



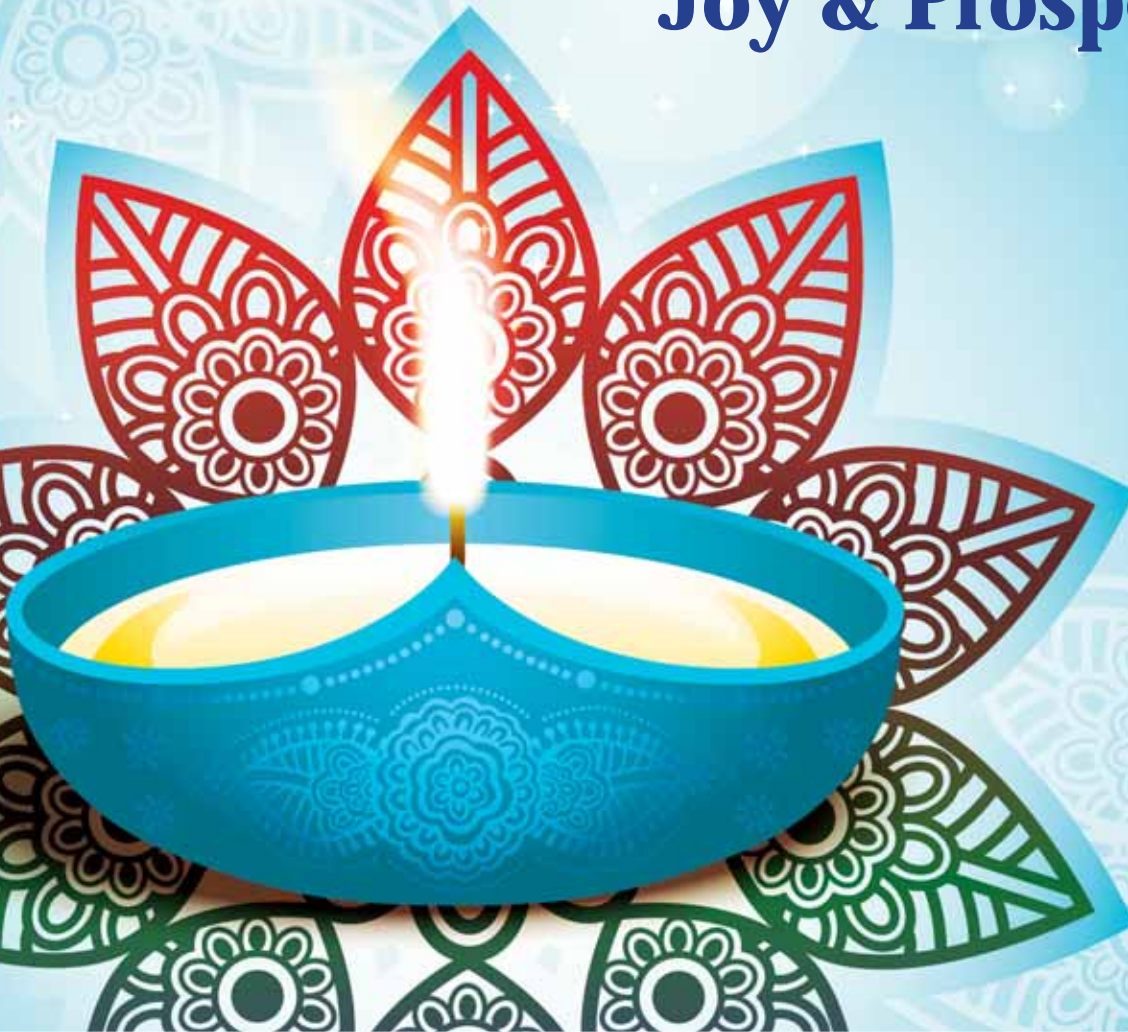
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mma news

PERSATUAN PERUBATAN MALAYSIA • MALAYSIAN MEDICAL ASSOCIATION

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Dato' Pahlawan Dr R. Mohanadas
genmohan@gmail.com
Editor

I recently attended the 12th Women's Summit organised by the Malaysian Ministry of Women, Family and Community Development in Kuala Lumpur. The conference was attended by about 1,000 women, and probably a hundred men – I was one of them! Another was the Rt Hon'ble Deputy Prime Minister who officiated at the event! To quote, "It is a conference to exchange best practices and to expand women's opportunities in their career as well as seeding ideas to initiate strategies and policies to further potentiate women's advancement." The theme of the conference was **Trailblaze To The Top**, and as it was explained, it is about improving women's pathways to head to the top of organisations and, of course, remain there! Though with such large numbers of women assembled from both the Private and Public Sectors, I do not think it is a threat to the position of men in leadership and policymaking roles. The women only wanted 30% of senior, or the very senior of positions, still leaving the 70% of decision-making positions to men!

The Government in 2004 had announced its policy of 30% women in decision-making positions and by 2013 had surpassed it to 33.7%! The Corporate Sector is also facilitating this process of achieving the 30%.



Deputy Prime Minister at the dialogue with participants

Translating this to our own organisation, the membership of the MMA today is 62% male and 38% female. I made calls to several Medical Schools, and the current going is anything from 65% to 70% female students. Looking back at our 55 years of the MMA, we had one Lady President in 2011. The current ExCo is an all-male forum! Could we take a step to ensure that there will always be a women's representative on the MMA ExCo? It could probably be reserving one of the two Deputy Secretaries for a lady, with all the other positions kept open?

Editorial

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**The current membership of the MMA is 62% male and 38% female ... the current enrolment in Medical Schools is 65% to 70% female ... should we ensure that there will always be a women's representative in the ExCo**

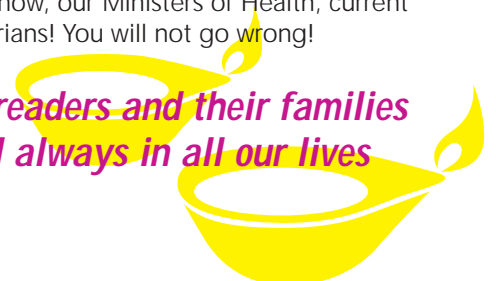
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Over to Healthy Living! On 20 September 2014, a seminar was organised by the Health Promotion Board (MySihat) at the Ministry of Health. It was officiated by Tan Sri Dato' Sri Dr Hj Mohd Nasir Bin Mohd Ashraf, the Chairman of the Malaysian Health Promotion Board. The seminar was all about keeping the Malaysian population safe and healthy. A challenging task, in the wake of increasing healthcare costs, a double disease burden, accessibility and affordability to health and social needs, increasing expectations of the general public, and an increasing migrant and expatriate population and its related socio economic factors. Most of all, individual responsibility to one's own health needs to be cultivated, and the Health Promotion Board is looking forward to working with Non-Governmental Organisations in this direction.

I am not a Vegetarian, but at lunch during the seminar, I was almost coerced into becoming one! As I made my way to the lunch table, a staff of KKM asked if I was a Vegetarian, and when I sat at the table another young lady from the Organising Committee asked the same question. As the rice was served, a third person repeated the question! The various dishes placed at the dome appeared delicious. I thanked all of them for their concern and started my usual balanced food intake!

Awareness! Yes the month of October is **World Vegetarian Awareness Month** and I was delighted at the awareness to vegetarianism shown at the Health Promotion Seminar lunch. I consume sufficient fruits and vegetables with my non-vegetarian meals! I am also aware of the number of friends who have been converted to vegetarianism either for reasons of health, spirituality or both. There is also an increasing number of animal rights groups active to this cause. Whatever the reasons, let us increase our intake of fruits and vegetables and whenever possible, observe a meat-free day; October will be an appropriate month! In this issue of the Berita we have published an article on Vegetarianism & Health by a Senior Member of the MMA, Dr P. Vythilingam. Read it, and for his efforts, do have a vegetarian meal after that! You probably know, our Ministers of Health, current and past are Vegetarians! You will not go wrong!

The Editorial Board of Berita MMA wishes all its Hindu readers and their families Happy Deepavali and may peace and harmony prevail always in all our lives



