World No Tobacco Day
31 May

WHO and parties call on all countries to raise taxes on tobacco
PUTRA MEDICAL CENTRE is a 150 bedded hospital strategically located in the centre of Alor Setar. We are expanding and growing with an 8th Level New Wing. In line of our expansion, we would like to invite applications for the following Resident positions:

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- DENTIST
- ORTHODONTICS
- ONCOLOGIST
- OBSTETRICIAN AND GYNAECOLOGIST
- RHEUMATOLOGIST
- PHYSICIAN
- ENDOCRINOLOGIST
- GASTROENTEROLOGIST
- UROLOGIST

**HOSPITAL POSITIONS**

- PHARMACIST
- MEDICAL OFFICERS
- CARDIAC CATHETERISATION LAB MANAGER (Must be Staff Nurse or Radiographer with minimum 3 years experience for the relevant position)
- NURSING MANAGER (with post basic qualification Dialysis and Accident & Emergency)
- STAFF NURSES (with post basic qualification OR minimum 3 years working experiences)

Please send CV, certificates, testimonials and photo (n.r.) to:
Human Resources Department
Putra Medical Centre
888, Jalan Sekerat, Off Jalan Putra, 05100 Alor Setar, Kedah Darul Aman
Website: www.putramedicentre.com.my
Email: hr@putramedicentre.com.my

For enquiries contact:
Tel: 04-734 2888
Fax: 04-734 8882
Mdm Gan
(012-582 0528)
The World No Tobacco Day comes again on 31 May 2014 to raise awareness on the health hazards of smoking and the social, environmental and economic ills of tobacco use. The WHO this year has called on all Nations to increase taxes on tobacco ‘to levels that reduce tobacco consumption’. The Malaysian Ministry of Health, the Malaysian Medical Association and its Action on Smoking or Health (ASH) Committee have all taken bold and decisive steps to control and reduce tobacco consumption in the country. Over the last 40 years, MMA’s two notable stalwarts, Dr SK Teoh of Ipoh and Prof Dr Lekhraj Rampal have tirelessly crusaded to carry the message to all Malaysians. In connection with World No Tobacco Day, this issue of the Berita documents MMA’s role in tobacco control.

The Genting Highlands bus tragedy is still fresh in our minds. Since then, there have been several accidents involving express buses resulting in death and injuries to large numbers of passengers. The month of April has been particularly bad. Three express buses, of which two, double deckers, were involved in accidents along the East Coast Highway, killing several passengers. This is sad! It is not uncommon for drivers to be tested positive for drugs.

Then how are we doing on medical examination of heavy goods vehicle (HGV) drivers, in particular express bus drivers? How well are we conducting their clinical examinations? Are we satisfied with the current medical examination system? Are we, as examining Medical Officers, not accountable for the safety of the passengers of buses when we certify drivers fit to drive or fit to continue driving? On the other side of the coin, how comprehensive can a medical examination be at RM 50 for an initial medical and RM 20 for an annual medical! Probably it is time for Occupational Health Physicians and the Private Practitioners Section of MMA to revisit this area of medical and psychological fitness testing of drivers, and play a more active role in road safety.

Medicine is a profession of lifelong learning. Medical Practitioners are encouraged to keep abreast of developments through various forms of CPD activities. Attending lectures is one, and, CPD points are awarded. I recently attended a talk organised by MMA and sponsored by Pfizer. It was a simple and useful topic: Managing Dyslipidemia. It was held on a Sunday evening at the KL Hilton, no traffic jams! The attendance would have been in the region of about 350 to 400 Doctors, but it looked like a Senior Citizens gathering, probably 70-80 % of the audience would have been very senior doctors! Where are our young doctors on a Sunday evening? Are their weekdays so hectic that they prefer to stay home on Sundays and stay busy with their smartphones or computers? Is this a reflection of the overall MMA membership demography? If so, there is much work to be done at the MMA! Nevertheless it is gratifying to see so many senior doctors who make the effort to update themselves. Well Done!

In a month’s time, the National MMA AGM will be held in Johor Bahru. The Registration Forms have been published in the last three issues of the Berita MMA, and is available on the MMA website. From the reports given by Dr Muruga Raj, Chairman of the Organising Committee, the event promises to be a very interesting and exciting one for all, including spouses and children. You can still register, but you will not be in the first 100 getting additional gifts! To date, there are 250 registrants and the target set is 400. Attractive goodies will be given to all 400 participants, so please hurry! This annual event is, besides the usual business affairs of the Association, an opportune time for catching up with old friends in between the business meetings. So be there!

Senior Citizens gathering, probably 70-80 % of the audience would have been very senior doctors! Where are our young doctors on a Sunday evening? Are their weekdays so hectic that they prefer to stay home on Sundays and stay busy with their smartphones or computers? Is this a reflection of the overall MMA membership demography? If so, there is much work to be done at the MMA! Nevertheless it is gratifying to see so many senior doctors who make the effort to update themselves. Well Done!

Finally, this is the 12th issue of the Berita MMA for this Editorial Board of 2013/2014. The Board has enjoyed serving the members of the MMA through this forum. We hope you found it refreshing reading. We would like to thank all contributors and advertisers, the publisher and printer for their cooperation in making our job satisfying. We look forward to your continued support.

THANK YOU, FROM US ALL.
3-MONTH SPECIAL  (01 April - 30 June 2014)

Vital Signs Devices

Purchase Welch Allyn's best-selling Low Equity Vital Signs devices at incredibly low prices.

Get them while stocks last.

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Everything you need for a comprehensive patient exam.

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Purchase your Welch Allyn products online and enjoy 'Online Only' discounts plus CASH VOUCHERS*. Look for great deals and price-drop items when you visit www.welchallyn.com.my.
Galloping Past the Finishing Line

The finishing line is just days away and this Council has been galloping relentlessly from the starting line. With the momentum gained every passing month, the Council will certainly gallop across the finishing line, unflustered. What a year it has been! Aptly termed the Year of the Horse. A vociferous, vibrant, colourful, lively, action-packed, high profile, and of course, memorable year that will be etched in history. The bar has certainly been raised to levels of envy.

This Council had many firsts to its credit.

MMA Develops Strong Bonds with the MoH

The courting with the MoH started with the ‘Evening with the Minister of Health’ dinner event. This was probably the first time the MMA has feted a new Minister of Health. It was a warm, affable and exhilarating evening with the Minister and the MoH officials, including the DG and the Deputy DG. The dinner event created strong bonds between the MoH and the MMA. The KSU and the warm, affable Deputy Minister of Health also attended many events of the MMA.

MMA Forays into Many Ministries

The MMA had this year made efforts to open and maintain communication channels with many of the Government Ministries. The MMA received letters of appreciation from the Prime Minister, the Minister of Health, MITI, Ministry of Education and the Sports Ministry. MMA needs to work closely with all the relevant Government agencies for the betterment of the profession but that should not stop MMA from giving constructive criticism when needed. Several issues that have been raised by the MMA were seriously looked into by the Ministries concerned.

Multinationals Embrace the MMA

The Data Protection Act legislated by the Government created a furore amongst doctors. Doctors were unhappy and appealed to the MMA following very demanding letters from Zuellig Pharma and DKSH who sought every detail of the doctors’ personal data. It appeared high-handed. MMA approached both these ‘giants’ in the pharmaceutical industry to omit minute details which were unnecessary. They heard MMA’s objections, apologised and revised the consent form to conform with MMA’s views. Following these amicable fruitful meetings, GSK visited MMA and requested MMA to review their Data

MMA has become media savvy over the year. There has been over 500 sighted news reports in the mainstream, online portals, blogs, magazines, and even the overseas media.

Dato’ Dr N.K.S. Tharmaseelan
president@mma.org.my
nks.tharmaseelan@gmail.com
President
Heart Health, Is Wealth...

We’ve been hearing the statement “Health is Wealth” since our childhood. However, not all of us know the true meaning of it. Literally, it means that no matter how wealthy or rich you are, if we are not healthy or bed-ridden, there is nothing we can cherish in life. Staying healthy therefore becomes a necessity.

Having a **healthy heart** symbolizes a healthy body, mind and soul. It is imperative to keep our heart pumping strong by maintaining a normal, healthy blood cholesterol level through **Healthy Eating**. Eating oats on a daily basis can help materialize the three golden rules of healthy eating, which are:

1. **Eating less fat and fewer calories.**
2. **Decrease sugar, salt and saturated fat intake from animal-based foods.**
3. **Increase dietary fiber intake from grains, fruits and vegetable sources.**

**Choose Oat Bran products which are packed with a high concentration of dietary fiber, especially soluble fiber beta-glucan for good health.** Most studies have shown that taking 3g of oat beta-glucan per day can help reduce blood cholesterol levels. As early as in 1997, the US FDA has confirmed that taking 3g beta-glucan from oat bran, together with a diet low in saturated fat and cholesterol can help reduce the risk of heart disease.

How do we get the best oat bran product with substantiated health-enhancing benefits? The criteria listed below will guide you through your shopping process:

1. **Go for products which are fully made of oat bran powder and no other non-oat or artificial ingredients.**
2. **Check the oat beta-glucan content at the nutrition information on the packaging label.** According to the Malaysian food law, the maximum amount of oat beta-glucan allowed in food products is only 20 g per 100 g or 20%. Make sure a daily serving of the product will deliver at least 3 g of oat beta-glucan for optimal cholesterol-lowering effect.
3. **Good solubility and gel-forming (viscosity) ability of the oat bran powder in water.** Oat beta-glucan with high molecular weight (> 2,000 kDa) is shown to have greater gel-forming ability in water. Studies have shown that high viscosity effect produced by oat beta-glucans in the intestines is important to ensure optimal cholesterol-lowering effect².
4. **Cholesterol-lowering effect of the oat bran powder is substantiated with clinical trials and scientific studies.** Make sure you find out more information about the source of the oat bran powder and check if the oat bran powder was used as the research material in the clinical studies and published journals.
5. **Check the carbohydrate content at the nutrition information on the packaging label.** High amount of carbohydrates (simple sugars & starch) do not favour individuals with elevated blood sugar level and/or overweight problem.

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**New in Malaysia! Biogrow Oat BG22™ Crispy Cereal – the First Functional Oat Bran Cereal**

Now, 3 g oat beta-glucan for cholesterol-lowering effect is available in crispy cereal form!

**Biogrow Oat BG22™ Crispy Cereal**, delicious, crunchy heart-shaped crisps made from **Swedish oat bran** is fully made in Germany with sophisticated processing technology. **One single packet (30 g) provides 3 g oat beta-glucan** and is also high in dietary fiber (6.6 g per packet), high in protein, iron and magnesium. In terms of energy, one packet (30g) provides only 102 Calories (or kcal), which constitutes about 4% – 5% of the daily energy requirement of an average adult (2000 – 2500 Calories/day).

It can be eaten directly from the packet as a convenient snack in between meals and tastes great also with cold, low fat milk or yogurt. High fiber consumption requires you to drink plenty of water as this will improve gel formation in the digestive tract for optimal cholesterol-lowering effect.

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For more enquiries, please call 03-7956 2220 (Mon – Fri ; 9 am - 5 pm) or email to info@biogrow.com.my. Like our Facebook page at [Biogrow Malaysia](https://www.facebook.com/biogrow). References:

Consent Forms before they were sent out to doctors. The Multinationals have agreed to have regular dialogues with the MMA to create a better working relationship.

**SCHOMOS – Scaling to New Heights**

The Ketua Setiausaha Negara (KSN), YBhg Tan Sri Dato’ Sri Dr Ali Hamsa, was the main guest for the annual Buka Puasa session with SCHOMOS and the ExCo, a first in MMA’s history. He was warm and appreciated the many efforts of MMA, which he had taken note of. The SCHOMOS had approached the Deputy Minister of Education, YB P. Kamalanathan, to iron out problems faced by doctors employed at universities. SCHOMOS also reached out to the Sports Ministry for assistance in the Climbathon.

SCHOMOS, the public sector arm of the MMA has grown from strength to strength with every passing year. SCHOMOS is the breeding ground for the future leaders of the MMA. The Minister of Health had graced the Housemanship Training Conference held in Kuala Lumpur. SCHOMOS, led by the effervescent Dr Azhar Amir Hamzah, held many events in all parts of the country, on a regular basis. Hopefully a large number of young doctors joining the profession will enrol in the MMA following the vibrant show by SCHOMOS.

**Climbathon – A Massive Hike**

This was the first ever mountain climb organised by SCHOMOS/MMA. It was the largest ever climb by a group of doctors – with a total of 46 – led by the President. They all scaled the peak of Mount Kinabalu. It was a glorious moment when the President hoisted MMA’s flag at the peak of Mount Kinabalu. More importantly, funds amounting to RM 50,000 were raised for several charities across the country. The climb was to promote healthy living amongst doctors.

**PPSMMA – Striving Hard for GPs**

Due to the excellent relationship that MMA had developed with the Minister of Health, the PPSMMA – Fomema, a CPD event for general practitioners, was graced with his presence. His Deputy, YB Dato’ Seri Dr Hilmi Yahaya graced several MMA events as well, including the GP conference and the Traditional & Complementary Medicine Conference. PPSMMA raised several issues involving the EMGS, FOMEMA, Fee Schedule, and matters of non-payment (fees) by Medijaring and Etiqa. PPSMMA has strived hard to resolve many issues concerning the private practitioners. Kudos to Dr Ganabaskaran and his team.

**Staff – In-House Lawyer**

I managed to entice a young and fully qualified lawyer, with a couple of years of experience, to join the MMA staff force. Hopefully this young and hardworking lass stays on for years to add efficiency and stability to the secretariat needs. MMA has never been blessed with a full-time lawyer. I hope members do not ‘teach’ her law and drive her away. She will certainly add a level of class to the MMA. It is for us to nurture her and get her to do the best for MMA.

**MMA VoC – To Promote the Spirit of Volunteerism**

The MMA Volunteer Corps (VoC) was launched in an Orang Asli village in Tapah. The MMA VoC will enhance the image of the MMA as a caring organisation that strives to assist the Rakyat in the hour of need. The MMA VoC has already become active in the Klang Valley with several projects in the pipeline. The launch of MMA VoC was published in the Star Newspaper.

The MMA VoC, has built a few houses in the Orang Asli village in Tapah along with water pumps. This is an ongoing project with nutrition and medical check-ups done monthly at the village. The children there were ferried to the Federal capital by the MMA VoC on a study tour. The UPM medical students actively participate in making the VoC a success. Hopefully the coming years will see sufficient volunteers participating in the MMA VoC work during calamities too. I hope the MMA VoC becomes an internationally-recognised volunteer organisation in the near future.

**Committees – Reactivation and Resuscitation**

We have resuscitated many Committees under the wing of MMA. The CPR Committee is conducting workshops all over the country. The CPR Chairman regularly appears on Astro Channel 201. The AIDs and ASH Committees have held workshops for the public. The Committee for Older Persons has been rejuvenated and held a high tea, marking the International Day for Older Persons. The Fees Schedule Committee is continuing its good work. The other dormant committees are taking the cue.

