: Official website of Ministry of Finance
ELECTION COMMITTEE

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
Dear Members of Malaysian Medical Association.

Kindly go through this message from the Election Committee and make suggestions so that a proper process can be followed.

NATIONAL ELECTION PROCESS FOR MMA

The Election Committee took cognisance of the discussions of the election process of MMA at the last AGM in Nilai. A request was sent out for members to write in to MMA making suggestion regarding the process of conducting the election. A number of members did write in and the Election Committee has discussed the suggestions, along with the proposers and it was decided that the members be given a chance to go through these suggestions and respond to the Election Committee for further consideration. This will be further discussed at the forthcoming MMA AGM in Johor Bahru in May 2014. In the interest of conducting the AGM smoothly members can write in anytime before 1st March 2014 for consideration by the Election Committee.

Three suggestions were received:

1. Conduct election at AGM as is done now.
2. Revert to postal Ballot voting as in the past.
3. Conduct election as a Collegiate system i.e. National Election for President-Elect, Hon. General Secretary, Hon. Treasurer and two Deputy Secretaries be conducted at the State AGMs supervised by the Election Committee or Officers nominated by Election Committee. Voting to be in person.

Process of the election:

Assuming 100 Branch members attend the State AGM and 60 members vote for candidate A and 40 for candidate B, then total eligible delegates’ votes (i.e. 10% of the members in benefit) in the state will be proportionately distributed to the candidates as shown by the trend of voting i.e. Total eligible delegates’ votes in that state is 200, then candidate A will be deemed to have gathered 60% of that (120 delegates’ votes) and candidate B (80 delegates’ votes). The delegates’ votes will be counted from all states to decide the winners.

Dato’ Dr Subramaniam
Chairman
National Election Committee
Programme

MMA GP Seminar and Scientific Meeting
Theme: GPs Role as Frontliners in Healthcare

7.30am – 8.30am : Registration / Welcome Tea
8.30am – 9.30am : 1st Scientific Talk
9.30am – 9.45am : Arrival of Guests / Arrival of Chief Guest
9.45am – 10.00am : Welcome and Opening address by Dr N. Ganabaskaran, Organising Chairman
10.00am – 10.15am : Keynote address by Dato’ Dr N.K.S. Tharmaseelan, President MMA
10.15am – 10.45am : Speech by Chief Guest
YB Dato’ Seri Dr Hilmi B. Hj Yahaya
Timbalan Menteri Kesihatan,
Kementerian Kesihatan Malaysia
: Opening Ceremony
: Souvenir Presentation to Chief Guest
10.45am–11.00am : Tea Break / Visit to the booths
11.00am : 1st GP Session and Discussion
11.00am – 11.30am : TPAs /MCOs
(Dr Ahmad Razid Bin Salleh – Director, Medical Practice Division, MoH)
11.30am – 12.00pm : PERKESO Presentation and Discussion
(Datin Dr Nik Amsharija – General Manager, PERKESO)
12.00pm – 1.00pm : Pre-luncheon Medical Talk
1.00pm – 2.00pm : LUNCH / Visit to the booths
2.00pm : 2nd GP Session and Discussion
2.00pm – 2.30pm : EMGS
(En Mohd Yazid Bin Abd Hamid – CEO / EMGS)
2.30pm – 3.00pm : Pharmacy Act
(Dato’ Eisah A. Rahman – Senior Director, Pharmaceutical Services, MoH)
3.00pm – 3.30pm : Evidence Based Complementary Medicine
(Dr Anil Kumar Kukreja, Kota Kinabalu, Sabah)
3.30pm : 3rd GP Session / Discussion
3.30pm – 4.00p : FOMEMA
(Dr Kreeson Vengadeson – Vice-President, FOMEMA)
4.00pm – 4.30pm : UKAS
(Dato’ Ahmad Husni Hussain – DG)
4.30pm – 4.45pm : Tea Break / Visit to the booths
4.45pm – 6.00pm : Dialogue Session with Participants and Closing Ceremony
by YBhg Datuk Dr Jeyaindram Tan Sri Sinnadurai
Timbalan Ketua Pengarah Kesihatan (Perubatan)
Kementerian Kesihatan Malaysia

*** The registration fees of all members of MMA who register and attend this seminar will be reimbursed.
When the current SCHOMOS ExCo took office, one of the few things that we have promised was to move from an elitist community to a more open and accommodating community. Many attempts have been made to engage and tap into the vast knowledge, experience and opinion pool that lies within the SCHOMOS community. The most recent ventures that have been started were the establishment of several think tank meetings with prominent personalities from the various ministries.

Over the past several months, two think tank meetings have been held. The first was held in August and comprised of distinguished members of the medical education fraternity from the Ministry of Education. That meeting was chaired by Dr Azhar, the SCHOMOS Chairman and saw many a lively discussion, particularly pertaining to the salary and incentive schemes of our colleagues from the Ministry of Education.

A second think tank meeting was recently held on 27th September 2013 at MMA House with attendees being from the ranks of the Ministry of Health, or senior doctors who were once active participants of the ministry’s wellbeing. The meeting was chaired by our President-Elect, Dr Krishna Kumar. Members of the MMA ExCo, President Dato’ Dr N.K.S. Tharmaseelan and Hon. General Secretary Datuk Dr Kuljit Singh were also on hand to give us their feedback. Other distinguished attendees include Dr Rosalind Simon, Dr Puvaneswari Subramaniam, Dr Cyril Natarajan, Dr Shankaran, Dr Saravanan, Dr Hapizi Bin Mohd Yunus, and Dr Abdul Halim Mat Daud. SCHOMOS ExCo members were also on hand to take note of the proceedings and were represented by Dr Azhar, Dr R. Sivakumar and Dr K. Sivakumar. The meeting was structured to take into account issues that involve all strata of officers in service.

The House Officers Issues gained the most discussions as it was deemed the most important in ensuring the maintenance of the fraternity’s credibility.

Dr Azhar bin Amir Hamzah
drazhar786@hotmail.com
Chairman
National SCHOMOS
and
Dr Alvin Lum
lum_wai_keng@hotmail.com
Hon. Secretary
National SCHOMOS
The House Officers Issues gained the most discussions as it was deemed the most important in ensuring the maintenance of the fraternity's credibility. Two main issues were discussed at length. Firstly, distribution of House Officers have been noted to be uneven, with relatively large discrepancies between departments. There has been notably more House Officers distributed to certain departments and during certain times of the year. This has made training and work delegation a problem. The meeting discussed the prospects of setting a standard number of House Officers per department and trying to maintain that figure as tightly as possible. Department-delegation is necessary to ensure that every House Officer will obtain equal opportunities and attention during their tenure in a department.

Secondly, the training scheme of House Officers should be looked into, particularly in three main areas. Firstly, the assessment of House Officers prior to them being released from a particular posting should be revamped. There should be strict and standardised criteria on when a House Officer may be released after completion of their compulsory 4 months of training in the said department. This has to include at least two assessments by two different specialists. Most importantly, attitude assessments should be implemented. The current flexi system should also be studied as it has limited patient and clinical exposure, as well as limited contact hours between Senior Officers and the House Officer. The meeting suggested that a discussion with Dato’ Jeyaindran be set up to explore a new system that would benefit the House Officers, the ministry and the patients. Last but not least, the Logbook which has been in force for many years has to be revised to ensure relevancy in current practice. A House Officer today may not be allowed to perform procedures from a House Officer’s level 10 years ago. On top of that, several new procedures may require to be learnt in view of the changing times and tides of today’s digital age.

Medical Officers Issues which were brought up were mainly service and positional in origin. Three main issues that were in contention were issues pertaining to the limitations of the current pay grade and scale, placements of new Medical Officers and shortage of doctors in urban primary care settings. It must be noted that non-specialist Medical Officers who have reached their maximum pay scale no longer have incentives to progress any further as they would not be involved in any further promotion exercises. The meeting suggested that the scale be extended further, or to enable non-specialist Medical Officers be promoted to JUSA C in lieu of their service, or for a certain allowance to be given. The second issue was pertaining to the opening of new UD44 posts in various health setups to ensure that new Medical Officers would get a post and a chance to be sent to district and settings. At the moment, several clinics, though lacking in MOs are able to take in new staffs in view of inadequate positioning. The same has been done by several urban Klinik Kesihatan, particularly in the Klang Valley and major cities. In view of the recent requirement that all new Medical Officers be sent for district postings, many urban postings have been left untended. These posts should be filled-up to ensure a balanced distribution of officers.

Finally, the four issues pertaining to the backbone of the healthcare system were identified. Firstly, Public Health and Family Medicine Specialist (FMS), often known as the forgotten group, are named so for a reason. These doctors are normally the people sent to serve the rural folks and are very so often forgotten in terms of promotion. The meeting suggested that they be given equal opportunities to be promoted to JUSA C, and the promotion of Public Health and FMS who are given service-based promotions be equal to that of clinical specialists. Secondly, doctors who are already JUSA C should be given an opportunity, in terms of a standardised criteria, to be promoted to JUSA B and subsequently A. By doing so, officers who are already JUSA C need not be left in a limbo, pondering when their next remuneration will happen. On top of that, General Specialist, who are clinical and have not sub-specialised should also be given a chance to be promoted to JUSA B and A. The third issue raised was regarding sub-specialists. A specialist who has done sub-speciality training should be justly recognised, either in terms of a promotion scale or a special allowance. This is in view of the extra time and energy that has been spent by the said specialist to undergo extra post-specialisation training. Finally, we acknowledge that many doctors in service are in fact on a contract scheme, either due to the fact that they are expatriates, retired, or have re-entered service. However, having said that, the meeting also was aware that many of them are needed specialists, but are employed at a grade below par. These doctors end their career at UD53 and are unable to proceed any further. The meeting suggested that merit of service be taken into account and these doctors be absorbed into the standard scheme based on a criteria that may be discussed further.

This think tank meeting took place at the expense of the doctors and had remarkable outcomes. Now, the onus has been transferred to the SCHOMOS ExCo to walk the talk.

Recently, SCHOMOS was called by Datuk Farida Mohd Ali, the MoH Secretary General to prepare the paperwork on issues related to MoH doctors. SCHOMOS will be invited to present these issues to Datuk Farida, soon. Alas! Thank God – SCHOMOS had pre-empted and organised the think tank meeting earlier. Life was so much easier for us as we were ready with issues to be presented. We have submitted the working paper on time. We believe that one should “Plan your work and work your plan”! In addition to that, we are preparing a list of names of senior doctors who are eligible for JUSA C, but some have rather missed the boat. SCHOMOS will be submitting this list to the Secretary General during the meeting. For those senior doctors or consultants who are eligible for JUSA C, but have missed the “wave”, please pass your names and details to the respective state SCHOMOS Chairman or the National SCHOMOS ExCo. We are more than willing to help you because WE SERVE!
SCHOMOS Meets The Education Ministry: Representing Medical Doctors In Universities

Dr Azhar bin Amir Hamzah
Chairman
National SCHOMOS

Many clinicians working in Malaysia's public universities as clinical lecturers are not happy with the current promotion exercise and salary scheme. Sensing this, SCHOMOS took the initiative to organise a preliminary step by recruiting representatives from various universities of different levels, into MMA House. SCHOMOS held the first MMA – MoE think tank meeting (published in the previous Berita). As a result of this meeting, we identified a few common mind-boggling and heart-shattering issues in which were common among all the medical lecturers in these universities.

I always believed as leaders we should walk the talk and keep our promises. We wrote to the Education Ministry, addressing these hard pressing issues faced by clinical lecturers nationwide. After a lot of postponement and tantrum, our persistence paid off with an appointment to meet the DG of the Ministry. We were finally invited to attend a meeting with the high-ranked officers from the Education Ministry on the 26 September 2013 at Putrajaya.