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Dr Krishna Kumar H. Krishnan
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 President

~~~~~  
 We hope that the  
 members will  
 be appreciative  
 of our efforts  
 and continue to  
 support us so we  
 may achieve the  
 maximum



# Happenings at MMA

**A**nother month has come and passed by. Time flies by waiting for no man or woman. Work and duties have to be done and no excuses can be accepted. We have to strive forward and try to achieve the best we can.

## 55th Anniversary Book

The 55th Anniversary Book is now moving at full steam. Under the leadership of Dato' Pahlawan Dr R. Mohanadas and Datuk Dr Kuljit Singh, we hope that it can be completed in the next few months. This would enable us to launch it, latest, at the next Annual General Meeting (AGM) in Kota Bahru.

## Year 2015 AGM

The next AGM will be hosted in Kota Bahru by the Kelantan branch. They will be hosting the event after more than 20 years. We should all give them full encouragement by participating and registering early once the forms are out. I hope we can show unity (no matter which part of the country we are from), and that political views are secondary to the medical camaraderie.

It is anticipated that the Riverfront Hotel will be the venue due to many reasons including its size, the number of rooms available, and the number of other budget hotels around to suit different choices. We sincerely extend our best wishes to the Kelantan branch, and hope they will be able to make this event a success.

## MMA Sarawak Dinner

I attended the Sarawak branch dinner and the guest of honour was the Assistant Minister of Public Health, YB Datuk Dr Jerip Susil, a former General Practitioner himself. Sarawak has many of its own plans for their doctors; as FOMEMA does not currently cover the examination of foreign workers, they are adopting a new integrated system that will connect all the various ministries involved in the management of foreign workers. They have learned from FOMEMA's mistakes in developing its own system and hope that the mistakes would not be repeated. This new system is supposed to be a one stop system to simplify the whole process. It will also provide all doctors with the opportunity to perform medical examinations and make the distribution fair. If any new scheme initiated by the Sarawak branch is more successful, I hope it can be emulated by the rest of the country.

## MMA Pahang Dinner

I also attended the Pahang branch dinner. The guest of honour was the State Health Committee Chairman, YB Dato' Norol Azali bin Sulaiman. In his own words, he is a relative green horn in the arena. However, we have made new strides and established connections between the State Government and the Pahang branch to run activities together. This new working relationship aims to strengthen the ties between the Association, the State Government, and various agencies for the betterment of the society and its members. With the support of the State Government, we also hope that MMA Pahang will be able to obtain a piece of land or building for its needs.





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## Meeting the Malaysian Productivity Corporation (MPC)

The ExCo had the opportunity to meet with MPC recently. The MPC is a body under the *Ministry of International Trade and Industry* (MITI). They have sought our advice with regards to making regulatory reviews which would allow easier business processes in Malaysia, especially in the Health Sector. This is one of the primary impacts of the National Key Economic Areas (NKEA). They will take after the approach used by the *Australian Government Productivity Council* (AGPC), which concentrates on recommendations that will reduce unnecessary regulatory burdens.

Various issues were discussed between MPC members and our ExCo, and they were shocked from the input! They did not know that there are about 150 different laws, acts, rules and regulations that cover the practice of medicine. They were also surprised that we had addressed several issues to various ministries and relatively little action had been taken.

We highlighted some of the major problems being faced by the doctors. These include the Private Healthcare Act, Personal Data Protection Act, GST, and licensing of clinics etc.

They have promised to further explore those issues and recommend modifications which will enable us to comply and run our practices with more ease. We will work together in preparing a proposal with the necessary recommendations for the Government to consider.

## Redevelopment of MMA House

I recently chaired the Building Committee meeting. It has been mandated in the previous AGM that we redevelop the current MMA House for several reasons, especially those concerning the stability of its structure (it is after all, a very old building and is creaking under its age). Furthermore, the cost of maintenance is on the rise, thus making regular upkeeps an economically non-viable option.

As we do not have the funds to develop this building ourselves, we are trying to secure joint ventures. We had approached many companies but only few have shown any interest. The many reasons for not wanting to get involved include the following:

- The high cost of tearing down the building.
- The cost of removing the debris from the city centre.

- Proximity to Hospital Kuala Lumpur and neighbouring MRTs.
- The small piece of land we have is boarded on all three sides with roads.
- The low plot ratio.
- The short leasehold.



There may be many excuses, but I will try to initiate this project during my term. The Committee has made several recommendations to fuel the kickstart of this project:

- The term of this Committee will be set at three years.
- Obtain an evaluation on the price of our building.
- Work out what minimum facilities are required by MMA House.
- Advertise in the papers to attract more applicants.
- Appeal to the authorities to change the plot ratio.
- Appeal to the authorities to make our land freehold.
- Select applicants of choice after all the proposals have been submitted.

I sincerely hope the project can be carried out during this term of office and would be a success. If possible, we would also like to invite the Prime Minister or an influential figure to officiate at the ground breaking ceremony.

We are trying to execute various projects to help the members and profession in general. We hope that the members will be appreciative of our efforts and continue to support us so we may achieve the maximum. Thank you for your kind cooperation and help, we hope MMA may continue to grow in stature.

## WANTED URGENTLY

- 1) Full Time GP Doctor
  - 2) Doctors who are willing to buy well-established clinic
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# From the Desk of the Hon. General Secretary



**Dr Ravindran R. Naidu**  
flynaidumma@gmail.com  
Hon. General Secretary

## The Registry of Societies Malaysia (RoS)

On 19 September 2014, we received an email from the RoS stating that the new format and amendments to the constitution have been approved. The new format is a requirement by the RoS to standardise the format of constitutions of various organisations. Not only has the RoS standardised the format for the constitution, but all submissions will have to be done online via eROSES only.

## NO GST REGISTRATION FOR DOCTORS

### Goods & Services Tax (GST)

Healthcare services provided by private healthcare facilities which are registered or licensed under the Private Healthcare Facilities and Services Act 1998 (Act 586) will be treated as an exempt supply under GST. However, they may be charged with GST by medical suppliers but are not allowed to pass on the charges to patients.

The following would be a short guide on the types of healthcare services and the category in which they fall under:

- Doctors are exempted or not subjected to GST.
- Healthcare services which are exempted
  - Examination • Imaging • Consultancy • Prescription of medicines • Ambulance
- Outsourcing services related to healthcare facilities which are subjected to GST (Input tax not claimable):
  - Laundry • Laboratory • Cleaning • Imaging • Maintenance
  - Provision of food or canteen • Parking • Security services

Pursuant to Section 18 (1) of the GST Act 2014, an exempt supply is a supply of any goods or services which shall not be subjected to the imposition of tax under Section 9.

For your information, healthcare services given by any healthcare professional in the private healthcare facilities registered or licensed under the Private Healthcare Facilities and Services 1998 (Act 586) is an exempt supply as it has been announced in the Prime Minister's speech during Budget 2014. The ruling on the Goods & Services Tax (an exempt supply) 2014 will be released soon.

In view of the above, GPs who only conduct business related to exempted services shall not be liable to register under the GST Act even if their annual turnover is more than RM 500,000.

With that said, a person who is not liable to be registered:

- Is not allowed to claim GST from any medical supplies.
- Is not allowed to charge any GST to his or her patient.
- Does not have to send a statement every three months to the Royal Malaysian Customs Department.

However, GPs who are conducting other services or businesses other than healthcare services, i.e. conducting seminars, talks, opening a shop, etc. are required to register if the annual turnover of those activities exceeds RM 500,000. If the annual turnover for those activities is less than RM 500,000, it would not be compulsory to register but they may do so voluntarily should they wish to.

***A Happy Deepavali To All Those Celebrating  
The Festival Of Lights!***



# New Medical Consultants at Sunway Medical Centre

Having achieved the ACHS accreditation in May 2014, and the expansion of a new wing in progress, Sunway Medical Centre is continuing its committed approach towards patient care and focus. To support this effort, we are expanding our team of consultants with experience and dynamic individuals to provide a comprehensive range of healthcare services.



**Dr Bong Jan Ling**

MB ChB (Dundee), MMed Sci (Nottingham), FRCP (UK), CCST (UK)  
*Consultant Dermatologist*

*Areas of Focus*

- Managing all common skin diseases like acne, eczema, psoriasis, pigmentation problem, hair disorders, hives, skin itching etc.
- Special interest in the diagnosis of skin lesions, screening of moles and cancerous lesions as well as the treatment of skin cancers like melanoma, basal cell carcinoma, squamous cell carcinoma.



**Dr Nazrul Neezam Nordin**

MBBS (Malaya), MPaeds (Malaya)  
*Consultant Paediatrician and Paediatric Gastroenterologist & Hepatologist*

*Areas of Focus*

- General paediatrics diagnosis and management
- Paediatric Gastroenterology & Hepatology disease diagnosis and management
- Management of clinical nutrition problems
- Feeding difficulties
- Gastrointestinal allergies
- Vaccination
- Routine developmental screening and follow up



**Dr Ng Char Hong**

MBChB (UK), M Surgery (UM), AM (Mal)  
*Consultant Breast Surgery*

*Areas of Focus*

- Benign Breast Disease
- Malignant Breast Disease
- Oncoplastic Procedures
- Breast Reconstruction,
- Hereditary Breast Cancer



**Dr Ong Shong Meng**

MBChB (Glasgow), DM (Leicester), FRCS Glas, FRCS Glas (T&O)  
*Consultant Orthopaedic & Trauma Surgeon and Paediatric Orthopaedic*

*Areas of Focus*

- Subspecialty interest in limb reconstruction technique for paediatric and adult patient using Ilizarov technique
- Paediatric Orthopaedic operations except spine
- Adult Orthopaedic operations - total hip & knee replacement, trauma, foot & ankle surgery, deformity correction



**Dr Syed Abdullah Al-Haddad**

MB Bch, BaO, LRCSI, LRCPI, MRCS, MSc (Trauma), FRCS (Surgical Neurology), Certificate Completion of Training (CCT) in Neurosurgery (UK)  
*Consultant Neurosurgeon*

*Areas of Focus*

- All intracranial tumours including tumours in the eloquent areas of the brain - awake brain surgery
- All cranial and spinal trauma
- Spinal degenerative diseases
- Back pain and sciatica
- Radicular arm pain
- Facial pain- especially trigeminal neuralgia
- Hydrocephalus

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Tarikh : 27 Zulkaedah 1435H  
22 September 2014

Presiden  
Persatuan Perubatan Malaysia  
4<sup>th</sup> Floor, MMA House  
124, Jalan Pahang  
53000 Kuala Lumpur  
(u/p: Dr. Ravindraan R Naidu)

Tuan,

**LAYANAN CBP KE ATAS PENGAMAL PERUBATAN AM (GP)**

Dengan hormatnya saya merujuk kepada surat tuan, ruj MMA 1031/8 bertarikh 15 September 2014.

2. Merujuk kepada Seksyen 18(1) Akta CBP 2014, pembekalan dikecualikan ialah pembekalan apa-apa barang atau perkhidmatan yang tidak tertakluk kepada pengenaan cukai di bawah Seksyen 9 Akta CBP 2014.

3. Untuk makluman tuan, perkhidmatan jagaan kesihatan yang disediakan oleh mana-mana professional jagaan kesihatan dikemudahan jagaan kesihatan swasta yang berdaftar atau dlesenkan di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 [Act 586] adalah pembekalan yang dikecualikan seperti mana yang telah diumumkan oleh YAB Perdana Menteri dalam Ucapan Bajet tahun 2014. (Lampiran A2). Perintah Cukai Barang dan Perkhidmatan (Pembekalan Dikecualikan) 2014 akan dikeluarkan dalam masa terdekat.

4. Sehubungan dengan itu, GP yang hanya menjalankan perniagaan berkaitan dengan perkhidmatan yang dikecualikan tidak bertanggung untuk mendaftar di bawah CBP walaupun nilai perolehan tahunannya melebihi RM 500,000.

5. Seseorang yang tidak bertanggung untuk berdaftar di bawah CBP:

5.1 tidak dibenarkan menuntut cukai input CBP yang dikenakan kepadanya

5.2 tidak dibenarkan mengenakan cukai output CBP kepada pengguna

5.3 tidak perlu menghantar penyata 3 bulan sekali kepada Jabatan Kastam Diraja Malaysia

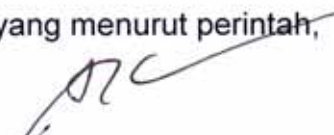


6. Walaubagaimanapun jika ada mana-mana GP yang juga menjalankan atau membuat pembekalan yang bercukai, beliau wajib mendaftar di bawah CBP jika nilai perolehan tahunan pembekalan bercukainya melebihi RM 500,000 ataupun secara sukarela jika mereka yang ingin mendaftar di bawah CBP.

Sekian, terima kasih.

**“BERKHIDMAT UNTUK NEGARA”**

Saya yang menurut perintah,

  
**(AMARJIT KAUR A/P MAKTIAR SINGH)**  
Bahagian GST  
b.p Pengarah Kastam GST

s.k: Pengarah GST  
Fail timbul

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## Medical Officer (Part Time)

Vacancy Notice No.: HQ/14/GSC/TASR37

Recruitment Link: <http://www.who.int/employment/en/>

The Medical Officer (MO) will provide clinical services including first level medical consultations and emergency medical care during office hours. Collaborate with local medical centres and hospitals/clinics. The incumbent will promote proactive occupational health policies and best practices and procedures in the medical service in conjunction with the administration and in close collaboration with HQ/Health and Wellbeing Services (HWS) with the objective of optimising the health and well-being of WHO staff in Global Service Centre (GSC).

### Education:

- Medical University Degree (M.D.) and license to practise medicine in Malaysia.
- Qualification in occupational health.

### Experience and skills:

- At least 5 years experience in medical care.
- Experience in occupational health, family/emergency medicine, and first aid.
- Professional experience in a multi-cultural environment with excellent knowledge of local medical facilities and practices.
- Medical Care Practitioner
- Strict adherence to professional confidentiality.
- Excellent interpersonal and communication skills.
- Experience in counselling is an advantage.

### Benefits:

- Attractive salary package and leave entitlements.
- Pension coverage through the United Nations Joint Staff Pension Fund (UNJSPF).
- Coverage in the WHO Staff Health Insurance scheme for the staff member and eligible dependents.
- The option to benefit from UN Group Life Insurance.
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- Exemption from Income Tax.

Interested candidates are invited to log on to the above recruitment link to view the vacancy in detail.



*Dr Ashok Zachariah Philip  
ashokphilip17@gmail.com  
President-Elect*

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There are many idealistic people working hard to make Malaysia a better place, and the MMA should cooperate with them and build relationships with them
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# Viewpoints from the President-Elect

## SUHAKAM Briefing on Malaysia's 2nd UPR

I attended a briefing by the Human Rights Commission of Malaysia (SUHAKAM) on behalf of MMA. It was held on the 14 July 2014 at Kuala Lumpur and was attended by 80 or so people from various ministries and Government departments, as well as from NGOs and various civil society groups. Among the latter were the Malaysian AIDS Council and the Bar Council.

The briefing was conducted by Datuk Dr Khaw Lake Tee, Vice-Chairman of SUHAKAM. She started by explaining the process of the Universal Periodic Review (UPR). This is a process by which each member state of the United Nations is assessed on its human rights record and performance. Each cycle of the UPR takes about four and a half years to complete for all the 193 member states of the UN. Malaysia's first UPR was in 2009 and the second on 24 October 2013.

The UPR was established when the UN General Assembly created the Human Rights Council in 2006. The 47 members of the Council form the UPR Working Group, which conducts the reviews. However, any UN Member State can take part in the discussion and dialogue with the state being reviewed. The review for each state is assisted by a 'troika', consisting of three states selected from the members of the Council by lot.

During the UPR, the documents relied on fall into three categories, namely:

- i) Information provided by the State under review, often taking the form of a "national report".
- ii) Information contained in reports of independent human rights experts and groups, human rights treaty bodies and other UN entities.
- iii) Information from NGOs and other stakeholders, including national human rights institutions. In Malaysia's case the last role is played by SUHAKAM.

The review proper takes the form of an interactive discussion between the state under review and other member states. Member states may pose questions, and make comments or recommendations to the state under review, which will have an opportunity to respond. NGOs can take part in this process by supplying information to the "other stakeholders" report [see (iii) above]. There are guidelines for this process. The process of review takes three and a half hours for each member state.

Following the session, a report is prepared by the troika with the involvement of the state under review. This is known as the outcome report and summarises the questions, comments and recommendations raised during the review. This report may contain the responses of the state under review to the matters raised, and will be adopted during a half hour session taking place no sooner than 48 hours after the country review. Following this, the state under review has two weeks to modify its own statements. Following this the report will be adopted at a plenary session of the Human Rights Council. During this session, issues can be addressed again by the state under review, other member states as well as NGOs and other stakeholders.



During the second UPR, Malaysia received (according to the SUHAKAM handout) 232 recommendations, of which 150 were accepted either in part or full and 83 of which were rejected. I realise the figures do not add up, but I have to rely here on the figures given. It was mentioned that this is the second highest number of recommendations received by any member state during the UPR. This is a dubious honour – the highest number of recommendations went to China. It seems astonishing that such a small country had received so many recommendations.

I learned that Malaysia has only signed three of the nine core international conventions on human rights, and even on those three it has reservations. Almost all the recommendations asking Malaysia to accede to the remaining conventions and to withdraw its reservations to the others were rejected unless they were couched in language so vague as to be meaningless.

It is interesting to note, in view of recent developments, that Malaysia accepted in principle recommendations to repeal the Sedition Act. At the same time, it rejected recommendations to bring the Printing Presses Act, the Official Secrets Act and the Sedition Act into line with international human rights standards and allow all citizens to fully exercise the rights of opinion and expression.

Another telling rejection was that of Italy's recommendation to revise the legislative framework to ensure freedom of religion or belief for all. Also rejected was Austria's recommendation to ensure that all persons can freely change their religion.

It is not all bad news, though. Malaysia accepted in part recommendations to consider abolishing the death penalty, though it rejected a recommendation for a moratorium. Unfortunately, a recommendation for a moratorium on corporal punishment was rejected.

Almost all recommendations on poverty eradication, raising standards of living and education were accepted. Tellingly, however, a recommendation

to prevent children from becoming stateless and guarantee universal access to free primary education regardless of citizenship and immigration status was rejected.

Recommendations on health were also almost all accepted, but the one which was not had to do with the Trans-Pacific Partnership Agreement (TPPA). Members of MMA should know that efforts by the MMA to have some input into the TPPA are ongoing. We feel that many issues need to be considered in order to prevent any potential agreement from causing rising healthcare costs and restricting access to healthcare.

Finally, it is sad to note that four out of seven recommendations on the rights of indigenous people were rejected, while all seven recommendations on improving the treatment of lesbian, gay, bisexual, transgender and intersex (otherwise known as LGBTI) persons were also rejected, including a recommendation to prohibit violence based on sexual orientation.

Attending this briefing opened my eyes to the plethora of groups involved in issues pertaining to the rights of the marginalised. There are many idealistic people working hard to make Malaysia a better place, and the MMA should cooperate with them and build relationships with them.

Some might say that we should just take care of the health of the nation and not meddle in human rights affairs, because that is too political. My feeling is that we make or keep people healthy in order that they might exercise their freedom and rights. If we are only keeping them healthy so they can work for the prosperity of the country, we might as well be veterinarians; keeping people well only so long as they serve their purpose. As Immanuel Kant said, we must always treat people as ends in themselves, not as means to our own ends.

*(The information on the UPR process and the recommendations received was taken from a briefing booklet prepared by SUHAKAM and distributed at the briefing)*

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# Stay Secured – Be Indemnified



**Dr Rajan John**  
drrajan09@yahoo.com  
Hon. Deputy Secretary MMA

“To err is human” mankind had been admitting ever since. While as medical practitioners we take precise care to avoid any likely error or oversight, let us remember that we too are human in the final analysis. Sadly enough, there were many reported incidents of negligence in our profession and of its consequences down the ages, much to our discomfort.

And once damage occurs, God forbid, litigation ensues. Penalty, compensation and even criminal charges follow on. This is where **INDEMNITY** plays an important role in mitigating part of the damage or loss.

A valid indemnity cover by approved indemnifiers is the right defence platform.

Our Parliament has made it mandatory that every medical practitioner hold such an indemnity cover in order to obtain an Annual Practising Certificate (APC) vide an amendment made in June 2012 to the Medical Act 1971.

MMA extends such indemnity services on behalf of two major indemnifiers, namely:

- Malaysian Medical Indemnity (MMI)
- Medical Protection Society (MPS)

Both offer comprehensive coverage; please see details in the comparison table herewith.

| MMI                                                                                                            | MPS                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Formed in Malaysia in 1994                                                                                     | Formed in London in 1892                                                                                                                                                                                                                   |
| Insured by consortium of local insurers with a Combined Paid-up Capital of well in excess of RM 1 Billion.     | Membership organisation of healthcare professionals. More than 270,000 members in over 40 countries around the world. MPS has more than 3,800 members in Malaysia.                                                                         |
| Claims-made policy i.e. the insured's policy must be in force at the time a claim is made against him or her.  | Occurrence-based protection. This means that as long as the practitioner is a member of MPS at the time of the occurrence of an incident, the date on which a claim is brought or reported has no bearing on the right to seek assistance. |
| Locum Cover Extension, Legal Representation Cost, Emergency First Aid Cover, Free Run-Off Cover at retirement. | Clinical negligence claims, complaints, medical council enquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.                                                                             |
| Legal defense by two law firms.                                                                                | Legal defense by three law firms. Educating members with regular, free Risk Management and Communication Skills workshops.                                                                                                                 |
|                                                                                                                | Free regular medico-legal journal for members called Casebook, three times a year.                                                                                                                                                         |
|                                                                                                                | Free medico-legal advice from MPS medical consultants in Malaysia.                                                                                                                                                                         |