**Berita MMA – A Masterly Turn-Around**

It has been my desire to see the Berita filled with good content, to be readable and at the same time not incurring financial losses to the MMA. I am glad that the new Editorial Board has worked hard to achieve these objectives. Many new columns have been initiated to cater for various tastes of the readers. The Berita MMA,
has become more colourful and spectacular. The editor painstakingly spends hours poring through every line in the Berita to add to the quality of the publication. He has also made the Berita meet deadlines. The Berita reaches all members within the first fortnight of the month of publication. The May issue will reach you ahead of the AGM, and the post-AGM issue should reach you in early June – an unsurpassed record in Berita’s history. Most importantly, the Berita that was ‘bleeding’ away MMA funds is now making healthy profits. Dato’ Pahlawan Dr R. Mohanadas and the Editorial Board deserve full praise for their untiring efforts to make Berita a proud and profit-making publication of the MMA.

MJM – On the Verge of Receiving ISI Recognition

The MJM has finally received the recognition it deserves. A delegation from the Malaysian Citation Centre (PSM) of the Ministry of Education (MoE) visited the MMA to have an analytical look at the MJM. Prof Dr Lekhraj Rampal briefed them on MJM’s developments. After listening to him, the officials agreed to assist in uploading all MJM articles including past MJM issues. In addition publication will be indexed under MyCite, for free. This is the first time MJM has received Government funds and assistance to improve its quality. The MoE has agreed to liaise with Web of Science (WoS) to assist MJM in being indexed in their database. They have promised to enhance the publication by having MJM, ISI indexed within the next two years. This will be a giant leap for the MMA as MJM will become the premier Medical Journal in this region. The Editor and the Editorial Board need to be applauded for their immense efforts in raising the standards of the MJM into a premier journal.

Media – MMA becomes Media Savvy and Basks in the Limelight

MMA has become media savvy over the year. There have been over 500 sighted news reports in the mainstream, online portals, blogs, magazines, and even the overseas media. They carried several MMA reports, some of it creating waves. Political parties of all denomination quoted the MMA. MMA’s views were also raised in State assemblies and the Parliament to consolidate one’s views or to pose difficult questions to the Government. The TV and radio occasionally carried live interviews with the President. MMA has never ever received such media glare and spotlight before.

MMA had issued several sensational statements, some of it receiving front page attention. A few reports highlighted the problems within Government hospitals. One, criticised Sg. Buloh Hospital for harassing doctors. Another salvo was fired at Bentong Hospital for not taking action following the discovery of CCTV cameras in the doctors’ toilet. Melaka hospital was castigated for allowing a staff nurse’s husband to assault a houseman. The HUSM Hospital in Kota Bharu was “blasted” for allowing rats to freely reign and roam within the hospital, wards, OT and ICU.

The Government was blamed for poor planning by the MMA when they allowed 40 medical colleges to mushroom and fixed low entry standards to medical institutions, which would result in the production of poor quality doctors who were then inadequately trained, due to the overwhelming numbers. Malaysians were informed repeatedly by the MMA that there will be no more jobs for doctors soon. This hogged the headlines for weeks on every daily and online portal in Malaysia. The news spilled over, overseas.

The MMA also issued a statement that WHO denied they had ever fixed a standard of 1:400 doctors for a developed country, a figure that was frequently used by the Government to justify building more colleges and deny that there were too many doctors. It was both embarrassing and sensational as no one knew from where the figures were plucked from when MMA raised the issue.

The MoH must be praised for being receptive to MMA’s criticism as it was made with no hidden agenda, but with the sole purpose of improving healthcare and health policies. MMA’s rapport with the MoH has improved tremendously. Occasionally, the MMA was the only organisation invited for high level MoH meetings. The MoH takes MMA’s views very seriously.

MMA took a very critical view of the Penang State Assemblyman who had alleged that doctors in Penang were racial. The Deputy Minister of Home Affairs was also taken to task for alleging that certain races accepted incest as normal. MMA’s trenchant criticism on the skewed statements by elected representatives drew much support from the profession. MMA was applauded for speaking up on many such national issues.

Air Asia had to apologise to nurses following vociferous objections by MMA for a humiliating advert referring to them as lousy nurses. MMA received several accolades from the nursing profession for standing up on their behalf.

During the MH 370 tragedy, MMA had appealed to Malaysians not to create more stress and to instead rally around the nation which was being lambasted by many on its crisis-handling efficiency. MMA became increasingly assertive on issues of the profession including those of the allied professionals.

A sign that Malaysians have taken notice of MMA was when the Minister of Health himself, as a great Statesman, acknowledged that the MMA seems to be in the press more often than the MoH. A Past President is quoted to have said, “the MMA has become more vocal than the Bar Council.”

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The MMA House is also beginning to become a centre of press conference. The last one held at MMA at the end of April 2014, on the eve of President Obama’s visit, on the TPPA effects on Malaysia, drew almost 65 journalists from the media and TV.

The media now seeks MMA’s views on all matters. MMA has become a relevant force, and is not confined to Health matters only. MMA now has an international audience too. MMA has to continuously speak out on issues affecting the profession. MMA should maintain this proclivity with the media.

**MMA Facebook – MMA Embraces the Social Media**

MMA has kept up with the times and launched the Malaysian Medical Association Facebook page on 14 July 2013, and it is now trotting towards 2,200 ‘Likes’. This was reached within 10 months, an impressive achievement. MMA has proven the pessimist wrong with lots of positives and mass support for the Facebook page. It served as an up-to-date interactive platform for members and also provided ample opportunity for all to interact with the President, who was tasked with the administration of the MMA Facebook account. It certainly has been an immense success. All media news of the MMA are constantly uploaded onto Facebook. However, it might be underutilised by members. There is much potential for it to develop into the medium of interaction between members and the MMA. Hope it catches on.

**TPPA (Trans-Pacific Partnership Agreement) – MMA Recognised Internationally**

MMA’s strong appeal to the Ministry of Trade & Industry resulted in the Government agreeing to carve out tobacco from the Trade Agreement. The Australian Cancer Society requested MMA’s letter of appeal to the Government, so as to be used as a template for other national medical associations to follow. We also received kudos from Finland, Australia and Turkey for taking a strong stand against TPPA. The Director General of MITI wrote a letter of appreciation to the MMA and requested MMA to garner support from other national medical associations.

**Membership**

The hive of any activity is the membership. All new Life Members are being given classic Littmann Stethoscopes as a welcome gift, a first in MMA’s history. MMA will continue to introduce innovative ideas for the benefit of members. The Life Membership has been maintained at RM 2,500 to entice more members to join, but this figure may not be for too long as the cost for MMA to maintain a member is much more. As of 15 April 2014 (11 months) the membership took a massive jump with an increase of 1,388 members; Selangor contributed 275 members followed by Kedah with 215 members. The student membership rose by a hefty 442.

**MMA – MLSM Mediation Bureau**

The Mediation Bureau was launched in collaboration with MLSM (Medico-Legal Society of Malaysia). This is a voluntary service undertaken to facilitate the resolving of medico-legal disputes without having to go to court or having lawyers entering the fray. The launch of the Bureau was highlighted by the media.

**MMA Foundation – Continuing its Generosity**

MMAF, the charity wing of the MMA has done yeoman service in granting funds to many social projects including loans for medical students. Members should donate more to the Foundation (tax-exempt) to assist them with the charity work that will be carried out on behalf of MMA.

**Conclusion**

Personally I am satisfied with the achievements of MMA over the year. It was very touching for Past Presidents with whom I have exchanged words with before, to walk up and say, “You have done a fine job for MMA.” Others were to say, “You have made us feel proud of the MMA. MMA has reached the pinnacle of success.” Many unknown layman and luminaries will inform you that MMA is doing a fantastic job. It was indeed very gratifying and hopefully it will spur others to take it to a higher level.

I thank the MMA staff led admirably by Ms Rissa Soetama for having given their very best in trying times and conditions; the wheels of MMA’s machinery have been well-lubricated indeed.

I take this chance to thank the MMA members and Council who have given me the opportunity and support to serve them and the profession with dignity and success. I hope I did not let anyone down in any way. I apologise if there were any shortcomings.

Finally, I would like to thank my friend and soulmate of 32 years, Dr Sivasakthi, my three vibrant and wonderful boys – Dr Myelone, Shivalone, Shakilone and my lovely vivacious girl Mayasimiriti, without whose physical, mental, emotional support, and advice, I would not have overcome the odds to successfully lead the MMA.
My Journey as HGS in MMA

When I got elected as the Honorary General Secretary (HGS) of MMA last year in Nilai, Seremban, there was a sudden rush of adrenaline to get to work quickly and my thoughts ran faster than I could actually digest them in the correct order. I could not decide which one needed attention first, and which should be kept pending. Though I’ve had enough of experience in MMA running as Secretary and Chairman of both Wilayah Branch and SCHOMOS, the amount of tasks shouldered by the HGS was very constitutional and wide indeed.

MMA seemed to have lost its glitter as we may be non-relevant in terms of our numbers, but our voices have definitely been heard. That shows that we have the potential to get up and advance forward, full steam ahead. I had to consolidate my thoughts based on my past 18 years of experience, so I could serve the association with my very best, in this new capacity as the CEO of MMA.

Honorary General Secretary (HGS) of MMA

After completing four terms as Deputy Honorary General Secretary and having served three Honorary General Secretaries – Dr Ponnusamy, Dr Mary Cardosa and Dato’ Dr N.K.S. Tharmaseelan – I felt well-groomed, and was ready to take on the role as HGS. Tackling the responsibilities that come with this post may not seem all that glamorous at first – the job description was so wide that even my two Deputies could not replace me in most instances, since the final say would still have to come from the HGS.

My chemistry with the President, Dato’ Dr N.K.S. Tharmaseelan was great, as we have worked together in the secretariat. In fact I was the incumbent Deputy Secretary when Dato’ Dr Tharmaseelan took over as HGS. We complemented each other’s role, though our age gap was close to 20 years, maybe because we often thought alike!

Handling the Issues in MMA as HGS

There were committees that never functioned and we revived them as soon as we took over. I insisted that every Branch Chairman should initiate some beneficial activities on a regular basis for our members, and also proposed a Key Performance Index (KPI), though this suggestion may not have been popular with some Council members. However, to my surprise, all Council members have worked hard and the activities were aplenty at every branch level.

MMA has an informal Round Table Discussion with Deputy Director General Datuk Dr Jeyaindran.
The President, Dato’ Dr N.K.S. Tharmaseelan, introduced the MMA Facebook and then promoted MMA in the media. An average of four to five articles and reports were published per week. On our last count, approximately 600 press articles and references made to MMA, were in the electronic and print media.

Registrar of Societies (RoS)
The RoS had their mark in our association during the start of our term, but the matter was settled pretty amicably. It caused a lot of stress and worry but with our networking we managed to place our house in order. These “show cause of letter” episodes by RoS have made the MMA paranoid about every action it takes. Hence, re-reading and referring to the constitution has become an almost regular practice.

Issues that doctors faced in the last one year were mostly centred around GST, Data Protection Act, and the new regulations in FOMEMA and student screening (EMGS). All these issues were effectively sorted out – though not yet entirely – when we raised them to the stakeholders.

SCHOMOS has displayed a full amount of energy, from round table meetings to scaling the peak of a mountain – in this case it was Mount Kinabalu! SCHOMOS has proven its relevance to the Government doctors as it is the only section that caters to them exclusively; no other society or association can do the same like SCHOMOS.

Is the Journey Over?
The job of a HGS is never-ending and in my opinion we need an Executive Secretary in MMA to assist with the expanding issues that have, or will plague our fraternity of doctors. Meetings with Ministries and other agencies require time and a lot of effort to attend.

My past experience in holding various posts will be a great asset to my job, but the journey in medical politics shall never attain a definite closure. The landscape has changed today, as young doctors are pro-social media. None of them are interested in old, mundane meetings and reading printed materials. Almost everyone in the younger crowd would prefer to look at quick results and refer to information that can be obtained ‘in a jiffy’.

Annual General Meetings must be able to transform into interesting platforms for doctors to learn and discuss important issues. With each passing day, change becomes inevitable, and as doctors we must learn to adapt. No more ‘coffee shop discussions’ and ‘armchair commenters’ as this will indeed make us non-relevant.

My vision is to have a broader scale of activities for MMA where every doctor in the country could participate. Many other societies and groups have overtaken us in this and have united themselves very well. With today’s advancement in technology, connecting to other thousands of members would be just a click away. If you choose to procrastinate with updates on information, it will then be considered outdated. That is the new world! No more checking emails and Facebook at the end of the day, as this will be considered slow.

Our fraternity is increasing in number and that does not translate to strength if we are not united. Attitudes must change or else we will suffer. Policy makers will continue with their agenda and we will be caught in our own ego. So unity is the strength we must have.

Disclosures
A matured association like MMA will not be spared from allegations of being non-transparent, with possibility of office bearers having financial gains from MMA, etc. We will disregard all these allegations as rumours and speculations. Office bearers in MMA are elected by the members to perform their duties ethically, without any personal gain. To avoid unnecessary remarks from members and non-members, the President, Immediate Past President and President-Elect have directed me to produce a Disclosure Form for all Council and ExCo members of 2013-2014 and 2014-2015.

Ideally, all office bearers (including the potential candidates) should declare their interest as a matter of ethical and moral practice. We hope this is a step forward towards transparency and good governance. The MMA has been around for more than half a century, and we must keep the association strong. Speaking of which, the 55 years MMA book will soon have its highlights in the June 2014 edition.

Future of MMA and Myself
As the term closes, it is my wish to express my gratitude to all those who have assisted me in running the secretariat and the association. The wisdom gained from my previous roles has certainly served as an asset, but as mentioned, the landscape is different and constantly changing, thus invaluable guidance is always needed. No one can be perfect but working towards precision is essential. My hope is that the new Hon. General Secretary will be able to steer the association on firmer footings and stable administration.

My voyage has not ended in MMA as now I embark to another level to serve as President-Elect if selected at the AGM. Hopefully the latest achievements we have in MMA can facilitate my objectives to improve the benefits and privileges received by all members.
What is Hearing Loss?
A common disorder worldwide, hearing loss affects all age range from newborn babies till the elderly. The effects of hearing loss include:
- Difficulty in following conversation especially in noisy environments
- Mixing up of words especially over the phone
- Constant ringing noise in the ears (tinnitus)
- Speech and language delay in young children

Traditionally, the only option for devices was hearing aids. With the advent of technology, there are more options now.

1. Bone Conduction Implants (BCI)
   Best for: • Conductive or mixed hearing loss such as atresia
              • Deformities of the ossicular chain
              • Single sided deafness
   How it works: • Sound is transmitted to the bone and the bone then conducts the sound to the inner ear.
                  • Implant is placed fully under the skin and the processor attaches by a magnetic link to the implant inside.

2. Middle Ear Implants
   Best for: • Individuals who cannot use or are dissatisfied with other hearing devices
              • Mild to severe sensorineural or conductive hearing loss
   How it works: • Middle ear implants mechanically stimulate the inner ear structures for sound detection.
                  • Implant is either coupled to the ossicular chain or directly to the cochlea's round window.
                  • The sound processor then is linked magnetically on the area behind the ear.
                  • The external processor is small and easily hides under hair.