SCHOMOS was represented by Dr Azhar (Chairman), Dr K. Siva (Vice-Chairman) and Dr R. Siva (Dep. Secretary). We brought along our strong men and women from various universities, of which most are MMA members. Among those were Dr Mohd Nor Gohar (Urologist) and Dr Badrishah (Neurosurgeon) from HUSM, Kubang Kerian; Assoc Prof Faizal (Colorectal Surgeon), Dr Khairul Asri (Urologist), Dr Arifaizad (Paediatrician), Dr Ezamin (Orthopaedic Surgeon) from UPM, Datin Dr Mansharan Kaur (Radiologist) from UITM, Dr Hafizul (Urologist) and Dr Umi Kalthum (Ophthalmologist) from UKM. Some of the representatives from UM, UIA, USIM, UNIMAS and UMS could not make it to the meeting as the Ministry gave a very short notice. After the meeting I realised and learnt that numbers did not really matter, as the voice of our team was loud, unanimous and explicit.
Unfortunately the DG couldn't attend due to unforeseen circumstances. The meeting was chaired by Yang Berbahagia Dr Aris Kasan, Director of Human Resource, Ministry of Education. He started the meeting by elaborating on the current merge between the Higher Education Ministry with the Education Ministry; having two ministers, two deputies, two KSUs and two Director Generals.

To make the discussion more systematic and to get the message across more effectively, SCHOMOS prepared a powerpoint presentation. Dr Azhar was invited to moderate the presentation and the rest of the members were allowed to further elaborate.

The main issue that was brought up was Promotion for the UNIVERSITY CLINICIANS is slow and mostly ‘stuck’ at DUS4, UNLIKE CLINICIANS IN KKM. The data presented has proven that some clinical lecturers from certain universities were indeed stuck at DUS4 for more than 20 years (Table 1).

The second issue highlighted that Clinicians and Surgeons in medical schools are overworked and underpaid. Clinical lectures at least have three major tasks – clinical work (exactly similar to KKM Specialists), lecturer’s work (teaching, supervision) and research (similar to lecturers in other faculties), besides being administrators and advisors.

Clinical work includes patient care in the ward; clinics/ consultations and operations done are as equal or even more than KKM specialists/consultants. In fact some university hospitals do get referrals of complicated and difficult cases from KKM Hospitals. The job of teaching and supervising does not only include preparing for and giving lectures, but also taking ward round teachings for students, and preparing/vetting/markering exam papers, exactly like any other teaching profession. Clinical lecturers do not only cater to Medical Undergraduates and Postgraduates, but also to students from Pharmacy, Nursing, Allied Sciences and those who are doing their Post Doctorate (PhD) as well. Teaching in medical school is constant and almost on a daily basis, unlike Biology lecturers who tutor 3 hours per week and spend the rest of the day writing papers. Despite all this hard work, the most important criteria for KPI and promotion is “Research” and most clinicians are suppose to hold research projects (at least incentive and short term grants) and supervise or co-supervise Masters and PhD students. The situation might be worse still for those who are holding some other administrative post such as the Head of Departments or Supervisors of House Officers etc. So where’s the time for loved ones and family? On top of all that hard work, these unfortunate clinicians do only get one salary and a limited level for promotion.

So why subject these lecturers (who have tripled their efforts at work) to limited opportunities in promotion and progress? The current system of promotion emphasises more on publications – some clinicians may lack in this area though they are excellent in their respective fields and well-known internationally. If an Environmental Science lecturer could produce 50 papers per year, this should not be a benchmark for a clinician who spends half of his or her time in the operating theatre and wards attending to patients. We should not be expecting the dolphins to climb trees as well as the monkeys do, and set the standard of criteria according to that notion. Clinicians in the universities should be acknowledged in their field of excellence, and their contributions to the universities and nation recognised. Promotions should be given based on those merits, and not solely confined to the measurement by publications, as they might end up being ‘arm chair surgeons’ or clinicians busy writing papers.

Following is a comparison of two clinicians of the same age and same specialty, both of who have completed their training at the same time; however one works in KKM and now is a JUSA C and the other is still ‘stuck’ at DUS4 in a public university.

The third issue that we brought up was regarding the severe BESD syndrome that some of the public universities were undergoing. BESD syndrome is Brain, Experience and Skill Drain (BESD) in terms of clinical lecturers opting out to private institutions, other universities or even back to KKM. Public medical universities used to harbour most of the best of the best (of the specific clinical speciality) in the country.

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**Table 1: Clinical lecturers “stuck” at DUS4 in one of the public medical universities in Malaysia**

<table>
<thead>
<tr>
<th>Duration (year)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5</td>
<td>20</td>
</tr>
<tr>
<td>5-10</td>
<td>37</td>
</tr>
<tr>
<td>11-15</td>
<td>12</td>
</tr>
<tr>
<td>16-20</td>
<td>7</td>
</tr>
<tr>
<td>&gt;20</td>
<td>107</td>
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</tbody>
</table>

**Medical Lecturer DUS4**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaji Pokok</td>
<td>RM 6,777.95</td>
</tr>
<tr>
<td>Elaun Tetap Perumahan</td>
<td>RM 900.00</td>
</tr>
<tr>
<td>Elaun Tetap Keraian</td>
<td>RM 800.00</td>
</tr>
<tr>
<td>Elaun Pakar Perubatan</td>
<td>RM 2,800.00</td>
</tr>
<tr>
<td>Cola</td>
<td>RM 250.00</td>
</tr>
<tr>
<td>Bayaran Insentif Kritikal</td>
<td>RM 750.00</td>
</tr>
<tr>
<td>Insentif Akademik</td>
<td>RM 1,000.00</td>
</tr>
<tr>
<td><strong>Jumlah</strong></td>
<td><strong>RM 13,277.95</strong></td>
</tr>
</tbody>
</table>

**Salary for Pakar Jusa C (KKM) as follows:-**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaji Pokok</td>
<td>RM 10,348.36</td>
</tr>
<tr>
<td>Elaun Tetap Jusa</td>
<td>RM 1,000.00</td>
</tr>
<tr>
<td>Imbuhan Tetap Perumahan</td>
<td>RM 1,300.00</td>
</tr>
<tr>
<td>Imbuhan Tetap Keraian</td>
<td>RM 2,500.00</td>
</tr>
<tr>
<td>Elaun Pembantut Rumah</td>
<td>RM 500.00</td>
</tr>
<tr>
<td>Elaun Pakar Perubatan</td>
<td>RM 3,100.00</td>
</tr>
<tr>
<td>Pelbagai Elaun</td>
<td>RM 500.00</td>
</tr>
<tr>
<td><strong>Jumlah</strong></td>
<td><strong>RM 19,248.36</strong></td>
</tr>
</tbody>
</table>
However, now due to the poor promotion scheme, “overworked and underpaid phenomena”, pushing and pulling factors, most very senior and experienced mahagurus in this expertise have chosen to leave their universities. They are the gems and jewels of the institution which need to be kept and taken care of; not let go. They are definitely the assets for the universities. Isn’t it a bit saddening the surgeon guru who taught his students to cut and perform surgery well is still a DU54 in the university shying his way off, but his students in KKM are already JUSA C and Jusa B?

What do you want if you join the army – one day you want to be a General; What do you want if you join as a teacher – one day you want to be a Headmaster, and what do you want if you join as a lecturer – one day you would want to be a Professor. So why hinder their promotion by comparing their abilities with some unrealistic criteria(s)? Senior lecturers and clinicians who have trained hundreds of other great clinicians should be given appropriate recognition for their work and promotion so they would not feel demotivated.

Not many are joining as trainee clinical lecturers in some universities. This is because KKM offers better attractive perks and promotion scheme nowadays. Furthermore, in some universities, trainee lecturers would only be confirmed as staff once they have completed their Master’s training, which may be 4-5 years of posting after serving as a Medical Officer. It is totally absurd and disgraceful for a Grade A Government servant to be only confirmed after 5-7 years in civil service. The joke goes … even a ‘7-11’ mini-mart worker would have his job confirmation after the third day, but the same could not be said for the trainee lecturers.

When seniors in the university leave, and no juniors join, the faculty will be at stake. Some departments will encounter severe shortage of clinical lecturers and the department will probably have to be closed. We presented data from a local university where 38 senior clinical lecturers have left within the first half of this year; this was a tragedy and a great loss to that university.

What is more terrifying, is the fact that we have a surplus of House Officers at the moment and more yet to come as there are too many medical schools in the country. The table below shows the number of medical graduates qualifying every year and the projection up to year 2020. Now we have almost 40,000 medical graduates in the country and it is estimated that the figure will touch almost 57,000 doctors by year 2020. Who’s going to train these doctors to become specialists and consultants if all clinical lecturers are ‘running away’ or being ‘chased away’ to other institutions? We have to do something right now to curb this problem before it spins out of control and results in a situation in which we’ll further regret.

Other issues discussed were:

- No transparent, standardised criteria for promotion (in terms of number of papers needed to be published for Assoc Profs or Profs).
- Massive discrepancies in terms of promotion criteria within major public universities – lecturers tend to ‘jump’ from one university to another.
- Promotion is very much dependent on ‘paper chase’ rather than clinical excellence and clinical work – good clinicians and surgeons may lose their skills and clinical touch due to this.
- Recognition of sub-speciality training and qualification as a plus point in terms of promotion and its weightage as compared to PhD.

The meeting was fruitful and went on smoothly for almost 3 hours. The Ministry praised SCHOMOS and MMA for rightfully bringing up the pertinent issues by presenting them in a systematic and evidence-based manner. This helped them understand the issues clearly and made them see how those concerns have to be addressed as soon as possible. As a repercussion of that, a month after the meeting, SCHOMOS was requested to prepare a working paper on the guideline of promotion criteria for the clinical lecturers in the universities. SCHOMOS prepared and submitted the paper on time, and was promised an invitation for a special meeting with the Vice-Chancellors of respective universities. The DG will further discuss the promotion criteria of these clinical lecturers by January 2014.

As the SCHOMOS Chairman, I would personally like to thank all the doctors and Professors who attended the meetings we’ve organised, contributed in any way that they could, who took time off from their busy schedule and came at their own expense to join the struggle of SCHOMOS in fighting for the rights of our counterparts. THANK YOU!

SCHOMOS is the voice of all Government doctors in this country. It does not matter whether you are in the Health Ministry, Education Ministry or Defence Ministry – the key message is that WE CARE FOR YOU! SCHOMOS CARES FOR YOU! We can only be strong if we are united. We can only be united if you join MMA and participate in walking with us! SO JOIN SCHOMOS... JOIN MMA!
Senior Lecturer, Lecturer

A number of full-time and part-time positions are available, with the level of appointment being determined by qualification and relevant experience.

Applicants should possess either a PhD or medical qualification, and be able to offer teaching expertise in one or more of the following areas: anatomy; biochemistry; molecular biology and genetics; immunology; microbiology; neuroscience; cellular and systems physiology; and clinical and communication skills.

Successful applicants will be expected to:
• Contribute high quality and innovative teaching to NUMed Malaysia students
• Play an active role in student support, providing both academic and pastoral guidance
• Contribute to realising NUMed Malaysia’s research strategy
• Perform management and administrative duties as required
• Have an excellent command of English

Anyone wishing to discuss these opportunities further can contact Professor Phil Bradley, Dean of Academic Affairs
(philip.bradley@newcastle.edu.my)

creates a dynamic future.

Newcastle University UK, has established an international branch campus in Johor, Malaysia for the provision of its undergraduate Bachelor of Medicine/ Bachelor of Surgery (MBBS) degrees in Medicine and BSc degrees in the Biomedical Sciences.