~~~~~  
MMA urges all
doctors to have
proper medical
indemnity
cover in view
of increasing
incidents of
litigation
~~~~~





# GIVE A HEART

to someone who needs it



## Application for free\* CT Coronary Angiogram is now open

There are moments when a need arises to seek aid. If you are a woman with a heart disease and requires a CT Coronary Angiogram, you may apply for a free scan today. Application is open to all female patients of participating cardiologists in the Give A Heart programme. The application form is available at our Customer Service counter at Ground Floor, Sunway Medical Centre.

Find out more  
[www.sunwaymedical.com.my](http://www.sunwaymedical.com.my)  
03 7491 1227

'Give A Heart' is a CSR campaign by Sunway Medical Centre (SunMed) to provide free CT Coronary Angiograms for women who need it. For every CT scan undertaken in Sunway Medical Centre between January to October 2014, a portion will be donated to the Give A Heart fund.

\*Terms and conditions apply



ExCo with the MPS team, headed by Dr Teoh Ming Keng from UK

It is for the member to choose either, whichever suits. The cost component is a major factor for consideration.

Whether MPS or MMI, MMA provides all the service free of charge. We do all the administrative work on behalf of both the providers. Once you pass us the completed application form and payment, we process the policy cover forthwith as appropriate. Upon approval from the indemnifiers, we would inform the member accordingly and release the certificate on behalf of MPS and MMI.

The whole process has been made simple as MMA has been providing administrative services for MPS and MMI for several years now.

MMA urges all doctors to have proper medical indemnity cover in view of increasing incidents of litigation, as of late.

Presently tax exemption on the medical indemnity premium is not there for individuals; it is there only for limited companies. MMA is in dialogue with the IRB on this subject.

Your Association stays input handling all administrative work for both MPS and MMI. As Honorary Deputy

Secretary for the second term, I was given additional responsibilities to ensure the smooth operation of MPS. I must admit, there were some hiccups in the administrative lines of MPS this year as our long working staff Ms Banu resigned early this year. Two other staff hired also followed suit, causing a much regretted delay. Now that the system has been put in shape, we shall continue to sail.

Recently the MPS team from UK had a meeting with our ExCo. The team was headed by Dr Teoh Ming Keng (Regional Director) together with his colleague. We had a fruitful discussion over important issues such as – Data Extraction, Renewal of Application Process, Reminder of Renewal, Renewal Process including Termination and Reinstatement, Handling of Returned Cheques and Improvement of Services. I proposed for Dr Teoh Ming Keng to run the MPS roadshow in all states next month.

Should any member have an issue, please do not hesitate to contact me – [drrajan09@yahoo.com](mailto:drrajan09@yahoo.com) or H/P: 012-408 4914.

**Let us stay secured, duly indemnified.** All the best to the fraternity of doctors.





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**Dr Datesh Daneshwar**  
drddk@yahoo.com  
Chairman  
National SCHOMOS

# The Blame Game



It has been a busy month yet extremely productive. I have been fortunate to attend the *International Association of Medical Regulatory Authorities (IAMRA)* annual meeting in London and the *Confederation of Medical Associations in Asia and Oceania (CMAAO)* annual congress in the Philippines.

I had the opportunity to meet different people with different ideas and goals in healthcare. All this while I have been attending conferences and workshops very much centered on my chosen specialty and after a while you get this nagging feeling that 'you have heard this song before' but it is in a different genre now! However this time it was all new; new song, new genre, new singers etc. Not only did I meet the members of the General Medical Council at the IAMRA, I also came across medical council members from Australia, New Zealand, Hong Kong, India, and more.

Amongst the most pertinent things I discussed with them was the 'glut' of doctors we supposedly have. Surprisingly, most of them were already aware of this problem and did not have much to advice or comment. I think I know why and I think it is time we accepted why too.

Let me start with an example: Australia has about 100,000 doctors for a population of 23 million people. New Zealand has a population of only 4.5 million and a doctor population of close to 20,000. Yet, they do not seem to be facing a glut. Or at least, they do not seem to think that there is an oversupply and under demand. They are happy with their numbers and are proud to be able to provide good medical care to their citizens.

Now let us come back home. We have a population of 30 million and 40,000 doctors registered as of now. Less than half of Australia and if you were to adjust the population ratio of New Zealand to its doctors, it will be a quarter of what they already have! So why the fuss? Why the frustration? What has gone wrong here?

~~~~~  
Australia has about 100,000 doctors ... they are happy with their numbers and are proud to be able to provide good medical care
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We should be happy that we now have sufficient doctors to man the overburdened OPD and specialist clinics. We should be happy that there is no excuse not to have a doctor in every health clinic. We should be happy but no we are frustrated and sad. Let me tell you why we are in quick sand: the numbers have never equated to quality. There is an issue with the quality of medical graduates. The world knows this. Do we have dubious entrance examination standards which can be manipulated? Many have very subtly indicated that maybe the problem stems

from there. There is a problem with the quality of the candidates accepted into medical school! I agree that exam grades per se could never determine if a candidate would be an idyllic doctor in the future, but there needs to be a uniform standard for every medical school. Also, there must be an aptitude test for every medical aspirant to filter those that may be suited for other professions.

While we are on the subject of medical schools, it is vital for medical education to lose its lucrative business angle. It is perturbing to witness the volume of medical institutions we have. How do you regulate such a number? Inefficient regulation will result in fiascos like unpaid lecturers, schools closing down, and students being left in the lurch. Why did we need so many medical schools so suddenly?

We have been subjected to a tsunami. What happens when there is a tsunami? Destruction, death, mayhem, and disaster. We have a system which was meant, or should I say was catering, to training an X number of house officers per time. Now, ten times that amount has been brought in, and the system will fail to cope.



How does a department with two consultants, three specialists, and eight medical officers manage 55 house officers? Please do enlighten me as I have not got the slightest clue. So what do you do? You ignore the issue and let nature take its course. Who trains these doctors? How do they refine their textbook knowledge into clinical and people skills? Soon they will be out of your hands and become medical officers who will be posted to a community clinic or district hospital where they will, on their first day, see 120 patients with hypertension, diabetes, hypercholesterolemia, hyperthyroidism, gout, CVA etc. All they learn in that day is how to finish their clinic duties in four hours and have time for lunch. That is what they will spend the next one year learning and doing. I could safely deduce so, because I know these doctors. I have heard them boast about their 60-second consultations ... complete with prescription service! So now you have a NCD disaster waiting to happen. Go to any public tertiary or secondary care hospital and who are the bulk of patients?

The system is now overwhelmed and training has become an issue, coupled with the fact that certain candidates may not be fast learners, or may lack motivation. Now that this large pool of medical officers has been created, what happens now? Who specialises and who does not? Are there sufficient positions or posts to cope with the rising number of potential candidates? The answer is probably no. But ironically, I recently heard from an extremely reliable source that the application into the O & G Masters Programme has been lower than before. Strange, considering we supposedly have many doctors who are, or thought to be keen in specialising. Maybe that is odd but at least we have this renewed interest in the alternate pathway for specialisation, which hopefully will allow more doctors to specialise.

The last but not least, and mind you one of the most important facts, involves the consultant and specialist pool. Who will train these young minds if this efflux into the private centre is not stopped? If you cannot stop it then you have to find a way to engage these private doctors to mentor. In Australia there is a system where the consultants perform shifts in the public hospital and private centre. This will allow them the chance to work at both places, and still return home at 5.00pm to be with their families.

Let us come back to my initial example of the Australian and New Zealand models. Why do they not seem to have a problem with the quantity of their doctors? Is it because the majority deserved to become doctors in the first place and was trained very well from the start? Is it because the house officers were distributed sensibly to various locations based on a system, and had also been trained well? Mind you these countries have a high number of foreign talents, which based on their stringent regulatory exams, are certainly crème de la crème. Is it because there were no qualms about being posted to various healthcare facilities where proper doctor-patient ratio was practiced and proper senior guidance was available?



London: President, Dr Krishna Kumar, engaging with representatives from the General Medical Council

Is it because there are enough specialist and consultants in training hospitals to bring out the best in these young doctors? Out of the 100,000 doctors in Australia almost 50,000 are specialists.

I do not have the answers. I am only concerned. Concerned for the doctors who have entered this profession, oblivious to its problems. Where will they go? How will they learn? What will they do if medicine is not for them? Is all lost?

All I can say is, SCHOMOS will keep hatching ideas and solutions to help these 'victims'. SCHOMOS will keep fighting to prevent the bullying in hospitals. SCHOMOS will continuously try to keep specialists in the public hospitals. SCHOMOS will try to find a way to guide the Medical Students who lack the aptitude or burning desire to practice medicine, into other professions because a degree or certificate will mean nothing if you are not passionate about what you do. We will strive to deliver all that was mentioned ... SCHOMOS WILL!



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*(Closing Date to receive application: 30 November 2014)*

# October Updates



**Dr N. Ganabaskaran**  
dr.ganabaskarn@gmail.com  
PPS Chairman

As your Chairman and as per NWC's decision, PPS ExCo members and I have been visiting various states to discuss the current issues facing our Section members. These are:

- PDPA
- TPAs and MCOs
- TPPA
- GST
- Separation of Dispensing

Most of the above issues, except TPA and MCO have been well discussed and detailed out by both our President and HGS in the last two issues of the Berita.

We were called to a meeting by the Amalan Division of MoH with regards to the TPA and MCO issues. The meeting was chaired by our Deputy DG of Health, YBhg Datuk Dr S. Jeyaindran, and was productive as various issues were discussed and certain views were made clearer. On our part, I was insistent that all TPAs and MCOs be regulated very clearly by MoH.

I have also made it crystal clear that all TPAs and MCOs must agree on a minimum consultation fee for GPs, as per the new fee schedule. The Deputy DG then advised us to prepare a proposal for the bundle of fees we were requesting. A Committee, formed under the Chairmanship of Dr Koh Kar Chai who is the Assistant Secretary of PPS, has been tasked with the preparation of the proposal which is expected to be completed within three weeks. Once ready, it will be submitted to MoH for further discussion and consideration. We have waited for more than 15 years for these clear guidelines to assist in monitoring the TPAs and MCOs, and I hope this time around it will happen.

While the TPPA and PDPA issues are still under discussion, our advice to all members at this point in time is to register and pay the required PDPA fees to avoid any legal prosecution.

From the various presentations made to us by the Customs team on GST, I believe the GPs would not be greatly affected when GST is implemented next year.

In this aspect, I am advising all MMA State Committees, especially the PPS Committees, to directly invite officials who may clarify on those three issues and address the doubts of our members.

The MMA ExCo has also recently met with Malaysian Productivity Corporation officials to discuss on various outdated and unnecessary regulations that are affecting doctors and their practice.

The ExCo and I have covered Sabah, Penang, Selangor and Pahang in our 'Meet the GPs' session. PPS Sarawak has invited us in October, followed by Wilayah and Kedah in November. We thank all the State and PPS Committees for having invited us to these fruitful discussions and I hope the rest of the States will follow.

~~~~~  
**I have also
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 clear that all
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 must agree
 on a minimum
 consultation
 fee for GPs,
 as per the new
 fee schedule**
 ~~~~~



# Gurun Medical Camp



*Puventhiran Pannirselvam  
puven\_thiran@yahoo.com  
Student Member MMA  
AIMST University*

**M**MA Kedah conducted a medical camp on 31 August 2014 in Gurun, Kedah. Taking advantage of this, the Society of Malaysian Medical Association Medical Students (SMMAMS) decided to actively participate in this camp in order to fine tune our clinical skills and medical knowledge. Eight SMAMMS members from AIMST University participated and assisted the organisers to successfully conduct the event.

On the day of the camp, there were 16 stations set and amongst them were stations to record height, weight, blood pressure, blood glucose and so on. The event officially began at 9.00am and we were involved in history-taking as well as measurement of patients' vital signs. It was indeed a great opportunity and exposure for us to mingle with the public and brush-up on our history-taking skills.

Apart from that, we also helped the Housemen and medical officers to educate the public on the importance and nobility of organ and tissue donation. As a matter of fact, we can proudly say that we successfully managed to register

hypertension and obesity. Health awareness plays an important role in reducing the morbidity and mortality among the low socioeconomic population and only then the target of the Millennium Goal Development (MGD) – five by year 2015 – can be achieved.

We would like to extend our most sincere gratitude to the senior doctors and Housemen who very patiently taught us how to handle patients wisely and tactfully. They were generous in sharing their knowledge and experience in various aspects such as drug prescription and patient diagnosis and care. We definitely learned a lot from them.

~~~~~  
This camp has been an eye-opener for us medical students as it has made us realise that health education needs to be introduced to the public in a more aggressive manner
 ~~~~~



Last but not least, this medical camp was indeed very beneficial as it helped us create a good working relationship with MMA Kedah members as well as all the Housemen. It also strengthened the bond between SMMAMS and MMA Kedah which is necessary as we are considered to be one family. I strongly urge more joint events like this to take place in the future, especially in the Northern area, for the benefit of all medical students as well as to show our utmost support for all the upcoming projects conducted by MMA Kedah.

We are all well aware that history-taking is a major component that needs to be mastered by every healthcare professional and the art of it can only be developed through practise. Obtaining a patient's medical history not only plays an important part in diagnosing a disease, but also allows the doctor to listen to the patients' complaints and indirectly creates a good doctor-patient rapport.

six new organ donors during the medical camp.

This camp has been an eye-opener for us medical students as it has made us realise that health education needs to be introduced to the public in a more aggressive manner by both governmental and non-governmental organisations. Many, especially in the rural areas are still unaware of the effects of very common diseases like diabetes,

We would like to thank Dr Vasu Pillai, the Chairman of MMA Kedah and the Committee for inviting us to be a part of such a well-organised event.



# Medical Negligence: A Doctor's Insight



**Dato' Dr N.K.S. Tharmaseelan**  
nks.tharmaseelan@gmail.com  
Immediate Past President

~~~~~  
 With the
 increasing
 settlements and
 awards handed
 out by the courts,
 litigation costs
 and premiums
 for indemnity
 coverage and
 insurance have
 sky-rocketed
 ~~~~~

The public has long held doctors in high esteem. True to the Hippocratic Oath, doctors always did what was thought to be in the best interest of their patients. Lawyers were unwilling to assist in suing members of a fellow profession. Even when sued, the judiciary was very benevolent towards doctors. There was much reluctance to find doctors guilty of negligence.

## View of Doctors

Over the past few decades, the high pedestal on which doctors stood has been slowly eroding. As patients' rights movements gain momentum, the dust and clouds created have made the 'halo' around the doctors less visible. They have realised that doctors are mere mortals too and reverence to them was misplaced, as done by their earlier generation.

