

# THE HISTORY OF MMA

*The First 35 Years*

1960 - 1995



*Given that the history and growth of the Malaysian Medical Association is an impressive one, many attempts have been initiated to publish a book on the same - for posterity and to give others an insight into the conception and advancement of this important organisation.*

*Some inroads into this momentous project were made with the valuable assistance of stalwarts like Professor A.A. Sandosham and Dr S. Param Palam, who made prominent contributions by obliging previous requests for summaries of the Association's early years.*

*However, the idea of publishing a book only became a reality in January 1994 when certain members of MMA sat down with the writer, to outline the contents of the book. Then came the prodigious task of collecting and collating notes on hours of research, interviews and information from all over the country.*

*In terms of time, 35 years may seem relatively young, but the task of gathering information was an uphill one because the most valuable sources, like founding members, were either indisposed or deceased. Happily, those who could, were forthcoming with whatever information they had. And, with much co-operation, goodwill and the blessings of so many, the story of the Malaysian Medical Association was written. This, then, is the fruit of that labour.*

*This book is dedicated to the pioneers of medicine in Malaysia. Those who dared question biased administration policies, fought for the full recognition of the skills of Asian doctors, those who risked their lives in the name of duty or worked in archaic conditions and in environments that were more than a challenge ... the odds against doctors in those early years were plenty. Yet the pioneers of medicine in this country found time to pool their resources and establish an association for the sake of continued development of medicine in Malaysia – an association that would uphold medical standards, protect practitioners and benefit the people of the country.*

*Dedication*

**THE HISTORY OF MMA**  
*The First 35 Years*  
1960 - 1995



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*The cover illustration is by S.C.Cheah, a well-known Malaysian watercolour artist and illustrator. His aesthetic works grace and enhance the atmosphere of many top corporate offices in the country such as Bank Negara, Volvo Malaysia, Maybank, MMC, RHB and Aseambankers. A member of the Malaysian Artists Association he actively participates in both local and international exhibitions. Currently he teaches art as a pastime and a means of imparting his creative skills to others.*

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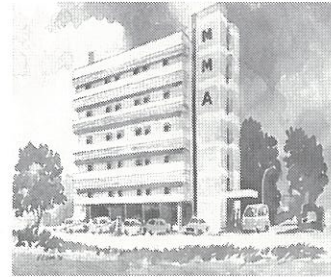


The MMA emblem consists of two tigers facing each other, one on each side of a crescent. The horns of the crescent, containing the words *Jasa Utama*, meet in a 14-pointed star. The staff of Aesculapius with two serpents is at the centre. A band containing the words *Persatuan Perubatan Malaysia* and another with the words *Malaysian Medical Association* is at the base of the crescent.

**MMA's motto is *Jasa Utama* or  
"Service Before Self".**

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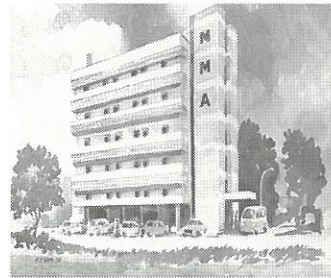
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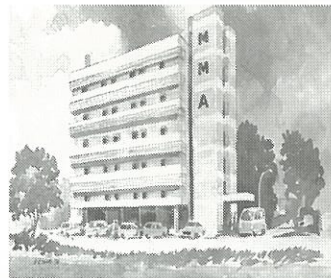


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## *Prime Minister's Message*

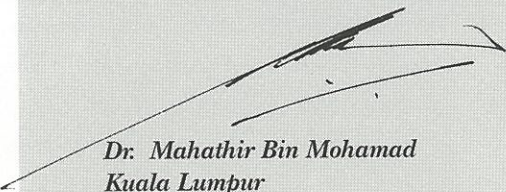


DATO' SERI (DR.) MAHATHIR BIN MOHAMAD  
PRIME MINISTER OF MALAYSIA

*The health and medical scenario in Malaysia has changed tremendously in the last 10 years. Today, Malaysians across the nation have better and more equitable access to health services and amenities, enabling them to enjoy a higher quality of life.*

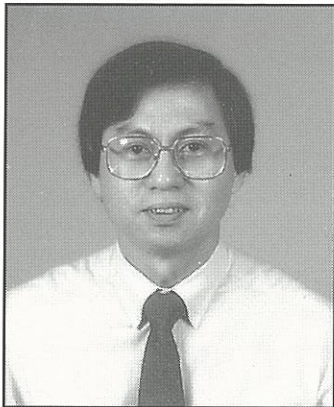
*Since health is an integral part of socio-economic development, medical and health facilities must continuously be upgraded to ensure not only a productive workforce but a society whose members are active participants of development programmes. The Government, however, cannot fulfil this responsibility alone. Doctors must play their part by carrying out their duty with a strong sense of loyalty to their oath. As a doctor his duty is to serve the sick with a clear conscience.*

*I would like to take this opportunity to thank all doctors in this country without whose dedication and sacrifice Malaysia would not have enjoyed its current better health standards. It is my hope that the Malaysian Medical Association will collaborate closely with the Government to meet new challenges in the next century.*



*Dr. Mahathir Bin Mohamad  
Kuala Lumpur  
9 May 1995*

## *P*resident's Message



DR. CHEW PENG HONG  
PRESIDENT OF MMA

*It was more than 34 years ago that the Malaysian Medical Association was born. The sentiments and reasons that gave rise to its birth might have been rather unambitious by present day standards. However, over the years, as a result of changing circumstances and values, the Association has taken a number of divergent paths from those intended by its founders.*

*Membership grew, leaders came and went, and the size of the collection of documents which reflect the life of the Association continue to grow. Logic would dictate that some coherence, and a sense of order has to be given to these. Any organisation which professes the desire to want to steer itself in the correct direction into the future would have to review its past, and search for its 'roots'.*

*It is, thus, very timely that a history of the Malaysian Medical Association is finally written, and recorded for posterity. It is my hope that members of the Association would take time to read this short history of our Association. If we are hoping to head somewhere meaningful, we have to be aware of our past and be proud of our heritage.*

*Yours sincerely,*

A handwritten signature in dark ink, appearing to read "Dr. Chew Peng Hong". The signature is fluid and cursive.

Dr. Chew Peng Hong  
President, 1994-1995



## *Mission Statement*

**BELIEVING** • that physicians have a unique responsibility for the health of society, derived from their ancient duty to protect life and preserve health • that Medicine cannot be insular, self-seeking, self-protective or defensive, but must be an integral part of a caring society • that social and economic factors are important determinants of health, and that current global trends point to impending environmental degradation which will threaten human health and survival • that the advancing frontiers of medicine and the values of our modern technological age present unprecedented ethical and moral dilemmas for physicians • and that modern technological medicine and rising public expectations contribute to escalating health care costs

### **THE MALAYSIAN MEDICAL ASSOCIATION**

**DECLARES** its commitment to the highest possible professional and ethical standards of health care,  
**EMBRACES** the principles of social justice and compassion for all, and enjoins all physicians to be sensitive and responsive to the health needs of all,  
**RECOGNIZES** its educational role in influencing health policies in the community, including the prevention of disease, promotion of healthy lifestyles, protection of the environment, and personal responsibility for health,  
**REAFFIRMS** the need for physicians to retain their autonomy and professional integrity, with renewed ideals and ethics,  
**AND RESOLVES** to make health care more rational, equitable and affordable, in a system compatible with equal access to quality health care, based on need,  
**SO THAT IT MAY STAND FIRM AND RESOLUTE** in responding appropriately to the challenges ahead and in fulfilling its responsibilities to the medical profession and society.