We now invite dynamic and highly motivated individuals to apply for the following positions which will be based in Nusajaya, Johor:

Clinical Senior Lecturer, Clinical Lecturer

Applications are invited for a range of posts, at different levels of seniority. These posts will appeal to established clinician teachers looking for a fresh and exciting challenge, or senior trainees who are seeking a stimulating and varied career.

These posts are suitable for registered medical practitioners, either fully trained or in training for specialist level or general practice, holding a primary medical degree from a university recognised by the Malaysian Medical Council, and a higher medical qualification.

We are looking for doctors with one of the following interests: general (internal) medicine all specialties; general surgery; paediatrics, obstetrics & gynaecology; psychiatry; family medicine specialist; and general practice.

Successful applicants will:
• Be practising clinicians, who will continue clinical practice integrated with innovative teaching
• Co-ordinate, direct and deliver undergraduate teaching, while continuing with clinical duties within the Malaysia health service in Johor
• Play an active role in student support and guidance
• Contribute to realising NUMed Malaysia’s research strategy
• Have an excellent command of English

Anyone wishing to discuss these opportunities further can contact Dr Dominic Johnson, Dean of Clinical Affairs
(dominic.johnson@newcastle.edu.my)

We offer an attractive remuneration package. Please note that the date of appointment will vary depending on the post, and is negotiable. All applications will be treated in the strictest confidence.

Interested candidates with the right experience and qualifications should read the relevant job/role descriptions available at: http://www.newcastle.edu.my/vacancies. Having read this you should produce an application letter outlining your suitability to the position, stating relevant experience. Please also include your notice period along with your current and expected salary in your letter. This should be sent together with your up-to-date resume and scanned passport-sized photograph by email to: premila.nair@newcastle.edu.my

Website: www.newcastle.edu.my
First and foremost, I would like to express my sincere and heartfelt appreciation for the invitation to officiate the opening ceremony of the 3rd Seminar on Evidence-Based Complementary Medicine. I also would like to heartily congratulate the MMA for their commendable endeavour in bridging the gap between medical professionals and practitioners of traditional and complementary medicine. There is a need for more programmes such as this to foster mutual discussion as well as to enable the exchange of knowledge and experience between these two key stakeholders of health in this country. We are after all, a nation working together for better health, through the empowerment of our patients so as to take better care of themselves.

In 2001, the National Policy of T&CM was launched, which placed T&CM as an integral component of the Malaysian healthcare system, alongside modern medicine. This marks the beginning of a concerted effort by the Government to ensure the availability of safe, quality and effective T&CM through the national healthcare system. I believe that both systems can co-exist to mutually benefit each other and contribute to the enhancement of the health and quality of life of all Malaysians.

In February this year, the Traditional and Complementary Medicine Act 2013 was gazetted. The objectives of this Act are primarily to regulate T&CM practitioners by validating their qualifications against a set of standards and to enable the compulsory registration of all T&CM practitioners. This Act will be enforced in due course. Meanwhile, the Ministry of Health is in the final stages of developing the T&CM Regulations, which will complement the Act. Practitioners will definitely be given adequate time and opportunity to comply with the relevant requirements.

Today, I have been requested to address a number of issues which relate to the T&CM Act. These include the use of the title ‘Dr’ for T&CM practitioners, the issuing of medical certificates, whether or not T&CM practitioners can order clinical investigations such as X-rays and blood tests, and also whether or not medical doctors can practice T&CM. Unfortunately, I am unable to respond to all these queries today but I believe that there will be adequate time given by the Ministry of Health to comprehensively address these issues in a professional manner. Suffice to say that once the Act is enforced, a T&CM Council will be formed, which will be the sole body responsible for all activities related to T&CM practice in Malaysia. All the issues mentioned earlier will be clarified by the T&CM Council in due course.
Throughout the world, T&CM is gaining public acceptance as a modality of treatment of health-related conditions as well as for wellness purposes. The Ministry of Health is well aware of this and has taken the bold step of introducing T&CM practices at Government healthcare facilities in 2007. At present, 12 Government hospitals are involved in the programme. To increase access to T&CM services while at the same time offering safe and quality services to the public, we are planning to open two new T&CM units every year. At the end of this year, new T&CM units will be established in Likas Hospital, Sabah and at the National Cancer Institute in Putrajaya.

Currently, the Ministry is offering selected T&CM practices at the integrated hospitals including Malay massage, Malay postnatal care, acupuncture, herbal therapy as an adjunct treatment for cancer patients, and Shirodhara. Before any practices are introduced at the integrated hospitals, the Ministry has to ensure that they are proven to be effective, evidence-based as well as have clearly defined indications for their use. We are pleased to note that T&CM has gained the acceptance of many medical professionals. The Ministry is mindful of the need for evidence-based healthcare and this also applies to T&CM practices that are introduced at Government facilities. For example, the Ministry is currently looking into the use of acupuncture to counter drug abuse. We are hopeful that in future, acupuncture can be offered not only for chronic pain and post-stroke patients but also for the treatment of drug abuse.

During the International Conference on Siddha Medicine 2013 last month, the Ministry launched the Strategy for Traditional and Complementary Medicine in Primary Health Care. After successfully conducting a pilot project to introduce T&CM services at the primary healthcare level in Klinik Kesihatan Masai, Johor, the Ministry is now planning to extend T&CM services at the primary healthcare level. This will help enhance public access to safe, effective and affordable T&CM services.

In terms of education and training in Traditional and Complementary Medicine, the Ministry is currently collaborating with the Ministry of Higher Education and the Department of Skills Development under the Ministry of Human Resources to develop standards and criteria and also establish the National Occupational Skills Standards (NOSS) of T&CM practices. Currently, there are thirteen programme standards which have been developed for T&CM practices and they have been approved by the Malaysian Qualification Agency at the diploma and degree levels. Besides that, for skills level programmes, twelve NOSS in T&CM practices have been developed for the Malaysian Skills Certificate or Sijil Kemahiran Malaysia and they include Massage, Cupping, Spa, Aromatherapy, Reflexology, Qi Gong and Panchakarma.

At present, there are eight institutions of higher learning offering diploma and degree level courses in T&CM. They include Cyberjaya University College of Medical Sciences, Tunku Abdul Rahman University, Management and Science University (MSU), International Medical University (IMU), INTI International University, Malacca College of Complementary Medicine and Lincoln University College. It is hoped that by developing and establishing recognised courses in T&CM, Malaysia can one day become a regional education hub for T&CM, as delineated in the Tenth Malaysia Plan. This will in turn promote Malaysia as a provider of high quality T&CM services and help advance the Health Tourism initiative, ultimately helping enhance Malaysia’s economic growth further.

Allow me to conclude with this traditional Chinese proverb, “He who takes medicine and neglects to diet wastes the skill of his doctors”.

Table: None

Figure: None
The MMA Committee on Evidence-Based Complementary Medicine organised this seminar on Saturday, 7 Dec 2013 at the Grand Seasons Hotel, Kuala Lumpur. YB Dato’ Seri Dr Hilmi Bin Haji Yahaya, the Honourable Deputy Minister of Health was the Guest of Honour. Dato’ Dr N.K.S. Tharmaseelan, President of MMA, delivered the welcoming address and Datuk Dr N. Athimulam was the Organising Chairman. This event was partly sponsored by MMA Foundation, Ramsay Sime Darby Health Care, Dream Builders Group and MXMATO. The other members of the organising committee were Dr Anil Kumar Kukreja, Dr Nik Abdul Aziz and Dr Ravindran R. Naidu. The MMA staff in charge was Ms Hema.

The speakers for the morning session were mainly allopathic doctors who spoke on their experience in evidence-based complementary medicine. Allopathic doctors with recognised TCM qualifications can practise both, if the medicine are stored separately and if they have a different approach in treatment. In the afternoon, the TCM speakers spoke of their success in treating patients. Dr Goh Cheng Soon, Director of TCM in Ministry of Health informed us that the TCM Act is already gassed and will be implemented in 2014. Currently, the number of Malaysian TCM practitioners who have voluntarily registered with the MOH is 12,201 (Muslims 1671, Chinese 8044, Indians 47, Pertubuhan Islam 442, Homeopathy 307 and Ayurveda
1690). The number of foreign TCM practitioners is 13,000 and we believe there are many foreigners practising without registration. The total number of TCM practitioners in the country is 25,201 and by the year 2020, it may be more than 30,000.

JPA and MOH have recognised 8 private colleges offering TCM degrees in Malaysia. The course is either 4 or 5 years. These students do 40% Basic Medical Sciences and 60% Chinese Medicine. It is compulsory to do clinical training for a year in one of the 6 MoH recognised and accredited hospitals in China. They are the Guangzhou University of TCM, Shanghai University of TCM, Shandong University of TCM, Beijing University, Tianjin University, and Nanjing University. A twinning programme has also been bridged between IMU and RMIT University, Melbourne. No TCM colleges in India or Indonesia are recognised by JPA or MoH. Diploma, short certificate and postgraduate courses are also available.

The MMA may not object to TCM practitioners using the designation of ‘Doctor’ if he or she has done a 5-year recognised course. The TCM Council, like the MMC in June 2014, will decide if TCM practitioners can issue medical certificates and order blood tests/X-rays/CT Scans/ /MRIs/Pet Scans. The MMA objects to all the above.

The Ministry of Health has intergraded TCM in 12 Government Hospitals and 1 Public Health Clinic in Masai, Johore. By 2020, there will be well-trained and qualified personnel administering acupuncture, Malay massage, herbal therapy, postnatal massage and Shirodhara.

There was a fruitful panel discussion at the end of the seminar.
Background:

As per Medical Act 1971, medical practitioners are required to register with the Malaysian Medical Council (MMC) to practise medicine in Malaysia. Apart from registration, the Act also mandates practitioners who want to practise to apply for an Annual Practising Certificate (APC). Unfortunately, the Medical Act 1971 only registers medical practitioners based on their basic medical degrees which are recognised by the MMC. The registration does not differentiate the specialists from the general practitioners. There is no provision in the current Medical Act for registration of specialists. As such, when a patient seeks consultation or treatment from a surgeon or a physician, he or she will not know if the doctor has the necessary postgraduate specialist qualifications or expertise. In the Ministry of Health (MoH), for purpose of employment, promotions and salary adjustments, a committee has been established to assess and make suitable recommendations for doctors with appropriate qualifications to be ‘gazetted’ as specialists. This ‘gazetting’ exercise however is not extended to non-MoH organisations and the private sector.

The Amendments to the Medical Act 1971

The Medical (Amendment) Act 2012 reads as follows:

Section 14A
1. No person whose name has not been entered into register shall practise as a specialist in that specialty.
2. Any person who contravenes subsection (1) shall be subjected to disciplinary jurisdiction of the Council.

Section 14B
A person is entitled to be registered as a specialist under the Act if he/she:

a. Is fully registered under Section 14.
b. Has attended specialised training in that specialty in a recognised training institution.
c. Holds a recognised specialist qualification.
d. Has proven to the satisfaction of the Malaysian Medical Council that he/she is fit and is good character.

The National Specialist Register

The National Specialist Register (NSR) is a database of members of the Specialist Medical Practitioners in the country. The register contains information about medical specialists, their disciplines / specialties, qualifications and place of practice. The NSR assists the public and medical practitioners in finding appropriate medical expertise for consultation and referrals. The NSR will ensure doctors designated as specialists are appropriately trained and competent to practise with an expected level of care in their respective specialties.