## Paradigm Shift

More patients are questioning their doctors and are even prepared to sue their regular family doctor of many years. That doctor-patient bond has now been replaced by unemotional, commercial and business links. There is no dearth of lawyers who are more than willing to act on behalf of a patient even on frivolous grounds. We cannot fault them as they are just doing the job they were trained for. The judiciary too, has become less benevolent and has taken increasingly serious views of the cases before them. They now follow the standard of care for advice, as evinced in **Rogers vs. Whitaker**<sup>1</sup> where the courts ultimately decide on the issues at hand, rather than follow the principles in **Bolam**<sup>2</sup> where doctors were left to decide, whether a fellow professional had breached the standard of care for advice. The Whitaker decision is now followed in Malaysia for advice given, as pronounced in the Federal Court in **Foo Fio Na**<sup>3</sup>. With the judiciary becoming more assertive and proactive, it may soon encompass diagnosis and treatment.

## Rising Expectations

With the increasing settlements and awards handed out by the courts, litigation costs and premiums for indemnity coverage and insurance have sky-rocketed. Can we blame anybody for this scenario that has caused turbulence and turmoil within the medical fraternity? Doctors are less inclined to specialise in certain specialities due to exorbitant indemnity premiums.



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Doctors must spend more time communicating with their patients to create a more congenial atmosphere in the medical arena

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As the standard of living rises, expectations rise in tandem. The internet revolution has delivered medical information to the doorstep of every home. This information comes from various sources, some of doubtful origin. This has led to unrealistic expectations by patients. Patients expect perfect results when they seek treatment and are less likely to accept side effects and complications even if adequately informed before commencement of treatment. Not only are expectations influenced by dubious web-based information, but also by 'well-read' relatives and friends. Sometimes an 'unintended' incendiary remark by a colleague causes unwarranted confusion to an already agitated patient.

Doctors sometime justify errors with statistics which is of irrelevance to the patient. A 1:100,000 mortality or morbidity which appears insignificant to the doctor is usually a 1:1 for the patient and relatives. Routine procedures are not viewed in the same manner. A simple lumbar puncture is viewed and construed as major surgery by some patients. The patient's understanding of a medical problem is different from that of a doctor's, hence doctors must take cognisance and be aware of this variance in understanding at all times.

With increasing expectations, society has become litigious. With the typical blame culture that permeates the entire strata of society, the buck is ultimately passed onto the doctor.

### Media Reporting

Sensational reporting by the press compounds the problem. Anything to boost sales of a dwindling readership is grasped eagerly by the media. The doctor is virtually tried by the media and this inflicts a lifelong deep abrasion on the doctor's reputation. Knowing the impact of negative publicity, patients and even lawyers make inappropriate demands on doctors. The media attention towards medical errors has encouraged the layman to proceed with litigation as he knows that he will be able to 'avenge a wrong' done to him or his relative.

### Impact on Doctors

It is not only the patient who suffers, the doctor too is subjected to tremendous mental stress and agony. How they remain sane during these tumultuous times is incomprehensible, unless personally experienced. Some senior experienced doctors have given up the practice of medicine on account of a single misadventure. A litigation exercise has devastating effects on his career and personal life. Even if they win the battle in court that declares that they were not negligent, they are bruised during the proceedings and remained scarred for life.

Doctors suffer and as a result the patient too suffers on the long run. The strong bond is broken. Doctors begin practising defensive medicine and the patients will have to ultimately bear the cost. A strong family-like bond is turned into business-like proposition. The patient is no more a patient, he becomes a customer just as in any business transaction.



### Conclusion

Medical paternalism has to rightly give way to patient autonomy. The patient is the focus of treatment without whom the doctor has no role to enact. Doctors and patients need to work as partners in order to restore the trust and confidence of yesteryears. Effective communication is an essential and vital tool in providing high quality care for patients. Doctors must spend more time communicating with their patients to create a more congenial atmosphere in the medical arena. This will probably earn more respect and hopefully reduce litigation.

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<sup>1</sup> Rogers v Whitaker (1992) 175 CLR 479 ; (1993) 4 Med LR 79 (HC)

<sup>2</sup> Bolam v Friern Hospital management Committee (1957) 1 WLR 582

<sup>3</sup> Foo Fio Na v Dr Soo Fook Mun & Anor (2007) 1 MLJ 593 (FC)

# Nuclear Energy Not a Viable Option



Dato' Dr Ronald McCoy  
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Past President MMA

A speech by Dato' Mah Siew Keong, Minister in the Prime Minister's Department, at an event organised by the *Asian Strategy and Leadership Institute* (ASLI) was reported in *Malaysiakini*. The Minister urged critics of nuclear energy to keep an "open mind", as the Government had decided to table the Atomic Energy Regulatory Bill in Parliament later this year. According to the Oxford advanced learner's dictionary, to be open-minded is to be willing to listen to, think about or accept different ideas. It is the opposite of narrow-minded which is to be unwilling to listen to new ideas or opinions of others.

The report left me open-mouthed. The dictionary defines 'open-mouthed' as having your mouth open because you are surprised or shocked. When I got to the part where the Minister claimed that the nuclear debate revolves around three groups - those who are vocally for it, those who know absolutely nothing about it and those who believe in it as long as it is not in their backyard - my mouth opened wider, the same way it does when I cringe in the dentist's chair.

Perhaps it slipped the Minister's mind that there is a fourth group who have carefully thought about nuclear issues over a long period, thoroughly researched the subject of nuclear energy - its economics and finances, its hazards and disasters, its false promises and untested premises, its misinformation and mythology - and have come to the rational conclusion that nuclear energy is not cheap, clean or safe and therefore not an option for any country. Nuclear energy carries inherent health, security and environmental risks. It is not known to be reliable, affordable, viable, socially acceptable or environmentally sound. The global consensus is that nuclear energy has failed the 'market test'. *Forbes* magazine has called it "the biggest managerial disaster in history." Amory Lovins, an energy expert, has called it "the greatest failure of any enterprise in the industrial history of the world", with a

litany of financial disasters, including a loss of more than US\$1 trillion in subsidies, abandoned projects and other public misadventures.

## Nuclear Economics

For the sake of open-mindedness and respect for the customary dental stance, I would strongly urge the Minister and his cohorts in *Malaysia Nuclear Power Corporation (MNPC)* to study the recently published *World Nuclear Industry Status Report 2014 (WNISR 2014)*. In 139 pages, it analyses the rapid changes in nuclear economics, the technology revolution in the power sector, and the impact of renewable energy on the financial viability and status of nuclear power. The report predicts that the use of renewable energy will increase rapidly, that investment in renewable energy sources will be dominant, and that investment in solar and wind power will exceed investment in fossil fuels or nuclear power.

Cheap nuclear energy is a myth. Misleading claims that it is cheap are often based on unverifiable bottom line results or 'justified' by analyses with hidden assumptions that are highly favourable to the nuclear industry. The total economic cost of nuclear energy is difficult to determine, as the industry's accounting methods lack transparency. Costs for accident insurance, waste disposal and decommissioning are often buried in enormously generous Government subsidies or conjured into debt legacies for future generations.

The nuclear industry is in decline worldwide. Today only 31 countries are operating a total of 388 nuclear reactors, compared with 438 in 2002. Several nuclear reactor projects have been indefinitely delayed or cancelled. The share of nuclear power in the world's power production has declined from 17.6% in 1996 to 10.8% in 2013.



Only 14 countries have plans to build new reactors. Sixty-seven reactors are currently classified as “under construction.” Forty-nine of them have met with significant delays, ranging from several months to several years. Eight of them have been “under construction” for more than 20 years, including one in the United States which began in 1972. France, Finland and China are working on “next generation” reactors which they claim have “higher efficiency and advanced safety systems”, but they are bogged down in delays and cost overruns. The cost of constructing a reactor largely determines the final cost of nuclear electricity, particularly when numerous construction delays and cost overruns impact budgets significantly. Estimates of investment costs have risen in the past decade from US\$1,000 to around US\$8,000 per installed kilowatt.

According to the French Court of Accounts, the cost of generating nuclear power increased by 21% between 2010 and 2013. Germany, Sweden and the United States are closing down reactors because projected income does not cover operating costs. Debt levels remain very high amongst European nuclear power companies. The two largest French groups (EDF and GDF-Suez) and the two largest German utilities (E.ON and RWE) equally share a total of more than US\$173 billion in debt. Since 2008, Europe’s top ten utilities have lost half of their US\$1.4 trillion share value.

There is conclusive evidence that electricity generated from nuclear power is far more costly than electricity from fossil fuels or renewables. The ratings and risk firm, Moody’s Corporate Finances, recently estimated that nuclear energy’s capital cost per kilowatt was 275% higher than that of wind energy and 150% higher than solar energy. It predicts that nuclear costs will rise further, while the cost of renewable energy sources will be substantially reduced.

## Fukushima

Accidents are inevitable in nuclear power plants. Between 1952 and 2009, there were 99 minor nuclear accidents worldwide, each with the potential to develop into a major disaster. Major nuclear reactor accidents are not common, but when they do occur they can be catastrophic, as in Chernobyl and Fukushima.

The meltdown of three nuclear reactors in Fukushima in March 2011 has brought Japan to its knees, reinforced worldwide fears of nuclear accidents, and highlighted the nuclear industry’s failure to prevent accidents and near misses. A Greenpeace report ‘Lessons from Fukushima’ has revealed that the Fukushima accident was caused mainly by the institutional failures of the Japanese nuclear industry, its regulators and the Japanese Government.

There was failure to acknowledge and anticipate nuclear risks and to enforce appropriate nuclear safety standards. After the accident, there was failure to protect the public in a dire emergency situation and later to provide appropriate compensation for the victims.

Since the disaster three years ago, serious challenges remain. Radiation readings inside the buildings continue to make direct human intervention almost impossible. Massive amounts of water, about 360 tonnes per day, are still being pumped into the destroyed reactors to cool fuel rods. This constantly increasing volume of contaminated radioactive water is stored in tanks which have started to leak. Experts say that the Japanese Government will soon be left with no choice but to release radioactive water into the ocean.

Thousands of Japanese are still exposed to radiation, while the Japanese Government and the Tokyo Electric Power Company flounder in their efforts to contain the disaster. Their daily lives have been disrupted and they have lost their homes, jobs, businesses, farms, communities, and way of life. More than 130,000 people in

Fukushima have been evacuated and another 137,000 people are living in temporary housing. About 1,700 deaths have been officially recorded.

The truth is that no one in the world really knows how to deal with the Fukushima accident. It is a wake-up call for all 30 countries operating nuclear power plants and for those governments still planning to build nuclear reactors, such as Malaysia with its defective safety and maintenance culture and unreliable regulatory attitudes. Chernobyl and Fukushima have made it clear that there is no such thing as nuclear safety or a fail-safe nuclear reactor. Human error and unpredictable events are unavoidable. Murphy’s Law is inexorable: If anything can go wrong, in time it will go wrong. A major nuclear accident in Malaysia could render large areas of land uninhabitable for thousands of years.

## Interminable Radioactive Nuclear Waste

Nuclear waste remains radioactive for thousands of years, making nuclear power inherently and irredeemably hazardous. There is still absolutely no way to safely and permanently dispose of the waste. This is the most dangerous and unacceptable feature of nuclear power plants. In other words, the promotion of nuclear energy by the Malaysian Government is tantamount to the promotion of interminable, lethal, radioactive nuclear waste.

The nuclear industry’s so-called solutions to radioactive waste only exists in theory, such as the theoretical

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**If medieval man had
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Generation IV Integral Fast Reactor for reprocessing spent nuclear fuel or alternatively the burying of nuclear waste in deep geological repositories. None of these so-called 'solutions' exist anywhere in the world. Nuclear power plants continue to store their radioactive waste temporarily under water in pools, located alongside reactors. For example, plutonium has a half-life of 24,400 years. In other words, it will take 24,400 years (or 244 centuries) for the radioactivity of any given quantity of plutonium to be reduced by half. And it will take another 24,400 years for the remaining radioactivity in the plutonium to be reduced by another half. In practical terms, there will be no end to its radioactivity. If medieval man had resorted to nuclear power, we in the 21st century today would still be burdened with the management of his waste, assuming it had not terminated life on the planet. If the Malaysian Government opts for nuclear energy, it will knowingly bequeath unmanageable lethal nuclear waste to future generations. If we do not stop this move, we will all be guilty of premeditated genocide, especially when there is an alternative sustainable energy source – renewable energy.

## Renewable Energy

In 2013, renewable energy emerged as a safe, flexible, easily-deployed energy source, with a lower carbon footprint than nuclear power. Many governments have recognised that fact and have sensibly started to develop and rely on renewable energy.

Spain has generated more power from wind than any other source – wind power represents 21% of total power and exceeds nuclear power. It is the first time that wind has become the largest electricity source over an entire year in any country. Excluding large hydropower, Spain, Brazil, China, Germany, India and Japan produce more power from renewables than from nuclear power. The *International Panel on Climate Change* (IPCC) suggests that reducing carbon emissions will require a reduction in the use of fossil fuels and an increase in low-carbon energy sources.

Renewable energy accounted for just over half of the new electricity-generating capacity added globally in 2012, led by growth in wind, hydro and solar power. The IPCC envisages the gradual phase out of nuclear power, within the framework of meeting carbon emissions reduction targets. Global investment in renewable energy – excluding large hydro – amounted to US\$214 billion in 2013, four times the 2004 total of US\$52 billion. Since 2000, there has been a 25% annual growth rate for wind and 43% for solar PV, while nuclear power declined by 0.4%.

Variable renewable energy sources (VRE), like solar and wind, are weather dependent and not fully predictable. By predicting ahead, traditional base load is likely to disappear completely in several countries at certain times of the year. The concept of a centralised base-load capacity is being re-examined in many countries with the likelihood that it will be replaced with a new, flexible, decentralised energy system, with smart distributed

grids, renewable energy sources, and high levels of efficiency. There is no place for nuclear energy in such a new system.

## Conclusion

In June 2009, the Malaysian Government singled out nuclear energy as one of the options for electricity generation, in order to reduce carbon emissions from fossil fuels, to meet future energy demands, and achieve energy diversification. A year later, the deployment of nuclear energy was identified as one of the Entry Point Projects in the Economic Transformation Programme and the MNPC was assigned the role of spearheading, planning and coordinating the implementation of a nuclear energy development programme that is expected to culminate in the delivery of Malaysia's first nuclear power plant by 2021.

The MNPC argues that nuclear energy is a valid energy option, if there are suitable sites for nuclear power plants, strong community support, and international safeguards applied by the *International Atomic Energy Agency* (IAEA), which promotes the peaceful use of nuclear energy but is seen to be a creature of the nuclear industry, with obvious conflicts of interest.

There is a lot of disinformation about the virtues of nuclear energy and the Malaysian Government and nuclear proponents need to answer some serious questions. Where is the strong community support in the country for nuclear energy? Where is the process of genuine dialogue, debate and consultation with the people of Malaysia? Where is the evidence that nuclear energy is cheap, clean and safe? What is the real cost of nuclear energy? What about the enormous subsidies required? How concerned are you about the serious health and environmental dangers of nuclear energy? And most critically, how are you going to manage the safe disposal of lethal nuclear waste which will remain radioactive for thousands of years? Do you not have a moral responsibility for the safety and welfare of future generations?