## *P*ast Presidents Of MMA (1959-1994)

1959 DR. S. G. RAJAHRAM (INAUGURAL)  
1960 DR. S. G. RAJAHRAM  
1961 DATO' (DR.) MOHD. DIN BIN AHMAD  
1962 DR. S. M. A. ALHADY  
1963 DR. ABDULLAH BIN AHMAD  
1964 DR. R. SATHIAH  
1965 DR. A. W. E. MOREIRA  
1966 DR. R. F. D'COSTA  
1967 DR. TAN CHEE KHOON  
1968 DR. J. B. A. PETER  
1969 DR. LIM KEE JIN

1970 DATO' (DR.) KESHMAHINDER SINGH  
1971 DR. V. THURAISINGHAM  
1972 DR. T. SACHITHANANDAN  
1973 DATO' (DR.) R. P. PILLAY  
1974 DR. S. T. ARASU  
1975 DR. LIEW FU SAN  
1976 DR. G. A. SREENEVASAN  
1977 DR. A. A. SANDOSHAM  
1978 DR. S. SELVARAJAH  
1979 DR. M. K. RAJAKUMAR

1980 DATO' (DR.) EZANEE MERICAN  
1981 DR. SEN GUPTA  
1982 DR. LIM SAY WAN  
1983 DATO' (DR.) T. P. DEVARAJ  
1984 DATO' (DR.) K. SARVANANTHAN  
1985 DATO' (DR.) WONG CHONG WAH  
1986 DR. ABU BAKAR SULEIMAN  
1987 DR. YEOH POH HONG  
1988 DR. SYED MAHMOOD BIN SYED HUSSAIN  
1989 DATUK (DR.) R. P. LINGHAM

1990 DATO' (DR.) N. SUBRAMANIAM  
1991 DR. PIUS MARTIN  
1992 DR. TIBBS FERNANDEZ  
1993 DR. KRISHNAMOORTHY APPALANAIDU  
1994 DR. CHEW PENG HONG

## *H*onorary Members

DR. S. G. RAJAHRAM  
TAN SRI DATO' (DR.) HAJI ABDUL MAJID ISMAIL  
DATO' (DR.) P. T. ARASU  
DR. CHONG YEW CHONG  
DATO' SERI (DR.) MAHATHIR MOHAMAD  
DR. A. A. SANDOSHAM  
TAN SRI (DR.) TAN CHEE KHOON  
DATO' (DR.) LIM KEE JIN  
TUN DATO' SERI (DR.) LIM CHONG EU  
TAN SRI DATO' AZMAN HASHIM  
DR. S. PARAM PALAM



## Early Beginnings

### Under British Rule

In the early 19th century Malayan residents who wished to become doctors could only do so at the King Edward VII College of Medicine in Singapore, which the British Government established in 1905.

It was a time when in the absence of the Malaysian Medical Association (which only became an official body in the late 50s), the Alumni Association of the King Edward VII College of Medicine (formed in 1923), gave substantial weight to medical graduates of what was then Malaya. MMA reference notes describe the Association as a "powerful medico-political organisation both in Singapore and Peninsular Malaya".

In those days The Straits Medical Association (SMA) was the official professional medical association for Malaya and the Straits Settlements. Set up and operated by the expatriates, it was later succeeded by the Malaya Branch of the British Medical Association (BMA).

The following excerpt from Professor A. A. Sandosham's "The First 25 years of the MMA" gives a better insight into the situation prevailing at the time.

"The colonial director of Medical Services for both territories was stationed in Singapore and he dealt with the BMA on medical matters whenever he felt democratically inclined. The profession often consulted him to find solutions to local problems. The director in turn obtained orders from the Colonial Office in London through the Chief Secretary

to the British Government, or was guided by the Legislative Council of the Straits Settlements or the Federated Malay States' Legislative Council in which the Malay Rulers were represented, and to which a few Malaysians were nominated to form a minority in the Council.

"One of the powerful medical lobby's in the BMA was the Estate Medical Practitioners section founded in 1933. Its aim was to organise and update health delivery for workers in rubber estates and tin mines as in those days the Government depended heavily on the revenue from these industries. This group of expatriate doctors should be remembered for the public health measures they took in controlling diseases such as malaria, beri-beri and dysentery; diseases which took their toll on the lives of thousands of workers in the pioneer rubber estates and tin mines of Malaya."

### Early Healthcare Services

With British rule came improved healthcare services for the Straits Settlements, that is Malacca, Penang, Perak and Singapore, with hospitals and clinics staffed by European doctors, apothecaries, nurses and compounders and some local personnel.

While much of the expert healthcare services were channeled to economically viable towns, rural areas had, as their most senior health staff, hospital assistants or local dressers. This changed when Assistant Medical Officers (AMOs) from Asia and the King Edward VII College were brought in to the Government Health Services and the Estates and Mines Health Services. But progress ground to a halt with the Japanese invasion of Malaya in 1942

when the European medical officers either left or were interned in Singapore. Only some Asian AMOs stayed on.

The following is an account by Dr. Param Palam, Clinic and Administrative Medical Officer with the Ministry of Health, Malaya, in 1946 and MMA'S Hon. Secretary for seven years.

“The hospitals started functioning as soon as the Japanese military set up their administration in each town. Even though some medicines and medical equipment were looted, the stocks left by the British lasted for about a year. Some medical supplies also came from the Japanese military.

“Because of a shortage of medicine, local products were used to treat patients. For example, crude red palm oil was used in place of imported cod liver oil. The locally trained medical officers rose to the occasion by performing clinic and hospital duties under very trying conditions. They had to cope with outbreaks of malaria, dysentery, typhoid fever, beri-beri, pneumonia and severe malnutrition. They also took on health administration and management of hospitals, duties which used to be performed previously by European doctors.

“The few Japanese doctors who were posted to Malaya became heads of the Health Services and worked harmoniously with the AMOs who had to learn Japanese so that they could communicate. English was only used to keep medical records.

“At that time the BMA and Alumni Association were inactive. No organisation could thrive under the suspicious Japanese Military Intelligence or Kempetai. At the Johor Bahru General Hospital, two Asian AMOs were executed in front of all the staff for being members of the Masonic Lodge.

“When the Japanese surrendered in September 1945, trade was reopened, medical supplies became available and health services to provide quality care was restored. British doctors and nurses returned to hold superior posts while the Asian AMOs reverted back to their subordinate roles.”

Multiple changes occurred after 1945 with decolonisation, self-Government and independence. The Alumni Association raised the issues of the Malayisation of medical services and equal pay for both expatriate and Malayan doctors. This soon became a reality and Asian doctors were even given paid study leave to study medicine in the United Kingdom, and on their return they occupied higher posts. Eventually, by the time independence came around in 1957 there were enough qualified doctors to fill the posts of the Europeans.

### *Independent Malaya And MMA*

When Malaya became independent in August 1957, Singapore chose to remain a British Colony, but the BMA Malaya Branch remained the only professional medical association for these countries and the Alumni Association had members from both. Meanwhile, private medical practitioners' societies were formed in some Malayan states as social organisations. Few specialists existed in private practice.

A significant event occurred on November 9, 1958. This is when a group of doctors led by Dr. S. G. Rajahram (Malaya) and Dr. B. R. Sreenevasan and Prof. A. A. Sandosham (Singapore), leaders of the Alumni Association of the King Edward VII College of Medicine, Singapore, held an inaugural meeting to form the Malayan Medical Association. Doctors from both countries were elected office bearers.

However, objections from the Registrar of Societies of Malaya led to the formation of two medical Associations – the Malayan Medical Association and the Singapore Medical Association.

Almost a year later, on October 24, 1959, a Special General Meeting was held at the Institute of Medical Research, Kuala Lumpur. This meeting was called for by Dr. Rajahram, and was attended by Malayan and British doctors. Amendments to the constitution confined MMA membership to doctors registered with the Malayan Medical Council in Kuala Lumpur and the motion was adopted unanimously, proposed by Dr. Param Palam and seconded by Dr. J. D. Llewellyn Jones.

Tan Sri (Dr.) Tan Chee Khoo in his tribute to the founder of MMA wrote: "In 1957 when Malaya became independent a few doctors thought of starting a national medical association to cater for all doctors practicing in Malaya. The existing medical associations namely the Alumni Association was too parochial and the Malaya branch or the BMA was taboo in a country in the throes of merdeka. A few of us led by Dr. S. G. Rajahram spent long hours in our homes to hammer out a constitution for the MMA.

"Recently I have been reminded by the eldest son of Dr. S. G. Rajahram namely Dr. G. R. Chandra of the long and tedious discussions we had round the dinner table at Dr. Rajahram's house. The table is still there. We frequently met at the house of Dr. Rajahram, at my house, at the house of Dr. P. T. Arasu and the houses of a few others on MMA matters."