With the impending implementation of the National Health Financing Scheme, payment for service is likely to be based on the practitioner’s qualifications and expertise. The NSR will likely be a reference point of resource. Malaysia has signed the WTO General Agreement on Trade in Services (GATS) in 2005 and the agreement allows foreign medical practitioners to practise in the country. It is essential for the profession to ensure that the standards of medical practice are not compromised. The NSR helps to make certain that only appropriately qualified and competent foreign doctors are permitted to practise their respective specialties in this country. The introduction of the Private Healthcare Services and Facilities Act requires health institutions to have a credentialing mechanism in place; this process helps to regulate the type of treatment procedures specialists are allowed to perform. With the rapid introduction of new technology and procedures, credentialing is necessary to ensure specialists are properly trained and competent in their fields of expertise. The NSR will be an important reference resource for this activity.
History of the Malaysian Specialist Register

The idea of introducing a specialist register in Malaysia was mooted as early as June 1978, when the MMC appointed a committee to look into the setting up of a NSR. Unfortunately, the committee was unable to carry out its task. In a press interview on 16th September 1982, the then Director General of Health, Datuk Dr Hj Abdul Talib, told the New Straits Times that 'We have been a bit slow on the issue'. He expressed concern over the lack of a specialist registry in the country. While the MoH has its own process of credentialing specialists, whereby doctors with specialist's qualification are ‘gazetted’, this process does not extend to the private sector. Thus, it is difficult for the public to ascertain whether a doctor’s claim to be a specialist actually has the required credentials and competency to practise as a medical specialist. With increasing public pressure, the MMC initiated a move to amend the Medical Act 1971 to provide for registration of medical specialists.

In most countries, the responsibility of maintaining appropriate professional standards of medical practice is performed by Professional Bodies. In Malaysia, the Academy of Medicine of Malaysia (AMM) is the specialist organisation embracing all medical specialties in the country. Therefore, it was natural for the MoH to collaborate with the AMM to establish the NSR. A joint committee comprising members from the MoH and the AMM was tasked to work on the project. Numerous meetings and workshops were held to discuss debate and fine-tune the various aspects of the setting up of the NSR. Unfortunately, it was just taking too long. In November 2000, the AMM launched its own Specialist Register; a database of members of the Academy of Medicine of Malaysia was established. The website was made available for public inspection and reference. In 2006, after nearly three decades, the MoH proposed that the AMM be entrusted to initiate and maintain the NSR. On 24th August 2006, the Minister of Health Malaysia launched the NSR. Once the Medical Act 1971 is amended, the NSR will come under the purview of MMC.

Organisational Structure of NSR

A National Credentialing Committee (NCC) consisting of four representatives from MoH, four representatives from AMM and a representative from the MMC was established. The President of MMC, who is also the Director General of Health, chairs the NCC. The Chairman of the NCC appoints members to the various specialty subcommittees. The NCC provides guidelines on the standards of specialist practice and directs the maintenance of the NSR. Forty-seven (47) medical specialties were recognised by the NCC and Speciality Subcommittees (SSC) was established for each discipline. The SSCs were entrusted with the responsibility of developing criteria for specialist recognition in their disciplines. The SSCs are also tasked to evaluate applications against the stipulated criteria and make appropriate recommendations to the NCC.

A NSR secretariat was established at the AMM to provide administrative support and to maintain the Specialist Register.

Application Process

Medical specialists, who seek to be registered with the NSR, apply in prescribed form and submit it to the NSR Secretariat. The applicant may request to be registered in a basic specialty and a related sub-specialty. The application must be accompanied by relevant documents. The application is vetted at the NSR secretariat and complete applications are forwarded to the respective Specialty Subcommittees. The SSC will evaluate the applications against at a set of criteria that will include:

a. Practitioner is fully registered with the MMC.

b. Holds a current Annual Practising Certificate.

c. Holds a postgraduate qualification which is registrable with NSR.

d. Has satisfactorily completed the required period of formal training in the specialty or sub-specialty as stipulated in the criteria for credentialing by the relevant SSC.

e. Has completed the period of experience under supervision which may be required by the SSC after obtaining the postgraduate qualification.

f. Has satisfied the Subcommittee that he/she is fit and is of good character.

If the applicant fulfils the set criteria, he/she is recommended to the NCC for registration as a specialist. The NCC meets periodically to review all applications and ensure that the applicants have achieved the standards of specialist training and are competent to practise in their field of specialty. When the NCC approves the application, it directs the NSR secretariat to list the applicant’s name in the Specialist Register.

Applicants who do not possess a recognised postgraduate qualification in the basic specialty may be considered for recommendation to the NCC on a case-to-case basis. These applicants will need to satisfy the SSC that their postgraduate training / certification meets the standard required by the NCC. In evaluating the unrecognised postgraduate qualification, the standard of training, duration and assessment are benchmarked against the local Masters Programme.

In case an application is rejected by the SSC, its chairperson will state the reasons for the rejection to the Chairman of the NCC for endorsement. Rejected applicants may appeal to the NCC through the NCC secretariat within three (3) months from the date of receiving the rejected letter.

Revalidation

Doctors are expected to maintain their professional standards throughout their working life. They are required to participate in continuous medical education (CME) and continuous professional development (CPD) activities regularly. The amended Medical Act will introduce revalidation as a way of regulating medical practice and reassuring the public that licensed doctors are up to date with their knowledge and skills. The specialist register will be time-based and specialist will be required to fulfil cyclical CME/CPD requirements in order to maintain their status in the specialist register.

Medical practitioners can refer to the AMM’s website (http://www.nsr.org.my/registration) to download and find guidance to complete the application form. Members of the public may also refer the registry at the website (https://www.nsr.org.my) to find the specialist status and qualifications of their attending doctors.

Conclusion:

The amendments to the Medical Act 1971 will make it a legal requirement for doctors wishing to practise as specialists to have their name entered on the National Specialist Register. The Specialist Register aims to ensure that only properly qualified and well-trained specialists shall be accredited and allowed to practise in the field of specialisation in which they are registered. The maintenance and accessibility of a register of medical specialists will safeguard public confidence in the profession.
Travelling at a cruising speed of 850 km per hour at an altitude of approximately 35,000 feet in an Airbus A380 from Kuala Lumpur to London, I was suddenly jolted by the voice of a MAS stewardess in a seemingly put on British-like accent asking my fellow British passenger next to me “Sir, Do you like to have tea?”. Her accent decreased when she posed the same question to his British wife (minus the madam!) and to me in her usual Malaysian accent (rather pleasant though!); of course minus the Sir as well! I wonder why do we Malaysians still awe the accent and imitate them when we meet Westerners. Perhaps, we need to move on another 50 years to get away from the invisible clutches of our colonial masters. My fellow passenger who sat beside me happened to be a Colorectal Surgeon based at London. Our conversation from medicine veered on later towards historical spots in Malaysia especially in Malacca. He was amazed how many serene historical spots in Malaysia were dwarfed with high rise commercial buildings. Fortunately, he was not aware of the recent destruction of ruins that may date back more than 2000 years in Bujang Valley as well as recent media reports of artefacts and relics from Johor, Malacca and Perak found to be sold openly on eBay. We seem to be obsessed with new buildings at the expense of the old or historic and with superlatives; highest, tallest or the longest!

I made a stopover in London for a week en route to Dublin where I had stayed for almost another week. When I arrived at Dublin, where many people associate this city to Guinness Stout, I was met by my taxi
driver. I have a habit to be chatty with taxi drivers especially in foreign countries as I believe their perceptions; rightly or wrongly, is a crude indicator of the perception or voice of the middle or lower income population. During my trip to my hotel, the exuberant driver gave me a brief insight of the latest news in Dublin. It so happened that Dublin few days earlier had taken back control of its economic affairs in a ‘historic’ move as international lenders concluded their final review of the country under the terms of a three-year bailout programme. The Irish Finance Minister aptly said “the big change is not that we are free of all difficulties but that the responsibility has been passed back to the Irish Government”. My driver remarked it is customary in Ireland to toast wine to the President of Ireland at formal functions. However, in a jest, he said since Ireland was forced to accept a €67.5bn EU and International Monetary Fund (IMF) bailout in November 2010 following a massive property crash and banking crisis, the wine toast at formal functions has instead been to the President of IMF! The skyline of Dublin was devoid of construction cranes; another surrogate indicator of the economic situation of a country that is just wriggling out of recession.

The hotel where I stayed was pleasant albeit devoid of a lift. It looked old but well maintained. When I chatted with the hotel staff, I was told that old buildings are not allowed to make major renovations including fitting lifts as local city council laws prohibit renovations that may distort any historical relevance. The next day, as our Hop-on, Hop-off bus weaved through the city, I understood the reason people perceive Dublin to be historical and a contemporary cultural centre for the country. I may not be a culture or history buff. However, that does not hinder me from being moved by how history can so succinctly and poignantly reflect humane in all its glory and profanity.

Dublin has many landmarks and monuments. Kilkenny Castle located at Kilkenny, one of Ireland’s most beautiful, medieval cities and Dublin Castle, built in the twelfth and thirteenth century respectively stands majestically in a typical Norman courtyard design. The likes of Mansion House, the Anna Livia monument, the Molly Malone statue all give Dublin a refreshing elegance of historical richness. Trinity College founded in 1592 is one of the seven ancient universities of Britain and Ireland. The college retains a tranquil collegiate atmosphere despite its location in the centre of the city. It draws immense interest from tourist.

The main purpose of my trip to Dublin was to attend my conferment ceremony for the Fellowship from the Faculty of Occupational Medicine, Royal College of Physicians of Ireland (FOM, RCPI). The ceremony was held at the RCPI building at Kildare Street. The black tie ceremony was conducted in a classic and distinguished manner, laced with tradition at the venue abound with historic details from the college’s 360 years history, lending each of its graceful rooms a distinctive character and ambience. 2014 marks the twentieth year anniversary since the FOM, RCPI has been conducting their membership examination (Member of the Faculty of Occupational Medicine-MFOM) in Malaysia. In conjunction with this, an International Conference on Occupational Medicine (ICOM 2014) will be held at Kuala Lumpur organised by FOM, RCPI and co-organised by the Malaysian Society of Occupational Health Physicians in collaboration with SOCSO from 17-18 May 2014.

Irish demography remains an enigma. The population of this island is 4.5 million. The global Irish diaspora population is approximately 100 million. This translates to about 5% of Irish descendants actually staying on in Ireland whilst the rest are in countries such as Great Britain, the United States, Canada, and Australia. Dublin has many park areas. This is testament to the fact that Dublin has more green spaces per square kilometre than any other European capital city, with 97% of city residents living within 300 metres of a park area. However, interestingly Ireland is devoid of snakes!

My Irish jaunt and previous trips to other European countries makes me appreciate not only the skills and craftsmanship of people who create things of beauty during the historical era but how these countries preserve tradition, historical artefacts and structures to the core. They take pride of their old buildings and heritage. One will often feel the past touch the future with every step. I am inclined to believe many tourists are more charmed with heritage buildings rather than mega structures. Cities like Kuala Lumpur, Singapore or New York have high rise buildings and shopping malls to be proud. What makes a major difference among them is the heritage behind each city that really dazzle the tourists! Being born and raised in historic Malacca, I could not resist feeling despair how some of us in Malaysia are careless with national and world treasures. I may not be an expert in history but I am not a philistine either. It is a shame, we have let some of our historical fabric to be torn up, tied into knots and now has become entangled into a ball of mess. I think we are so far from seeing the woods from the trees.

I end with the few Irish words I picked up during my recent trip to Dublin; Le gach dea ghuí (with every good wish) to our policy makers and historians in trying to preserve what is left of history in our country. Michael Crichton, the late eminent novelist once aptly remarked “if you don’t know history, then you don’t know anything. You are a leaf that doesn’t know it is part of a tree!”.
I’m BACK! The last I wrote an article in Berita was way back in March 2012. Since then I have been busy with my work and spending more time blogging (pagalavan.com) regarding the latest happening in the field of medicine and medical education. Due to my pre-planned overseas holiday in May 2013, I was not able to attend the National MMA AGM in Negeri Sembilan, my birthplace and where I grew up. Upon returning from my holidays, I was informed that Johor will be organising the next MMA AGM, the 54th. The last National AGM that was held in Johor was in 1994, when I was still in the university!