3. Cochlear Implants
   Best for: • Severe to profound sensorineural hearing loss
   How it works: • Provides direct electrical stimulation to the cochlea.
                  • Implant is linked magnetically through the skin at the area behind the ear to a speech processor which detects sounds.
                  • It then processes it to electrical codes that are then transmitted to the implant which stimulates the hair cells in the cochlear directly.

Specialists Involved with Hearing Implants
Implants are specialised hearing devices and require the skills of a team consisting of:
1. Subspecialised ENT Head & Neck Surgeons or Neuro-otologists
2. Audiologists
3. Speech Language Pathologists

May is Better Hearing & Speech Month.
Look out for our Speech & Hearing Mini GP Symposium - Bridging the Gap on 22 June.
For events/activities or general enquiries, please contact our Speech & Hearing Centre at 03-7491 1280. Email: dsh@sunway.com.my

Speech & Hearing Centre

No.5, Jalan Lagaon Selatan, Bandar Sunway, 47500 Selangor Darul Ehsan, Malaysia Tel: 03 7491 9191 Fax: 03 7491 8181 www.sunwaymedical.com.my SUNWAY MEDICAL CENTRE
40 YEARS A PART OF YOU
Dear Members,

This is my last month as the Honorary General Treasurer of MMA. As mentioned earlier in the April 2014 Berita regarding the recoverable tax issue that was pending, MMA has finally received a refund cheque from IRB for RM 335,363.41 dated 10 April 2014!

MMA is thankful to the accountant (Mr Sathia) and tax agent (Ms Jini Seelan) for monitoring and following-up on the tax recoverable issue.

On the just completed audited account’s report for 2013, it was a fairly good year with higher income and reasonable profit compared to 2012.

Also to highlight, the basic annual grant for all MMA Branches has been increased to an extra of RM 5,000 each (from RM 15K to RM 20K, apart from the additional fund based on number of members), approved in September 2013’s Council meeting. All of the MMA Branches have received it in January 2014. With this increase in grant to the Branches, hopefully more beneficial activities can be organised so there would be more participation from both MMA members and the public. Activities carried out should at least break-even and not to incur any losses if possible, as there have been noted losses in the audit report involving some Branches.

Thank you and all the best to MMA in its future undertakings!

Dr Azizan binti Abdul Aziz
janaziz10@gmail.com
Hon. General Treasurer

Hi Everyone,

MMA Johor welcomes you to the 54th National MMA AGM & Scientific Meeting 2014!

I would not be writing much as we have already furnished most of the AGM information in the previous issues of Berita. This time it is only to inform you that the first 100 members who register will be getting a trolley bag worth approximately RM 200. Everyone will also be getting a jacket (instead of the usual t-shirt) which is worth about RM 100. The other members (after the first 100) will be getting a backpack worth RM 80. We are still raising funds and we will try to give you back as much as we can. So please try to come in full force.

The Johor Committee members have worked very hard. We have been conducting weekly meetings for the last few months, and we hope that all of you will appreciate the effort invested by showing up and making the 54th MMA AGM a success!

Thank you.

Dr Muruga Raj Rajathurai
mraj231267@gmail.com
Chairman
MMA Johor
End of January, SCHOMOS paid a courtesy visit to one of our Malaysian “senior” doctors and great Statesman – YABhg Tun Dr Mahathir Mohamad. In conjunction with the visit, we organised a forum entitled “Moulding the Future Leaders in the Medical Fraternity”. We had representatives from the medical students, house officers, medical officers, and junior specialists from KKM and universities. Almost all our National SCHOMOS ExCo members including the President, Dato’ Dr Tharmaseelan, the Hon. General Secretary, Datuk Dr Kuljit Singh, and Deputy Secretary, Dr Rajan John, attended the forum at the Yayasan Kepimpinan Perdana, Putrajaya. It was scheduled for much earlier, but was postponed as Tun was not well prior to this.

The aim of this visit and forum is to expose our junior doctors (who are going to be the leaders of our profession one day) to one of the great leaders in our country who also happens to be one of the earliest Malaysian doctors. It was a very fruitful and lively discussion as the junior doctors interacted well with Tun and asked many questions. Tun entertained us well and was very happy that SCHOMOS MMA had taken the initiative to organise such an event, one which enabled the junior doctors to understand the importance of planning ahead and being brave, in order to display good leadership in any organisation. “Great leaders are not born, but are nurtured,” quoted Tun. Being a ‘voracious reader’ himself, he reminded us, “To excel, we need to tap into people’s capacity to learn”. During the forum, Tun also shared a fair bit on his younger days, how he started off as a medical practitioner, becoming a political ‘moghul’, and life as a decent husband, caring father and loving grandfather. It is never easy to juggle everything around.

Tun Dr Mahathir bin Mohamad, born 10 July 1925, is a Malaysian doctor-turned-politician, who was the fourth Prime Minister of Malaysia. He held the Premiership for 22 years from 1981 to 2003, making him Malaysia’s longest serving Prime Minister. His political career spanned across 40 years and is still active. Born and raised in Alor Setar, Kedah, Tun Mahathir excelled at school and became a medical doctor. He was active in the United Malays National Organisation (UMNO), Malaysia’s largest political party, before entering Parliament in 1964. He served one term before losing his seat, after falling out with the then Prime Minister, Tunku Abdul Rahman, and was expelled from UMNO. When Tunku Abdul
Rahman resigned, Tun Mahathir re-entered UMNO and the Parliament, and was appointed to the Cabinet. By 1976, he had risen to Deputy Prime Minister, and in 1981 was sworn in as Prime Minister after the resignation of his predecessor, Tun Hussein Onn. During the forum, he kept reminding us that the failures endured had made him stronger and more resilient; he never gave up on the mission he carried.

During Tun Mahathir’s tenure as Prime Minister, Malaysia experienced a period of rapid modernisation and economic growth, and his Government initiated a series of bold infrastructure projects. He was a dominant political figure, winning five consecutive General Elections and holding off all of his rivals for the leadership of UMNO.

Displaying the attributes of a vibrant and dynamic leader, Tun has proven himself to be a good listener. During the forum, he made a point to listen to everyone first before he expressed his own views. He appeared as a very shy, polite and decent man, looking smart with his Nehru-style coat.

For his efforts in developing the economic growth of the country, Tun has been granted the sobriquet of ‘Bapa Pemodenan’ (Father of Modernisation). On the other side of the coin Tun Mahathir has been a highly controversial figure, and a subject of harsh attacks by his critics.

According to Wain, a famous author who wrote a biography of Tun Mahathir in 2010:

“Rising living standards, together with Dr Mahathir’s showpiece buildings and outspoken defence of Malaysia’s interests, contributed to a sense of national identity, pride and confidence that had not existed before. He put Malaysia on the map, and most Malaysians were pleased about it ...”

Great leaders are not created within a day. It takes dedication, perseverance, sacrifice, stamina, a clear mindset, mind focus, coping skills, self-motivation, the ability to motivate subordinates, self-challenging goals, and a willingness to open up to constructive criticism.

It was an honour for SCHOMOS and the Avengers team to be invited and welcomed by Tun, a great country Statesman and I am sure his quick quips, comments and spontaneous witticism impressed all those who attended the forum. He is still alert, sharp, and going steady even at the age of 89.
Arunamari Specialist Medical Centre is expanding its services to serve you better

We are moving to a new facility to bring you the latest international standard technology and knowhow to be able to provide better treatment and comprehensive healthcare.

The new facility will put at your service several super-specialty departments that are supported by state-of-the-art technologies from diagnosis to surgery.

Key enhancements on the anvil for February 2015:

- Increase in beds from 72 to 200+
- Increase in Operation Theatres from 2 to 6
- Will have a 32 Channel, 1.5 Tesla MRI
- Addition of Cath Lab
- State-of-the-art ICU/NICU
- Will have a 64 Slice CT

Specialised Services:

- Full fledged Physical Medicine department
- Super Specialist Consultation
- Anaesthesiology
- General Paediatrics
- Paediatric Surgery
- Dental
- Dermatology
- Endoscopy
- ENT
- General Surgery
- Haematology
- Infectious Disease
- Medical Oncology
- Ophthalmology
- Obstetrics & Gynaecology
- Orthopaedics
- Spine Care
- Urology
- Gastroenterology
- Cardiothoracic Surgery
- Cardiology
- Pulmonology
- Rheumatology
- Neurology
- Nephrology

At Arunamari, which is now a part of the Manipal Group of Hospitals, we are committed to our core values of Patient Centricity, Clinical Excellence and Ethical Standards; these are backed by our state-of-the-art technologies from Diagnosis to Surgery.

Positions open for Specialists at the current hospital.
SCHOMOS Meets Deputy Minister of Education

By
Dr Azhar Amir Hamzah
Chairman
National SCHOMOS

Way back in August last year, SCHOMOS organised a think tank for the doctors working in public universities. We invited very senior medical lecturers, professors, deans, and ex-deans from most of the public medical universities (UM, UKM, USM, UITM, UPM) to identify problems among the medical lecturers. We prepared a paper as a result of the meeting. SCHOMOS tried very hard to schedule a meeting with the Ministry of Higher Education (then MoHE) and even brought in many senior lecturers and professors (at their own expense) for this purpose. The meeting was promised to be attended by the KSU and the DG of Education Ministry. SCHOMOS presented the paper at the meeting chaired by the Senior Ministry Officer, En Aris.

As we were following-up the subsequent month, SCHOMOS was tasked with preparing the standardised guideline for the promotion scheme of medical lecturers. We called for yet another meeting with the senior professors and medical lecturers to prepare the “SCHOMOS – MOHE Guideline (SMEG)” draft which was later submitted to the Education Ministry. I suppose the Ministry was quite busy, as there was not much response.

As a result of this, after discussing with the ExCo and with the consent of the President and the HGS, we arranged an appointment with the Deputy Education Minister, YB P. Kamalanathan, who is in charge of matters relating to higher education and universities. It was an hour-long meeting with the Minister in which we highlighted the important issues and presented the paper prepared earlier. He went through the paper thoroughly and took quite a bit of time. He praised SCHOMOS MMA for preparing a very comprehensive paper and for being persistent in our struggle to preserve the rights of doctors working in the education sector. He promised that the proposal will be brought up at the next KSU-DG meeting with the Minister and he would reply to us as soon as possible. Well, YB Kamalanathan gave his word, and we, SCHOMOS, have tried our very best in each and every way. Let us wait and see what the outcome would be, now that we have brought matters up to the Deputy Minister of Education.

In fact, last month, SCHOMOS managed to acquire an appointment with the KSU of Health Ministry, Datuk Farida Mohd Ali (Berita MMA March 2014). It was a long awaited “date” with the KSU. We discussed issues related to the senior medical officers, district medical officers, hospital directors (especially those working in rural hospitals), specialists, and consultants in the Health Ministry. It was a fruitful meeting and an eye-opening session for the KSU as SCHOMOS was able to identify the problems among doctors and provide suggestions to overcome them. Datuk Farida even promised that she would attend the next SCHOMOS-NWC meeting in May 2014 to meet with all the SCHOMOS State Chairmen. This will be an excellent opportunity for the SCHOMOS State Chairmen to approach the KSU directly on any pending matters.

If SCHOMOS is persistent when dealing with the Ministries, it is not because we intend to create a stir. What we do may be bold sometimes because we strongly believe that those causes are relevant and are for the betterment of our counterparts. At times you have to awaken the giant in yourself to get things done!

“Everyone experiences tough times; it is a measure of your determination and dedication in how you deal with them and how you can come through them.”

– Lakshmi Mittal
Dear Colleagues,

Greetings to all.

Let me first thank all of you for electing me as your PPS Chairman last year and my term will end soon at our forthcoming MMA AGM in Johor Bahru, my hometown. It has been a tiring but exciting year trying to resolve many issues that we, the GPs, and private specialists have to face. These are long pending issues and trying to resolve them quickly would not be easy but we need to go on trying.

I have always believed that one needs to be committed and passionate when holding a position in any organisation, especially so in an organisation like MMA. That is the reason why despite being a Life Member of MMA for more than 25 years, I did not dare take up any other position apart from being a PPS Johor representative in 2002.

Whilst every issue, both past and present facing GPs were brought to the appropriate organisations and agencies for discussion, I am afraid we are far from resolving all of them soon. The only positive light I can see is the fact that we now have an able and understanding top team at MoH including our Minister of Health, YB Datuk Seri Dr S. Subramaniam and our Deputy Health Minister YB Dato’ Seri Dr Hilm Yahaya whom both understand our problems better as they themselves have been active private practitioners before turning to politicians. Let us not forget, we also have our Director General of Health, YBhg Datuk Dr Noor Hisham Abdullah and his Deputy, YBhg Datuk Dr S. Jeyaindran. With such a formidable team in place at MoH, we should try to settle as many issues possible, in the next three to four years. I am optimistic and hopeful that there will be better times ahead for the GPs in this country.

I believe most of the issues facing the GPs and specialists in this country have been effectively highlighted by the current MMA team under the leadership of our President, Dato’ Dr N.K.S. Tharmaseelan who seems to have a knack with the media. He has established a warm and cordial relationship with them despite the fact that doctors have always been at the receiving end.

While we faced difficulties in overcoming many of our issues, not everything was a lost cause.

We did succeed in some areas like the announcement of our long overdue Fee Schedule by our Minister, though not to the satisfaction of everyone! At this juncture, I wish to express my sincere thanks to the Chairman of our Fee Schedule Committee, Dr Namazie, and his team for taking the effort and time in preparing the next fee schedule (which is ready).

PERKESO under the leadership of its CEO, Datuk K. Selvarajah, and his understanding team, has agreed to review our proposal on the current fees which has not been revised since 2003. We have established an excellent relationship with them, and they were kind enough to give us a grant of RM 50,000 for our GP seminar back in January 2014.

Our GP Seminar & Scientific Meeting held in January 2014 had 300 participants. It was a really tough job especially when recruiting participants. I believe the forum served as an effective platform for our members to express their views on the current issues faced by our GPs. It was a commercially successful seminar and we made a handsome profit for MMA, thanks to all our major sponsors like Sime Darby Group, Pantai Group, PERKESO, Qualitas Medical Group, CRM, Unitab Sdn Bhd, and not forgetting the pharmaceutical and medical equipment companies. Regardless whether the seminar would garner the desirable results that we all hoped for,
I am very convinced that the dialogue session with Datuk Dr S. Jeyaindran (which was the highlight of the entire seminar) will open many doors for us. On behalf of all our GP members and the seminar participants, I wish to express my heartfelt gratitude to Datuk Dr S. Jeyaindran for his honest and forthright answers to all the questions and queries raised by the participants at the seminar.

There will be no end to my article if I continue writing on the work undertaken by my PPS team – during the last one year – on behalf of the GPs in this country especially so for our MMA members. Most of the issues and the outcomes have been continuously highlighted in our monthly Berita by my PPS ExCo and other PPS NWC members as well. For this I must greatly thank all those who have contributed to the PPS column, especially the Editor, Dato’ Pahlawan Dr R. Mohanadas, and the Editorial Board for their support and wide coverage of PPS's activities. Thanks to you Dato’, your Editorial team and the Publishers.