Even in those early days, the main objectives of the Association have been to represent the profession in the country, to maintain a high standard of medical ethics and conduct, to promote social, cultural and professional activities, to enlighten and direct public opinion on health problems and to express the views of the profession to Government and other bodies.

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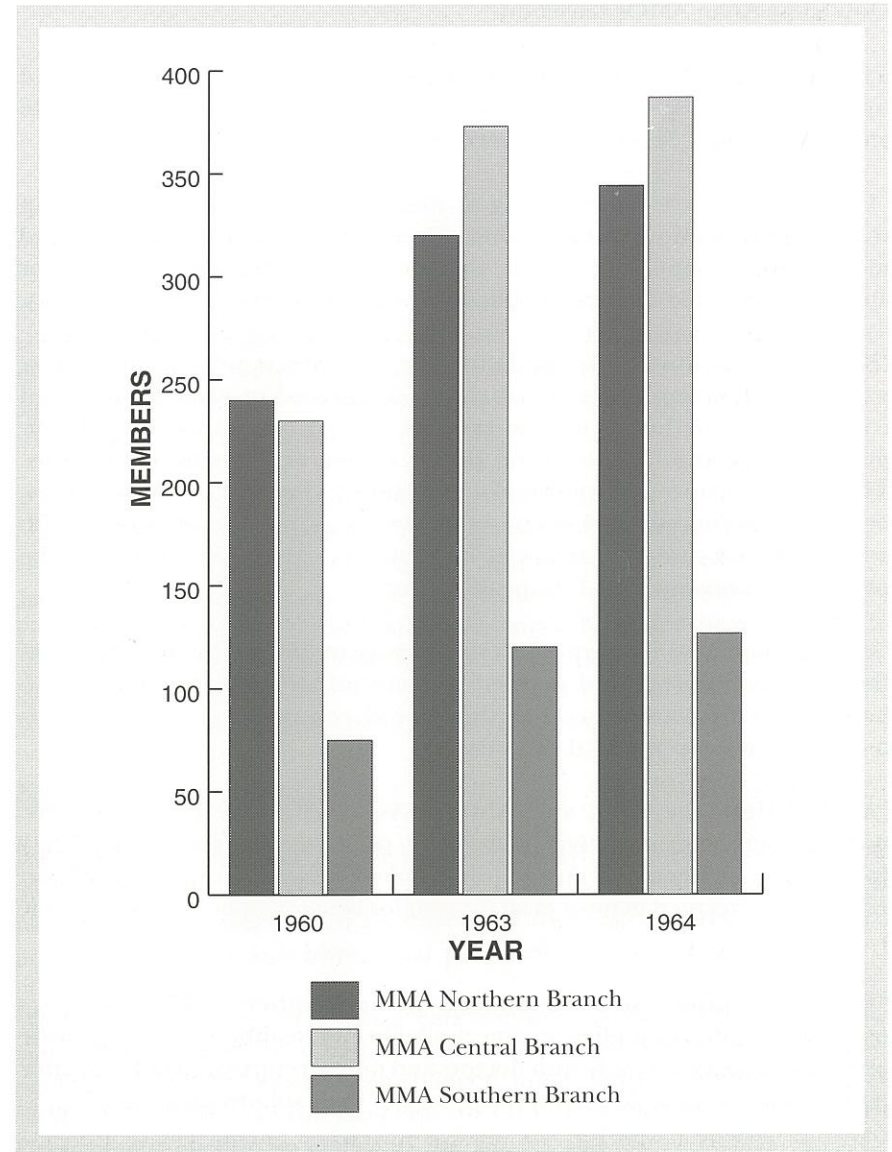
At that first meeting of the MMA, the following were elected office bearers:

President	Dr. S.G. Rajahram
President-Elect	Dr. Mohd. Din Bin Ahmad
Hon. General Secretary	Dr. T. Visvanathan
Hon. Treasurer	Dr. Abdul Majid Bin Ismail

**MEMBERSHIP OF MMA - December 31, 1960**

MMA Northern Branch	236 members
MMA Central Branch	225 members
MMA Southern Branch	78 members
<b>Total</b>	<b>539 members</b>

**MEMBERSHIP BY BRANCH**



MMA Branch Conveyors

Central Branch

Dr. J.S. Sodhy

Northern Branch

Dr. S.M.A. Alhady

Southern Branch

Dr. Lim Kee Jin

Hon. Auditors

Dr. Wong Poh Lam

Dr. B. A. Lamprell

After the formation of the branches, the MMA was officially registered in December 1959.

The Special General Meeting also agreed that founder members of the MMA shall be all doctors registered with the Malayan Medical Council (MMC) in Kuala Lumpur and those who attended:

- the inaugural meeting to form the association on November 9, 1958.
- the Special General Meeting on October 24, 1959.
- all medical practitioners stating their desire to become members of the MMA before December 31, 1959.

It was decided that meetings at quarterly intervals would be held each year while day-to-day affairs would be attended to by an Executive Committee composed of office bearers and three other members of the council.

### *Growing From Strength To Strength*

By the end of 1960 the MMA had a membership of 539 in three branches: the northern branch (236), central (225) and the southern (78). Also functioning were committees on Ethics, Medical Legislation, Penicillin-sensitivity and for the establishment of a medical school in or near Kuala Lumpur.

The Medical Journal of Malaysia was the MMA's official organ by 1960 and was realised through the efforts of Mr. H. J. McGladdery, a cardio-thoracic surgeon and his editorial board. The publication originated in 1890 when it was known as the Journal of the Straits Medical

#### 12. Proposed Constitution of Malaysian Medical Association

The Hon. General Secretary, Dr. S. Parampalam explained the various principles in the proposed Constitution of the Malaysian Medical Association and invited comments from members.

Dr. McCoy inquired whether there should not be just one Malaysian Medical Association for the territories instead of preserving the status quo of the present constituent bodies within the new association.

Dr. L.S. Sodhy wished to know what would be the function of the Council of the Malaysian Medical Association since the Divisions in Malaya, Singapore and Borneo would continue to function autonomously.

Dr. A. Manoharan asked whether the two Medical Journals now being published in Malaya and Singapore would be amalgamated into one issue.

Dr. J.S. Sodhy said that it would be preferable to start off with one medical association with divisions based on regional rather than political considerations.

Dr. Gwee Ah Leng the representative from the Singapore Medical Association on the joint working party, was invited to speak. Dr. Gwee explained that the ideal set-up would be one professional association with a strong Central Council, but political realities could not be ignored. It was therefore deemed advisable to allow some degree of autonomy to the three Divisions in Malaya, Singapore and Borneo and after 3 years to review this arrangement. One of the first functions of the Malaysian Medical Association would be to provide a venue for representatives from Malaya, Singapore and Borneo to work together and understand each other's problems. On the question of the Journal Dr. Gwee said for bibliographical and professional reasons it was considered advisable not to terminate either publications. The Date of publication could be so arranged to ensure that the Journals would be published on alternate months.

Extracted from the minutes of the Fourth Annual General Meeting held at University of Malaya, Kuala Lumpur on Saturday, March 28, 1964.

Association. It can be found in medical libraries in many parts of the world and is even listed in Index Medicus, an internationally accepted reference index of such journals. Editorial content reflected the Association's views and attitudes towards medical problems in the country.

Unfortunately another publication did not do so well. A newsletter produced by Dr. S. Param Palam in 1960 closed after three issues because of high costs. However, in 1969, a sporadic "Newsletter" came out with Dato' (Dr.) Lim Kee Jin, as the first editor-in-chief, and he held that position from 1978 to 1984. It was later renamed Berita MMA and became an influential monthly.