Since the announcement of Iskandar Malaysia in 2006, Johor regained its spotlight. Billions of investments were thrown in to develop the region with private-public partnership. After almost 5 years, we saw names like Legoland Malaysia, Newcastle University Malaysia, University of Southampton, Marlborough College, Pinewood Studios etc. appearing and making Johor an international destination. Thus, it gives MMA Johor great privilege to organise the 54th MMA AGM.

The venue has been set at Persada Convention Centre, right at the heart of Johor Bahru. Programs are being organised to make it a memorable event for everyone who attends. Trips are being arranged for spouses and children to various attractions in JB. For those who can’t get enough, please bring along your passport for a trip to our neighbouring country to visit the likes of Universal Studios Singapore, SEA Aquarium, National Science Centre, Singapore Zoo, Jurong Bird Park and more. There's Endless Possibilities …

As the CME Chairman, I am entrusted to organise the CME events for the AGM. While we are still awaiting confirmation, numerous lunch symposiums are being organised to tackle common problems in clinical practice of primary care physicians. Organising in a convention centre gives us enough space for a lot of booths. Hopefully, we can beat the record of having close to 50 booths!

Doctors and the field of medicine are at its crossroads. The mushrooming of medical schools over the last 15 years and the high possibility of unemployment for doctors in near future has made a once noble and respected profession go downhill. It is time for us to make a stand. Unity is the most important tool that can make us stronger. MMA being the oldest professional body representing the doctors in this country is the only body that the Government works with. The only way we can be stronger is by having higher levels of membership. I hope that every doctor can become a member of MMA to give us the strength to fight the battle.

With that, I hope every member will come to this 54th MMA AGM to show support to MMA and make it stronger...
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Environmental Tobacco Smoke: What Is It?

Environmental tobacco smoke (ETS) is a mixture of particles that are emitted from the burning end of a cigarette, pipe, or cigar, and smoke exhaled by the smoker. Smoke can contain any of more than 4,000 compounds, including carbon monoxide and formaldehyde. More than 40 of the compounds are known to cause cancer in humans or animals, and many of them are strong irritants.

ETS is often referred to as “second-hand smoke” and exposure to ETS is often called “passive smoking” or “involuntary smoking”.

We are exposed daily to a form of air pollution that causes twice as many deaths as all other types of air pollution put together. This is known as Environmental Tobacco Smoke (ETS), which is actually the smoke from other people’s cigarettes. Also referred to as second-hand smoke or passive smoke.

Composition of ETS

About 85% to 90% of the smoke from every cigarette ends up in the air as ETS. A lighted cigarette produces two types of smoke that a non-smoker breathes in:

- Main Stream Smoke which is inhaled by the smoker through the filter tip of the cigarette, and then exhaled.
- Side Stream Smoke from the burning tip of the cigarette which goes straight into the air that we breathe.

ETS consists of around 85% side stream smoke and 15% main stream smoke.

Side stream smoke has a higher temperature than main stream smoke and does not pass through the cigarette’s filter tip. The concentration of chemicals in side stream smoke is thus higher than in main stream smoke. This does not mean that smoking is less dangerous. The smoker inhales far more smoke than the people around him because unlike ETS, mainstream smoke does not get mixed with the surrounding air before reaching his lungs.

What is the General Composition of Tobacco Smoke?

Tobacco smoke consists of solid particles and gases. More than 4,000 different chemicals have been identified in tobacco smoke. The number of these chemicals that are known to cause cancer in humans are reported to be in the range from 30 to 60.

The solid particles make up about 10 percent of tobacco smoke and include tar and nicotine.

The gases or vapours make up about 90% of tobacco smoke. The major gas present is carbon monoxide. Others include formaldehyde, acrolein, ammonia, nitrogen oxides, pyridine, hydrogen cyanide, vinyl chloride, N-nitrosodimethylamine, and acrylonitrile. Of these, formaldehyde and vinyl chloride are suspected or known carcinogens in humans.

Can Exposure to ETS be Measured?

It is hard to measure the exposure of a passive smoker to environmental tobacco smoke. The exposure varies according to the type and number of cigarettes or other tobacco products burned, the number of smokers present, the rate and manner of smoking, the room volume, the room ventilation rate, and the percentage of fresh (or makeup) air supplied.

Exposure to ETS has been estimated in terms of “cigarette equivalents”. Cigarette equivalents can be measured by determining carboxyhaemoglobin levels in blood. Carboxyhaemoglobin is formed in the blood when someone inhales carbon monoxide. The haemoglobin in the blood that has oxygen bound to it is called oxyhaemoglobin. It is the oxyhaemoglobin that carries oxygen to the tissues. However, carbon monoxide has a much stronger affinity to haemoglobin than oxygen. Thus, inhaled carbon monoxide quickly replaces the oxygen in the oxyhaemoglobin and binds to the haemoglobin to form carboxyhaemoglobin which can be measured.

Some studies use a urine test that measures the amount of cotinine in the body. Most of the nicotine absorbed by the body is broken down (metabolised) rapidly to form cotinine as the major by-product (metabolite). Cotinine stays in the blood about 30 hours and reaches high concentrations in blood and urine. Other studies can test for the level of nicotine in hair. Hair nicotine levels are a more accurate biomarker than using cotinine. “Exposure equivalents” suggest that passive exposure to ETS over an eight-hour day is comparable to directly smoking one to three cigarettes.

What Are the Health Effects?

Second-hand smoke has been classified as a Group A carcinogen by the U.S. Environmental Protection Agency (EPA), a rating used only for substances proven to cause cancer in...
humans. A study conducted in 2005 by the California EPA concluded that each year approximately 3,400 lung cancer deaths in non-smoking adults are attributable to ETS. Exposure to second-hand smoke also causes eye, nose, and throat irritation. It may affect the cardiovascular system and some studies have linked exposure to second-hand smoke with the onset of chest pain. ETS is an even greater health threat to people who already have heart and lung illnesses. Infants and young children whose parents smoke in their presence are at increased risk of lower respiratory tract infections (pneumonia and bronchitis) and are more likely to have symptoms of respiratory irritation like coughing, wheezing, and excess phlegm. In children under 18 months of age, passive smoking causes between 150,000 and 300,000 lower respiratory tract infections, resulting in 7,500 to 15,000 hospitalizations each year, according to EPA estimates. These children may also have a build-up of fluid in the middle ear, which can lead to ear infections. Slightly reduced lung function may occur in older children who have been exposed to second-hand smoke. Children with asthma are especially at risk from ETS. The EPA estimates that exposure to ETS increases the number of asthma episodes and the severity of symptoms in 400,000 to 1 million children annually. Second-hand smoke may also cause thousands of non-asthmatic children to develop the disease each year.

Cancers Other than Lung Cancer

Traditionally, studies focused on finding the effects of ETS on the respiratory system. More recently, studies show that exposure to ETS may increase the risk of cancer at sites other than the lung. While there have been fewer studies conducted, associations have been found with cancers such as cervical, bladder, nasal-sinus, and brain. In addition to the cancers mentioned for passive smokers, studies of active smokers have also recorded a risk of cancer to the renal pelvis, renal adeno carcinoma, parts of the mouth and throat such as the lip, oropharynx, larynx, and hypopharynx, esophagus, stomach, liver, bladder, and pancreatic cancers.

Why is ETS Dangerous?

Cigarette smoke contains over 4,000 different chemicals, of which at least 400 are poisonous to man. The World Health Organization reports that at least sixty cancer-causing chemicals have been identified in second-hand smoke. Research on ETS has shown that living with, working with or just being around a smoker can harm your health. When you breathe in ETS, your health is affected adversely. A person exposed to ETS is at risk of developing health conditions similar to those faced by the smoker, which includes: eye, nose and throat irritations, respiratory tract infections, with worsening of pre-existing respiratory problems such as asthma, chronic obstructive pulmonary disease and emphysema, heart disease and cancers. Recent studies have estimated that non-smokers exposed to ETS at home or in their workplace have their risk of lung cancer raised about a quarter, while heavy exposure at work doubles the risk of lung cancers. A relatively high level of benzene can be detected in the breath of a smoker immediately after smoking.

Risks during Pregnancy

According to the Surgeon General Report, women who smoke while they are pregnant are exposed to ETS and more likely to suffer a miscarriage or stillbirth. Their babies may be born prematurely or have a lower than normal birth weight and poses a great risk of having Sudden Infant Death Syndrome (SIDS).

Third-Hand Smoke: Additional Danger After Second-hand Smoke

An additional danger remains even after a cigarette has been stubbed out. Third-hand smoke refers to cigarette residual particles that remain in the environment after a cigarette is extinguished. These particles linger on a smoker’s hair, clothing, household fabrics such as carpets, curtains, rugs and surfaces like floors and windows. Young children and infants are especially susceptible to these toxins as they crawl on, play on, touch and inhale particles from these contaminated surfaces. This shows that the adverse impact of lighting a cigarette goes a long way. Smoking has many harmful effects on health and ETS is one of them. Not lighting up a cigarette marks the beginning of a healthier lifestyle for you and your loved ones. Breathe in the fresh air by going smoke free today!

What is a Safe Level of Second-hand Smoke?

There is no safe level of exposure to second-hand smoke. Even low levels of second-hand smoke can be harmful. The only way to fully protect non-smokers from second-hand smoke is to completely eliminate smoking in indoor spaces. Separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot completely eliminate exposure to second-hand smoke.

What Can Be Done to Reduce Non-Smokers’ Exposure to ETS

- Awareness needs to be created among smokers and non-smokers through public media on an ongoing basis throughout the nation.
- Non-smokers always need to consciously maintain a safe distance of 10 to 15 metres away from the smoker all the time.
- Smokers who are creating the ETS.
- General Public should be more aware of ETS and should not be supporting and tolerating smokers who are creating the ETS.
- Government of the day can start imposing smoke ban laws in public places and enforce it and take serious actions against offenders regularly.

Additional Information

Bhutan made a complete Tobacco ban under “Tobacco Control Act of Bhutan 2010” prohibiting cultivation, harvesting, production and sale of Tobacco.

In 2008, India enacted Smoke Free Regulation and banned smoking in Public places and till now the Government of India and the public are very supportive of these measures.
At the start of the New Year, let us explore further on the primary care establishments available in Malaysia. It is undeniable that the two-tiered healthcare system in Malaysia has benefited our community at large.\textsuperscript{1,2} The heavily subsidised public clinics have provided accessibility and affordability to our public.\textsuperscript{1,2} In addition, our private health sector which has mushroomed over the past 25 years proves to be another option for those who prefer shorter waiting times and continuity of care.\textsuperscript{3}

Based on our National Healthcare Establishment and Workforce Statistics (NHEWS) Primary Care 2012 report, we will be reporting the total number of primary care clinics in Malaysia, different types and ownerships of private practices as well as the services that these clinics provide. In addition, we will be describing the various modes of payment of our primary care attendees.