I believe my PPS ExCo and NWC members have served with dedication under my leadership during the last one year and I extend my sincere gratitude towards them. My heartfelt thanks also goes out to the MMA Past Presidents and PPS Chairmen who have given me their good advice and guidance.

To Ms Muthu and to the rest of our MMA staff, a big thank you for all your support especially during the GP seminar. Also, my sincere apologies for the pressure I gave you sometimes, and for the harsh words.

Last but not the least my heartfelt thanks to our President, MMA ExCo and Council members for their support and help. During my tenure as PPS Chairman, I have spoken and given my views without fear or favour, which at times would resort in arguments with office bearers especially the President. These arguments were without malice and for the good of MMA. Nevertheless I would like to take this opportunity to apologise to all those whom I have had arguments with for the betterment of MMA.

It was a privilege to have served under the leadership of Dato’ Dr N.K.S. Tharmaseelan whom I believe is very committed and dedicated to championing MMA’s cause. I have been there and I have led more than 15 organisations during the last 35 years of my involvement in public life and believe me, it is not easy to be committed and dedicated! I believe he has tried to create a new face for MMA especially with the creation of the MMA Facebook page. I do not cury favours and I do not mince my words. All these have been expressed directly from my heart.

If I had inadvertently left out anyone from this appreciation note, here is a big thank you to all those who have made the past year a memorable one for me! To the incoming PPS Committee, all the best and always serve with dedication for the betterment of MMA.

ALL FOR ONE AND ONE FOR ALL.

A Famous world renowned golfer, drove his Mercedes into a petrol station to take fuel. The station attendant did not recognise this celebrity. The golfer bent to take the nozzle to fill his tank when two objects fell off his pocket. The curious attendant, who has never seen these objects enquired what they were.

Golfer: These are my Tees.

Attendant: What is it for?

Golfer: These are to rest my ball before I drive.


Medical Humour

Medical Journalism

DIPLOMA IN FAMILY MEDICINE (DFM)
THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA
Applications are now open for the DFM Intake 12 (July 2014). All medical practitioners with 4 years of service and above are welcome to enroll into the programme. The 2-year Diploma consists of 16 modules, online MCQs, workshops, assignments, logbook and a final examination.

Please contact Ms Thila at (03) 4041 7735 or email medibase@afpm.org.my or go to www.afpm.org.my for further information.

(Closing Date to receive application: 31 May 2014)

DIPLOMA IN FAMILY MEDICINE: FAST TRACK (DFM-S)
THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA
Applications are now open for the DFM-S Intake 4 (July 2014). All medical practitioners who have completed the Vocational Training Programme (VTP) or have been a GP for more than 10 years are welcome to enroll into the programme. The one year Diploma consists of 8 modules, online MCQs, workshops, assignments, logbook and a final examination.

Please contact Ms Thila at (03) 4041 7735 or email medibase@afpm.org.my or go to www.afpm.org.my for further information.

(This will be the last intake for the DFM-S. Closing Date to receive application: 31 May 2014)
Tobacco use is the single most preventable cause of death globally. World Health Organization (WHO) has stated very clearly that it is ‘DEADLY IN ANY DISGUISE’ (water pipes, also known as “shishas”, “narghiles” or “hubble-bubbles”). There is no risk-free level of exposure to secondhand smoke. Its use leads to six million deaths worldwide annually (World Health Organization). Unless we act, the epidemic will kill more than eight million people every year by 2030. More than 80% of these preventable deaths will be among people living in low- and middle-income countries. Nicotine is the key chemical compound that causes and sustains the powerful addicting effects of commercial tobacco products. It is estimated that more than one million died from tobacco use from January to March 2014. The Surgeon General’s 2010 Report substantiates the evidence that there is no safe level of exposure to cigarette smoke. When individuals inhale cigarette smoke, either directly or secondhand, they are inhaling more than 7,000 chemicals; hundreds of these are hazardous, and at least 69 are known to cause cancer. Inhaling the complex chemical mixture of combustion compounds in tobacco smoke causes adverse health outcomes, particularly cancer and cardiovascular or pulmonary diseases, through mechanisms that include DNA damage, inflammation, and oxidative stress. One-half of all long-term smokers, particularly those who began smoking in adolescence, will eventually die from the use of tobacco.

“World No Tobacco Day aims to encourage a 24-hour period of abstinence from all forms of tobacco consumption across the globe”

The Surgeon General’s 2004 Report on the health consequences of smoking concluded that the evidence is sufficient to infer a causal relationship between smoking and cancer of the lungs, oral cavity, larynx, esophagus, stomach, bladder, renal pelvis, pancreas and cervix. It also concluded that the evidence is sufficient to infer a causal relationship between smoking and cardiovascular diseases such as coronary heart disease, stroke, sub-clinical atherosclerosis and abdominal aortic aneurysm. Other conclusions were that the evidence is sufficient to infer a causal relationship between active smoking and chronic obstructive pulmonary disease and mortality. The report also stated that the evidence is sufficient to infer a causal relationship between smoking and reduced

MMA: Towards A Non-Smoking Generation

Prof Dr Lekraj Rampal
lekhraj@upm.edu.my
Chairman
ASH Committee, MMA
fertility in women; between sudden infant death syndrome and maternal smoking during and after pregnancy, and a causal relationship between maternal active smoking and premature rupture of the membranes, placenta previa and placenta abruption.

Every day, THOUSANDS of young people around the world are trying their first cigarette and 80,000 – 100,000 (maybe more) are becoming regular smokers often precipitating a lifetime of addiction and untimely death. As smoking rates decline in the wealthy nations, the tobacco pandemic has moved to the developing countries. It is important to note that 80% of them live in low and middle-income countries. This article will focus briefly on the lead role and efforts of Malaysian Medical Association (MMA) in Tobacco Control.

**World No Tobacco Day** is observed around the world every year on May 31. Its aims to encourage a 24-hour period of abstinence from all forms of tobacco consumption across the globe and draw global attention to the widespread prevalence of tobacco use and to negative health effects. The Member States of the WHO created World No Tobacco Day in 1987. Many countries adopted the idea in their anti-smoking campaigns. No Smoking Day was organised in Britain, Canada, New Zealand, Hong Kong, Singapore, Australia, Finland, France, Ireland, New Zealand, Australia, Finland, France, Ireland, Norway, Japan and Sweden. The WHO agreed in May 1987 that an International No Smoking Day be held on 7 April 1988.

We need to put into record here that the **Action on Smoking and Health (ASH)** Committee of MMA organised the **first No Smoking Day** on 5 November 1986 and was launched by Dr Siti Hasmah binti Mohd Ali (now known as YABhg Tun Dr Siti Hasmah), the wife of the then Prime Minister YABhg Tun Dr Mahathir bin Mohamad. Dr Teoh Soon Kee and Professor Dr Lekhraj Rampal were the Chairman and Secretary of ASH, MMA. We were also assisted by other organisations such as Adventist Health Education Service (Mr David Leoh Hee Tan), Selangor and Federal Territory Consumer Association (Mr S. Kamalanathan), National Heart Association (Dr David Quek), Public Health Society (Prof Lekhraj Rampal), Astra Pharmaceuticals (Ms T. Sarojini) and a representative from Ministry of Health. Dr Abu Bakar Suleiman (now Tan Sri Dato’ Abu Bakar) was the President of the MMA and gave his full support. We did not receive any grant from the Ministry of Health. Dr Teoh Soon Kee and Prof Lekhraj Rampal organised with the collaboration of the Ministry of Health and Adventist Health Education Service. Tun Dr Siti Hasmah was our Chief Guest. The news appeared in Berita MMA. A national seminar was organised on ‘Action on Smoking or Health’ on 20-21 October 1985. Prior to this in 1973, smoking was banned in cinemas. Although smoking was banned in the Ministry of Health and Ministry of Defense hospitals, clinics and health centers, members of the public were seen smoking during the 1970s in these premises. In 1982, the Cabinet under Tun Dr Mahathir bin Mohamad directed that all Government servants were prohibited from smoking in all Government offices, at meetings and in public vehicles. Cigarette advertisements were banned on radio and television and in Government publications in the same year. The Public Health Society (not part of MMA at that time) was also very active in tobacco control activities during this period. The Malaysian No Smoking Week was organised on November 1987, 1988 and 1989. On 16 December 1988, the then Transport Minister Datuk Ling Leong Sik declared that smoking will be banned on all domestic flights and KL-Singapore sector starting 25 December 1988. In 1991, the Director General of Prisons Datuk Ling Leong Sik declared that smoking will be banned on all domestic flights and KL-Singapore sector starting 25 December 1988. In 1991, the Director General of Prisons declared all prisons smoke-free. During the 1980s we had to face a lot of hurdles. Many Government Ministers and Deputy Ministers were smokers. Dr Teoh Soon Kee was very outspoken and a good advocator for tobacco control. Prof Lekhraj Rampal was the Secretary of ASH (1986 to 1992) and Chairman from 1993, 1996 to 2006. From 1998 the ASH Committee joined a very low budget. There was a request to MMA to extend it to a week. What I can recollect, is that before this event, in 1981, smoking was banned in air-conditioned train coaches and in buses. There was a National Workshop on Smoking or Health and an exhibition on 9 October 1983 which Dr Teoh Soon Kee and Prof Lekhraj Rampal organised with the collaboration of the Ministry of Health and Adventist Health Education Service. Tun Dr Siti Hasmah was our Chief Guest. The news appeared in Berita MMA. A national seminar was organised on ‘Action on Smoking or Health’ on 20-21 October 1985. Prior to this in 1973, smoking was banned in cinemas. Although smoking was banned in the Ministry of Health and Ministry of Defense hospitals, clinics and health centers, members of the public were seen smoking during the 1970s in these premises. In 1982, the Cabinet under Tun Dr Mahathir bin Mohamad directed that all Government servants were prohibited from smoking in all Government offices, at meetings and in public vehicles. Cigarette advertisements were banned on radio and television and in Government publications in the same year. The Public Health Society (not part of MMA at that time) was also very active in tobacco control activities during this period. The Malaysian No Smoking Week was organised on November 1987, 1988 and 1989. On 16 December 1988, the then Transport Minister Datuk Ling Leong Sik declared that smoking will be banned on all domestic flights and KL-Singapore sector starting 25 December 1988. In 1991, the Director General of Prisons declared all prisons smoke-free. During the 1980s we had to face a lot of hurdles. Many Government Ministers and Deputy Ministers were smokers. Dr Teoh Soon Kee was very outspoken and a good advocator for tobacco control. Prof Lekhraj Rampal was the Secretary of ASH (1986 to 1992) and Chairman from 1993, 1996 to 2006. From 1998 the ASH Committee joined
Finland and other countries organised the ‘International Quit and Win Campaigns’. The ‘International Quit and Win’ smoking cessation contest has been the largest global smoking cessation effort coordinated by National Public Health Institute (KTL) Finland. More than 70 countries participated. This was during the ‘Malaysian No Smoking Month’. Prof Lekhraj Rampal as Chairman ASH, MMA led these campaigns in 1998, 2000, 2002, 2004, 2006 and 2008. The Tak Nak Campaign was launched in 2004.

International Quit Smoking and Win Competition

**Year 1998**
Activities: Talks, exhibitions, TV and press interviews, national art competition with the theme “Growing Up Without Tobacco”. Impact: More than 945 people from all parts of Malaysia participated. This was the first time such a large number agreed to give-up smoking for at least one month. The art competition was also a big success.

**Year 2000**
ASH, MMA and the Public Health Society jointly with the Ministry of Health organised the International Quit Smoking and Win competition. More than 1,155 people from all parts of Malaysia participated. ASH, MMA also organised a national art competition. The art competition was also a big success and several prizes were given out for both the events.

**Year 2002**
Impact: More than 2,000 people from all parts of Malaysia participated. This was the first time such a large number agreed to give up smoking for at least one month. The art competition was also a big success. Wide coverage by press, radio and TV. For six weeks feature stories and letters commented on smoking and its problem.

ASH, MMA wrote to the Government to increase tax on tobacco and have a special fund for tobacco control activities, outcome Sin Tax. The Malaysian Government agreed and decided to establish a Health Promotion Foundation using taxes from tobacco and alcohol (Sin Tax), now known as the Malaysian Health Promotion Board. Tun Dr Mahathir bin Mohamad, Dato’ Chua Jui Meng (Minister of Health), ASH, and MMA, played a big role in this.

2004: Tak Nak Campaign launched by Prime Minister Abdullah bin Haji Ahmad Badawi (Tun)
Tan Sri Datu Dr Mohamad Taha Arif (Director General), called ASH, MMA and all the other NGOs for a round table conference and planned the Tak Nak Campaign. There were more than 2,500 participants. The study conducted by USM showed that the Tak Nak Campaign was successful and met the objectives set for the first year. ‘Tak Nak’ was also branded as ‘Say No To Smoking’. There are critics and those with vested interest who said it was a failure. What happened after that? I have no comments.

We need to put into record here that Prof Lekhraj Rampal, reported a decline in the prevalence of smoking between 1996 and 2004 (reported in the press, April 2005). The then Minister of Health, Datuk Seri Dr Chua Soi Lek, was reluctant to accept the fact that there was a decline in the prevalence. The National Morbidity Survey 2006 showed further decline. It is also to be noted that there was an increase in the prevalence of smoking between 2006 and 2011 (National Morbidity Survey 2011).

Factors that led to a decline and then the increase need to be examined as the information may help in our campaigns towards a ‘No Smoking Generation’. It is important to note that all Director Generals of Health were supportive of tobacco control activities and the role of ASH, MMA.

Where Are We Now?
Malaysia has taken several steps forward in tobacco control. We need to work together locally and globally to achieve “A Tobacco Free World – Zero Prevalence”.

We need to think globally but act locally. Every Malaysian has a role to play and the industry must play its
role as a responsible corporate and work towards the end of this menace.

All Government Universities and most Institutions of Higher Learning are smoke-free. Tobacco control activities in workplace, has in the last decade also significantly increased and made an impact not only in the Government but also in the private sector. Many private firms and factories are increasingly making their workplace a smoke-free zone, and are also organising various smoking control activities.

WHO Key Messages for World No Tobacco Day 2013

- All forms of tobacco advertising, promotion and sponsorship should be banned.
- Tobacco industry advertisements and sponsorship target young people. A comprehensive ban of all tobacco advertising, promotion and sponsorship is required under the WHO Framework Convention on Tobacco Control (WHO FCTC).
- WHO urges Governments to ban all forms of tobacco advertising, promotion and sponsorship as part of the full implementation of the WHO FCTC and to be mindful of tactics used by the tobacco industry to evade these laws. Legislation should be properly enforced. (Are you aware what FCTC is about? Please visit WHO website to download further information and play your role as a professional.)
- Charities and community projects should never accept tobacco industry support. Tobacco companies use corporate social responsibility activities to promote themselves as good corporate citizens, normalising tobacco use and creating goodwill in the community.

ASH, MMA had highlighted these messages both in mass media and Berita MMA (info for its members).