There are times in the history of a country when critically important decisions must be made correctly and democratically, with considerable care, honesty, and wisdom, because such decisions will have a lasting and crucial impact on the country's future. Whether or not to opt for nuclear power is such a decision. In determining Malaysia's portfolio of energy resources, we must isolate and quarantine the issue of nuclear energy from politics, cronyism, personal gain, duplicity, and foolishness.

Most governments in the world have seen the writing on the nuclear wall and are phasing out nuclear energy and investing in renewable energy, energy efficiency technologies and energy conservation. The Malaysia Government will be seen to be indifferent, if not delinquent, if it ignores sensible global trends and proceeds to build a nuclear power plant, which could be potentially catastrophic, nation-crippling, and a radioactive time bomb for future generations.





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- Holds an Academy of Medicine National Specialist Register Certificate
- Holds a valid Annual Practising Certificate

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### Chief Executive Officer

**KPJ AMPANG PUTERI SPECIALIST HOSPITAL**

No. 1, Jalan Mamanda 9, Taman Dato' Ahmad Razali, 68000 Ampang, Selangor

Tel: 03-42702500 Fax: 03-42702443 Email: [admin01@kpjampang.com](mailto:admin01@kpjampang.com)

All applications will be treated in strict confidence



# Congratulations

The MMA congratulates

|                                                                                                                    |              |                                                                                                                      |
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| <p><b>Dr L. Selva Kumaran A/L N. Letchumanan</b></p> <p>On the award of<br/><i>Darjah Johan Negeri (D.J.N)</i></p> | <p>&amp;</p> | <p><b>Datuk Dr Bhupinder Singh</b></p> <p>On the award of<br/><i>Darjah Yang Mulia Pangkuan Negeri (D.M.P.N)</i></p> |
|--------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------|

By Yang di-Pertua Negeri of Pulau Pinang  
Tuan Yang Terutama Tun Dato' Seri Utama (Dr) Haji Abdul Rahman Bin Haji Abbas

On the occasion of  
**TYT's 76th Birthday**



# My Experience with Chemotherapy



**Dr Teoh Soong Kee**  
 teohskee@hotmail.com  
 Consultant Obstetrician &  
 Gynaecologist  
 Life Member MMA  
 Ipoh, Perak

In June 2013, I complained of gastric pain which lasted for about two weeks. The gastroscopy showed that I had a lymphoma ulcer in my stomach. This is a rare condition, which while malignant, is less serious than the common carcinoma stomach. The PET Scan and EUS results indicated that the tumour was at the early stage 2A. Thankfully I did not require surgery which would have been quite debilitating. Cytogenetic studies of the biopsies showed that my diffuse large B-cell lymphoma had none of the danger markers.

Thanks to God, I have been healthy in the past 67 years of my life. I was seldom sick, even during my university days in Bombay. Throughout my working life, I had not taken more than 15 days of medical leave. I had no diabetes, hypertension or heart disease. My weight has been rather constant. I eat almost everything but I do not overindulge. Although I did not excel in sports, I played many games and cycled a lot in my younger days. My father died at the age of 74 from heart attack but my mother is still around at the age of 93 (I have more of my mother's genes).

The condition arose just before I celebrated my 68th birthday (and Father's Day) with my family. My 68th year began with sad news, but in Cantonese, 68 sounds better than 67!

During my chemotherapy, I had to keep myself free from infections. I appreciate my clinic partners who had given me four months of medical leave. No more going to clubs, cinemas, malls, food courts, or even to church! It was like being under house arrest! No more visitors too. With modern ways of communication like mobile phone, email and Facebook, I could still communicate daily with my friends and relatives. I watched the church service on my iPad. Thanks to the internet, I was still not cut off from the world.

I had time to look through my old records and photos. I was able to write up my reminiscences of my early childhood, school days, and medical student years in Bombay, medical career from being a Houseman in Penang to Consultant in Ipoh, and my services in the church and Christian organisations.





Many friends and relatives had given a lot of advice to me, some from their personal experiences. Most of the advice was practical and sensible, like taking lots of fluids, from coconut water to fruit juices, honey and plenty of antioxidants. Some had recommended proprietary supplements. There were also suggestions on exercises and various alternative therapies. I really appreciated all the advice and concern. Obviously I could not follow all of them except for those I thought was appropriate. As a medically-trained person, I had to consider the evidence-based therapies with proper research on the success rates. I did not doubt that anecdotal cures did occur with any diet, treatment or exercise. However, most alternative treatments had not been evaluated scientifically.



*First day at work in my clinic (November 2013) after my chemotherapy treatment*

I needed to be moderate in my beliefs without extreme views, such as to depend entirely on faith and not seek medical treatment. After all, doctors can treat BUT it is GOD who HEALS!

I consulted Dr S.C. Ng, a leading Haematologist from Sime Darby Medical Centre who prescribed the R-CHOP regime. The drugs (Cyclophosphamide, Vincristine, Adriamycin and Prednisolone) had been well-tested over the last 30 years and are relatively cheap while Rituximab is a new drug (monoclonal antibodies) which specifically attacks the lymphoma cells and is rather expensive.

I had relatively mild side-effects from the six courses of chemotherapy. I had slight nausea for the first few days, but no vomiting. I never had any episodes of fever or infection. I did however, suffer from herpes zoster (shingles) on my thigh after the fourth chemotherapy, but there was no residual nerve pain. The hair on my head started to drop after the second chemotherapy and eventually I was left with just 10% of my hair. I had some mouth ulcers but they were not painful. There were several episodes of leucopenia, but they were corrected with Granocyte injections. I had no diarrhoea. However as

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After 70, every year is a bonus, after 80 every month is a bonus; and after 90, every day is a bonus! To me, every hour is a blessing from God.
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I had to drink a lot of fluids, I had to wake up often in the night to urinate. After several courses of chemotherapy, the body felt physically weak but I was able to drive and climb the stairs.

There had been lots of advice from friends and the internet, regarding foods to take and foods to avoid. After consulting my Oncology doctors, I tried to avoid extremes in my diet. Certainly I needed to avoid outside food as much as possible. I had missed much of the hawker food especially if they were spicy. Much of the food was well-cooked at home. I preferred noodles, beehoon and vermicelli, rather than bread or rice. For the first few days after chemo, I would take porridge with minced meat and eggs.

I was encouraged to consume a lot of fluids. For the first few days after chemo, I would be drinking fresh coconut water, from as many as three coconuts a day. Then I drank homemade freshly blended fruit juices twice a day. This would include varying proportions of apples, guavas, carrots, cucumbers, beetroots, pears, star fruits, and oranges. I consumed Ensure drinks twice a day and organic soya milk or yoghurt drinks daily. I drank plenty of plain water in between, at least two litres per day. Each day, I would eat fresh fruits especially papayas, apples, mangoes, grapes and bananas. I had plenty of mangosteens when they were in season and some durian as well.

During those difficult days, God gave me the gift to write more than ten poems, expressing my distress and cry to God. Throughout these months, I felt the reassurance and comfort. A friend gave me a booklet "God's Medicine" which consisted of Bible verses claiming healing and health. I read out the verses twice daily.

My family had been very supportive, especially my dear wife, Nancy. I realised how great and supportive she was when I was sick! I had been touched by the spontaneous outpouring words of encouragement and concern, especially from old friends of 30 to 50 years! The prayers certainly made the difference.

Prayerfully, I hope to be healed, both by divine providence and medical therapy. After 70, every year is a bonus, after 80 every month is a bonus; and after 90, every day is a bonus! To me, every hour is a blessing from God! Last November, I repeated the PET scan and in May this year, the gastroscopy confirmed that the lymphoma ulcer had been healed!



# Vegetarianism & Health

## A Growing Awareness

In Malaysia, people are drawn to vegetarianism for various reasons. There is a growing interest in people wanting to live healthier lives. There is a sizable vegetarian population who are spiritually and religiously inclined. Others have made the switch because of environmental concerns to preserve Earth's natural resources. Many others love animals and are ethically opposed to eating them.

The number of vegetarians and vegans has risen in Malaysia compared to few years ago. Vegetable food outlets have shown growth. Malaysians are beginning to display an interest in consuming vegan food rather than vegetarian food. We do not have an official survey, but based on the membership of various vegetarian-based spiritual, religious and non-governmental organisations, it is estimated that one million or 3% of our population are vegetarians and the number is growing.

The Ministry of Health (MoH) strongly supports the Plant-Based Diet Lifestyle among Malaysians. In-line with that, Bahagian Pemakanan MoH has invited *Malaysian Vegetarian Society* (MVS) officers to provide their inputs on vegetarian and vegan food that may be included into the Malaysian Dietary Guidelines, which would be ready in about 12 months' time.

One of the biggest successes on creating awareness for Plant-Based Diet in Malaysia was when the MoH gave their full support to the MVS during the 6th Asian Vegetarian Congress on 4 – 5 October 2013 at Putra World Trade Centre (PWTC) and 41st IVU World Vegfest at Taman Tasik Titiwangsa. Two-hundred MoH officials attended as delegates for this two-day congress and it was officiated by YB Dato' Seri Dr Hilmi Bin Haji Yahaya, the Deputy Minister of Health.

MVS plays a major role as the voice of vegans and vegetarians and is often invited to provide talks on vegetarian lifestyles and healthy food preparation, to Hospitality & Culinary students and other NGOs.

Currently, upon many food manufacturers' request, MVS is working on endorsement and accreditation for Vegetarian Food Labelling in Malaysia with guidance from MoH.

MMA members are encouraged to make the first move, during the month of October, to consume vegetarian food. It can be once a week (Green Monday practised in a few countries), twice a week, or just one day or one meal.



**Dr P. Vythilingam**  
pytlingam@gmail.com  
Life Member MMA  
President  
Malaysian Vegetarian  
Society

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**MMA members
are encouraged
to make the first
move, during the
month of October,
to consume
vegetarian food**
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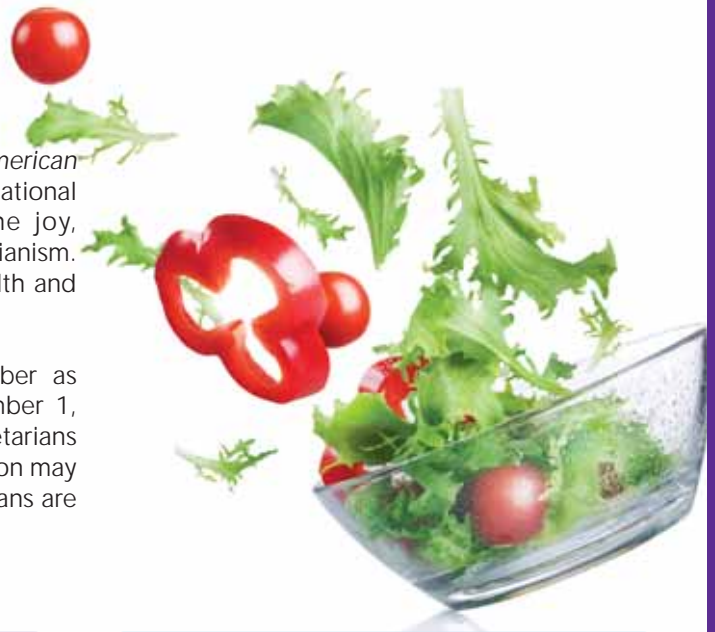




## World Vegetarian Day is Observed Annually on October 1st

It is a day of celebration established by the *North American Vegetarian Society* in 1977 and endorsed by the *International Vegetarian Union (IVU)* in 1978, "To promote the joy, compassion and life-enhancing possibilities of vegetarianism. It brings awareness to the ethical, environmental, health and humanitarian benefits of a vegetarian lifestyle."

World Vegetarian Day initiates the month of October as Vegetarian Awareness Month, which ends on November 1, World Vegan Day. To refresh your understanding, vegetarians are those who consume plant-based food and in addition may consume dairy milk or milk products and/or eggs. Vegans are those who strictly take plant-based food only.



## Vegetarians Around the World

**USA:** The just-released "Vegetarianism in America" study, published by Vegetarian Times (vegetariantimes.com), shows that 3.2% of US adults, or 7.3 million people, follow a strict vegetarian-based diet. Approximately 0.5% or one million of those are vegans, who consume no animal products at all. In addition, 10% of US adults or 22.8 million people say they largely follow a vegetarian-inclined diet.

**England:** In England, vegetarianism got a huge boost from the mad cow scare. According to a 2006 Mintel survey, 6% of the population or 3.6 million people are vegetarians, and 10% do not eat red meat. UK has the largest vegetarian population in Europe.

Numerous sources by the European Vegetarian Union (excluding estimates and extrapolation)

## Country: People – Percent of Population

- Austria: 243,000 – 3%
- Belgium: 204,000 – 2%
- Croatia: 166,500 – 3.7%
- Czech Republic: 153,000 – 1.5%
- Denmark: 81,000 – 1.5%
- France: >1,200,000 – >2%
- The Netherlands: 700,900 – 4.3%
- Norway: 92,000 – 2%
- Poland: >386,000 – >1%
- Portugal: 30,000 – 0.3%

**Israel:** A study done by the Israeli Ministry of Health claims that 8.5% of the Israeli population or 595,000 people are vegetarian, which is an impressive figure.

**China:** Its vegetarian population touches 50 million as reported by *Indiatimes.com*. Motivated by wildlife protection campaigns and Buddha's teachings, more than 50 million Chinese defied deep-rooted tradition of meat-eating and turned vegetarians, making China one of the fast emerging countries with vegetarian population according to *Xinhua News Agency*.

**India:** India holds more vegetarians than the rest of the world combined. A 2006 survey by the Hindu newspaper found that 40% of the population or 399 million people are vegetarians. This is mostly driven by class, religious and spiritual concerns.



MVS invites you to attend the **42nd IVU World Vegfest** in Chennai, India, from 29 – 30 November 2014, to listen to some of the leading scientists as to why we should adopt a plant-based diet.

Let us join the Veg Life Journey and make a difference in our health, environment and lives of other living beings around the world. There will be some activities by MVS during the month of October. Please log on to [mvs.my](http://mvs.my) for details.

Visit <http://www.vegetariantimes.com/article/why-go-veg-learn-about-becoming-a-vegetarian/> for more information.

The Sun Daily – 7 September 2014

# 20% M'sian Medical Students Lack Qualifications

Annie Freeda Cruz  
newsdesk@thesundaily.com

**PETALING JAYA:** About 20% of Malaysian students who entered foreign universities to do medicine since 2009 did not even have the minimum academic qualifications required to enter the programmes.

Students having less than three Principal Cs in STPM or A-level have, however, secured places in the programmes because they obtained the “no objection” letter from the Education Ministry.

Disclosing this to the Sun, Malaysian Medical Association President Dr H. Krishna Kumar said even local universities differed in the benchmark set for intake of local students.

He said the Government, the Health Ministry and universities should offer places to only those who qualify and really have the interest to do medicine.

“We are aware of students who take up medicine just because their parents want them to be doctors and push them into it. Such students may get through their programme but may not be happy practising later,” he said.