<table>
<thead>
<tr>
<th>Is the number of primary care clinics increasing over the years?</th>
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<tbody>
<tr>
<td>• There were 5198 private primary care clinics and 871 public clinics in 2012.</td>
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<td>• The ratio of private to public clinics (6:1) has not changed since 2008-2009.\textsuperscript{4}</td>
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<tr>
<td>• Overall, there were a total of 2.1 primary care clinics per 10,000 population in Malaysia.</td>
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<tr>
<td>• The density of primary care clinics is lesser compared to Australia which had an average of 6.1 GP practices per 10,000 population in 2002.\textsuperscript{5}</td>
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<tr>
<th>Solo versus Group: What type of practice are we headed towards?</th>
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<tr>
<td>• 1 in 4 private clinics was group practices. The number of group practices has increased in all states sampled over the two year period.\textsuperscript{6}</td>
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<tr>
<td>• The percentage reported in our NHEWS report is similar to that in Singapore in 2005.\textsuperscript{7}</td>
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<tr>
<td>• Some of the suggestions being put forward were that younger generation GPs prefer group practices with the aim for a better workload distribution.\textsuperscript{8}</td>
</tr>
<tr>
<td>• Moreover, having group practices would allow for better equipment and facilities to be built and shared.\textsuperscript{9}</td>
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<tr>
<th>How many 24-hour private clinics do we have?</th>
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<td>• The median number of operating days in a week for private clinics is 6 days [Interquartile range (IQR) 1].</td>
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<tr>
<td>• In 2012, only 5% of the private clinics were 24-hour clinics.</td>
</tr>
<tr>
<td>• The Star newspaper reported on 11th August 2013 that many 24-hour clinics in Malaysia were opting to withdraw such services in view of security reasons.\textsuperscript{10}</td>
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</table>
How do our primary care attendees pay for healthcare?

- All primary care attendees to the public clinics were subsidised by the Government.1
- The treatment fees charged by Ministry of Health were only enough to cover 2% of the needed budget while the rest was subsidised by the Government.11
- More than half of the patients seeking treatment in private clinics paid out of pocket. Interestingly, 46.1% patients were covered by the third party payers (private insurances, panel companies or managed care organisations).
- Other mode of payments to the private clinics include combination of payments [third party and out of pocket (0.3%)] and free of charge (0.2%).

What type of other private clinics do we have apart from primary care?

- In 2012, there were a total of 1137 private clinics which we have categorised as non-primary care clinics.
- Out of these, 1030 clinics were specialist clinics, 26 aesthetic clinics, 56 diagnostic centres, 17 in-house clinics and the rest were charity clinics and complementary medicine etc.

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.
Getting A Grip On Medical Graduates

Author Rajina Dhillon

KLALU PUR, Dec 2
The concerns that are being faced by the medical profession in Malaysia is an alarming one.

For years, medical professionals have been trying to bring to light the surge in medical graduates, the low quality of housemen in hospitals and the ever increasing establishment of medical programmes and schools within the private sector.

Time and time again, these have led medical bodies and practitioners to predict a future with not enough jobs to accommodate these graduates.

According to a survey done by the Ministry of Health (MoH) a couple of years ago, 1,900 housemen were not performing up to expectations and 20% of housemen had their training period extended due to unsatisfactory performance.

It was also found that 17% of housemen did not have the minimum SPM requirements of five B4 credits, which is the mandatory requirement, while 20% lacked basic medical knowledge.

This problem, according to Malaysian Medical Association president Dato’ Dr N.K.S. Tharmaseelan, is derived from the mushrooming of medical colleges and a lack of teaching staff, facilities and training, which has created poor quality products.

He said while public medical universities in Malaysia maintain high standards of entry requirements, some private institutions pale by comparison as they keep entry standards low just to fill the space.

“They have introduced Henry Ford’s business model into medical colleges. They are churning out doctors as Henry Ford churned out cars. At least he was concerned about quality as he was interested in making money,” said Dr Tharmaseelan.

ALONG CAME A MORATORIUM

In a move to curb the problem back in 2010, the Cabinet introduced a five-year moratorium on new medical courses and medical schools in Malaysia, which took effect on May 1, 2011.

The move was seen as one that could prevent further housemen glut and assure more focus on quality.

When the moratorium was imposed, it was applauded by many in the country, who already saw a medical job opportunity decline coming.

Then MMA president Dr David Quek reportedly said it was a good move because too many new courses were offered in a short span of time and the freeze would give enough time for institutions to produce quality medical graduates.

Others in the medical fraternity echoed his sentiments and opined that there already were enough medical schools and more attention should be placed on training housemen instead since the freeze was imposed.

But more than two years later, the issue has re-emerged. The increasing number of medical graduates is still an issue and the future lack of job opportunities is becoming a reality.

Current MMA president Dr Tharmaseelan told The Rakyat Post that: “The moratorium has not been strictly followed and many colleges have found innovative ways to overcome these curbs. They increase the number of admissions and now have offshore campus degrees.”

This, he said, has led to 20,000 unemployed nurses and thousands of unemployed physiotherapists, radiographers and lab-technicians today.

“Sooner than expected, we will also have doctors unemployed. MOH statistics shows that all posts will be filled up by the end of the year,” he added.

With the ministry’s aim to focus more on quality over quantity when the moratorium was imposed, Dr Tharmaseelan opined that not much was done in improving the entry requirements.

“The Ministry of Education had imposed the five B4 credits as minimum entry requirement for medical colleges. However, most medical colleges find it irrelevant and admit anybody who seeks admission including arts students and those without the minimum grades.”

He said any student seeking admission to medical colleges should have a No Objection Certificate (NOC) but most who go overseas do not, or avoid taking it as they do not have the minimum grades.

“Surprisingly the Ministry even makes exceptions for certain people and gives them a NOC even when they do not have the minimum grades. This blaring exception is unfair.”

PUTTING OUT THE FIRE

While the moratorium runs its course, the most apparent issue to tackle here is undoubtedly the improvement in quality of medical students and close monitoring of institutions of higher learning.

Dr Tharmaseelan said there is a loophole in the form of entry standards that must be plugged.

“The Medical Act does not state that you must have minimum entry standards to study medicine and does not state any minimum entry standards. As long as you study in a college recognised by the Malaysian Medical Council (MMC), you are given a job. This loophole must be plugged, and legislation must be made to have mandatory requirements for entry to medical colleges,” he said.

His hopes are for the MMC to be more proactive and withdraw the accreditation of colleges that accept students without the mandatory grades.

As with the monitoring of colleges overseas, the MMA president sees it as a difficult task unless the MMC is given adequate funds and secretariat assistance.

His proposed solution to this particular issue is the implementation of a common exam for all medical graduates irrespective of where they graduate from.

But to truly make a difference, he said it will take massive political will to close down non-performing institutions as they have invested billions in an effort to make it a successful business proposition.
TOBACCO: Remove it from TPPA

By Datuk Dr N.K.S. Tharmaseelan, President, Malaysian Medical Association

IT is universally accepted that tobacco is hazardous to health. It is a major contributor to deaths, with 11,000 dying a year in Malaysia, in addition to maiming hundreds of thousands more.

The Malaysian Medical Association had earlier this year written to various parties to appeal for the carving out of tobacco from the Trans-Pacific Partnership Agreement.

We were happy to receive letters from the International Trade and Industry Ministry and Health Ministry thanking MMA for the interest shown. Both were in agreement with MMA’s views, which we were informed was also the view of the government.

MMA was urged to lobby its counterparts in other countries to do the same. Having made a strong stand, Malaysia must now not bow to tactics employed by the United States and resort to softer language on the carving out of tobacco from TPPA.

The prime minister, in the recent Budget, removed sugar subsidies for the sake of the health of Malaysians.

It is hoped that this stance on health will also see Malaysia firmly opposing any concessions and demanding a complete carve-out of tobacco from the agreement.

Freeze on Dialysis Centres Welcomed

By BENEDICT NG

PETALING JAYA, Dec 23 — The Malaysian Medical Association (MMA) has supported proactive steps taken by the Health Ministry to ensure the safety of patients at dialysis centres.

MMA president Datuk Dr N.K.S. Tharmaseelan told The Malay Mail he was unhappy to learn there were 234 unlicensed dialysis centres in the country.

“How did they start functioning? Why were they allowed to operate?” he asked.

Dr Tharmaseelan noted that many centres employed staff with no medical background despite 20,000 unemployed trained nurses in the country.

“All private clinics in Malaysia need to be registered under the Private Health and Facilities Services Act (PHFSA 1974),” he said.

“We welcome the stringent action taken against them. There are many unlicensed centres that are manned by untrained staff and which are not well-equipped. The operators may not even be medically certified.”

Dr Tharmaseelan urged the ministry to regulate dialysis centres “just as it monitors and regulates private clinics”.

He said while most centres met the required standards, some posed health hazards which could harm patients.

“This is mainly due to infections resulting from poor maintenance of equipment and surroundings. They hasten death instead of prolonging life,” he said.

“These dialysis centres are potential time-bombs.”

He also said MMA wants the ministry to demand that the RM66 million subsidy given out was well-spent and not given to people who were out to make a fast buck.

National Kidney Foundation Chairman Datuk Dr Zaki Morad said the ministry’s directive to stop issuing new licences for dialysis centres would encourage existing centres to improve their services and invest more on equipment and staff.

He said data from the National Registry showed some centres were not providing ideal treatment which led to poor results, including the death of patients.

Zaki felt the laws covering the dialysis industry were adequate but the ministry could do more to ensure better supervision.

Cancer Rap!

Worries and fears
Down many tears
Faced with suffering
And pain recurring
The impending doom
The hopeless gloom

(Chorus)
Cancer, don’t worry
Cancer, don’t be sorry
Cancer, not end of story
Cancer, fight with glory

Body being cut surgical
Pumped with chemicals
Shot with invisible rays
The vomiting days
Body pain, here and there
Head with disappearing hair

(Chorus)
What to prohibit
Which foods inhibit
Stuck in the web pages
Googling the net rages
All the confusion
Sometimes delusion

(Chorus)
Friends who mean well
Contrary advice they tell
Who then to follow
For cure or to sorrow
Make the right decision
Go to the physician.

Choral
Dr Teoh Soong Kee
Life Member MMA
Ipoh, Perak
“I’m not really a researcher. I’m a doctor – specialist endocrinologist who does basic, applied, and epidemiological research. I also have to teach and practise, and contribute to the medical fraternity.”

A Life Member of the MMA, Professor Dato’ Dr Khalid Bin Abdul Kadir was very active in the Wilayah Persekutuan Branch of MMA where he served as its Chairman in the 1980s. In 1984, he served on the Malaysian Medical Association Council before moving on to become the Treasurer of MMA at national level.

An Alumnus of Monash University in Australia, Prof Khalid completed his residency at the Alfred Hospital Melbourne. He trained for his FRACP in endocrinology at Prince Henry’s Hospital, which was also where he completed his PhD and endocrine specialty fellowship training. In fact, it was on the plane flight to Australia in February 1969 that he met his current wife, Professor Datin Dr Norella Kong Chiew Tong who was a Professor in Nephrology at UKMMC.

In 1982, he joined Universiti Kebangsaan Malaysia (UKM) as a lecturer. He was subsequently promoted to Associate Professor (1984) and Professor (1990). Prof Khalid then served as the Dean of the Faculty of Medicine for seven years (1990 to 1997) and was the Foundation Director of Hospital Universiti Kebangsaan Malaysia (HUKM) from 1996 till 2000. In 2004, he was appointed as Foundation Professor of Medicine at Monash University in Malaysia and Head of their new Clinical School in Johor Bahru.

Other notable achievements include a stint as the President of the Malaysian Endocrine Society (1995 to 1998), the ASEAN Federation of Endocrine Societies (1992 to 1993), President of Persatuan Diabetes Malaysia (1985 to 1990), and Member of Council with the International Diabetes Federation representing Western Pacific countries in 2000. He has served as an elected member of the Malaysia Medical Council (1986 to 2001), was Master of The Academy of Medicine of Malaysia (2005 to 2008) and Fellow Academy of Science Malaysia.