WHO Key Messages for World No Tobacco Day 2014

**Raise Taxes on Tobacco, Reduce Tobacco Consumption, Save Lives**

Specific goals of the 2014 campaign:

- Governments increase taxes on tobacco to levels that reduce tobacco consumption;
- Individuals and civil society organisations encourage their Governments to increase taxes on tobacco to levels that reduce consumption.

WHO Classifies Interventions into Two Major Groups

1. Those aimed at Core Demand Reduction for tobacco

2. Those aimed at Core Supply Reduction of tobacco.

**What We Need to do in Tobacco Control in Malaysia**

There are more than three million current smokers in Malaysia. The socio-economic cost including treatment runs into billions of ringgit. For every person who dies from tobacco use, another 20 suffer with at least one serious tobacco-related illness. Half of all long-term smokers die prematurely from smoking-related causes. Ask yourself, “Why are we not calling for its ban? What are we doing to actually reduce the problem? Why is there apathy towards this very serious threat to health?”. Understanding the tobacco industry’s practices is crucial for the success of tobacco control policies. It is important also to understand that tobacco products are the only legally available products that can kill up to one-half of their regular users if consumed as recommended by the manufacturer.

WHA Resolution 54.18 and also the text of the WHO FCTC, have asked countries to remain “…alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts…”
Are you alert, are the Malaysians alert?

Dr Margaret Chan, at the launch of the WHO Report on the Global Tobacco Epidemic in 2008 stated that "The tobacco epidemic is entirely man-made, and it can be turned around through the concerted efforts of Governments and civil society. The enemy, the tobacco industry, has changed its face and its tactics. Have you read the WHO Brief on Tobacco Industry interference? The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep's clothing, and its teeth are bared," said Dr Margaret Chan, Director General of WHO, in her keynote speech at the 15th World Conference on Tobacco or Health, Singapore on 20 March 2012.

Raise Taxes on Tobacco

In Malaysia, there has not been a significant increase in tobacco tax for the last few years. The Malaysian Medical Association had been advocating this for some time. Higher taxes have been shown to be effective in reducing tobacco use among lower-income groups and in preventing young people from starting to smoke. Increasing excise taxes on tobacco is considered to be the most cost-effective tobacco control measure.

Roles You Can Play As a Healthcare Professional in Tobacco Control in Malaysia

1. Advocate
2. Community leadership
3. Educational
4. Catalyst
5. Capacity building and training
6. Research
7. Complementary role

Write to the Prime Minsiter, he will listen to your voice.

LET US WORK TOGETHER AND COMPLEMENT THE GOVERNMENT’S EFFORT FOR A SMOKE-FREE MALAYSIA.
Housemanship Training in Malaysia: YBhg Datuk Dr Jeyaindran Tan Sri Sinnadurai, Deputy Director General of Health (Medical)

YBhg Datuk Dr Jeyaindran's sense of humour was apparent from the onset of the keynote address. He started off with a smile that stayed with him throughout his address and a quote, “You can only manage what you can measure, so we need to take a hard look in a rational manner to see where we are”.

Datuk Dr Jeyaindran mentioned that in Malaysia, it is apparent that Medicine is at the crossroads and there is a need to appraise and chart a new course of action for the medical students, house officers, medical officers, specialists and sub-specialists. The issue of manpower and uneven distribution of doctors is evidently taking its toll on the healthcare system.

A National Specialist Meeting, was held in September 2013 at Malacca and it resulted in ‘The Malacca Resolution’ to address these issues and to come up with solutions. The meeting proved to be fruitful for within six months, possible solutions were suggested and some have already been implemented.

Medical Students

Many students do not opt for the STPM nowadays as the requirement for medicine is all B's. They choose instead, other pathways to gain entry into medical schools.

Prior to 2011, the entry requirements for medicine was set by the MoHE for each university. MMC officially adopted the Minimum Criteria and Qualification guideline for entry into a medical programme on 12 April 2011. Both local and foreign graduates have to abide to be eligible for registration with MMC however there is a lacuna in the regulations which allows any student who has graduated from a recognised college to be registered. Since then there have been four other revisions of the Minimum Criteria and Qualification up to 30 July 2013.

A study, limited to local medical institutions, was conducted and revealed non-compliance to minimum entry qualifications for local medical schools. Thus, a proper system of monitoring and enforcement by relevant authorities is needed.

Roles and responsibilities of MoE, MoH, MMC and MQA need to be clarified. He went on to explain that MoE and MoH do not have the authority to take action on these errant colleges but can report them to MMC or MQA who have the jurisdiction to take these colleges to task.

A news report by the Minister of Health on 17 January 2014 that appeared on the Malay Mail Online, mentioned that the Government may tighten the minimum entry requirement for students who want to do medicine in the future. The current minimum entry requirement is 4B's.

House Officers

The Deputy Director General of Health touched on a few important aspects
and drew attention to the challenges and shortcomings in the current housemanship training system, the Flexi System that was introduced in 2011 and also the solutions that the MoH have come up with. The MoH has since reviewed the Flexi System. Prior to this, there was no specific model timetable that catered to all hospitals and disciplines. The reviewed Flexi System is a well-planned systematic distribution of time for the allocated shifts, taking into account the different working schedules between departments and variation in daily HO duties between departments. Also taken into serious consideration was the availability of infrastructures to support the Flexi System which varies between hospitals, according to the location and type of hospitals.

The emphasis here, according to Datuk Dr Jeyaindran, is more on accountability in patient care and more time spent during office hours for training, with 65-75 hours/week. The ‘one full day off’ a week (as before) and protected ‘post night duty off’ will be implemented (no more at the discretion of the HOD). The International norm for a house officer to patient ratio is 1:10. In Malaysia it is 1:3.3.

The current 60 hours/week of training is inadequate when compared to Hong Kong, for example, where the training is 80-100 hours/week. Prior to 2011, the training was 90 hours/week in Malaysia.

There is also a discussion to reduce the extension period from three months to two months i.e. half the duration of the official posting.

Datuk Dr Jeyaindran also touched on the fact that there were many house officers who had gone AWOL, when the allocated UD 41 posts were still occupied by them. This has caused a huge upheaval in the system. Thus newly qualified graduates are not able to get their postings as the posts are still occupied by those who have disappeared, for various reasons.

The Deputy Director General of Health related to the audience on the need to further enhance and strengthen the training program with a hospital level orientation that was more rational and productive. Datuk Jeyaindran briefed the participants on the framework and assessment of tagging for each posting, a discipline specific curriculum, the focus on core competency topics and core procedures, discipline-specific end of posting assessment, and handover mechanisms where the HO must be physically present – not via Whatsapp, WeChat etc. He lamented about the lack of discipline and poor attitudes displayed, before stressing on the importance of understanding the Government Order.

Datuk Dr Jeyaindran also enlightened the participants about a Correction Factor that had been formulated, 1:4 ratio. Based on this calculation, MoH Training Hospitals can accommodate 10094 vs 10360 posts available, excluding Psychiatry and Primary Care postings. Also highlighted were Psychiatry and Primary Health as alternative postings from 2014 that house officers could opt for.

Administrative issues highlighted are the following: disciplinary action to be taken when a HO is absent without approved leave, HOs who are ill to be given MC, and those not fit to practice must be referred to the Medical Review Panel of MMC. HOs need to complete 4/12 for each posting. If leave is taken in excess, they need to replace that leave accordingly. Datuk Dr Jeyaindran urged the HOs not to resign. He explained the difference between the 24-hour notice, where the resignation letter would be valid after 24 hours and thus cannot be revoked, versus the 30-day notice where the letter would only be valid after 30 days. He elaborated on the obstacles one would have to go through to gain re-employment, reminding the house officers present that getting a job in the future is not going to be that easy.

The MoH is also looking into a competency-based structure where motivated house officers who have passed their Part 1 in MRCP, MRCOG, and MRCS may be able to have their housemanship shortened to one year and thus become a MO earlier.

**Medical Officers**

Datuk Dr Jeyaindran assured the medical officers that he was not there to frustrate them, but to facilitate and encourage them to take up a speciality of interest. He also proposed that the MoH would explore awards of scholarship for parallel pathway candidates.

**Specialists**

The parallel pathway candidates are advised to register with Bahagian Perkembangan Perubatan once they have completed their exams for their gazettement and posting. He reminded that gazettement will only start from the day of reporting to duty in the selected hospital.

As far as sub-speciality is concerned, Datuk Dr Jeyaindran enlightened the audience that there were only 150 slots per year with two intakes each year. A specialist who wants to apply for sub-speciality training, needs to be gazetted first, with a minimum of post nine months gazettement. The MoH is looking into the possibilities of shortening the three-year duration if training is more comprehensive and also that less popular areas may be fast-tracked.

In conclusion, Datuk Dr Jeyaindran told the audience that the MoH is doing their best to look into the needs of all the doctors and that he is available should the doctors need advice.

The keynote address was followed by an hour-long dialogue with Datuk Dr Jeyaindran, who answered each and every question posed to him by the audience, patiently, clearly and with a sense of humour.

“The first test of a truly great man is his humility. By humility I don’t mean doubt of his powers or hesitation in speaking his opinion, but merely an understanding of the relationship of what he can say and what he can do” – John Ruskin.

Thank you, YBhg Datuk Dr Jeyaindran.

Report by,
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Editorial Board Member
The F1 Doctors - Enhancing the Golden Hours

The 2014 Malaysian F1 Grand Prix has just ended. The race was won by Lewis Hamilton, followed by Nico Rosberg, both from Mercedes Petronas. For the Formula 1 Medical Team, it was a great moment providing one of the most demanding, agile and comprehensive medical services ever provided.

The Federation Internationale de l’Automobile (FIA) prescribes stringent medical requirements for all F1 races. State-of-the-art medical facilities must be provided on track. These include a Medical Centre which comprises two operation theatres, one burn treatment room, an observation ward, a physiotherapy room, and a radiology unit equipped with digital X-rays and ultrasound. There is also a primary care clinic dealing with walk-in patients.

The Track Medical Centre is operated by a group of medical specialists comprising of emergency physicians, anaesthetists, orthopaedic surgeons, general surgeons, neurosurgeons, plastic surgeons, flight surgeons, and a radiologist. Meanwhile, the circuit has its own compliments of doctors and paramedics stationed at various locations around the 5.5 km track. Whenever there is an accident, the nearest track medical personnel will be sent instantly to provide onsite emergency resuscitation.

If a driver is stuck in the car, an extrication team will be deployed. It is mandatory for all races sanctioned by FIA to have at least three extrication teams. The main task of this team is to extricate the injured driver in a condition of spinal immobility. According to YBhg Datuk Dr Mohammad Saffari Haspani, a regular team member who is also the Head of Neurosurgical Department, Hospital Kuala Lumpur, “Extrication of the injured driver must be done with extreme care. Improper handling will only lead to further injuries”.

The Formula 1 Medical Services is aware of, and takes into account the importance of the ‘Golden Hour’ in trauma resuscitation. The Golden Hour is the hour immediately following an injury, during which early medical intervention will help to optimise the chance of survival. In case of any accident, the medical team must be able to send an anaesthetist in a medical car to any accident site within 2 minutes. According to Prof Dr Ted Herbosa, a former medical team member and Professor of Traumatology of UKM, now the Honourable Undersecretary of Health of the Republic of the Philippines, “The Golden Hour is like the Holy Grail. Everybody knows it, but no one has actually seen it. I have already given-up and like many old professionals, have come to accept it. However, when I joined the Malaysian Formula 1 Medical Team in 2008, I saw the Golden Hour being carried out”.

Intensive training will be provided to those who volunteered to join the F1 Medical Team. Participants will be exposed to the latest techniques of motorsports injury management.
As for the spectators, there is a separate service, the Public Medical Services, comprising 12 ambulances, a 10-bedded ward, an emergency room and a primary care clinic. The Public Medical Services also has several mobile medical outposts stationed at strategic locations around the spectators’ areas.

Intensive training will be provided to those who volunteered to join the F1 Medical Team. Participants will be exposed to the latest techniques of motorsports injury management. A Motorsport Seminar is normally held in conjunction with the race. For this year, the 16th Formula 1 Medical Seminar was held from 25 – 26 March 2014 at the Concorde Inn, KLIA. The theme of this year’s seminar is “Advancing the Golden Hours of Trauma Care in F1”. The primary aim of the seminar is to provide the latest Motorsports Medicine knowledge and skills to medical personnel involved in the Grand Prix. Among the topics covered were “The Pearls and Pitfalls of Pre-Hospital Trauma Care”, “Empowering the Medical Track Evacuation in F1”, “Exploring the Secrets of Life-Threatening Injuries in Pre-Hospital Trauma Care” and “Advancing the Science of Retrieval Medicine in F1”. In addition, a workshop focusing on helmet removal, extrication, airway management, burn management and haemorrhage control was conducted.

For all those doctors who have participated in the F1, no words can describe their thrills. A Senior Orthopaedic Surgeon of the Tuanku Mizan Armed Forces Hospital, Brig. Gen. Dato’ Dr Mohammad Amiruddin Hamdan said, “If you are looking for a challenge in your life, you must volunteer to be in the F1 Medical Team. Formula 1 racing is a very challenging sport, full of drama and uncertainty”. For Prof Datuk Dr Ahmad Ridzwan Arshad, a Senior Consultant Plastic Surgeon from UiTM, serving the Formula 1 Medical Team is an opportunity he would not miss. “It is like an addiction, once you are in it, you cannot come out of it”, he said.

Thousands of doctors and paramedics have participated in the medical team since the inception of the first F1 Grand Prix in 1999. The Malaysian F1 Medical Team obtained five ISO certifications in March 2008, the only team in the world to have done so. The certificates were personally awarded by YABhg Tun Dr Mahathir Mohamad. To share this experiences and knowledge with a larger audience, the Malaysian Society of Motorsport and Traffic Medicine (MSMTiM) was established. The society was registered with the Registrar of Society (RoS) in August 2013. It was launched by Dato’ Ahmad Razlan Tan Sri Ahmad Razali, the Chief Executive Officer (CEO) of Sepang International Circuit (SIC) on 25 March 2014. The aim of this society is to improve pre-hospital medical care at roadside and racing tracks.

Throughout the years, medical care at racing circuits has improved. As we mature with time, more efforts should be made to bring the latest medical technology to the forefront, whether on the roadside or at the racing circuits. Perhaps one day, we can race to save the lives of our loved ones if they become victims of motor vehicle accidents.
Modern healthcare systems have dehumanised the practice of medicine. Everybody is so centred on cases and diseases that they have forgotten the patient. This has brought about the issue of lost humanity in medicine. They have even coined the words “humanistic medicine” which aims to bring the patient back into the centre of equation. Along with this comes a whole host of issues like holding of medical camps, setting up of disaster relief teams, charitable health activities and everything else that is related to the so-called social responsibility.

But “humility”? Now that is a different kettle of fish altogether. In the early days (I was not there to witness it), humility and medicine apparently used to go together. I guess that maybe it was during the time when there were no guaranteed favourable outcomes to medical treatment. A doctor could only do so much and the rest was left up to nature (or God as the case may be). The healer could not really lay claim to the success of treatment. I am not referring to “quacks” here who subscribe to unrealistic claims of success.