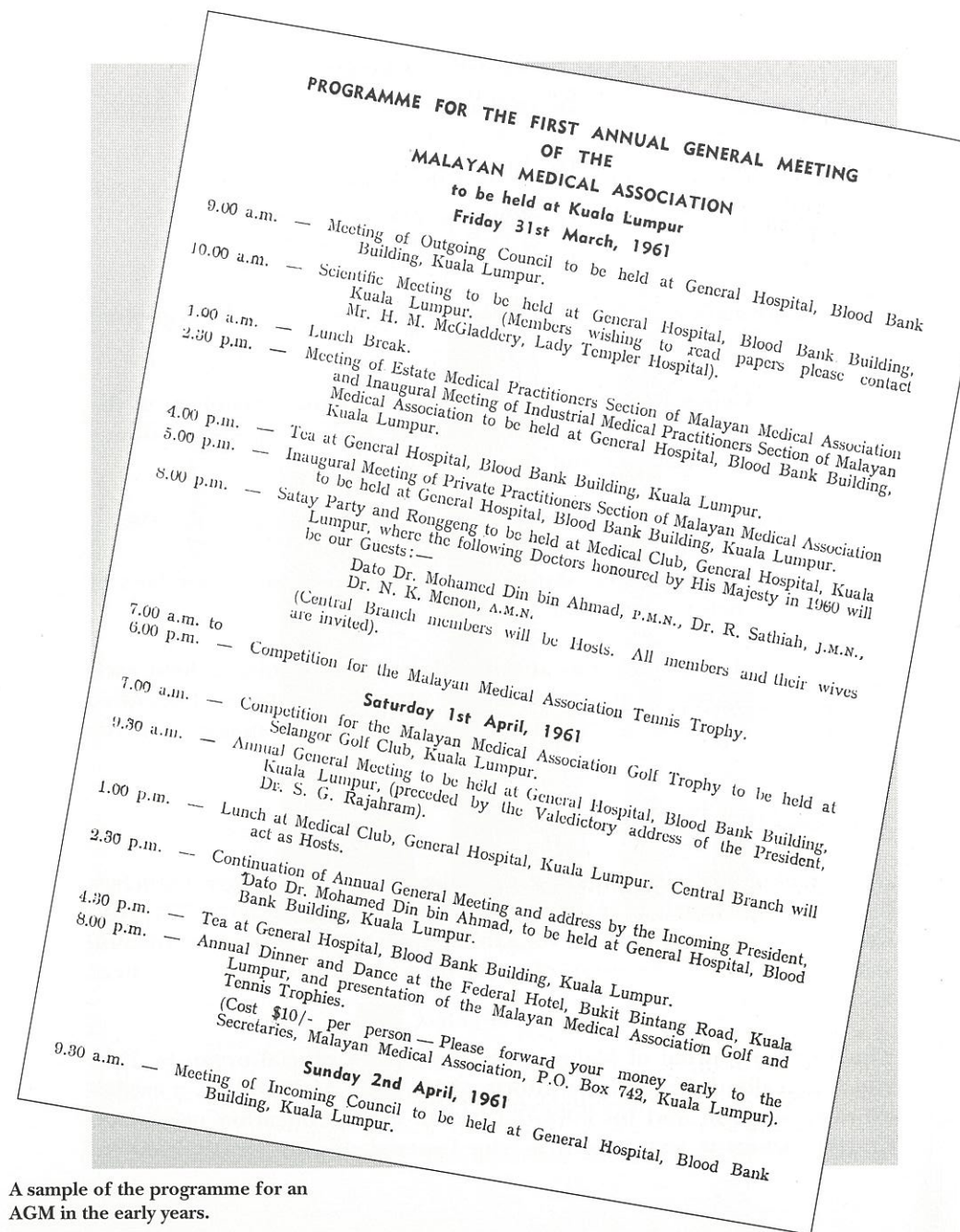
On April 1, 1961, the first AGM was held at the General Hospital, Kuala Lumpur. The programme was as follows:

- Scientific papers
- Meeting of the Estate Medical Practitioners Section of the MMA (a committee in the previous British Medical Association Malaya Branch consisting mainly of visiting medical officers who helped to improve the health of labourers in estates and mines)
- Inaugural meeting of the Private Practitioners Section of MMA.
- Satay party and ronggeng dance at the Medical Club, K.L. Special guests were three MMA doctors who had been decorated by the Yang DiPertuan Agong in 1960. They were – Dato' (Dr.) Mohd. Din Bin Ahmad (PMN); Dr. R. Sathiah (JMN); Dr. N. K. Menon (AMN)
- Tennis for Challenge Trophy
- Golf for Challenge Trophy
- Annual General Meeting of MMA and valedictory address by the outgoing president Dr. S. G. Rajahram
- Annual dinner and dance at the Federal Hotel, KL at \$10 per head (This programme for an AGM has changed little over the years.)

At the first AGM, members mandated the council to request for Senate representation to reflect the medical profession's interests in the country's affairs, but the Malayan Constitution had no provisions for professional representation. However, since then, many Malaysian doctors interested in politics have made it to State Legislature and Parliament.

Since 1957, they include: Prime Minister Dato' Seri (Dr.) Mahathir Bin Mohamad; ministers Tun (Dr.) Ismail Bin Abdul Rahman, Dr. Lim Swee Aun, Dr. Ng Kam Poh, Dr. Lim Keng Yaik and former Chief Minister of Penang, Tun Dato' Seri (Dr.) Lim Chong Eu. Dr. Tan Chee Khoo President of MMA in 1967 had a long political career and was better known as 'Mr. Opposition'.

Also at that AGM, a draft of the Ethical Code formed by a committee of Dr. S. G. Rajahram (Chairman), Dr. Tan Ewe Aik, Dr. R. Sathiah, Dr. C. J. V. Helliwell, Dr. Tan Chee Khoo and Dr. S. Param Palam (Hon.



A sample of the programme for an AGM in the early years.

General Secretary), was adopted. The code dealt with ethics in the context of the local medical situation and culture and was sent to the MMA's three branches.

A large majority of members approved the immediate implementation of the code while some minor points received mixed reactions. In 1961 the Ethical Code was printed and circulated. It was reviewed from time to time and the Ethical Committee uses it to aid and guide the profession and to 'enforce' correct behavior and ethical conduct but has no legal powers. The Malaysian Medical Council has statutory powers to take action against registered medical practitioners when allegations of infamous conduct in a professional capacity are proved.

Noted Prof. Sandosham in an early review of MMA: "As medicine becomes a noble profession it is necessary that its members maintain the highest standards of professional conduct. A doctor's first consideration should be his patient's health and he should not be unduly motivated by gains and profits. His behavior towards the fellow members of his profession should be above reproach. For instance, self advertisement, enticing patients from his colleagues etc are considered unethical.

"There are laws which can bring a miscreant to book but in practice these laws are difficult to enforce. The Association therefore tries to enforce the correct behavior by showing its disapproval of unethical conduct on the part of the members of the profession, and by giving sound advice on what should be done."

So far the Ethical Committee of the MMA has functioned successfully, and it is now felt the Government should legislate and allow the Committee a small amount of punitive powers for minor offences, rather like in New Zealand.

With the MMA's strong foundation and growth in tandem with the country's successful development, following the formation of Malaysia in 1965, progressive steps were taken. Towards this end, doctors from the MMA, the Singapore Medical Association and the Borneo Branch of the

Kuala Lumpur.

1st March, 1962.

To:  
All members of the  
Malayan Medical Association.

Dear Doctor,

**PRELIMINARY NOTICE OF THE SECOND  
ANNUAL GENERAL MEETING**

I wish to notify all members that the Second Annual General Meeting of the Association will be held in Penang during the Easter Holidays - from Friday the 20th April to Sunday the 22nd April, 1962.

For the first time this year the various drug firms in Malaya have organized an Exhibition of Drugs, Medical and Surgical Equipment for the benefit of doctors who will attend the Annual General Meeting at Penang. The Exhibition will be held in the Nurses Training School where the General Meeting will also be held. So, please come along and see under one roof all the drugs, medical and surgical equipment and medical books that are available in the market. The Exhibition will be held from Friday the 20th April 1962, the first day of the Annual General Meeting to Saturday the 21st April 1962.

**PROGRAMME**

Friday 20th April

10.00 a.m. There will be a Scientific Meeting at the Nurses Training School, Penang. Those who wish to read papers or show interesting cases please contact Dr. V. Thurasisingam, Physician, General Hospital, Penang.