Prof Khalid’s numerous achievements have left a deep impact on not just his students but also with the medical fraternity. With around 300 published articles on diabetes, endocrinology and his on-going research, his work is set to transform the way that diabetes treatment and its monitoring will be done in the future. His epidemiological research, clinical drug trials, and research have already helped create new treatment options for diabetes.
Trials and Tribulations

Life has not been a bed of roses for Prof Khalid. In 1991, he suffered from leukaemia but continued teaching and helping the less fortunate. “It wasn’t a very serious bout of leukaemia, just chronic leukaemia. Of course, it could eventually turn out to be nasty. Anyway, I didn’t let that deter me. After all, if I’m only going to have a certain number of years left to me, then I’m going to work harder and do more!” enthuses Prof Khalid.

“True enough, I started losing weight and having chest pains in 2008. That was the year I learnt that I had advanced cancer of the lymphoid cells. The leukaemia had transformed into a lymphoma all over my body. Usually it’s a fatal illness, but I went back to HUKM, where I was treated by my former students who are now specialists in their own right. I had chemotherapy and stem-cell treatment which shows that Malaysian medicine is just as good as anywhere else in the world,” says Prof Khalid.

“How can I prove that? Just look at me. I’m still alive! The average life span for stage four lymphoma cancer patients is three years. Up to today, it’s been five years, so I thank God for His grace in allowing me to continue living and being a productive member of society. Of course, I have had to learn to live with limitations because of my illness, but I’m still able to be with my family and to do my work,” he reveals.

Research – More Than Just Passion

Prof Khalid is adamant in his opinion that every doctor should at least know the basics of research and knowing how to analyse available data. “Medical students especially should learn that medicine is not static or fixed in stone. Sometimes what we do is only partially correct and there may be better ways to do things. So how can you know if you don’t research?” he points out.

“While I was doing my PhD, I was interested in stress and the various hormones that induce or are induced by stress and also the hormones that help to balance them. So I researched the effects that these hormones had on the human body. We discovered that stress lowered the body’s immunity against infections and also had a negative impact on the gonads thus causing an adverse effect on the body’s reproductive ability,” Prof explains.

“The results of our research have been very positive, and we are working to perfect an analogue of a compound found in black liquorice that can be used in the treatment of cancer.”

The First Recipient of the Merdeka Award

The Merdeka Award honours outstanding individuals and organisations whose work and achievements have created a positive and significant impact on Malaysia and its people, and it is in their honour that due recognition is given. Prof Khalid was the very first recipient of this award, which he received for outstanding contribution to the study and understanding of diabetes and the relationship between hormones and stresses in various tissues.

When Prof Khalid was selected to be the first recipient of the Merdeka Award, it happened at the same time as the discovery of his cancer. As a result, there was little celebration to be had. He was busy going to hospital, getting chemotherapy, stem-cell treatment, and was even placed in an isolation ward for 30 days. As a matter of fact, he had just received his second dose of chemotherapy on the day that he received his award.
of stress-induced hormones and to make the body more sensitive to insulin,” he continues. “Also, did you know that there is a condition called stress-hyperglycaemia? What this condition means is that if I were to stress you so much, you will actually become diabetic. However, once the stress is removed, your sugar will come down. This condition usually happens in people with a family history of diabetes.” Our hypothesis is that chronic stress of modern lifestyles as well as over nutrition contributes to development of diabetes, hypertension and metabolic syndrome.

“As an aid in our research, we developed a quality-of-life questionnaire specifically for Malaysians. Through this questionnaire, we found that while the ideal of quality-of-life differs and is very subjective amongst Malaysians, there were some parallels. What scored highly with Malaysians was food, cost of medication, and sex – this is especially true amongst Malaysian men!” shares Prof Khalid.

Education – Paving the Way for Future Doctors

Prof Khalid loves teaching and believes that it is crucial to impart his knowledge to his juniors, be they his students or anyone else in the medical fraternity. “I am also very keen on keeping myself and the medical community updated on new information, new drugs, newly discovered ways of making existing medication more effective, and so on and so forth,” he expounds.

“Imagine a farmer who ploughs and sows, but never harvests what he grows. This is akin to a man who learns and increases his knowledge but does not teach what he knows. Sharing is caring – if I have any knowledge that is of benefit, I will gladly share it with my students, my researchers, my fellow doctors,”.

Many doctors are actually teaching their fellow younger colleagues especially those undergoing their specialty training at MoH and University Hospitals.

The Private Sector and its Challenges

Prof Khalid has little regret in his decision to work with Monash University. However, he does admit that limited funding is his biggest challenge. “Since funding is a big issue, I have to find the best value for the funds that I have been allocated with. Our research is dependent on getting money from outside sources and not from the Government, so we have to really maximise our use of available funds,” he laments.

“On top of that, I also face challenges in teaching as we only have a small core of full-time lecturers like me. Public universities like UKM or University Malaya Medical Centre (UMMC) have hundreds of lecturers to run the various departments and provide clinical services. We have to rely on experienced professionals and colleagues from Hospital Sultanah Aminah in Johor as well as private hospitals and clinics who are willing to sacrifice their free time in order to share their knowledge and expertise with our students. This is a very good development for our country. We do not encourage spoon-feeding so thankfully, our students have been able to cope as they are of the highest standards,” confesses Prof Khalid.

Students and Stress

When asked about the issue of overly stressed medical students these days, his response was to point out that medical students should not be stressed out by their courses, saying “Medicine is not that hard. If they are very, very good before they come in, then they shouldn’t be stressed. As long as they have that intellectual capacity, they should be able to cope. Of course, exams can be stressful, but if they are well prepared then it shouldn’t be too stressful.”

He then went on to share his way of handling stress, which is to relax at home on weekends and do some gardening or just catching up on his sleep. On work days, his idea of ‘chilling’ is to head to his research lab to either do some research or to catch up with his team by discussing their research plans or the results of their research.

“If you take research as a hobby, you can use it to help advance both your medical knowledge and your medical practice,” divulges Prof Khalid.

Quality of Medical Students

“Firstly, all students should be of a certain level of capability and intelligence at entry, otherwise they will find it difficult to complete their course. Secondly, they must have the right aptitude and attitude towards medicine. Having the right attitude is important – don’t do it because you are forced by your parents or entranced by the glamour of the profession,” advises Prof Khalid.

He went on to add, “As lecturers, we need to give them good clinical experience. They should learn the right practises or habits. The location where their learning takes place is important as well, and having a ‘teaching’ hospital like HUKM allows the students to have sufficient time to focus on the patients and to learn the correct clinical practises.”
Standard of Doctors

“Everyone is concerned. In fact, it’s not just the numbers that are a worry, the standard or quality of the doctor could be an issue as well. In the past, universities like UMMC, UKM, and Universiti Sains Malaysia (USM) set very high standards for our country. So high in fact, that even Singapore recognises it, a fact that can be attested to by many of our colleagues who have graduated from these universities and who now work in Singapore,” confides Prof Khalid.

“The other point of concern is also where these medical colleges or institutions get their lecturers from. Just how many dedicated and good teachers are there in Malaysia? I admit that we face the same problem in Monash, but on the other hand, we are very selective and do not hire just anybody to teach. After all, we have to abide by the standards set by Monash University in Australia. This does create problems for us as there are very few doctors who are highly experienced and who have the right qualifications and expertise to join Monash,” he further comments.

“Since I don’t know the standards or practices adopted by the other medical colleges or institutions, I can only hope and pray that they are at least as good as those set by UM, UKM, and USM. I can attest to the standards set at Monash University Malaysia as they are the same as those set by Monash University in Australia.”

MMA Needs to Grow

Prof Khalid evinces sadness that the MMA of today is not as inspiring a presence as it was 30 years ago. Back then, it truly represented the majority of doctors in the country. However, several other groups came into the picture in the late 1980s and MMA no longer commands that huge 95%-100% representation that it used to, and with which MMA was able to tell the Government about the need for changes or improvements in the legislation. This type of influence is necessary to protect not just the interests of doctors but also the patients.

“I believe that the current leaders of MMA are capable and dedicated individuals. However, there is a pressing need to find ways to ensure the young doctors or any other doctors who are not currently members to join MMA. Show them that together we can get the benefits. Together, we can achieve more. It should be a win-win situation for the leaders and the members,” he points out.

“I would also advise that the sensitivities of all members should be taken into consideration whenever any event or function is organised. For instance, no alcoholic beverages should be served at events or functions. These may seem like small little things, but they can make a big difference.”

The Gift of Giving

Prof Khalid’s parents, Tan Sri Abdul Kadir Yusof and Tun Fatimah Hashim, were prominent politicians who were the first couple to be on the Malaysian Cabinet. They taught him that there is more to life than one’s own sense of self-importance.

“If you look at the people above you who have material things like a Ferrari, branded bags, and so on, you will feel unhappy. Instead of looking at the crème de la crème of society, look at the tens of thousands of less fortunate people who don’t even have a car. Don’t always be jealous or envious of people with money as it isn’t everything in life. You should look at what you have to offer others instead of focusing on your own needs and wants,” advises Prof Khalid.

While Prof Khalid is thankful of what he has, looking back at his life still leaves him with some regrets. Prof Khalid’s sacrifices have been great as he discloses, “My successes have been at the expense of my health and my closeness to my family or my wife for that matter. It is a lot to sacrifice, and fortunately, my wife and family are very understanding of the demands of my job most times....”

“Anyone who wants to become exactly like me is an idiot!” quips Prof Khalid. “But if you really want to, I can only advise you to plan for it in advance. You have to know what you must do in order to prepare yourself for it. For instance, what are the qualifications or training that you will need in order to specialise in one particular field?”

“Getting academic qualifications like a PhD is not enough on its own. You have to publish, do research, and get invited to give talks. I produced 19 publications for my PhD thesis which appeared in international journals. Usually, most students would only produce two or three publications for their PhD thesis, so this is a record of sorts,” declares Prof Khalid.

“Your other alternative is to excel in giving a purely clinical contribution to the field of medicine, which then allows you to go on to become a clinical professor. Or you could excel in the field of research, which would allow you to become a research professor. You have to be very dedicated in order to achieve this,” cautions Prof Khalid.

“Always remember, if you are a millionaire and build a house worth millions, will people remember you? There has to be some kind of legacy that you leave behind to make your life worthwhile. Do your bit to leave something behind and you can look back and say to yourself ‘Hey, I’ve done something good’. That way your life will have meaning.”
Demise of a Senior Member:
Dato’ Dr Balakrishnan Ratnam

By Dato’ Dr M. Subramaniam
plasticsubra@yahoo.com
MMA Perak
Life Member MMA

Dato’ Dr Balakrishnan passed away on 17th October 2013 in Ipoh. Dato’ Dr Bala (as friends would know him) was a Senior Consultant Orthopaedic Surgeon and a Life Member of MMA.

Dato’ Bala, who hailed from Bentong, Pahang studied medicine at the Royal College of Surgeons Ireland and returned to serve the country in 1962 and worked as a House Officer and Medical Officer in Malacca. In 1968 he was awarded a scholarship to pursue his postgraduate degree in UK and successfully obtained his FRCS Edinburgh (FRCSEd). His ambition to be an Orthopaedic Surgeon materialised when he worked with the renowned expert, Prof Roaf in Wales, which laid the foundation for Dato’ Bala to pursue his Master’s degree at the University of Liverpool.

Dato’ Bala returned to Malaysia in 1971 and served as an Orthopaedic Surgeon in Malacca and Ipoh until 1981. He then moved to join the private sector, practising at Ipoh Specialist Hospital till he retired in 2003. After retirement he joined the University Kuala Lumpur Royal College of Medicine Perak (UniKL RCMP) as an academic staff to share his experience, teaching and training the young generation in the field of Orthopaedics. He retired from all work duties in August 2010 due to his advancing age and deteriorating health condition.

Dato’ Dr Bala was a Life Member of MMA and served as Perak Branch Chairman during the period between 1981-1982.

Dato’ Bala passed away on 17th September 2013, leaving behind his wife, Datin Sivasothy and a son Dr Indran, who is a Clinical Microbiologist practising in United Kingdom.