But fast forward to modern times where with modern diagnostic tools and therapeutic methods, favourable outcomes to treatment is more the norm than otherwise. Can or should doctors then lay claim to the success of treatment?

Also fast forward to modern times when we have certain young aspiring doctors who chose to take up medicine because of the perceived “elevated status” in society. Humility then takes a back seat to what is known as a “sense of entitlement” which comes along with arrogance and self-assertiveness.

To quote Dr Jack Coulehan (Annals of Internal Medicine): “There is a three-part definition of humility: (1) unflinching self-awareness; (2) empathic openness to others; (3) a keen appreciation of, and gratitude for, the privilege of caring for others”. He contrasts humility with arrogance. In many ways humility is the opposite of arrogance.

We need to inculcate the sense of humility in our new graduates and this virtue needs to be instilled in our medical students.

Dr Koh Kar Chai
drcaseysurf@gmail.com
Hon. Deputy Secretary

Humility in Medicine

We need to inculcate the sense of humility in our new graduates and this virtue needs to be instilled in our medical students.

We need to have role models for our young aspiring doctors to follow. This, we need to have, if we are not to play lip service to the issue of humility in medicine.

Do we, the seniors, have what it takes to be role models for these young chaps to aspire to? It does not help when we still have arrogant, self-assertive senior doctors (I too am considered one of the seniors, though I refuse to be considered as senior in age) in our midst who make it appear that it is the right of doctors to display such an attitude in life, that society owes them for the personal sacrifices that they have made in order to become a doctor. The converse is that some
in society expects the reverse, and that we as doctors owe society for having allowed us to be what we are now.

Well, to avoid having a debate on that, the question that we should ask ourselves is, why did we take up the calling to be a doctor in the first place. That answer lies within each one of us and that answer will mould us into the type of doctor that we have aspired to be, notwithstanding the type of role models whom we take after.

Furthering on to the issue of humility, how many of us aspiring office bearers, or for that matter, office bearers in MMA display this virtuous quality? Time and again, we have many who blow the trumpet to announce their achievements in MMA, and that too repeatedly less the rest of us forget what they have done for MMA. Truth be told, any would be office bearers as well as those holding office would like their achievements to be made known. That is part and parcel of being office bearers in MMA. Even I would like my achievements to be made known, and to be able to leave a legacy, otherwise I will remain among the countless members who throughout the years have contributed a lot to MMA without drawing attention to themselves. Kudos to these nameless individuals.

I believe that it is this perceived lack of humility that has made others from without MMA laying down the claim that members fight for the post of President in order to get a Datukship. There is a need to understand this issue of humility among the top echelon of MMA in order to banish the idea that members aspire to be the President of MMA for the ever illusive Datukship.

Not everyone of us who serve in MMA looks at attaining a Datukship, and I dare to lay claim to this statement as I have known members who work tirelessly for the betterment of their brethren in the field of medicine without expecting anything in return except maybe a word of gratitude.

I will describe an exercise in humility which does take place regularly. Imagine yourself going out to the public to ask for donations for a good cause. To see people avoiding you like the plague when they notice you with the donation box, and then to see families with children coming up to support you in your effort (primary school children and even toddlers putting money into your donation box) is a real exercise in humility. The satisfaction that one feels after this forage into the world of humility cannot be described as it needs to be experienced. One will not understand humility until it is practised.

I end this with the hope that I too will understand and thus practise humility in medicine before the day I retire as a practicing medical practitioner.
ELECTION COMMITTEE

TO: ALL MEMBERS OF THE MALAYSIAN MEDICAL ASSOCIATION

Dear Members,

ELECTION PROCEDURES AT THE 54TH MMA ANNUAL GENERAL MEETING

- Time or slots will not be allocated for candidates to introduce themselves at the AGM, as their manifestos would have been sent out to members earlier.

- The Election procedures will be published in the Berita MMA and also be available on the MMA website.

- The elections will start at 9.00am and end at 12.00pm on Friday, 30 May 2014. (No further registration for elections will be allowed after 12.00pm). The Elections will be conducted concurrently with the AGM proceedings. The elections will be held in a room near to the AGM room. Those members, who have registered and are already in the queue by closing time (12.00pm) for casting their ballot, will be allowed to vote.

- Delegates have to be pre-selected by the Branches and the list of delegates’ names with NRIC numbers should be sent to MMA Secretariat before 1 May 2014. MMA would like to advise Branches to only nominate delegates who are certain to attend National Annual General Meeting. Once delegates have been named with their names and NRIC numbers, they cannot be replaced.

- Branches will be permitted to fill the eligible quota of their Branch delegates on a first-come-first-served basis, based on registration at National Annual General Meeting as per the Constitution.

- All delegates will be vetted by MMA Secretariat Staff as regards their membership and delegate status; the NRIC number shall be the basis for identification. DELEGATE TAGS must be shown during the Election period.

- All delegates will be allowed to vote after verification of their bona fides.

- Ballot papers will thereafter be handed out, and delegates must cast their votes immediately.

- In accordance with the directions of ExCo transparent ballot boxes will be prepared by the HQ for each post, to be colour-coded according to the post contested and the according to the colour of the relevant ballot papers.

- Ballot papers placed in the wrong box (for example the ballot for President-Elect being placed in the box meant for HGS) will not be valid.

Thank you.

Yours sincerely

DATO’ DR MOHAN SINGH
Honorary Secretary
Election Committee
Malaysian Medical Association
All that glitters is not gold — at least that is what the MMA thinks

PETALING JAYA: The Malaysian Medical Association (MMA) has challenged the legitimacy of injecting strands of gold thread into patients.

Its president Dato’ Dr N.K.S. Tharmaseelan (pic) said the gold threading procedure was not an approved surgical procedure by the Malaysian Medical Council (MMC) or the Health Ministry.

“Even if it was, it certainly has to be done by qualified medical doctors who are registered with the MMC,” he said in a statement here yesterday.

On Thursday, Dr Lim Yee Peen had come out to defend himself and the safety of the procedure after being accused by several patients of being a bogus doctor.

He had distributed his profile to the media, claiming to have graduated from the University of Glasgow, majoring in Biomedical Sciences, and obtained a PhD in Bioelectro Stimulation from Germany’s Heidelberg University.

It also stated that Dr Lim, who claimed to have treated almost 4,000 patients in Malaysia since 2008, is a certified acupuncturist.

PETALING JAYA: The Malaysian Medical Association (MMA) is opposed to the idea of having surgeons performing medical procedures such as amputation under husad as it is against medical ethics.

Its president Datuk Dr N.K.S. Tharmaseelan said surgeons were not allowed to perform any form of operation or amputation on patients without their consent.

“We vehemently oppose any idea that surgeons should be made to perform any medical procedure to disguise patients. "Doctors are supposed to help and heal the sick, not the other way round. It will be against medical laws and ethics," he said yesterday.

He was asked to comment on the statement made by Kelantan Deputy Mentri Besar Datuk Mohd Amar Wik Abdullah, who said that in cases where law enforcement agents for a convict’s hand to be amputated (such as in cases of theft), this procedure would be done by surgeons.

Dr Tharmaseelan said doctors have been advised by the World Health Organisation (WHO) not to witness or certify cases or whipping of criminals by authorities, and amputations are "far more serious.

“We will lodge a complaint to the Malaysian Medical Council (MMC) for breach of ethics if anyone is forced to perform such a procedure, as action can be taken against the doctor. "This can lead to the doctor being removed from the medical register. "If the MMA will also take action against him and strip him from the association," he said.

Surgeon Dr Ahmad Farouk Ibra, who has medical experience at the Monash Medical Centre, Melbourne, said such a proposal was not only shocking, but also against the professional oath taken by doctors.

“We are doctors. How can someone suggest surgeons perform such a procedure?” asked Dr Ahmad Farouk, who is also Islamic Renaissance Front chairman.

The MMA will not perform surgical amputation, it’s unethical

MMA: We will not perform surgical amputation, it’s unethical
Research with Doctors
(Part 2)

Value in healthcare is defined as the health outcomes achieved for every dollar spent.1 So how valuable is our healthcare?

Measuring, reporting and comparing the outcomes that matter2

- Survival
- Degree of health or recovery
- Time to recovery
- Disutility of care or treatment progress
- Recurrences
- Long-term consequences of therapy

Your patient is your customer. And just as in any other field, the customer dictates what qualifies as quality. To improve the healthcare performance of patient-centered practices, outcomes should be measured for each medical condition and involve the full cycle of care (acute care, related complications, rehabilitation, and recurrences).2

Patient registry is an organised system that uses observational study methods to collect uniform data on patients with a particular disease, condition, or exposure with the aim to evaluate changes in patients’ profile, practice patterns, and most importantly to monitor variations in healthcare outcomes across hospitals and healthcare providers. This information will enable benchmarking and has the potential to improve healthcare performance. The MoH has established a few multicentre patient registries in Malaysia, information generated has been used to monitor clinical activities across MoH hospitals and providers. Patient Registry Annual Statistical Reports are available at http://www.crc.gov.my/en/publications.html

References
Maximising the Use of Registries to Determine Outcome Measures

<table>
<thead>
<tr>
<th>Active Registries in MoH</th>
<th>Year Start</th>
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<tbody>
<tr>
<td>National Renal Registry: Malaysian Dialysis &amp; Transplant Registry</td>
<td>1993</td>
</tr>
<tr>
<td>Malaysian Registry of Renal Biopsy</td>
<td>2005</td>
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<tr>
<td>Malaysian National Neonatal Registry</td>
<td>2002</td>
</tr>
<tr>
<td>Cataract Surgery Registry</td>
<td>2002</td>
</tr>
<tr>
<td>National Transplant Registry</td>
<td>2004</td>
</tr>
<tr>
<td>National Cardiovascular Disease Database: Acute Coronary Syndrome</td>
<td>2005</td>
</tr>
<tr>
<td>National Cardiovascular Disease Database: Percutaneous Coronary Intervention</td>
<td>2007</td>
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<tr>
<td>National Cancer Patient Registry: Solid Tumour Registry</td>
<td>2007</td>
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<tr>
<td>National Cancer Patient Registry: Breast Cancer Registry</td>
<td>2007</td>
</tr>
<tr>
<td>National Cancer Patient Registry: Colorectal Cancer</td>
<td>2007</td>
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<tr>
<td>National Inflammatory Arthritis Registry</td>
<td>2008</td>
</tr>
<tr>
<td>Malaysian Registry of Intensive Care</td>
<td>2008</td>
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<tr>
<td>National Obstetric Registry</td>
<td>2008</td>
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<tr>
<td>National ENT Registry: Hearing Loss</td>
<td>2008</td>
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<tr>
<td>National Stroke Registry</td>
<td>2008</td>
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Use of Registry Data in Performance Monitoring

**Dialysis & Transplant Registry** has a dialysis centre report card that captures how well a centre is doing compared to other dialysis centres.

**Cataract Surgery Registry** has a report card to monitor visual outcomes and compare performance among hospitals.

CUSUM (Cumulative Sum) is a tool to monitor clinical competency by looking at trend of specified outcome on consecutive procedures by the same surgeon, displayed as a graph. Cataract Surgery Registry (CSR) provides data on intra-operative complication and post-operative visual outcome by the individual surgeon so a CUSUM Chart can be generated without having to collect data. Surgeons can also print their own surgical log book from data captured from CSR. See details on: https://app.acrm.org.my/ecusum/ and published article (Mohamad AS, Choong YF, Goh PP, Mariam I & Lim TO. CUSUM: A Dynamic Tool for Monitoring Competency in Cataract Surgery Performance. Br J Ophthalmol. 2010;94:445-449)

CUSUM Chart

CUSUM Chart: Intra-operative complication (Posterior Capsular Rupture)

By contributing to a patient registry in your speciality, you will be doing your part in helping the datasets better represent Malaysia’s patient population.

**Clinical Research Centre**
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Datu Dr P.R. Sengupta (DJBS, KMN, PBS, PJK, MBBS (Cal), FRCS (Eng.), FICS, FACS, FAMM), an Exempt Member of MMA, was born a ‘leftie’ in Bahau Estate, Negri Sembilan. He spent his early school years in St. Paul’s Seremban during the Japanese Occupation and sat for the Overseas Cambridge School Certificate 5 years later in 1951. Some of his notable classmates include Tan Sri Dato’ Chan Choong Tak (Past President of Dewan Negara), Tan Sri Dato’ Edgar Joseph Jr. (a retired Federal Court Judge), Dato’ Dr P.S. Nathan (Dermatologist and Past President of World Tenpin Bowling Association), and Dato’ Dr B.S. Manocha (a well-known Ophthalmologist in Kedah and Penang).

Datu Sengupta has also received numerous state and federal awards, the Kesatria Mangku Negara (KMN), Pingat Jasa Kebaktian (PJK, Pahang), Pegawai Bintang Sarawak (PBS, Sarawak), and Darjah Jasa Bakti Sarawak (DJBS, Sarawak; this carries the title of Datu). He has also had the honour of receiving awards from MMA, namely the Sarawak Branch MMA Honours Award in 1999 and the MMA Meritorious Service Award in 2005.

He also served as an elected member for the Malaysian Medical Council (MMC) from Sarawak for two decades and was a panel member of the National Accreditation Board.

He was Chairman of the Sarawak Branch of MMA in 1978, and was elected the first President from Sarawak and Sabah in 1981/82.

“The 20th AGM in Penang had several bearings on my term as a MMA publication titled ‘The Future of the Medical and Health Services in Malaysia’ hit the streets for the first time. While the initial response from the Ministry of Health (MoH) was muted, the repercussions spilled over and reverberated throughout my term. Several sections of its contents were considered unacceptable by the MoH and the relationship with the Minister was at its nadir. Being a Government officer and the President of MMA did not help. Valuable time, effort and energy were expended on damage control,” he states.

Significant developments which had taken place during his term were amendments made to the Society’s Act (1966), and the formation of the Sabah Branch of MMA to coexist with the Sabah Medical Association (SAMA) and the change of the acronym of SCHOMO (changed to...
SCHOMOS to include specialists). Suggestions for a Sarawak medical faculty was mooted during the AGM in Kuching.

Unforgettable Childhood

“During my childhood years, being a ‘leftie’ was considered abnormal, thus both my parents and teachers all attempted to convert me into becoming a proper right-handed boy. This situation persisted both at home and in Biology dissection classes, but the flip side of it was that I became ambidextrous. This was a tremendous advantage to me as a surgeon,” he acknowledges.

His mother was his inspiration to become a doctor, and at 12 years old, he decided he would become a doctor. He went as far as spending four years studying Latin after school hours as the subject was considered a requirement for the study of medicine and law.

Undergraduate Days

Datu Sengupta was from a large family of 10 siblings and since they were not a rich family, he had to consider the expenses that would be incurred. After a heart-to-heart talk with his family doctor who hailed from Calcutta, he decided to study there.

He successfully gained entrance to the Intermediate Science Course (I.Sc.) in Presidency College, Calcutta (1952-1954). He was probably the first student from Malaya to study in this premier institution, as well as at the Calcutta Medical College (1954-59), which admitted students for Medicine based not only on the I.Sc. exam results but after interviewing candidates.