The minimum qualifications to do medicine and dentistry is

three Principal Cs in the STPM examination or equivalent qualifications recognised by the Malaysian Government, or at least a CPGA of 3.0 while SPM students must have at least 5As.

We currently have more than 40 programmes locally and more than 300 universities overseas that are recognised by the Malaysian Medical Council (MMC), resulting in over 7,000 graduating as doctors annually – 5,000 produced locally and another 2,000 overseas.

Krishna said Government hospitals can take a maximum of 5,000 new doctors per year, provided that all existing freshies finish their housemanship within two years.

The reality, however, is that almost 20% of doctors serving housemanship take longer than two years, so fewer places are available for new graduates to enter the system.

He said a Health Ministry study on housemen between 2009 and 2011 showed that 19% of them took longer because they failed to submit their paper work to be promoted to medical officers.

Interestingly, it was also found that those who took up medicine without the basic entry requirements were up to five times more likely to have their housemanship extended.

Other reasons for housemanship being extended include disinterest among doctors because their parents forced them to do medicine, and medical diseases that prevent them from performing their duties.

“Most of these graduate doctors came from overseas universities that may not practise the same type or level of medicine locally, and they not only showed lack of basic knowledge but also poor level of competency at basic skills and a lack of discipline,” said Krishan.

He said although about 20% of the graduates from foreign universities have problems but disciplinary action was taken against fewer than 2% of them.

Expressing concern that in the near future, there will be more doctors produced than places for employment, Krishna urged the ministry and MMC to take the bold step to overcome this problem.

He said the authorities should perhaps have a

new system of selection, requiring all medical graduates to sit for an entrance examination from which the top are selected based on the number of jobs available.

He said if this comes about, the Government should not allow any local universities to seek exemption from the entrance examination for their graduates, “Such exams could also be a way of protecting the profession by being flooded by foreigners wishing to work here. In Thailand, these exams are conducted in the Thai language to protect its nationals. Maybe, we should also run it in our national language to protect our own citizens from the invasion of foreign doctors when agreements like Afta, Afas and WTA take effect,” he added.

Stressing that the supply must meet but not exceed the needs, he urged the relevant authorities to assess the actual national needs and start planning for the future needs rather than just stating a figure that has already been reached in Kuala Lumpur, but will most probably never come near in the rural areas of Sabah and Sarawak.



**PERDANA UNIVERSITY GRADUATE SCHOOL OF MEDICINE (PUGSOM)** is the first medical school in Malaysia to offer the US style graduate entry medical (GEM) programme. In line with our expansion, PUGSOM is seeking dynamic individuals to join the University. We possess up-to-date academic facilities as well as highly qualified lecturers, hence the opportunity for growth, shared knowledge, resources and best practices.

**PROFESSORS / ASSOCIATE PROFESSORS / ASSISTANT PROFESSORS / LECTURERS IN**

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|-------------------------|-----------------------------|
| 1. INTERNAL MEDICINE    | 2. OBSTETRICS & GYNAECOLOGY |
| 3. PAEDIATRICS          | 4. PHARMACOLOGY             |
| 5. MEDICAL MICROBIOLOGY | 6. NEUROLOGY                |

**Requirements:**

- Possess a Master's degree, Board Certification, Membership, Fellowship or any other recognised specialty training in related field.
- Preferably a PhD degree for non-clinical fields.
- Eligible to be registered with the Malaysian Medical Council and preferably as a specialist with the National Specialist Register.
- Proven record in undergraduate and/or postgraduate teaching, assessment, curriculum development and research.
- Excellent communication and interpersonal skills.
- Good command of the English language.
- Evidence of leadership and management skills.
- Sensitivity to the cultural challenges involved in delivering undergraduate education in a diverse multi-cultural environment.
- Flexibility to work irregular hours on occasion.

Applications are to be sent to:  
Human Resource Department, Perdana University  
Block D Level 1, MAEPS Building, MARDI Complex, Jalan MAEPS Perdana, 43400 Serdang, Selangor.  
Email: [hrrecruitment@perdanauniversity.edu.my](mailto:hrrecruitment@perdanauniversity.edu.my)  
Closing Date: 30 November 2014  
Only shortlisted candidates will be notified.

## *Golf Jest*

*Dr Jones, a 70 year old, extremely wealthy widower shows up at the country club with an absolutely gorgeous, breathtakingly beautiful and sexy 25 year-old. She hangs onto his arm and listens intently to his every word. His usual playing partners and fellow members of the club are baffled and shocked.*

*At the very first chance, they corner him and ask, "Jones, how did you get that amazing trophy girlfriend?"*

*To which he replies, "Girlfriend?! Hell, she's not my girlfriend, she's my wife!"*

*Disbelieving Jones, they ask, "So, how did you persuade her to marry you?"*

*"I lied about my age," he replies.*

*"What, did you tell her you were only 50?"*

*Jones smiles and says, "Nope, I told her I was 90."*

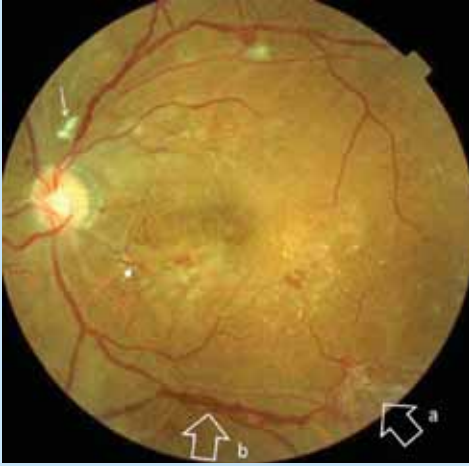
*Humour*



## Retinal Photo Quiz (Part 5)

By Dr Chin Pik Kee (Life Member MMA)  
and Dr Tara George

Quiz 5 (of 6)



This is the left eye of a 36-year old accountant with uncontrolled diabetes and hypertension at her first ever eye examination.

### Questions

1. Is there diabetic retinopathy?
2. Is the macula normal?
3. Is the optic disc normal?
4. What is the appropriate course of action? What is the visual prognosis?

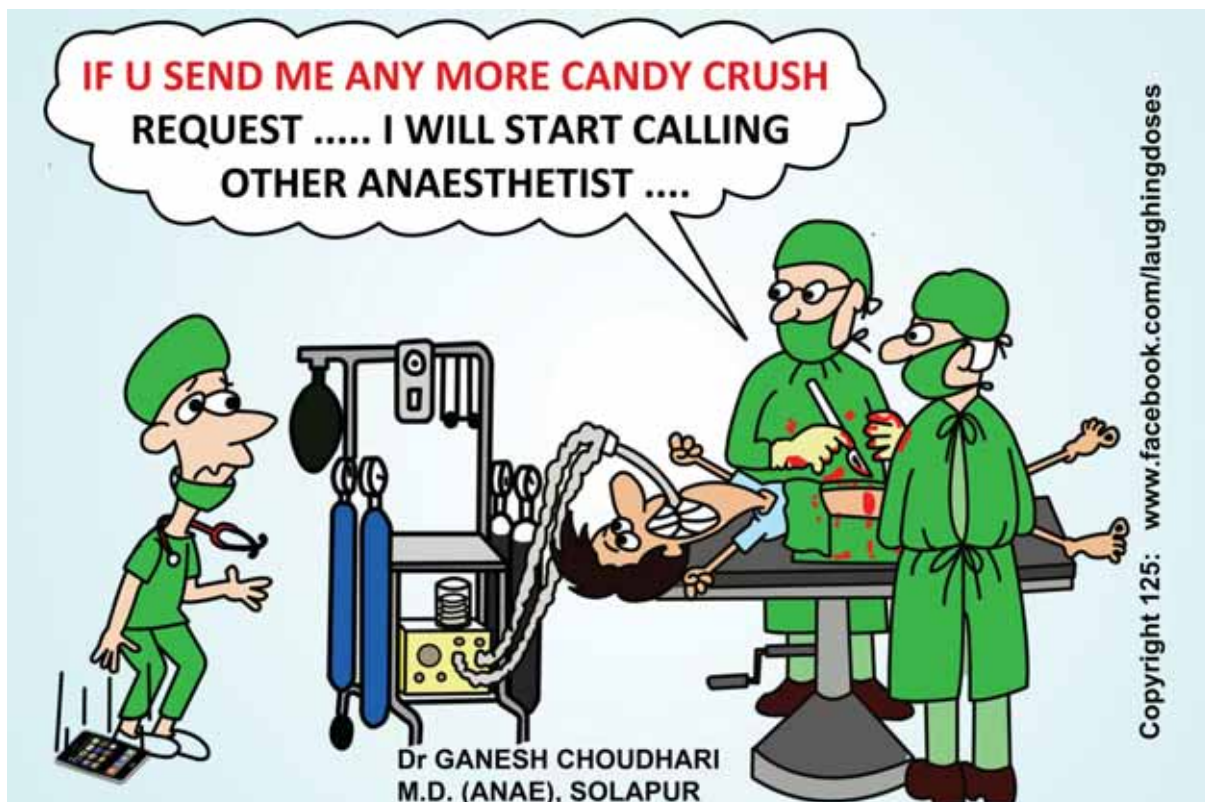
### Answers

1. The striking feature in this photo is the abnormality of the retinal vasculature. These are intraretinal microvascular anomaly (short arrow) and fronds of new vessels (arrow a) that have started bleeding (arrow b). There is a cotton wool spot (long arrow, microinfarct). The retinal veins are tortuous. These findings meet the criteria for proliferative diabetic retinopathy (PDR), a sight threatening condition.
2. No; there are tiny red dots (microaneurysms) and encroachment by the abnormal frond-like vessels.
3. There are fine abnormal new vessels developing on the optic disc.
4. PDR is an indication for urgent ophthalmology referral and treatment. With optimal treatment, severe visual loss may be prevented. However, there may be permanent and significant residual visual impairment sufficient to preclude driving and continuing in her profession.

Reference: CPG for the screening of diabetic retinopathy, June 2011, MOH

**The Malaysian Society of Ophthalmology runs a not-for-profit retinal photography service to help doctors screen their patients for diabetic retinopathy.**

Website: <http://mso.org.my/eyephoto.html>, Tel: 03-7960 6728  
Email: [msoeyephoto@gmail.com](mailto:msoeyephoto@gmail.com)/[drchinpk@hotmail.com](mailto:drchinpk@hotmail.com)







*In front of the cathedral Duomo di Milano, the centre of activity in the city*

# Holiday with a Difference

**Dr Nazeli Hamzah**  
nazelihamzah@gmail.com  
Life Member MMA  
Kota Bharu, Kelantan

I was talking to a friend who operates budget hotels in Kota Bharu and he was complaining that his business had dropped by 60%. That is surprising because anyone living in Kota Bharu knows that whenever there is any short holiday or a long weekend then Kota Bharu will be inundated by outsiders flooding the shops and causing massive jams on the streets. So where do these tourists stay? Apparently they prefer to rent guest houses also known as homestay. It is cheaper, has bigger rooms and comes with the comforts of home, inclusive of cooking facilities. This phenomena is occurring worldwide and travellers all over the world now have an infinite range of accommodation from which they can choose from. With internet booking, TripAdvisor ratings and feedback from travellers who have already used the facilities, you have a fairly accurate idea of what you are booking.

During the last holiday we went to Milan and decided to use Airbnb to book an apartment. Location was important, it has to be situated near the metro and not too far from Central Milan. Food is also important thus we searched for a place with a halal restaurant nearby. We found a suitable apartment on the periphery of Milan close to the Metro with a few halal Turkish restaurants around, operated by Annalisa who lives in the apartment upstairs. They had good reviews from their previous tenants. There was a short resume of Annalisa and we had to write in our own resume with photos of ourselves included. She could actually decline us if she was not comfortable hosting us.

On 15 June 2014, we arrived in Milan by train from Ventimiglia, a border town in the French Riviera. We took a taxi to our apartment and with trepidations we awaited to see our accommodation. The taxi driver was a happy man that day as Italy had just beaten its opponent in the World Cup series and his voice was still hoarse from shouting, and he



was also happy we were Malaysians as he was a young tourist backpacking in Malaysia some 20 years ago and had fond memories of his holiday!

At the door to greet us was Annalisa, a middle-aged woman of slight built with a generous personality. After settling our bags and moving into the rooms we were impressed with the homely atmosphere of the apartment, tastefully furnished, spotlessly clean with the smell of a freshly baked cake! The apartment was exactly like the pictures displayed in their webpage. We were pleasantly surprised to see that she thoughtfully filled the fridge with drinking water, milk, jam, butter, biscuits, tea, and coffee. Her trade mark was that she usually welcomed her guests with one of her special cakes (this was mentioned in the reviews by her previous guests).

Marco, her husband joined us later. This gregarious couple loves travelling and meeting people. They have passed through Malaysia before, but sadly they found Kanchanaburi (Thailand) unforgettable.

After tea we went to Central Milan where everything revolved around the grand cathedral, the *Duomo di Milano*. Located in the city centre, the streets radiated and encircled the cathedral. It is one of the largest and more famous cathedrals in the world. Construction began in 1386 with the help of Milan's first Duke, and continued until 1813. Up until 1965, finishing touches were still being added to the church. Its elaborate gothic design was truly impressive.

It was a warm and gay summer evening. People were just hanging around, tourists everywhere. Music was in the air, couples hugging and kissing lovingly, sounds of laughter mingling with the myriad of languages being spoken all round. We just absorbed the atmosphere, taking photos, eating ice-cream and doing what tourists generally do.

Milan is not complete without the shopping! The next day we spent the whole day at *Sara Valle*, a factory outlet about one and a half hours by bus from central Milan. There were the usual brand outlets ... and yes they were much cheaper than in Malaysia! Unfortunately the choices were limited. Apparently they had just completed their summer sales.

The following day was spent browsing in Central Milan. The famous shopping street is the *Via Montenapoleone* and you can have your fill of Prada, Gucci, and Ferragamo at about 30% less than in Malaysia. Their VAT (value added tax) is 20% and easily refunded at the airport.

Annalisa and family were available in case we needed help with anything from where to eat and shop, how to get taxis, how much things cost – it is almost like having a local host in Milan. In fact they even invited us for dinner (to make up for the water heater not working in the apartment). Annalisa is a math graduate but her passion is cooking and she provides cooking classes as well. She prepared a full course dinner, with salad, biscuit and tuna sauce. The main dish was vegetarian lasagne, followed by a dessert of homemade ice-cream with pistachios. We were entertained by her husband Marco who was a great conversationalist and regaled us with stories about local cultures. They have a lovely 16 year-old daughter, Elena, who goes to a circus school for fun. She performed some juggling routines for us.

Our short trip ended too soon. It was made even more memorable by the local host and hostess who came together with the apartment we rented. We definitely prefer this arrangement as compared to the impersonal stay at a hotel.

P.S. Just received an email from the family saying that they will be vacationing in Malaysia during the last two weeks of December this year and we are planning to meet them in KL.