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“You will be missed and remain in our hearts”

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MMA Selangor: 
Familiarisation Programme with Medical Colleges

White Coat Ceremony for Taylor’s University School of Medicine Clinical Students

Sixty students from the second batch of Taylor’s University School of Medicine participated in their White Coat Ceremony held on 4 October 2013 at Hospital Sungai Buloh. This ceremony was held in conjunction with their transition into the clinical phase of their 5-year Bachelor of Medicine, Bachelor of Surgery (MBBS) programme. The students will spend the next three years undergoing clinical training at Hospital Sungai Buloh.

The function was attended by the parents of the students, faculty members, heads of department, and staff of Hospital Sungai Buloh.

MMA Selangor Chairman, Dr Edwin Leo, was invited as a special guest. Among the other guests present were the Director of Hospital Sungai Buloh, Dr Haji Khalid Ibrahim, the Deputy Vice-Chancellor of Taylor’s University, Mr Pradeep Nair, and the Dean of Taylor’s University School of Medicine, Prof Dr Abdul Rahman Noor.

In his address, Dr Edwin Leo, while congratulating the students and their parents, also enlightened the students on medical ethics, the doctor-patient relationship and good bedside manners. He encouraged the students to become student members of MMA, and to start playing an active role in MMA.

The Dean, Dr Abdul Rahman Noor, shared his vision of graduating students making an impact in their immediate community. He was confident that their attachment with Hospital Sungai Buloh would allow them to develop their abilities and talents to become excellent doctors.

As part of the tradition, the students were gowned in white coats to officially mark their transition into the 3-year clinical training programme. After the formal ceremony, the students presented a skit on the life of medical students, and the function ended with a tea reception.

Prize-giving Ceremony at the Faculty of Medicine and Health Sciences, UPM, Serdang

The Prize-giving Ceremony for graduating students (session 2012/2013) of the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, was held at the UPM campus on 25 October 2013.

MMA Selangor sponsored the Gold Medal for the best graduating student. The Chairman, Dr Edwin Leo, presented the award to Dr Muhammad Afiq Ismail, who obtained the best overall results in the clinical years and had no disciplinary problems throughout his medical course.

The Dean, Prof Dr Norlijah Othman, thanked the sponsors of the various prizes, and presented a token of appreciation and a certificate to each of the sponsors.

After the Hippocratic Oath, taken by representatives of the prize winners, the event ended with high tea.
Christmas is just around the corner and SCHOMOS Kedah truly feels Santa has been extra nice to us this year. SCHOMOS Kedah successfully organised two major events, a membership drive and a paintball tournament respectively on the 12th and 13th December 2013.

The membership drive campaign was graced by Dr Azhar, National SCHOMOS Chairman and Mr Vasu Pillai, Chairman of MMA Kedah. The first part of the membership drive was held at Hospital Sultanah Bahiyah Auditorium, Alor Star. This event kicked off with a CME session, which was presented by Dr Azhar. His talk on ‘renal stones’ gathered quite a large number of crowd, as many as 70 people which included House Officers, Medical Officers and Specialists. As an addition, an introductory session to MMA and SCHOMOS was given. The briefing session truly enlightened the audience, and we managed to recruit 29 new MMA members during the campaign.

The second part of the membership drive was held at Pejabat Kesihatan Daerah (PKD) Kubang Pasu, which was headed by Dr Rajan John. Here Dr Azhar presented a CME session on ‘Overactive Bladder’ which was attended by 40 Medical Officers from health clinics and the district hospital. The membership campaign continued to shine as another 20 members were recruited at this second venue.

To wrap up the event for the day, SCHOMOS Kedah had an informal meeting, followed by dinner with our National SCHOMOS Chairman, Dr Azhar. It was attended by Mr Vasu Pillai (Chairman of MMA Kedah), Dr Rajan John, House Officers, and myself. Many issues including upcoming events by SCHOMOS Kedah were discussed during this session.

Finally, the most awaited event which was the paintball tournament was held on 13th December at Darulaman Paintball Park, 8.30am. Dr Rajan and Mr Vasu thanked the participants for their continuous support. There were a total of 10 teams which comprised of Medical Officers and House Officers from various departments of Hospital Sultanah Bahiyah. They were all highly equipped with the spirit of sportsmanship; most of the teams discussed their strategies very seriously, in a bid to win the medal. Participants enjoyed the game despite sustaining multiple small bruises during the match. Ortho Team B emerged as the champion, followed by Surgical Team A and Medical MO Team B as the first runner up and second runner up respectively. Medals and fast food vouchers were presented to the winners.

This two-day event was a great milestone in the journey of SCHOMOS Kedah. All the credit goes to the entire MMA Kedah Committee, especially Mr Vasu Pillai and Dr Rajan John.

Hopefully the luck and joy of Christmas which was enchanted by Santa’s magic wand does not stop here as SCHOMOS Kedah has a major upcoming event in April 2014. Rights and Responsibilities of Government Doctors will be conducted by SCHOMOS Kedah and we are expecting a whopping crowd of 400 participants for this event. Many interesting talks will be given by prominent speakers. So please do mark your diary, as you would not want to miss this great event.
Dear Editor,

**MMA Sabah-Sarawak Games 2013**

I refer to the article “MMA Sabah-Sarawak Games 2013” in Berita MMA, November 2013.

It is nice to know that there was such an event between the two Borneo states and kudos to the committee members who resurrected the event after 3 years of absence. Reading on the hardship and difficulty in organising the event despite the setback of the Malaysia Day celebration that took place in Kuching on the same scheduled week, I would offer my congratulations to those 13 Sarawak MMA doctors who ultimately managed to fly over to Kota Kinabalu. I would imagine that they had a very good time there based on the report and I also look forward to ‘winning back the Challenge Trophy next year in Kuching’.

However, I would like to offer a suggestion that we change the name of the event for next year to “MMA Kuching-Kota Kinabalu Games 2014”. I seriously doubt that Sarawak MMA members outside of Kuching were well aware of such an event being held and to use the word Sarawak would be misleading I guess. I cannot comment on my counterparts in Sabah though, who work outside of Kota Kinabalu. Or maybe they were informed and participated in the event, I would not know for sure since it wasn’t mentioned. Or maybe the event was enlightened to the other MMA branches in Sarawak but the message just did not reach the ground level. Or maybe it was just me who was not being attentive and proactive enough to look for the information or announcement myself, Maybe.

I wish all the best to Kuching for the game next year and may you all win back the trophy. After all, ‘according to the records, the victory has always gone to the Host Branch’.

Dr Aimir bin Ma’rof
MMA Sarawak (Sibu Branch)
Life Member MMA

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Dear Editor,

**Stigma of Mental Health**

I read with interest Dr Gayathri’s article on “Stigma of Mental Health” in the October Berita issue.

There are many causes of stigma and interestingly many examples of diseases more stigmatising than mental illnesses – that have very interestingly lost their stigma – so completely people do not remember.

The Sg Buloh Leprasorium was the world’s 2nd largest. It has ceased to exist for at least two decades now – if you have visited it recently, you will recognise it as the largest flower garden centre in Malaysia that exports flowers to Singapore, Brunei and East Malaysia. On Sundays there are so many cars that the narrow road of the garden town is jammed. Where has the stigma gone?? People come in droves to buy flowers grown by Leprosy patients (now cured) and the Indonesian workers they employ (!) Where indeed is the stigma??

The answer is through good investment in HR, Facilities and effective Treatments that work, the illness was almost eradicated – and moved to the community, GH and OPD care.

Where are we in Mental Health?
Investment is better but still poor compared to Leprosy, Malaria, TB or HIV-AIDS.
Facilities are better but not compared to other diseases!
Effective treatment – we have enough medicines, but sadly training is still sadly mediocre – with frequent relapses, poor follow-up etc.

What can be done if there is more commitment – and less bureaucracy is demonstrated by a recent effort to reduce stigma of mental illnesses in a small country – through almost all NGO work.

A Mental Health NGO in Cook is spearheading mental health work in the community and has expanded its services through income generation support from the community and support from MOH Cooks, Japanese Government and AFPA. Te Kainga opened its 3rd building earlier this month and blessed its new 14-seat vehicle donated by the Government of India

It held its sixth training course for volunteers this month and is planning its new Stress Management Day Centres in Aitutaki Island early next year. The Stress Management Day Centre in Rarotonga has about 25 members and mostly volunteer staff headed by Mrs Mereana Taikoko, a Psychiatric Nurse.

Regards,

M. P. Deva
Psychiatrist
UTAR, Sg Long
Life Member MMA
**YEAR 2014**

### JANUARY

#### MMA GP SEMINAR AND SCIENTIFIC MEETING 2014
- **Date:** 18th January 2014, (Saturday)
- **Venue:** Hotel Sunway Putra, (Former Hotel Legend) Kuala Lumpur
- **Contact:** Ms Mutu / Ms Nadia
- **Tel:** +603-4041 1375
- **Fax:** +603-4041 9929 / +603-4041 8187
- **Email:** pps@mma.org.my

#### MALAYSIAN SOCIETY OF HYPERTENSION 11TH ANNUAL SCIENTIFIC MEETING 2014
- **Date:** 17th – 19th January 2014, (Friday – Sunday)
- **Venue:** Shangri-La Hotel, Kuala Lumpur
- **Contact:** Fay Cheah
- **Tel:** +6012-212 1328
- **Email:** faycheah@gmail.com

#### MMA SPECIAL GENERAL MEETING
- **Date:** 19th January 2014, Sunday
- **Time:** 3pm-7pm
- **Venue:** Pacific Ballroom A & B  Level 2, Seri Pacific Hotel  Jalan Putra, Kuala Lumpur
- **Tel:** +603-4041 1375
- **Fax:** +603-4041 1375/4041 9929
- **Email:** info@mma.org.my
- **Website:** www.mma.org.my

#### STANLEY MEDICAL COLLEGE 75TH ANNIVERSARY CELEBRATIONS (PLATINUM JUBILEE)
- **Date:** 25th – 26th January 2014
- **Venue:** Stanley Medical College, Chennai, India
- **Contact:** Col Dr I. Natarajan
- **Tel:** +6012-631 2468
- **Email:** jacintasamy@gmail.com

### 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, Serdang, Selangor.
- **Contact:** Dr Sazlyn / Dr Wan Aliaa
- **Tel:** +6012-7382506 / +6013-4888405
- **Fax:** +603-8947 2759
- **Email:** sazlyn@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)
- **Venue:** Bayview Beach Resort, Batu Ferenghi, Penang
- **Contact:** Mr SP Palaniappan
- **Tel:** +604-229188
- **Fax:** +604-2262994 / 2262994
- **Email:** emergenmed@gmail.com

### MAY

#### MMA PERAK’S 3RD NATIONAL HOUSE OFFICER SURVIVAL SKILLS COURSE
- **Date:** 10th – 11th May 2014
- **Venue:** Auditorium, Kompleks Rawatan Harian, Hospital Raja Permaisuri Bainun, Ipoh, Perak
- **Tel / Fax:** +605-2436 543
- **H/P:** +6016-5119 022 (Ms Malar)
- **Email:** mmaperak_2c@yahoo.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

#### MMA 54TH ANNUAL GENERAL MEETING (AGM)
- **Date:** 29th – 31st May 2014
- **Venue:** Persada Convention Centre, Johor Bahru
- **Contact:** Dr Muruga Raj
- **Email:** mraj231267@gmail.com

### 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

### 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 Jessie / MAAM Secretariat
- **Tel:** +6012-3974 633 / +6012-6313 436 / +603-2282 7355
- **Fax:** +603-2282 8355
- **Email:** manipalghsc@gmail.com / manipalmaam@gmail.com
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