Housemanship

After returning to Malaya, he served with the first batch of five housemen at the Alor Setar General Hospital, Kedah in 1960. His first day was truly memorable as he was on-call for surgery on that day itself. He spent six month at his first posting and did some call duties in the surgical unit during off days in the next posting in Medicine with the approval of the surgeon, Mr S.S. Rao, and medical officer in charge, Dr S.K. Biswas.

Some of the medical officers stationed at the same hospital in Alor Setar at the time were YABhg Tun Dr Siti Hasmah, Dr Florence Wang (Professor of Nephrology, Universiti Malaya) Dr T. Sachidanandan, a peer from Calcutta Medical and a Past President of the MMA, and (Col) Dr Cheah Phee San who when called at night, would often tell the staff over the phone “Do you expect me to come and sing a lullaby to the patient?”.

Headed East

Not long after that, Datu Sengupta volunteered to serve in Terengganu, but was transferred to Kuantan, Pahang just three months later. It was the standard practice and a formality that postings of senior officers (both specialists and administrative positions) had to be approved by the respective State Governments and the Palace.

Finally, a three-year term in Kuantan as the State Surgeon, he applied for a transfer to KL as a Senior Registrar in Unit 11 (under Mr Balasegaram). Unfortunately, the events of May 1969 forced his application to be put on hold. This course of events also affected his confirmation and caused him to feel like he had been side-lined. When the then Minister of Health, Tan Sri Hj Sardon bin Jubir was made aware of Datu Sengupta’s predicament during a visit to Kuantan, Tan Sri immediately offered him a post in Sabah or Sarawak with a tantalising promise of promotion as the current expatriate surgeons were leaving.

“Although it represented a ‘one way traffic’, I decided to grab the bull by the horns and took the risk to venture into the unknown,” he expresses.

Life in Sarawak

“Having accustomed myself to the thought that Sarawak was to be my future home, adjusting to life there was not difficult. The unavailability of TV as a source of entertainment meant that I had a lot more evenings to spend socialising with my colleagues and friends. Official functions were fairly common, open houses were the norm during festivities, and visits by VVIPs not uncommon. I was also deeply involved in social and voluntary bodies such as Lions International, Cheshire Home, Indian Association and religious organisations”, reveals Datu Sengupta.

In contrast, Datu Sengupta’s life in Seremban was different as he had family all around, yet it was literally all work during his time as a solo Registrar and preparing for exams! Back then, he often took long walks between the wards in the vast
undulating old hospital compound. It is with some regret that he has not had the opportunity to work in the present Seremban Hospital. However, his regret is greatly overshadowed by his pride in his new home.

"Kuching is a sprawling and well-planned city that is one of the cleanest and most beautiful. I have stayed here for 44 years after the initial ‘wait and see’ period and was given the coveted permanent resident status in 1974. It happened with minimal fuss and I was referred to in the ‘Heritage in Health’ as an illustrious Son of Sarawak”, he recalls.

Government Service in Sarawak

Brimming with confidence with his experiences as a Registrar in Mr Bala’s ‘always busy’ unit and another three years working independently as a general surgeon (in every sense of the word), Datu Sengupta took up the offer to serve as the Head of the Surgical Services in Sarawak General Hospital (SGH). However, he was also worried as performances of a surgeon are always compared to his predecessor’s.

“In my case, I had to work hard to overcome not only the ‘colonial mentality’, but also to compete with the 12 years of dedicated service provided by my predecessor,” he confides.

In 1999, Dr Sim Swee Liang, a former colleague and Senior Consultant Physician at the Sarawak General Hospital, cites, “When Sen arrived in Kuching in 1970 the profession was grouped under the Sarawak Medical Association which had only recently replaced the colonial Sarawak Branch of the British Medical Association. Fear, distrust and suspicion of colleagues from the Peninsula were real and vocal. Sarawakians then disliked and objected to the patronising Malayan. Mr Sengupta was not deterred by these difficulties but continued to work diligently, often single-handedly, thus allowing the quality and productivity of his work as the hallmark of his unquestionable value in the service. A lesser man would have quitted in despair”.

Datu Sengupta divulges, “Instilling a sense of discipline, dedication and compassion in my doctors was a primary concern as most district hospitals were ‘one man show’. ‘Clocking in’ was never implemented during my time in service in SGH as some of my doctors started their rounds between 5.00 am – 6.00 am. Teaching and training doctors was a mammoth task. We had to strike a delicate balance between teaching them adequate technical skills to deal with emergencies in the remote areas and maintaining the safety of the patient.”

“Another point of concern was the need to keep tabs on those who had a tendency to go overboard. Good personal relationship with some senior surgical consultants in KLGH enabled some trainees to complete the postgraduate examination requirements. However dealing with newly qualified specialists and contract surgeons was a dilemma whenever peripheral hospital postings cropped up,” he recounts.

Private Surgical Practice

As Datu Sengupta’s optional age of retirement neared, it was time for him to start thinking of his children’s education. The opening of the Normah Specialist Centre was delayed but he had already submitted his papers to commence surgical practice in Ong Specialist Centre, Kuching. He was fortunate to have been a surgeon in Kuching for 17 years and had worked with many general practitioners.

“A few years later Timberland Medical Centre opened its doors and I was invited to be on-call as well. Though it was a lucrative practice, I still miss my days in SGH doing the grand rounds with my entourage of young doctors and facing various surgical challenges there,” he comments.

When asked if he had any words of wisdom to share with young doctors, Datu Sengupta points out, “The pursuit of knowledge should be carried out throughout one’s life. Be patient and listen. Be humble always. It may be difficult to concentrate on your practice in overcrowded clinics and wards, but you should always strive for it. Develop your clinical acumen and make a conscious effort to avoid seeing ancillary reports till the clinical examination is completed. And most important of all, always strive to be a part of your team.”

Universiti Malaysia Sarawak (UNIMAS)

“One of my financial requirements became lower, I decided to join UNIMAS as a Professor of Surgery. However, the bedside-teaching was held in SGH. I was astonished by how much things had changed; working conditions, a manifold increase of doctors, especially house officers and paramedical staff, appointment systems for patients, dress code, etc. However, what really caught my attention was the change in work ethics as well as the fact that the nurses’ reports were all in Bahasa Malaysia,” Datu Sengupta reveals.

“UNIMAS has always been close to my heart. In my earlier MMA Presidential speech, a request for a medical school was made. Thus, I felt obliged to lead by example but my colleagues could not be convinced to come along as several private hospitals were in the pipeline. We had to source overseas for the academic staff,” he laments.

“Many used UNIMAS as a stepping stone to the various private medical faculties in the Peninsula or to go to a neighbouring country. Experienced academicians are hard to come by as there were no teaching hospitals at that time. UNIMAS relies heavily on Government staff. Being a Lion, my suggestion to have the Geriatric posting of students in the Lions Nursing Home was readily accepted,” he says.

With all the hurdles that UNIMAS is facing and the large number of doctors graduating annually in the country, Datu Sengupta strongly feels that there is no place here for another school, regardless of whether it is private or public.

Circumstances have changed since the case for a medical school here was proposed (Berita MMA, May 1992, pg 10-11). Establishing another school now will not guarantee that new Sarawakian graduates will work here. The answer is for MoH, the State
Government, and MMA to make an in-depth study of the reluctance of doctors to serve here.

A Life of Fulfillment and Satisfaction
Looking back at his life, Datu Sengupta admits, “It was the push factor that made me venture to Sarawak. I am proud to have been given the opportunity to contribute in the development of the surgical services. I am also proud that no less than 22 doctors whom I had the privilege to mentor are now surgeons in various disciplines, many of them the first in their respective specialties in Sarawak.”

One mentee was promoted to be the Director General, Ministry of Health, while several others became State Directors. The Annual LME Games that involved lawyers, doctors, and engineers and which was the forerunner of the present Inter-Professional Games was initiated in Sarawak during his MMA presidency with the intention of establishing a better rapport especially between the Medical and Legal professions and he was also able to solve a few medico-legal cases through proper communication with the aggrieved parties.

Sarawak’s Medical Services
The tremendous development in infrastructure can be seen in the accompanying photos – they speak a thousand words. Such progress is evident in the major hospitals throughout the state. However, while there is a vast increase in the number of doctors as well as paramedics, inequality inevitably exists in distribution between rural and urban areas. This gap equity is addressed to a certain extent by provision of riverine flying doctor services.

Looking to the Future
“Just as there have been improvements in Sarawak, MMA has also advanced immensely over the years through the efforts of the early members who had laid a strong foundation. Several issues pertaining to members have been solved and we are fortunate to have a receptive Life Member at the helm of the Ministry,” he notifies.

“It is sad to read about the problems that MMA is currently facing which have sometimes extended beyond its confines. This may cause us to lose respect as a noble profession. This factor is probably one of the major hindrances preventing more doctors from becoming members and the poor turnout at the AGM,” he states.

From Doctor to Author
“It all started when I was approached to contribute an article for the Annual Magazine of the Malaysian Bengali Association. Discrete enquiries at one of their religious festivities revealed that very little was known about our doctors who formed the bulk of the professionals in the community. I decided to write a book about this. It is not a ‘medical’ book but provides a deeper understanding and a historical review of their contributions not only to the profession, but also in providing social and humanitarian services for more than a century,” he says.

“The first female Radiologist and female Dermatologist are from this community. Although small in numbers, their rich cultural heritage has allowed them to continue contributing to every aspect of our multiracial, multi-ethnic and multicultural society. Being the first book of its kind, I had to start from scratch and it took me two years of extensive research,” he explains.

“It is Datu Dr Sengupta’s hope that it will be a source of future reference, to inculcate interest of the younger generation in their ancestors and also remove the misconception and confusion of the readers of the Bengali identity.
In the month of February 2014, MMA Pahang organised two major events especially for the young doctors.

Rights and Responsibilities of Government Doctors – 21 February 2014

This was the first time Pahang had taken up the task of organising such a seminar. The seminar was meant to provide information to junior doctors on their career advancement within the Government sector.

The one-day event was packed with star speakers well-versed on various issues concerning the career path of young Government doctors. The guest of honour was Datuk Dr Norhizan Ismail, the State Health Director, who officiated the event despite his busy schedule. Dato’ Dr N.K.S. Tharmaseelan, the President of MMA, delivered the keynote address on “The Future of Medical Practice in Malaysia” and also gave a talk on “How to Avoid Medico-legal Malpractice”. Among the other prominent speakers were:

- Dr Goh Bak Leong, Head of Clinical Research Centre, Hospital Serdang – Incorporating Clinical Research into Daily Practices.
- Dr Ng Poh Yin, Senior Consultant in O&G, Hospital Kuala Lumpur – A Doctor’s Social Responsibilities Beyond the Boundaries of Hospitals.
- Assoc Prof Dr Kamarul Ariffin bin Khalid, Deputy Dean (Research) International Islamic University – Master Programme Requirement – A MoE Perspective.
- Dr Muhammad Yazuran Sallij bin Muhd Yasin, Assistant Secretary of Malaysian Medical Council – Full Registration and Service Confirmation.

Besides these there are various other topics on Registration of Medical Practitioners, Promotions, and Overseas Scholarship Application etc.

A total of 169 participants took part in the seminar and 111 were from Hospital Tengku Ampuan Afzan (HTAA), thanks to the tireless effort of HTAA Director, Dato’ Dr Hjh Marlia Mohammad Salleh.
2nd MMA Interstate Badminton Championship – 22 & 23 February 2014

Traditionally MMA Pahang would take up the task of organising the National MMA Badminton Championship for all MMA members. Due to the unexpected flood last December, the 2013 event was postponed to 22 & 23 February this year. Besides providing free accommodation and local transportation, MMA Pahang also compensated all participants who changed or postponed their travelling arrangements to the new date.

This badminton event was not just a badminton match, but a gathering of all badminton enthusiasts within MMA as well. In its first edition, the Sabah team emerged as the men team champions and a pair from Pahang won the women’s event. This year the competition was much tougher as we saw an increase of participants from 47 to 81 players. There were 11 men teams compared to 2012’s edition of seven teams. Participants came from six states namely Kelantan, Terengganu, Kedah, Sabah, Selangor, and Pahang. There was also a new veteran event especially for the senior doctors.

The Kedah A team bagged the rotational trophy and cash prize of RM1,200, beating Kelantan in the men’s final. Kedah also won the women’s doubles via the effort of Lishaliney and Lee Ling Wei, two medical students from AIMST University, Sg. Petani. Host Pahang won the inaugural veteran doubles by Dr Ko and Dato’ Dr Abdul Razak.

MMA Pahang also hosted a night gala dinner for all participants on 22 February 2014. Datuk Dr Kuljit Singh, MMA Hon. General Secretary, attended the dinner and expressed his wish to see the event be continued in the coming years. Dato’ Dr K. Paramanathan, MMA Pahang Chairman, promised to propose at the Council Meeting that this be made into a fully-sponsored national event; this was supported with the cheers of all participants.

Overall, the participants enjoyed the event and took the opportunity to visit places of interest in Kuantan. It was the largest sports carnival MMA had ever hosted and the Organising Committee thanks all who contributed to its success.

Summary

A total of 52 new membership forms were received during the double-event period by MMA Pahang. MMA Pahang submitted the forms together with a collection of RM 6,540 in membership fees, to central MMA. Many new members signed-up via the online website and did not come through us. The two events were a grand success and positioned MMA as a young and vibrant organisation.
The 1st International Conference on Surgery & Surgical Education (SURGERY 2014), jointly-organised by the Clinical School Johor Bahru (CSJB) and MMA Johor Branch was held on 22 & 23 February 2014 at CSJB.

Malaysia’s Director General of Health, YBhg Datuk Dr Noor Hisham Abdullah, graced the occasion and delivered a keynote address. He congratulated CSJB and MMA Johor for organising a conference that provided updates on knowledge and skills in surgery. As a surgeon himself, he knew that practitioners would need to keep abreast with the new developments in surgery. He also shared his surgical experiences, especially on thyroid and parathyroid surgeries, and operating using acupuncture as an anaesthetic/pain killer.

Professor Dato’ Dr Anuar Zaini, Head of Jeffery Cheah School of Medicine and Health Sciences, Monash University Malaysia, welcomed delegates and eminent speakers to the conference. He also praised MMA Johor for collaborating with CSJB in organising the conference and expressed his hopes for the working relationship to continue.

The conference served as a gathering for international speakers like:

- Dr Ana Kwan (Assoc Professor University of Hong Kong & Chief, Division of Breast Surgery Queen Mary Hospital)
- Professor Dr Kent-Man, CHU (Professor, Faculty of Medicine University of Hong Kong)
- Professor Dr N.G. Patil (Dean & Professor, Department of Surgery, Faculty of Medicine Hong Kong)
- Dr Jenepher Martin (Assoc Professor & Director, Medical Student Programmes Monash University & Deakin University, Australia)
- Professor Dr M.C. Misra (Director, Professor & Head of Surgical Disciplines, AIIMS, Delhi, India)
- Professor Dr V.K. Bansal (Professor of Surgery, Laparoscopic & Renal Transplant, AIIMS, Delhi, India)
- Professor Dr Wai-Lun, LAW (Professor & Director, Surgical Skills Centre, University of Hong Kong)
- Dr Boon Swee, OO (Consultant Colorectal Surgeon, Gleneagles Hospital, Singapore)

Local speakers include:

- Assoc Professor Dr Anil Ghandi (Monash Clinical School, Johor Bahru)
- Assoc Professor Dr Suneet Sood (Monash Clinical School, Johor Bahru)
- Mr Andrew Gan (Head & Consultant Surgeon, Surgical Department, Sultanah Aminah Hospital, Johor Bahru)
- Mr Mohamad Faizal Ali (Reconstructive Surgeon, Johor Specialist Hospital, Johor Bahru)

The second day saw a parallel session. One on sharing postgraduate surgical education in Singapore, Hong Kong, India, Malaysia and Australia. The other session was for primary care doctors and medical students. Topics discussed were anal conditions and wound healing/management.