2.30 p.m. Annual General Meeting of the Industrial Medical Practitioners Section of the Malayan Medical Association.

5.00 p.m. Annual General Meeting of the Private General Medical Practitioners Section of the Malayan Medical Association.

8.00 p.m. Buffet Dinner and Dance to be held at the fabulous Chinese Swimming Club, Penang. All members of the Malayan Medical Association and their wives are invited to attend. Members of the Northern Branch of the Malayan Medical Association will be our hosts, and they are known to be the best hosts in the country.

Saturday 21st April

9.00 a.m. Reg  
General Meet

9.30 a.m. Lis  
Dato (Dr.) M  
the 2nd Annu

1.00 p.m. ALL  
will be invs  
of the North

2.30 p.m. Con

Samples of notices of the 60s.

فرسانون قراوبانن تانه ملايو

**MALAYAN MEDICAL ASSOCIATION**

BANGKOK BANK BLDG. (4th Floor).  
No. 105, JALAN BANDAR,  
KUALA LUMPUR. TELEPHONES 8835/6

Our Ref:  
Your Ref: MMA/28

21st May, 1966.

To All Council Members,  
M. M. A.

2nd Council Meeting

Please note that the 2nd Council Meeting of the Malayan Medical Association will be held on Sunday, 12th June, 1966 at 10.00 a.m. at the Le Coq d'Or, Jalan Ampang, Kuala Lumpur.

The Agenda for the Meeting will be sent to you later.

Dr. F.R. Bhupalan  
Hon. General Secretary  
MALAYAN MEDICAL ASSOCIATION



British Medical Association, representing doctors in Sarawak and Sabah, met to adopt a constitution for the new Malaysian Medical Association. It was registered in Sarawak and Sabah and given permission by the Registrar of Societies to function in the States of Malaya.

Then, with Singapore's separation from Malaysia in 1965, the Malaysian Medical Association became a reality. The East Malaysian state of Sarawak was the first to become a member while Sabah joined in the 80s. The MMA, itself, joined other national medical associations of the Commonwealth to sponsor the formation of a Commonwealth Medical Association (CMA). Dr. Gwee Ah Leng, the joint representative of the Singapore and Malayan Medical Association attended the first Commonwealth Medical conference in Colombo, Sri Lanka, in November 1962. As a founder member, MMA is an active CMA member.

### *MMA Pushes For Medical Faculty*

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The King Edward VII College of Medicine was absorbed into the Medical Faculty of the University of Malaya in Singapore in the 50s and, subsequently, in 1962, the University of Malaya was established in Kuala Lumpur.

Even with recruitment from overseas and the training of local doctors, a shortage existed, causing concern to the MMA and the Government led by Prime Minister Tunku Abdul Rahman. A committee comprising Drs. Rajahram, Dato' Mohd. Din, S. M. A. Alhady, Lim Kee Jin, Abdul Majid Bin Ismail, Wong Poh Lam, J. S. Sodhy, Param Palam and H. M. McGladdery, studied a proposal for a medical school in or near Kuala Lumpur.

Then, in 1961 the MMA sent a memorandum to the Prime Minister urging the establishment of the same by 1963. The Board of Studies of the University of Malaya, set up to form the medical faculty, was also informed of the urgency to commence teaching before 1963.

By the end of 1964, the MMA council announced to the media that the only solution to the shortage was to train more doctors locally in Malaya. It requested a second medical school be started in Penang before 1973,

if the ratio of one doctor per 7,000 people was to be improved to one doctor per 3,500 people.

Thus, through MMA's efforts, a new medical faculty at the University of Malaya, Kuala Lumpur began to function in 1964. The first dean of medicine was Professor (Dr.) T. J. Danaraj from Singapore who was instrumental in the formation of the faculty and also the University Hospital.

Among the first to be elected by the Guild of Graduates of the University of Malaya to sit on the University Council were Dr. Rajahram, Dr. Tan Chee Khoon, Dr. M. K. Rajakumar, Dr. S. M. Alhady, Dr. Abdul Majid Bin Ismail and Dr. S. Param Palam.

A second medical school was set up in University Kebangsaan Malaysia, Kuala Lumpur in 1972 and a third in University Sains Malaysia, Kubang Kerian, Kelantan in 1981. Since then a private institution known as International Medical College has been set up in Petaling Jaya and there are plans in the pipeline for other medical schools and programmes.

The role played by the MMA together with the Government in making medical education more available to Malaysians and consequently increasing the pool of essential medical personnel, is indicative of the foresight and concern of doctors to develop yet better services for the improvement of health and medical care for the people of Malaysia.

### *MMA House – A Major Achievement*

The idea of an MMA House was originally mooted by the first MMA Council, but insufficient funds delayed its existence and in 1969 the then Hon. General Secretary, Dr. Param Palam provided a two-storey shop at No. 643 Jalan Ipoh, for free. To make an MMA House a reality MMA's budget of about \*RM 16,000 needed a boost and for this purpose a member, Dr. Lim Chong Eu, proposed that Life Membership to ordinary members be made available at RM 1,000 subscription in advance. And 106 doctors, including Dr. Mahathir Bin Mohamad, became life members. But the account was still short.

### 13. MMA HOUSE

The Chairman said that if there was anything he would like to see accomplished in his term of office as President, he would like to see the foundations of MMA House laid. This was not for his personal gratification or sense of achievement but as a small tribute to the men of the MMA House Committee. Their undaunted courage, hard work and selflessness was indeed a shining example to all sub-committees. The Council had invited their Chairman, Dr. Arasu, to this meeting to address the Council but unfortunately Dr. Arasu was unable to attend and he had asked Dr. Parampalam to speak on his behalf.

Dr. Parampalam explained that the first phase would cost the Association \$250,000/- to \$300,000/-, the second phase \$100,000/- to \$150,000/-. He said that the Architects' fees were discussed at some length. At first, the architects agreed to a 7½% less 20% of 7½% as donation to the Association. After more bargaining the architects agreed to charge 5% if the Council insisted. The Council then agreed to pay 5% of the total cost of construction as Architects' Fees.

Dr. Parampalam said that the stages of payment would be 1/3 (\$2,500/- approx.) should be paid when sketch is ready, 1/2 when plans are approved by Municipality and 2/3 when tenders are called.

The Engineers' Fee would be 1½%.

The meeting was told that the architects' bill of \$1,000/- for the original plans drawn in 1962 was not paid. The Secretaries were to check if a letter dated 11th July, 1962 written by them contains an authority to pay. If so, the bill should be settled rightaway.

13/...

Extracted from the minutes of the Second Council Meeting (1966) held at Le Coq d'Or, Kuala Lumpur, on Sunday, June 12, 1966.



The Beginnings – Ground works in progress on the site (MMA House 1970)

Reference notes on the project commend Dato' (Dr.) P. T. Arasu, Dr. Parampalam, Dr. Tan Chee Khoon and trustees for making the idea a reality. An MMA House Committee was formed comprising Dato' (Dr.) P. T. Arasu (Chairman and Trustee); Dato' (Dr.) Abdul Majid Bin Ismail (Trustee); Dr. S. G. Rajahram (Trustee); Dr. Chong Yew Chong (Trustee); Dr. Syed Mahmood Bin Syed Hussain (Hon. Gen. Treasurer MMA); Dr. Pius Martin (Hon. Gen. Secretary MMA).

The following is an account by Dr. Tan Chee Khoon: "The MMA House could not have been built, for when plans were ready in 1969, we did not have enough money from the Life Membership Fund. Fortunately one of my patients, the late Mr. Lin Jo Yan, was the general manager of OCBC Bank and Mr Tan Chin Tuan, the big boss of OCBC whom I knew, agreed to give a loan for the balance, to finance the building of the MMA House....

"The younger doctors of today must remember the difficulties of the birth pangs of MMA. Dr. Rajahram, Dr. Chong Yew Chong, Dr. A. M. Ismail and I stood as sureties for the OCBC loan. The land on which the MMA stands was bought from the Selangor State Government. At that time I was in the Selangor State Assembly and so was Dr. P. T. Arasu and together with Dr. A. M. Ismail we approached Datuk Harun Idris, Menteri Besar of Selangor. The Government agreed to sell the land to MMA.