The main entrance of the Duomo



Left to Right: Marco, Meriam, Azlina, Nazeli, Elena, and Annalisa when they hosted us for dinner



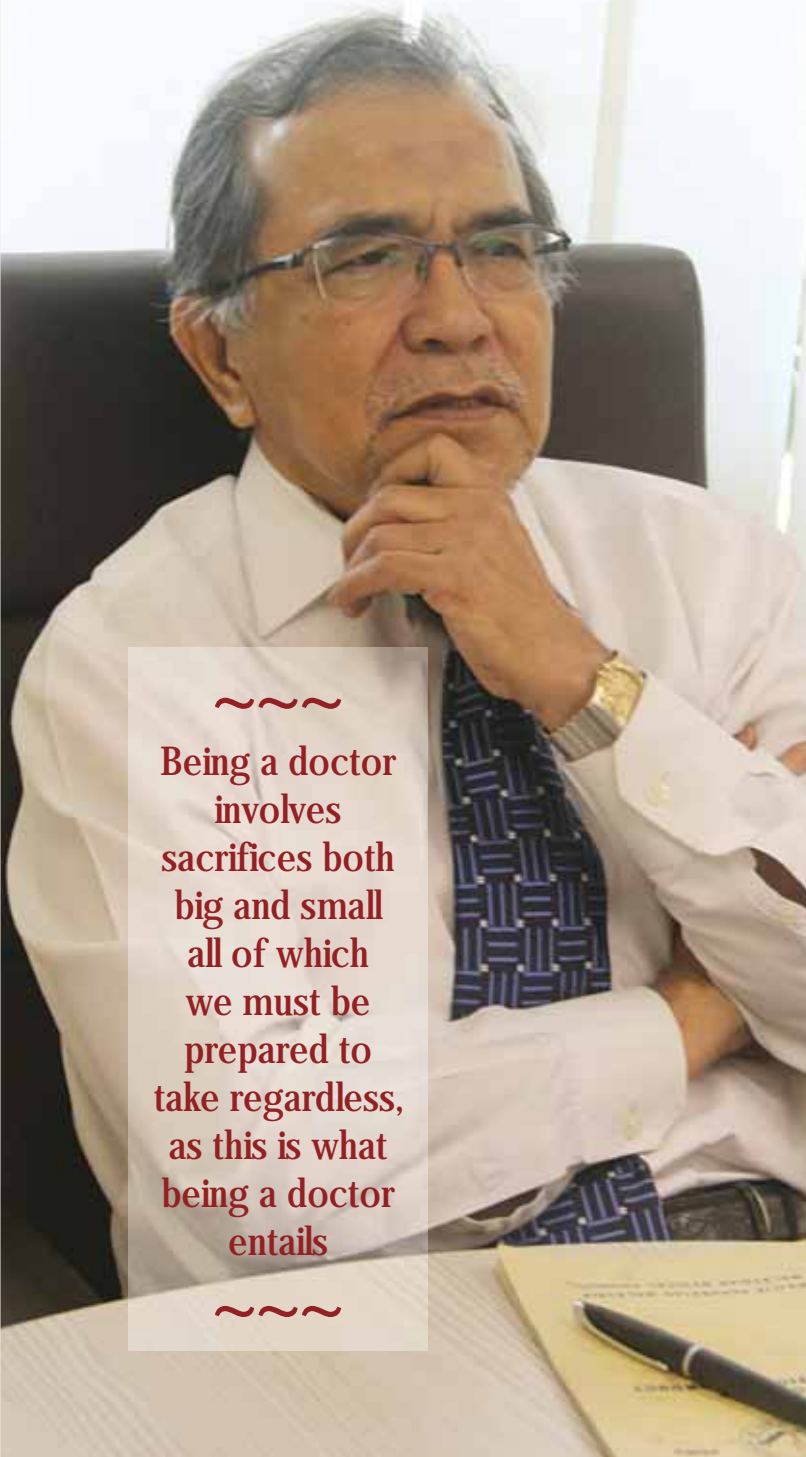
Elena entertaining us with her circus routine



The cozy and comfortable apartment we rented



# Prof Datuk Dr Haji Megat Burhainuddin: Continuing to Serve



~~~~  
Being a doctor
involves
sacrifices both
big and small
all of which
we must be
prepared to
take regardless,
as this is what
being a doctor
entails
~~~~

Professor Datuk Dr Megat Burhainuddin, a Member of the MMA since 1970, is currently the Vice Chancellor of Nilai University and Chairman of the Preliminary Investigation Committee (PIC) 2 of the *Malaysian Medical Council* (MMC). Prior to this, he served as Vice Chancellor and Chief Executive of MAHSA University, and was also the first Chief Executive of Melaka-Manipal Medical College.

Datuk Megat graduated from the University of Malaya (UM) in 1969 and spent several years at Hospital Kuala Lumpur (HKL). He has a long list of awards, the Pearson Award by the Government of Canada, *Darjah Kesatria Mangku Negara* (KMN), *Darjah Dato' Paduka Mahkota Perak* (DPMP), Commander of the Order of St John (C.St.J.), *Darjah Johan Setia Mahkota* (JSM), *Panglima Jasa Negara* (PJN), Fellow of Academy of Medicine of Malaysia (FAMM), and Fellow of Public Health Medicine Malaysia (FPHMM).

## Simple Beginnings

Born in Kuala Kangsar, Perak, his father was attached to the Perak Land Office but was transferred to Kuala Terengganu where young Megat attended school at a quaintly named establishment: *Sekolah Melayu Ladang*.

He then went on to an English-medium school, *Sekolah Sultan Sulaiman* and to *Sekolah Sultan Sulaiman Secondary School*, where he studied until Form 3. He then applied to join the Federation Military College, now known as the Royal Military College (RMC), which he entered at Form 4 and remained till he completed Form 6.

"I had lots of interesting experiences that helped me understand what life is like for ordinary people. My training and educational background at the Military College was a tremendous help because it was there that I learnt teamwork, comradeship, and leadership," he reveals.

"It was a multiracial school, one where we truly embraced the principle of *muhibbah*. In fact, one of my best friends was of Indian descent, and we grew so close that we were like brothers. When we were



Datuk Megat and his mates in RMC

Final year in military college

waiting for the examination results for entry into university, we literally sat on the same chair together! It was this whole experience during my early life that helped me set a goal slightly different from others and helped me interact with people from differing backgrounds in my career as a doctor," he discloses.

After completing his basic education, he applied for the University of Malaya (UM) and put his first choice as Medicine. Prior to entering university, he used the long waiting period to work part-time as a teacher and doing census work in Terengganu, thus keeping himself occupied.

### Those Were the Days

Datuk Megat was in the first batch of medical students at UM, and he vividly recalls one of the first sessions he had with the late Professor Tan Sri Dr TJ Danaraj, the Founding Dean. Looking back, Datuk Megat is thankful for Tan Sri Danaraj's advice throughout his years at UM.

"One day the Dean called me into his office and gave me an hour-long lecture about what medical studies was all about. I literally followed his advice which was about changing my lifestyle and coming in to class regularly, all the fundamentals! In our youth, many of us were quite playful. He made us disciplined, and he really made us work hard, and put in a lot of effort," he sagely informs.

"There were many upheavals along the way, especially in the early years, with insufficient facilities and equipment being the main. Thankfully, our lecturers were there to help us out and provide support. We were fortunate to have such good quality lecturers who instilled the need to be forward-looking and diligent. We had no seniors to guide us and we did not know what medical studies required like how much time to put in to study, so it was a tough beginning," he admits.

"I remember back on one day, some students asked whether our degree would be recognised by the General Medical Council of UK. Tan Sri Danaraj took exception to this question as he thought it showed a lack of faith in him as the Dean.

He was absolutely adamant that recognition was just a matter of time and that he would make sure of it. His confident answer made us believe in him and we never again questioned, we trusted him. Even when times were hard we stuck to the programme as laid by the good Dean. That's where we learned what it takes to be a true professional," he shares.

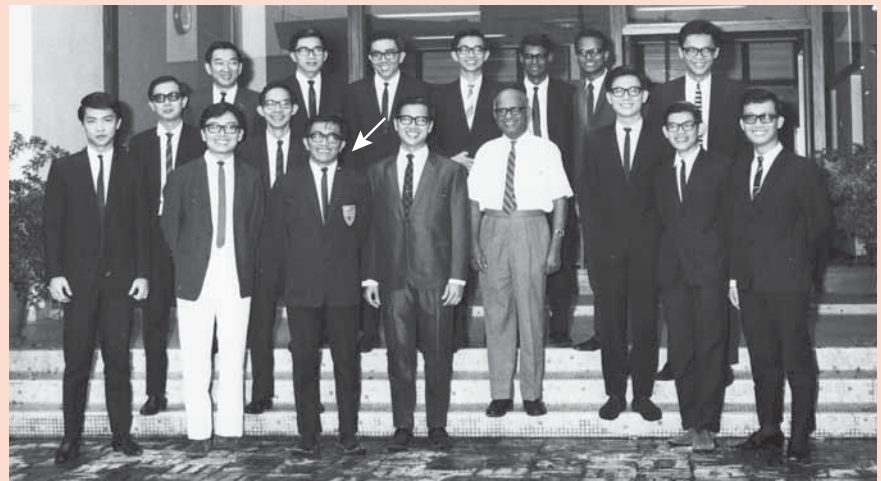
### Dedication Starts in Medical School

"Tan Sri Danaraj would tell us that discipline and effort was important, and that it was equally important to gain first-hand experience in a hospital setting. To attain his ideals, we had to be dedicated and go through all types of situations, including meeting the community we served. With all this exposure, and with the support of our dedicated

all. In fact, it was a happy and fruitful experience for him which he thinks back to even till this day, especially because of the camaraderie and self-confidence that he gained while there.

"It was the close-knit nature of the students that was truly important to me during my medical education. We studied very hard, managed to pass our exams, and UM got recognised by the General Medical Council of UK. It was a very fulfilling educational experience as we had access to everything – patient examination, staff support and most importantly, hands-on experience," he opines.

Since the UM University Hospital then was still under construction, Datuk Megat and his peers were initially attached to private hospitals in and about Kuala Lumpur. They



*Final year in Medical School with the Dean, Tan Sri Danaraj*

lecturers, we were able to develop ourselves as individuals from our student days into the doctors that we are today," he articulates.

Datuk Megat and his fellow students would ensure that they were in the vicinity of the hospital because the moment there was an interesting case or if their aid was required, they would quickly rush over. They worked in groups and he was fortunate to have good friends who provided him with constant encouragement to study. This group of people that he studied with invariably hung out together and they even stayed in the same hostel block. His room was number '444' but as he was not superstitious, he did not mind it at

were also sent to District Hospitals and it was during his posting to the Kuala Pilah Hospital that he started learning about primary medical care and the role of being a doctor in a small hospital.

One of the things that made the biggest impact on Datuk Megat was his first post-mortem (PM). He observed the doctor conduct a post-mortem on a man who had fallen into a drain, and the body of the deceased was bloated and had already begun to decompose. It was an eye-opening experience for Datuk Megat as it made him realise that one must be strong enough to handle all situations and provide services under any condition.



## The Students of Yesteryears

Datuk Megat believes that students today must be tough and resilient. He points out that there was no spoon-feeding during his time as compared to today. He went on to say, "I remember during my time we volunteered to do work in the hospital including participation and assisting the teachers in research. I think students nowadays confine themselves to their books and only do what is necessary. If you want to be a doctor, you have to go above and beyond the norm."

He goes on to add, "The curriculum we had at my time was a novelty, being comprehensive and integrated. Teaching and education were both focused and broad enough for us to be well-rounded individuals. However, I must point out here that it is the lecturers that are important; quality and experienced teachers are the key, and we were lucky to get highly trained and experienced lecturers."

"Comparatively, with so many medical schools today, it is difficult to identify and work with good lecturers. The skills that we had back then were different, we held a patient's hand first before we started treating them. What this means is that communication is the top-most requirement to be a doctor, and this is sadly something that the medical doctor of today lacks. You can't just treat a patient, you must have empathy and understanding as well," he expresses.

## The Start of an Illustrious Career

After Datuk Megat's graduation, he worked in Hospital Kuala Lumpur as a Medical Officer starting with the outpatient department. Later he became a registrar in the Medical Unit and there were times when he had to sleep in the ward in order to regularly monitor the progress of the patient.