Overall the conference was a success. They were over 100 participants from surgeons to masters students, medical officers, and medical students. This jointly-organised conference was an excellent opportunity for MMA Johor to work together with a medical institution in organising an international conference.
This conference was held at Bayview Beach Resort, Batu Ferringhi, Penang from 6–9 March 2014. It was geared towards a general audience of doctors from primary care and Accident & Emergency (rather than specialists), as well as frontline allied health professionals. It followed the resounding success of the two previous Penang conferences on clinical emergencies held in 2008 and 2010 respectively. This meeting was attended by around 200 participants who came from all states in Malaysia and from as far away as Brunei.

Pre-conference workshops were held on Thursday, 6 March 2014. The morning Trauma workshop was packed to beyond capacity with 40 participants who went around six stations – cervical spine immobilisation, airway management, chest tube insertion, intraosseous infusion, radiology and suturing. The full day CPR pre-conference workshop was attended by 30 participants and another 40 attended the afternoon Insulin workshop.

The two and half days’ conference programme consisted of lectures on pre-hospital resuscitation, anaphylaxis, acute abdomen, ENT emergencies, urological emergencies, gynaecological emergencies, coronary emergencies as well as endocrine emergencies, pain and bleeding in pregnancy, ocular emergencies, infectious diseases, neurosurgical emergencies and upper gastrointestinal haemorrhage. Paediatric topics included acute respiratory distress in children, paediatric neurological emergencies, management of dengue, and paediatric surgical emergencies. Speakers were mainly from Penang; some came from Kuala Lumpur and others from Kedah and Seremban. Professor T.V. Ramakrishnan from Chennai in India gave a well-received lecture on updates in trauma management.

This is the seventh of the theme conferences organised by the MMA Penang Branch, the previous ones being on Pain Management (2004), Metabolic Syndrome (2006), Infectious Diseases (2007), Clinical Emergencies (2008 & 2010), and Childhood Diseases & Women’s Health (2011).
Glutamate and Nutrition

Glutamate, a common amino acid which is found abundantly in all protein-containing foods, such as meats, fish, milk and vegetables. The amino acid composition of breast milk is very similar for many kinds of mammals, including humans. Glutamate (together with glutamine) is the most abundant of the 20 kinds of amino acids, accounting for 20 percent of amino acids from milk. Glutamate is also produced by the human body, and is an essential link in human metabolism.

Functions of Glutamate (An Amino Acid)

A major function of amino acids in the body is to serve as building blocks for proteins. Amino acids, however, are also the precursors of many physiological substances and energy sources. The intestine is an extremely active organ, producing a large amount of mucous, and its cells have a high rate of growth. Its rate of protein synthesis is about 4 to 5 times the body's average on a weight basis. It therefore needs and consumes energy at a considerable rate. It has been demonstrated that food-derived glutamate is the main energy source for the intestine. Studies using stable isotopes have demonstrated that the intestine obtains most of its energy from amino acid metabolism. In fact, the intestine has a voracious appetite for glutamate, and it has been shown that of all the glutamate eaten as food only about 4% escapes into the body. The rest of the body has to synthesize nearly all of the glutamate that is needed.

Blood Brain Barrier

This is especially obvious for the brain where glutamate is used as a neurotransmitter. The blood brain barrier, which controls the type of molecules that enter the brain, does not allow the passage of glutamate, so the brain has to make its own glutamate from glucose and other amino acids. The brain uses glucose as its main source of energy, and it could be said that the intestine, by using glutamate as its main energy source, is leaving the glucose for the brain. Of all the organs, the intestinal tract has the greatest contact with the external environment, in the form of the food which we eat. It is therefore the body's first line of defense. Food-derived glutamate is required together with cysteine and glycine for the production of glutathione, an antioxidant molecule that plays an important role in the body's defense mechanism.

Promote Protein Digestion & Absorption in Human Body

Besides, glutamate stimulates protein digestion and absorption in human body. In year 2000, discovery of a taste receptor for glutamate on the tongue has confirmed that the taste of glutamate-“umami”, is the fifth basic taste along with sweetness, saltiness, sourness, and bitterness. In year 2006, scientists discovered that umami receptors not only exist in human tongue but also in the stomach. When glutamate enters the mouth (with food), glutamate molecules bind to umami receptors at the tongue surface. The taste information is then carried to the brain and the body gets ready for smooth digestion and absorption. Ingested food is delivered to the stomach, where umami receptors specifically recognize glutamate. The vagus nerve carries this information to the brain. The brain then gives out orders to the organs involved in digestion, absorption or metabolism.
Taste of Glutamate - Umami

When glutamate is added to food, several specific flavour characteristics are enhanced and harmonized – making the taste more rounded and well-balanced. Our bodies interpret each basic taste differently. Please refer to the below table for the physiological meanings of five basic tastes:

The Meanings of 5 Basic Tastes to Human Body

<table>
<thead>
<tr>
<th>Basic Taste</th>
<th>Taste Stimulus</th>
<th>Indicates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweet</td>
<td>Sucrose (Sugar)</td>
<td>Energy source</td>
</tr>
<tr>
<td>Sour</td>
<td>Acetic acid (Vinegar)</td>
<td>Organic acid</td>
</tr>
<tr>
<td>Salty</td>
<td>Sodium Chloride (Salt)</td>
<td>Mineral source</td>
</tr>
<tr>
<td>Bitter</td>
<td>Quinine (Drugs)</td>
<td>Harmful/toxic</td>
</tr>
<tr>
<td>Umami</td>
<td>Glutamate (Monosodium Glutamate)</td>
<td>Amino acid intake</td>
</tr>
</tbody>
</table>

Umami Taste Reduce Sodium Intake up to 30%

The taste of glutamate, umami, is deeply rooted in biology. Human beings have enjoyed its taste and nutritional benefits from time immemorial. One of the benefits of umami taste is to reduce sodium intake up to 30%. Human sensory tests showed that when the salt level in food is reduced, food acceptability decreases. However, by using a small amount of monosodium glutamate, total sodium intake can be reduced up to 30% while maintaining the palatability.

References:
YEAR 2014

MAY

11TH MALAYSIAN CONFERENCE AND EXHIBITION ON ANTI-AGING, AESTHETIC AND REGENERATIVE MEDICINE AND 4TH INTERNATIONAL CONGRESS ON ANTI-AGING, AESTHETIC AND REGENERATIVE MEDICINE
Date : 2 – 4 May 2014
Venue : JW Marriott Kuala Lumpur
Contact : SAAARM Conference Secretariat
Email : info@saaarm.com
Website : www.saaarm.org

3RD CARDIOLOGY UPDATES
Date : 5 – 6 May 2014
Venue : Pullman Hotel, Bangsar.
Contact : +6012-257 5392/6010-221 9353
Email : zaliebadarudin@gmail.com / eezmalina@moh.gov.my
Website : www.heartums.org

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

18TH MALAYSIAN CONFERENCE ON PSYCHOLOGICAL MEDICINE & 1ST ASIAN FEDERATION OF PSYCHIATRIC ASSOCIATIONS REGIONAL MEETING
Date : 22 – 24 May 2014
Venue : Sheraton Imperial Hotel, Kuala Lumpur
Tel : +603-5518 5819
Fax : +603-5523 5336
Email : 2014MCPM@gmail.com
Website : www.psychiatry-malaysia.org or www.lundbeck.com

PRIMARY CARE MINI CONFERENCE IN CONJUNCTION WITH THE WORLD FAMILY DOCTOR DAY
Date : 30 – 31 May 2014
Venue : Institute Health Management, Bangsar
Fee : RM100
Contact : Dr Faizah/Dr Rofina/Dr Norizatti
Tel : +6019-355 4328/+6017-373 1042/+6012-988 8667
Email : dmgnorf@yahoo.com/rofina_74@yahoo.com/mrjosibb@yahoo.com

WONCA ASIA PACIFIC REGIONAL CONFERENCE 2014
Date : 21 – 24 May 2014
Venue : The Borneo Convention Centre
Kuching, Sarawak
Contact : Secretariat
Tel : +603-2162 0566
Fax : +603-2161 6560
Email : wonca2014@console.com.my.

JUNE

APPH INTERNATIONAL HEALTHCARE CONFERENCE & EXHIBITION 2014
Date : 3 – 5 June 2014
Venue : Sunway Pyramid Convention Centre
Tel : +6017-882 1680
Email : majmin8@gmail.com
Website : www.apphimconferences.org

23RD MALAYSIAN CONGRESS OF OBSTETRICS & GYNAECOLOGY 2014
THEME : BACK TO BASICS
Date : 5 – 8 June 2014
Venue : One World Hotel, Petaling Jaya, Malaysia
Tel : +603-6201 3009
Fax : +603-6201 7009
Email : administrator@ogsm.org.my
Website : www.ogsm.org.my

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

11TH MALAYSIAN HOSPICE CONGRESS
THEME : PALLIATIVE CARE – WHERE ARE WE NOW?
Dates : 20 – 22 June 2014
Venue : KL Tower, Surabban, Negeri Sembilan
Tel : +606-762 1216
Fax : +606-767 1216
Website : www.pertubuhanhospice
negeriembilan.com

ADVANCED LEVEL OBSTETRICS AND GYNECOLOGY ULTRASOUND COURSE
THEME : SCANNING TO SAVE LIVES
Date : 20 – 22 June 2014
Venue : Kompleks Rawatan Harian, Hospital Raja Permaisuri Bainun
Ipoh
Contact : Dr Japaraj
Tel : +6019-399 4795
Fax : +603-243 7389
Email : japaraj@hotmail.com

SYMPOSIUM SERIES ON PRIMARY CARE MEDICINE
Date : 21 – 22 June, 2014
Venue : Le Meridien Kuala Lumpur
Contact : Ms Jessie /Ms May
Tel : +6012-631 3436/+6012-638 8128
Email : clew.info@yahoo.com

JULY

OCTOBER

3RD REGIONAL CONFERENCE – NUTRITION IN OBSTETRICS & GYNAECOLOGY 2014
THEME : NUTRITION & WOMEN’S HEALTH
Date : 22 – 24 August 2014
Venue : Hotel Istana, Kuala Lumpur, Malaysia
Tel : +603-6201 3009
Fax : +603-6201 7009
Email : administrator@ogsm.org.my
Website : www.ogsm.org.my

SEPTEMBER

IMU NATIONAL CLINICAL SKILLS CONFERENCE
Date : 5 – 27 September 2014
Venue : International Medical School, Clinical School Seremban and
The Royale Bintang Resort & Spa Seremban
Contact : Ms Liong Siao Lin
@ +603-273 7669
Ms Intiriah
@ +606-767 7798 ext 105
Fax : +603-8656 8018/+606-763 0652
Email : icl@imu.edu.my & Intiriah.naryanana@imu.edu.my
Website : www.imu.edu/my/icl

NOVEMBER

15TH ANNUAL CONGRESS OF THE ASIA-PACIFIC ASSOCIATION FOR GYNECOLOGIC ENDOSCOPY & MINIMALLY INVASIVE THERAPY (APAGE) 2014
Date : 27 – 29 November 2014
Venue : Shangri-La Hotel, Kuala Lumpur, Malaysia
Tel : +603-6201 3009
Fax : +603-6201 7009
Email : info@apage2014.com
Website : www.apage2014.com

AUGUST

1ST GLOBAL MANIPAL ALUMNI HEALTH SCIENCES CONVENTION 2014
Date : 7 – 8 August 2014
Venue : Royale Chulan Hotel, Kuala Lumpur
Contact : Dr Philip George/Ms Jessie/MAAM Secretariat
Tel : +6012-397 4633/+6012-631 3436
Fax : +603-2282 7355
Email : manipalhsc@gmail.com/ manipalmama@gmail.com
Website : www.manipal.org.my

6TH SABAH MMA PRIMARY CARE CONFERENCE
THEME : PRIMARY CARE, EMBRACING NEW FRONTIERS, ENRICHING LIVES
Date : 16 – 17 August 2014
Venue : Le Meridien Hotel, Kota Kinabalu
Contact : Ms Paulyne
Tel : +6012-805 5009
Fax : +608-538 804
Email : mma_sbh@yahoo.com.my

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

MARK YOUR DIARY
ROYAL COLLEGE OF SURGEONS IN IRELAND

INTERCOLLEGIATE BASIC SURGICAL SKILLS COURSE

Month  
December 2014

Date  
3rd – 5th

Venue  
Penang Medical College

Three day technical teaching course aimed at surgical trainees.

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

- Course Content:
  The emphasis of the course is on:
  - basic knot tying techniques
  - suturing techniques
  - percutaneous biopsies
  - gastrointestinal/vascular anastomosis
  - repair of nerves and tendons
  - introduction to safe laparoscopy
  - endoscopic procedures

Closing Date:  
October 31st 2014 or after 16 candidates are accepted

Fee:  
EURO 300.00 for Malaysians with Ministry of Health
EURO 750.00 for all others
Bank Draft to: The Royal College of Surgeons in Ireland

How to apply:
Please note that there are only sixteen places available for each course. These are awarded on a first come, first served basis on receipt of completed application form and fee. Please keep this Surgical Training Office advised of any changes to your contact details. To enrol please return completed application form (available at www.rcsi-star.com) and fee to address below:

MEMBERSHIP OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND- MRCS

The Intercollegiate MRCS Part B will be conducted at Penang Medical College during the week beginning August 16th 2014. For the first time this will be an 18 station OSCE format. Each station is 9 minutes long and candidates will be assessed on basic sciences, communication and surgical skills as well as on clinical situations. This will run for 3-4 hours and will be completed in a day. Application forms are available at www.rcsi.ie. Rules and regulations apply. Candidates MUST apply directly to RCSI.

Applications for Intercollegiate Basic Surgical Skills Courses and all enquiries to:

Prof N. Premnath  
Director of Surgical Training  
Royal College of Surgeons in Ireland  
Penang Medical College  
4 Jalan Sepoy Lines  
10450 Penang, Malaysia
CR 10-X

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Agfa Healthcare (M) Sdn Bhd (791257-M)
Address: Unit 704, Block B, 7th Floor, Kelana Business Centre, 97 Jalan SS 7/2, 47301, Kelana Jaya, Petaling Jaya, Malaysia
Tel: +603-2782 7300 Fax: +603-7804 7400 Email: my.he.requity@agfa.com Website: www.agfahealthcare.com

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