"MMA House was built in 1971 and we have long ago written off our debts. MMA has today grown to be the most powerful professional association representing all doctors in Malaysia."

The original plans, when MMA applied for 2.7 acres of land opposite the General Hospital, Kuala Lumpur, were for a 20-storey building with shop lots and a decorative pool. Eventually, the Selangor State Government approved 26,800 square feet for which MMA paid RM 1 per square foot. Later the Government took back 6,000 square feet for widening Jalan Pahang and by 1994's market rate, the remainder was worth about RM 250 per square foot.

In 1969 the foundation was laid for a six-storey building estimated at RM 750,000. OCBC's loan of RM 500,000 boosted the project which was declared open by the late Prime Minister Tun Haji Abdul Razak Bin Datuk Hussein on April 6, 1973. Within two months, the building had 100% occupancy.

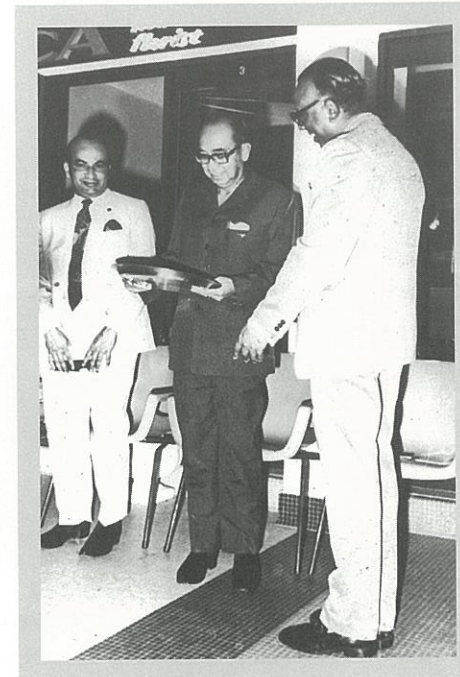
MMA occupies only a part of the building while the rest is let to bodies including the College of General Practitioners (now known as The Academy of Family Physicians of Malaysia) and departments of the Ministry of Health. Rentals collected in the region of RM 450,000 per annum make it a sound investment.

The Chairman of the MMA House Committee Dato' (Dr.) P. T. Arasu in a report on the project noted: "It stands unique, majestic and has an individual character of its own when compared to the neighbouring multi-storey structures like the Hospital Besar Building and the 17-storey Jalan Pekeliling flats. The physical expression of the exterior of the building is a simple, honest and logical manner and the poise achieved by the elevated office block typifies the actual making of an individual doctor.

"Thus, through the Bangunan MMA we have, for time immemorial, erected an edifice befitting the medical profession. The strength of the Association lies in the whole-hearted, moral and financial support given by members in its erection towards this project.



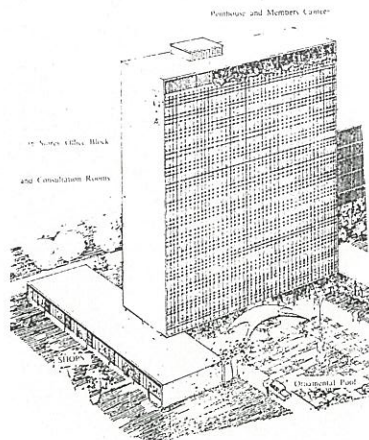
The first MMA premises – the top floor (as above).



Official Opening Ceremony of MMA House by Prime Minister Tun Haji Abdul Razak on April 6, 1973. Also seen in the picture are (extreme left) Dato' (Dr.) R.P. Pillay (MMA President), and Dato' (Dr.) P.T. Arasu (Chairman of the House Committee).

# MALAYAN MEDICAL ASSOCIATION

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Deputy Prime Minister, Tun (Dr.) Ismail laying the foundation stone of the MMA House, on March 5, 1972. (From left) Dr. Pius Martin (Hon. Gen. Secretary), Tun (Dr.) Ismail, Dr. M. Thuraisingham (MMA President), Mr. Tan Chan Wah (MMA House Architect).

“Let this strength and unity of our profession be perpetuated forever. Let us all through our Association dedicate ourselves to the service of our people and our country.”

Over the years MMA House has undergone extensive renovations to provide a number of new facilities. ■

\*RM or Ringgit Malaysia refers to the Malaysian currency.

RM 1 = approx. US\$2.4

# Over The Years

20

## Restructuring Exercise Within MMA

Membership grew and by the early 70s it exceeded 1,200. Credit for growing numbers of life members in those early days, among whom was Dato' Seri (Dr.) Mahathir Bin Mohamad, went to branch officials but special mention must be made of the efforts of Dr. Lim Kee Jin, Dr. V. Thuraisingam, Dato' (Dr.) Keshmahinder Singh, Dato' (Dr.) R. P. Pillay, Dr. P. T. Arasu, Dr. Pritam Singh, Dr. K. Sarvananthan, Dr. V. Ganendran and Dr. Pius Martin.

In a historic move in 1971, the Malayan Medical Association became the Malaysian Medical Association due to Sarawak's and Sabah's decision to join Malaysia.

It was also in the 70s that MMA, through the Public Health Society, launched anti-smoking public awareness drives. Campaigns against smoking, however, only became visible recently.

Years later, at one of its AGM the following resolutions were adopted:  
"This House while:

1. congratulating the Government for stopping advertisements on tobacco and cigarettes on television and radio
2. and reaffirming MMA's past resolutions on banning smoking in all meetings organised by the Association
3. appeals to the medical profession to refrain from smoking in public especially in the presence of their patients



Their Royal Highnesses DYMM Sultan Ismail and Sultanah Aminah of Johor (centre) together with MMA President, Dr. Lim Kee Jin and Mrs. Lim at the MMA Formal Dinner in conjunction with the 9th Annual General Meeting at Straits View Hotel, Johor Bahru.



Datin Seri (Dr.) Siti Hasmah Ali (third from left) taking note of an anti-smoking programme. Briefing her are Puan Sri (Dr.) Aishah Ong (left) and Dr. Lekraj Rampal.

4. calls on the Government to take further steps to reduce the hazards of smoking and uphold the rights of non-smokers to breathe tobacco smoke-free air by:
  - a. directing manufacturers to reduce tar and nicotine content in cigarettes sold locally
  - b. prohibiting advertisements in all forms including sponsorship of sporting events except at the point of sale, failing which to insist on larger health warning notices on tar and nicotine values in the advertisements
  - c. prohibiting smoking in all forms of public transport such as buses, trains and aeroplanes and in closed public places
  - d. imposing higher duties on cigarettes and tobacco especially those with higher nicotine/tar content."

Another strategic event occurred in 1971 when at the MMA AGM in Penang, a resolution led to the formation of SCHOMO (Standing Committee for House Officers and Medical Officers) of MMA. Its purpose was to look after the welfare of fresh medical graduates in Government service. The resolution also led to the establishment of a working committee

within the MMA, as a functional group of medical and house officers. The first committee comprised: Dr. Yeo Guan Teik (Chairman); Dr. Lim Bin Hooi (Secretary); Dr. Cheah Oon Siew (Treasurer); Dr. Teoh Soong Kee, Dr. P. L. Narayanan and Dr. N. Selvanayagam (Committee Members). Dr. Lim Ban Nee was co-opted by the committee. SCHOMO also actively communicated with medical students in universities to ensure that future doctors are acquainted with MMA and its functions. And in 1981 the committee became the MMA Section Concerning House Officers and Medical Officers (SCHOMOS).

In its efforts to look after the needs of the medical fraternity MMA has taken up various issues with the Government. For instance, when the Government planned to reduce compulsory service for doctors to two years to ease the shortage, it lodged a protest and held meetings with Health Ministry officials (currently, medical officers are required to serve three years compulsory service).

Additional needs of members led to numerous committees being formed, such as the Insurance Committee, which appointed a firm of insurance brokers and consultants for the members' use.