He recalls an incident which taught him humility when he attended a

patient who was involved in a gang fight. This individual had numerous lacerations all over his body and a nurse on duty volunteered to help Datuk Megat to stitch him up, and to his great chagrin, she finished stitching almost all the cuts on her own when he was just getting started on the first one! This taught him that doctors must be humble and practice humility, as they can learn a lot from others, no matter who they are.

~~~~~  
The skills that we had back then were different, we held a patient's hand first before we started treating them
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Not long after this, Datuk Megat joined the Institute of Medical Research where he was thrown into community research near Tanjung Malim. This came about after the late Ungku Omar called for volunteers, which he naturally answered. His stint in Tanjung Malim was the start of his interest in public health, and he subsequently did his postgraduate training in Public Health Medicine upon completion of his training.



*Public Health Survey – house to house visits in Tanjung Malim*

Datuk Megat reported to Tan Sri Dr Raja Ahmad Nordin (the then Director of Health Services) who posted him to the Public Health Institute. In the spirit of humility, Datuk Megat accepted the offer without even knowing where the institute was situated. Imagine his surprise when Tan Sri himself,

despite being a very senior official, offered to send him there personally with his own car! This again brought home the message of humility to Datuk Megat for he was still a young Medical Officer at the time. However, Datuk Megat was too embarrassed to accept this kind offer and declined it; instead, he approached one of the Senior Health Inspectors to help him out.

## Getting Started on Public Health

Looking back over the years, another mentor Datuk Megat is indebted to is Tan Sri Dato' Dr Khalid Sahan who was then Director of Training. Tan Sri Khalid took notice of him after he submitted several papers on Public Health, and asked him to specialise in Health Planning and Health Services Management. Tan Sri Khalid then directed him to compete for a training-cum-research grant to go to Canada.

"I went for an interview for the grant and was 1 out of 12 in the world who was offered a place at the University of Toronto, Canada, to study Health Planning. Before this, Tan Sri Khalid directed me to go to Australia to study medical education. All in all, he spent a lot of time to guide me and I eventually accepted his offer to work with him. I rose through the ranks, first as the Deputy Director, and finally as Director of Training at the Ministry," he muses.

## Back to the Grind

"Then I was sent to the hot seat as the Director of Hospital Kuala Lumpur (HKL). One of my first thought was 'this place is a crazy house'! At that time, members of the royal family came to HKL. This was quite an experience for me and as the Director, I had to handle

many tricky situations. I recall when Tunku was sent to HKL due to illness just prior to his passing, a reporter showed me some pictures of Tunku lying in his bed and he looked weak and helpless. So I told the reporter, 'Tunku is our hero, do you really want the people to see him like this, let's remember him as the great leader

that he is.' The reporter agreed and the photo was never published," he recalls.

Datuk Megat was often in a position where he had to handle disasters and organise the hospital to cope with the situation. He stresses that it is critical for one to organise all available resources.

### Long Queues, Long Faces

During Datuk Megat's stint at HKL, he had to cope with public complaints from lay-people, politicians, and senior officials. He still recalls how one has to use every ounce of one's wits and imagination to survive, particularly in handling the press. It can be highly critical and make one's life difficult.

Datuk Megat was also involved in the development of *Institut Jantung Negara* (IJN). The Government decided to make available a centre for the treatment of heart disease locally.

The centre was established within 18 months as directed. Among issues related to this centre that were raised by the public includes the availability of treatment.

"The biggest question was how do people pay for the treatment. It was difficult to implement a 'rationing' mechanism, to ensure that deserving people are being given treatment. This is where we need to further develop our healthcare financing system. Purchasing insurance could help resolve this, but it must be universal. The only thing we could do was to assess the patients and see when they can expect to get treatment."

"It was not easy as it is something fraught with emotion and may be highly controversial. I do not think there is any simple solution to this because high-technology treatment is expensive. In certain situations, one has to resort to conservative management. The decision to provide such would entail the necessary process of weighing the options in detail before coming to a decision. To me, it is a perfectly viable alternative to operations, which are difficult to predict and

often not always conclusive. Having money may get you the best in medical care, but money does not buy health. The ultimate choice is prevention and to live a healthy lifestyle, which you can easily control by balancing exercise, lifestyle and habits, and dietary control," he extols.

### Managing Doctors

In the course of managing hospitals, Datuk Megat has had to handle all types of doctors. He claims that some need to be re-trained from scratch while some to learn from the basics of essential skills on how to conduct procedures. This is made worse by the fact that the doctors come from many universities and are exposed to different educational systems with differing beliefs and cultures. Whilst handling patients, he often had to resolve many delicate situations of conflict between doctors and patients. There were even instances when his staff at the hospital had to come and protect him from being abused by angry relatives.

An onerous task given to Datuk Megat was the responsibility of handling breaches in ethics and violations of the Code of Conduct. He was appointed in 1985 to chair the PIC of the MMC and is quick to point out that it is essential that doctors adhere to good practice and being ethical when conducting patient care.

Prof Megat with the Guidebook on Code of Professional Conduct, which he has referred to for close to three decades now.



"It is not easy to conduct hearings as we had to face many difficult situations, not just from the doctors but also from the lawyers defending them. Some doctors may not be mentally prepared to be a doctor simply because they could not adjust themselves to the various situations encountered in a doctor's professional relationship. Some of the reasons for adjustment difficulty is because of parental pressure to become a doctor, the mistaken belief that being a doctor is fashionable, or thinking that they can make money. Tan Sri Danaraj once said to us, 'If you're searching for a pot of gold by becoming a doctor, you will be disappointed. Go do something else, you will make more money faster by becoming an accountant or businessman'," he shares.

Datuk Megat goes on to explain, "You must be mentally focused as a doctor. One of the problems we have is adjustment disorders, and we have reports from the Fitness to Practice Committee at least once a month about this problem. Some doctors go completely blank when they start working because they can't cope with the pressure. The fact is that these doctors came in unprepared. Becoming a doctor is hard work, but so is becoming a farmer. It goes beyond commitment, for one must be prepared both mentally, physically, as well as spiritually. Being a doctor involves sacrifices both big and small all of which we must be prepared to take regardless, as this is what being a doctor entails."

### An Educationist

Upon retirement, Datuk Megat was looking forward to widen his horizon by working in an international organisation. However, this was not to be as the late Datuk K. Pathmanaban approached him, asking him to work together in developing a medical school with the Manipal Academy of Higher Education.

Datuk Megat initially expressed doubts about his ability to get involved because he did not have the necessary experience in the academic field. However, Datuk Pathmanaban brushed this excuse aside and retorted that he had enough under



his belt to do a good job, and went on to cite Datuk Megat's educational experience from his postgraduate training in London, Health Planning in University of Toronto, Health Economics in London School of Hygiene and Tropical Medicine, Management Training in Seoul, Korea, and Advanced Management in Harvard Business School, USA.

Datuk Pathmanaban expanded further that Datuk Megat's CV also stated that he was a Member of the Council of *University Sains Malaysia* (USM) and that he used to teach Public Health in the Masters programme in UM. Along with this, Datuk Megat had also written publications and a chapter in a book; he was also an appointed consultant in WHO and IDRC.

These citations made by Datuk Pathmanaban convinced Datuk Megat to take the challenge. A mere 17 days after Datuk Megat's official retirement, he was called to report for duty as Principal of the Melaka-Manipal University. After witnessing three cohorts graduating as promised to the late Datuk Pathmanaban, he resigned and joined MAHSA, which was then a College of Nursing. The

college grew to become a University College and later a full-fledged University of which he became the first Vice Chancellor. He retired (again) but a friend of his persuaded him to take an appointment as the Vice Chancellor of the Nilai University in Negeri Sembilan.

## Your Professional Association

Datuk Megat has been actively involved as Chairman of the Public Health Society of the MMA, Chairman of the Elections Committee of the MMA, and Treasurer of the MMA Foundation. In the Academy of Medicine, he was elected to head the Chapter of Public Health Medicine.

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MMA is doing a lot of good work but you cannot expect all doctors to be active. MMA has a role ... it is still the largest organisation of medical professionals

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He also professes that since people choose their groups based on their interest, one cannot expect everyone to be active in MMA. However, it is his belief that MMA will continue to grow because there will always be a core group of doctors who wish to provide the medical profession with direction and leadership to go forward and develop a group of responsible healthcare providers as it is still the largest organisation of medical professionals.



*WHO Short Term Consultant – Primary Health Care Development, Manila, Philippines*

"Just do what is best for the organisation, and in the end you will enjoy what you do. As leaders you should be committed to do your job with your best. MMA is doing a lot of good work getting students involved and so on. A niggling worry about future doctors is whether they are really interested in practising medicine; not just the science and technology, but the art as well. Yes they can register to be one, but are they really enthusiastic about it?" he ponders.

"We have to develop some definite plans and activities to be sure the next generation of doctors or medical students will be fully aware of what being a doctor is all about.

We need to continue to educate the public as well. In this way, we can ensure that people will know what to expect from the profession and what to expect when they send their children off to medical school," he emphasises.

## Words of Wisdom

When it comes to dealing with stress, Datuk Megat suggests extending your circle of relationships to include the community. During his medical officer days, he was involved in the Sports Club, Darul Afiah Football Club, which incidentally the late Dato' Mokhtar Dahari played for. During the course of work, he used to teach First Aid to volunteers, and this led to him being brought



*True St John spirit – giving first aid by the roadside*

into St John's Ambulance where he slowly worked his way up to the post of Deputy Commander in Chief, Malaysia.

"When you have a lot of friends at work you can talk to them, share experiences or problems, and just unload some of those pressures by talking, discussing, or laughing together at the most mundane of things. Lead a balanced life – **Work, Play, Love, and Worship**, that's what I teach most of my students," he counsels with a smile.

At 70, Datuk Megat a non-smoker, is a picture of health! We wish him well!

# MMA Wilayah Installation Dinner 2014



**Assoc. Prof Dr Andrew  
Tan Khian Khoon**  
drandrewtan@gmail.com  
Chairman  
MMA Wilayah



*Installation of Assoc. Prof Dr Andrew Tan as Chairman*

**T**his year's Installation Night and Annual Dinner for the Wilayah Branch was held on the 23 August 2014 at the Putrajaya Shangri-La Hotel.

This was a historical event as it was the first time that the Wilayah Branch annual event was held at the Federal Administrative Centre of Putrajaya. Of even greater significance was the fact that our guest of honour for the night was our very own Federal Territories Minister, the Honorable Datuk Seri Utama Tengku Adnan bin Tengku Mansor. Other VIPs at the function that night include our President, Dr Krishna Kumar, and all the ExCo members of MMA.

We were fortunate and delighted that our Federal Territories Minister was very open in his approach towards the medical fraternity in particular and the people in general. In the Inaugural Speech for the Installation, I mentioned the need for the medical fraternity in the

Federal Territories, especially Kuala Lumpur, to work hand in hand with the City Hall to overcome the following:

- Certain health issues, especially dengue (which has been plaguing the capital city and its surroundings of late).
- The need for clinics in the city to prioritise and reserve parking bays in front of the building for emergency cases.
- The need for escalator bridges in busy areas in the city, especially along Jalan Pahang, between Hospital Kuala Lumpur (HKL) and MMA House.

The Minister agreed to our request without hesitation, and even offered an unconditional grant of RM100,000 for our branch activities. I personally thanked the Minister and assured him that MMA Wilayah will work with the Ministry in any of its health-related projects which will benefit residents of the city. It is indeed great news that MMA had just received an official letter from Dewan Bandaraya Kuala Lumpur, announcing that they are in the process of putting up the said escalator bridge between HKL and MMA House.

Besides that, the night provided an opportunity for MMA Wilayah members to bond, feast on great food and enjoy themselves over entertainment floored by a three-member band and comedians till the middle of the night. Lucky participants also walked away with attractive hampers and prizes sponsored by MMA Wilayah and our pharma partners.

All in all, the event was a great success, especially now that we had established a connection with the Federal Territories Ministry which will undoubtedly facilitate our dealings with the authorities in KL, in matters related to health of the city residents and the welfare of our members.



*Minister of Federal Territories with MMA Wilayah Committee*



*YB Datuk Seri Utama Tengku Adnan addressing guests*



# 17th Penang Teaching Conference for General Practitioners



Launch of handbook 'Management of Substance Abuse in Malaysia'



Packed conference venue



**Dr Hooi Lai Ngoh**  
drhooi@hooi.pc.my  
Hon. Secretary  
& PPS Chairperson  
MMA Penang

The 17th Penang Teaching Conference for General Practitioners was held from 11 – 14 September 2014 at Bayview Hotel Georgetown, Penang. Topics for the pre-conference workshops, attended by 80 participants on 11th September, were Basic Life Support, Management of Opioid Dependence and Audiometry. The conference proper from the 12th to 14th September was attended by around 160 participants.

The sessions this year focused on rational use of antibiotics, communication skills, diabetes, opioid dependence, ECGs, dermatology, audiometry and eye problems. On 12th September, there was a dinner symposium and the launch of the 'Management of Substance Abuse in Malaysia' handbook. A dialogue session with the PPSMMA ExCo was held the following afternoon and focused on issues with SOCSO, Personal Data Protection Act, Goods and Services Tax, TPAs, and Dispensing Rights. On the last day of the conference, there were lectures and interactive quiz sessions on dermatology.

The conference evaluation had been analysed and most participants had no objections to the proposed dates of the 18th Penang Teaching Conference for General Practitioners, which is planned for 10 – 13 September 2015. There were also numerous helpful suggestions for topics which will be acted upon.



The sessions this year focused on rational use of antibiotics, communication skills, diabetes, opioid dependence, ECGs, dermatology, audiometry and eye problems



## YEAR 2014

### OCTOBER

#### 46TH APACPH CONFERENCE KUALA LUMPUR

##### THEME : EVOLUTION OF PUBLIC HEALTH IN THE ASIA PACIFIC REGION

Date : 16 October 2014 ~ Pre-Conference  
 : 17 – 19 October 2014 ~ Conference  
 Venue : Hilton, Kuala Lumpur  
 Contact : Mdm Hamizwanis Hamid  
 Tel : +603-7967 5779  
 Fax : +603-7967 4975  
 Email : apacph@um.edu.my  
 Website : www.apacph2014.org

#### MEDICAL REVIEW OFFICER (MRO) COURSE

Date : 18 – 19 October 2014  
 Venue : Vistana Hotel, Kuala Lumpur  
 Contact : Ms Hema  
 Te : +603-4050 8211  
 Fax : +603-4050 8211  
 Email : malaysia.aoem@gmail.com

#### INTERNATIONAL CONFERENCE ON HEALTHY AGEING 2014

Date : 20 – 21 October 2014  
 Venue : International Medical School, Bukit Jalil Kuala Lumpur  
 Contact : Ms Liong Siao Lin / Ms Michelle Chow  
 Tel : +603-2731 7669/+609-2731 7029  
 Fax : +603-865 68018  
 Email : icl@imu.edu.my  
 Website : http://imu.edu.my/healthy-ageing/

#### THE PRIMARY CARE SYMPOSIUM – HEALTHY AGEING IN THE 21ST CENTURY

##### THEME : CARING FOR THE OLDER PERSON

Date : 24 October 2014 (Friday)  
 Venue : Grand Seasons Hotel, Kuala Lumpur  
 Contact : Ms Muthu (MMA Secretariat)  
 Tel : +603-4041 1375  
 Fax : +603-4041 8187/+603-4041 9929  
 Email : pps@mma.org.my  
 Website : www.mma.org.my

#### SYMPOSIUM ON HEALTH OF THE OLDER PERSON

##### THEME: HEALTHY AGEING

Date : 26 October 2014 (Sunday)  
 Venue : **Ipoh Health Department, Ipoh, Perak**  
 Contact : Ms Muthu (MMA Secretariat)  
 Tel : +603-4041 1375  
 Fax : +603-4041 8187/+603-4041 9929  
 Email : pps@mma.org.my  
 Website : www.mma.org.my

#### SYMPOSIUM ON HEALTH OF THE OLDER PERSON

##### THEME: HEALTHY AGEING

Date : 28 October 2014 (Tuesday)  
 Venue : **Penang Medical College, Penang**  
 Contact : Ms Muthu (MMA Secretariat)  
 Tel : +603-4041 1375  
 Fax : +603-4041 8187/+603-4041 9929  
 Email : pps@mma.org.my  
 Website : www.mma.org.my

### NOVEMBER

#### MMA WILAYAH 11TH PRIMARY CARE SYMPOSIUM

Date : 1 – 2 November 2014  
 Venue : Eastin Hotel, Petaling Jaya  
 Contact : Ms May (+6012-638 8128)  
 Dr Koh Kar Chai (+603-6253 1871)  
 Ms Jess (+6012-631 3436)  
 Website : www.mmawilayah.org.my

#### CPD ON UPDATES IN OCCUPATIONAL MEDICINE

Date : 8 November 2014  
 Venue : Grand Seasons Hotel, Kuala Lumpur  
 Contact : Ms Muthu / Ms Jeniffer  
 Tel : +603- 4041 1375 (ext 102)  
 Fax : +603- 4041 8187  
 Email : soem@mma.org.my

#### AOEMM Seminar

Date : 8 – 9 November 2014  
 Venue : Vistana Hotel, Kuala Lumpur  
 Contact : Ms Hema  
 Tel : +603-4050 8211  
 Fax : +603-4050 8211  
 Email : malaysia.aoem@gmail.com

#### 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  
 Tel : +603-6201 3009  
 Fax : +603-6201 7009  
 Email : info@apage2014.com  
 Website : www.apage2014.com



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## 2 Mindray (Model: VS-600, VS-900)



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## 3 SonoScape (Model: S20, S40)



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