Also in the 70s, a Committee to study the formation of the College of General Practitioners in Malaysia recommended that 'a college should be formed in the near future but not immediately'. It added that once formed the existence and progress of the college must be assured. Committee members were Tan Sri Dato' (Dr.) R. Sathiah, Dato' (Dr.) P. T. Arasu, Dr. Tan Chee Khoo, Dr. Chong Yew Chong, Dr. Francis Ho, Dr. Chin Kui Sang and Dr. Hui Weng Choon. The College of General Practitioners, Malaysia became a reality by 1974, and its first President was the late Tan Sri (Dr.) R. Sathiah.

A report by Dr. S. T. Arasu in the 1974 Annual Report states: "The College has through its Regional Academic committees, organised regular weekly and bi-weekly educational programmes for general practitioners in 11 major towns in the country. Although a definite syllabus is yet to be defined, there is remarkable enthusiasm among the members of the College and a keen desire to enhance the status of primary medical care in the country. There has always been a close liaison between MMA and the College of GPs and in many towns MMA postgraduate refresher courses are often held in conjunction with the College."

The 70s was also a period for expansion and consolidation. While Sarawak became a branch of MMA in 1972, Sabah opted for affiliation and not membership. But a close working relationship existed. Meanwhile, the northern, southern and central branches were dissolved and seven new branches were created: Penang/Kedah/Perlis Branch; Perak Branch; Johor Branch; Selangor/Pahang Branch; Kelantan/Terengganu Branch; Negri Sembilan/Malacca Branch and the Sarawak Branch.

A Medical Legal Advisory Committee headed by Dato' (Dr.) R. P. Pillay with Dr. Joseph Eravelly, Secretary, was formed with Mr. C. Selvarajah of Ng Ek Teong and Partners (legal advisers to the Association). The committee was expected to spread to other states.

Another move was the suggestion put forward by some doctor-businessmen members that a company be set up to invest the growing funds, and shares be offered later to members. The first meeting of the board of directors of MMA Sdn. Bhd., was held on September 25, 1977 when Mr. Lee Chee Chow was appointed the company secretary and Messrs Hew And Co as auditors.

The following is an excerpt from the Annual Report in 1979. "The MMA Sdn. Bhd., is wholly owned by the Malaysian Medical Association. It will issue shares to members at a later stage and on the demise of a member, MMA Sdn. Bhd., will buy the shares at the current market value from the beneficiary.

"The Company has an issued capital of RM3 now and the three trustees namely Dato' (Dr.) P.T. Arasu, Dr. Chong Yew Chong and Dr. S. G. Rajahram are each holding a RM 1 share. The trustees are holding the shares of MMA Sdn. Bhd., in trust and have signed blank transfer forms. The authorised capital of the MMA Sdn. Bhd., is RM 250,000. Due to lack of funds the company has not ventured into any business activities."

Board of Directors of MMA Sdn. Bhd., comprised – Dato' (Dr.) P. T. Arasu, Dato' (Dr.) Ariffin Bin Ngah Marzuki, Dr. Chong Yew Chong, Dato' (Dr.) Keshmahinder Singh, Dr. Lim Say Wan, Dr. Pius Martin, Dr. A. A. Sandosham, Dr. Khaw Joo Hua. During the year Dr. A. A. Sandosham resigned. New

members appointed: Dr. S. Param Palam, Tan Sri Dato' (Dr.) Abdul Majid Bin Ismail and Dr. S. G. Rajahram.

MMA took on an added duty when, in an unprecedented event in early 1977, it offered moral and financial support to medical students of the University of Malaya who deferred registration in protest against poor working conditions and remunerations of housemen in Malaysia. They wanted the one year of housemanship to be considered as a year of service with the Government.

The then Minister of Health Tan Sri Lee Siok Yew assured them their problems would be resolved expeditiously, and in view of the shortage of doctors, the MMA persuaded them to register with the Government.

Meanwhile, a memorandum on the problems in the medical profession, such as admissions into the medical faculties in Malaysia, staffing of the Faculty of Medicine of the University of Malaya, housemanship, two-day sick leave, postgraduate training facilities, etc was sent by the MMA to the Prime Minister Dato' Hussein Onn. The MMA also requested the Prime Minister set up a Medical Services Commission or Board, consisting of retired or senior members of the profession. MMA felt that such a Commission/Board should also involve the Medical Corps of the Armed Forces where similar problems existed.

A second memorandum sent to the Minister of Health dealt with issues such as conditions of service of housemen and junior medical officers, resignations from Government service, postgraduate scholarships, training of laboratory technicians and the non-availability of certain drugs in the private sector.

The Minister was also reminded of the four conditions upon which the MMA agreed to the increase in compulsory service viz:

- facilities for postgraduate training be adequately provided for within the compulsory period
- the number of postgraduate awards be significantly increased and made available during the period of compulsory service and that the terms of these awards be made more reasonable and realistic.

- the first year of compulsory service of a medical officer be served in a recognised training hospital
- remuneration of house doctors be revised appropriately upwards with consideration given to the years of academic study and training with the extra long and odd hours of work.

In keeping with its efforts to be functional, in the late 70s the MMA had the opportunity to make some recommendations on tax matters. These included tax exemption in a package of incentives for medical practitioners who establish service in designated and under-served areas; tax deduction on expenditure by medical practitioners in Government service to maintain and improve their professional skills, for example subscriptions to professional and learned societies, attendance at medical courses and conferences and purchase of books and journals; tax deduction for capital and recurrent expenditure for the care of the incurable sick at home.

Also a highlight of that period was regional co-operation. ASEAN medical associations created MASEAN or Medical Association of South East Asian Nations, inaugurated on April 10, 1980 by Tun Sardon Bin Jubir, the Governor of Penang. For the first MASEAN Council meeting, member countries were assigned various projects. MMA was to look into postgraduate medical education. MASEAN Council's first Chairman was Dr. M. K. Rajakumar, and the first conference was held between May 21-25, 1982 in Manila, in conjunction with the 75th Convention of the Philippine Medical Association. MMA's delegation of 10 members was led by President (Dr.) Lim Say Wan.

A declaration on primary healthcare made at the meeting acknowledged the responsibility of physicians to achieve the target of 'health for all by the year 2000', a goal that national Governments subscribed to in the Declaration of Alma Atta.

Ever vigilant, in the early 80s MMA continued to make headway in its development and expansion programme. On May 25, 1982, Sabah ended its 19 years (since the formation of Malaysia), of being without a branch, and

was incorporated at Queen Elizabeth Hospital in Kota Kinabalu. It had sixty members with Dr. Ghandi Das as Chairman. Office bearers were: Dr. A. K. Lau (Hon. Secretary), Dr. S. Rajagopal (Hon. Treasurer), Dr. Tune Teang Teng and Dr. Patawari Hj. Patawe (Committee Members).

Streamlining of activities and administration saw state level reconstitution of branches with one member per branch on the Council. Most states which had grouped with a neighbouring state favoured the change, and it was hoped this grassroot level activity under the revamped constitution would benefit members and the community.

### *MMA Looks Into The Plantation Sector*

Then, in 1984, the appalling conditions in estates led to the formation of the Estate Medicine Committee to assess estate medicine and the status and fees of Visiting Medical Officers through a nationwide survey. Members of the first committee were Dr. R. Mahathevan (Chairman), Dr. Wong Sai Hou (Secretary), Dr. Cheng Thean, Dr. A. M. Tarafder and Dr. Jagdev Singh (Committee Members).

The committee received an MMA grant of RM 10,000 in 1985 for this purpose with specific tasks of promoting equitable distribution of health resources, increasing knowledge on morbidity and mortality patterns and improving nutritional status for the estate and plantation population. Meetings were held with the National Union of Plantation Workers and the Deputy Minister of Health, who was very keen on this project.

In 1988, MMA conducted a study on healthcare delivery system in 67 plantations (21 large-sized, 10 medium-sized and 36 small-sized plantations), in six states in the country. The conclusion was that healthcare facilities in these plantations were inadequate.

Among the shortcomings were:

- only 12 (17.1%) of the plantations were served by hospitals
- 64% of the small plantations had no transport provided for workers and dependents to receive healthcare outside the plantation



NEW STRAITS TIMES

# Only five pass estate HAs' examination

By Shareem Amry

KUALA LUMPUR, Sun. — Only five out of 84 candidates passed the recent Estate Hospital Assistants' (EHAs') examination conducted by the Health Ministry for health personnel in the plantation sector, with another 17 achieving only partial passes.

Of the 44 candidates who sat the Grade I examination, only five received full passes and six achieved partial passes.

Twenty-seven sat the Grade II examination and seven received partial passes. Similarly, not one of the 13 candidates who sat the Grade III examination passed. Only four got partial passes.

Based on these results and other "deplorable" factors, the Malaysian Medical Association (MMA) called for a revamp of the health care provision system in the plantation sector and promised to launch a national-level awareness campaign against existing conditions.

In closing a two-day seminar on occupational medicine at the MMA's office today, its president, Datuk Dr R.S. McCoy, said the aim of the campaign would be to integrate into the mainstream the health care facilities serving plantation workers.

"In a few months we will invite the Human Resources and Health Ministries to participate in a national-level seminar highlighting the problems of the health care provision system in the plantation sector," he said.

"The estate population is a marginalised, forgotten part of our society, and it is shocking that in 1995, in a country as rich as Malaysia, we still have a pocket of people who are socially, educationally and medically trapped."

MMA's general secretary Dr P. Krishnan said there was a current shortage of EHAs and existing training facilities were poor and inadequate.

"The results of the recent EHA examinations conducted by the Health Ministry show a shockingly high failure rate and reflect a lack of commitment in the training

of EHAs.

"General practitioners are currently being appointed as visiting medical officers (VMOs) for visiting estates fortnightly to fulfil minimum statutory requirements.

"They are also responsible for supervising the training of EHAs at group hospitals but the examination results clearly show their lack of commitment in this task," he said. These group hospitals were medical facilities run jointly by several estates for their workers.

"The MMA will be pressing for the abolishment of the Grade II and III EHAs so that the estate sector will only have one grade of hospital assistants. This will ensure equitable and quality health care delivery."

Dr McCoy said it was the responsibility of the corporations running the estates under the Private Hospitals Act 1971 began to be strictly enforced in the 1980s, he said.

"The act required them to upgrade the medical facilities but instead of dealing with the financial costs, they chose to close down the hospitals. This means that there are now even fewer training facilities for EHAs," he said.

President of the Estate Hospital Assistants' Association, S. Pakirisamy, who was also present, said the situation had worsened over the last five years and would continue to deteriorate if no action was taken.

"There are about 600 EHAs in the country, which is already insufficient considering the estate worker population is presently between 1.5 million and two million.

"To make matters worse, up to half the present EHAs are set to retire within the next few years," he said, adding that there were only six group hospitals left in the country.

The MMA had conducted two studies on the health care system in the estate sector and the results of the latest study released early this year showed the system

had shown no improvement despite MMA recommendations after its first study in 1988.

In its 1995 report on 63 plantations, the MMA revealed only 24 per cent of estates provided immunisation services and none had vaccination programmes for children.

Other findings showed that only 10 per cent of estates provided post-natal care, five per cent had child health care and 10 per cent had family planning services.

The MMA recommended stricter Government enforcement of laws like the Occupational Safety and Health Act (OSHA) and training of doctors in occupational medicine.

The seminar, which involved 34 EHAs, was the first of its kind by the MMA and involved sessions on OSHA and discussions on health care, surveillance, protection and education.

It also incorporated occupational hygiene and basic knowledge of the relevant legislation in the housing, sanitation, water supplies and the detection of diseases such as malaria and dengue.

Dr Krishnan said there were plans to hold more such seminars in Muar and Taiping before the end of the year.

- 40% of those studied were located five or more kilometers from the nearest midwife clinic; 23% were located 10 or more kilometers from the nearest health centre; and 43% were located 20 or more kilometers from the nearest hospital
- only one plantation had the services of a fulltime medical officer
- none had a public health nurse, a dental officer, dental staff nurse or public health inspector
- supportive facilities such as X-ray, pathology laboratory and blood bank were absent in all the plantation hospitals

The MMA study also revealed that the plantation sector was ruled by a labour code of 1933 and regulations pertaining to housing and employer's responsibilities related to health and welfare were controlled by a 1966 Act.

Following the study MMA made known its concerns to the Government. Some of the points raised were that the target 'Health For All By The Year 2000' be extended to the plantation sector; the implementation of community health education programmes be encouraged; outdated labour code and regulations be reviewed and that an independent, comprehensive evaluation on occupation safety and health of the plantation workers be conducted by the Government.

Some five years later, MMA commissioned 'Wave II Of The Healthcare Delivery System Study In Peninsular Malaysia', to check the situation in plantations throughout the country. The study was in response to numerous complaints on inadequate healthcare and funded by the Malaysian Medical Association Foundation. The standing committee overseeing the study was: Dr. P. Krishnan (Chairman), Assoc. Prof. Dr. John T. Arokiasamy, Assoc. Prof. Dr. K. G. Rampal, Dr. P. Vijaya Singham, Dr. Balaravi Pillai, Dr. M. Appala Naidu, Dr. Mohd. Sham Kasim, Dr. Jeyakumar Devaraj.

Despite continued efforts by the MMA to highlight and improve the health status of the estate population, it has been noted that todate, no significant improvements have taken place since the 80s.

“...we note that the situation in the estates, especially the smaller ones, remains the same. Somehow, the managements of these small estates have failed to realise that their own best interests are better served by a more productive and healthy workforce,” noted MMA when compiling its survey findings. “Laws have been enacted by the Government but there is poor enforcement.”

MMA believes that factors like poor housing and sanitation, inadequate medical and health facilities, lack of proper recreational facilities and other factors are causing the present generation of workers to leave for better jobs in town. As a result, the plantations are forced to recruit more migrant workers.

Having established that the plantation industry needs doctors who are trained and qualified in Occupational Medicine, the Association has proposed solutions which include requesting the Government to step up its enforcement of the various laws governing the plantation sector and undertake training of the estate hospital assistants.

As for the responsibilities of the plantation management, MMA recommends that it should pay better salaries to the doctors, ensure that doctors employed are trained in Occupational Medicine, and that all estate hospital assistants are trained in occupational safety.

Concludes MMA: “If our Prime Minister and Government are serious about attaining a developed country status by the year 2020, then the weakness that exists in the healthcare delivery of the plantation sector needs to be seriously addressed.”

MMA’s commitment to bring the healthcare delivery of the plantation sector into the mainstream of national development is further reflected in the following resolution, which was adopted at the Association’s 35th AGM – that this House is deeply concerned with the deplorable state of healthcare in plantations and therefore proposes that the MMA carries out and completes the following project:

“That the incoming Council appoint a committee to continue to study the health, educational and social problems in plantations and to mount a campaign to influence and effect the change, so that the plantation population of more than one million people be integrated into the mainstream of national development and healthcare.” This resolution was tabled by the President of MMA, Dato’ (Dr.) R. S. McCoy.

(h) Expatriate Doctors in Private Practice

The Chairman reported as follows :-

1. A letter from the Ministry of Health was tabled at a Council Meeting held on 8th April, 1966, requesting the Association to nominate representatives to a committee, to study and advise the Government on the Immigration policy to be adopted with respect to the admission of expatriate doctors to private practice.
2. Dr. Tan Chee Khoon and the Chairman were nominated.

The Chairman went on to say that besides population distribution to doctor distribution ratios which the Council is convinced are not critical in private practice and that in fact in some areas there are more doctors than are needed, and in rural areas where there are no doctors in private practice; the Council is also convinced that those areas could not support a private practitioner; the question of allowing 'foreign' doctors to enter the country for purpose of private practice calls for consideration of future principles to be adopted, with respect to this aspect of Immigration. Firstly, applications by 'foreign' doctors are made through Private Practitioners in the country who wish to get their friends and relatives into practice with them rather than employ local personnel. Secondly, it is the policy of 'foreign' firms to try to recruit doctors from their own country to look after their own personnel, who sometimes form a small minority usually at management level.

The Council noted that the proposed survey to ascertain the actual position by the Private General Practitioners Section had not been conducted yet.

The Chairman continued to say that the Immigration's present policy is to ask the applicant, usually a doctor or a firm, to first advertise locally and if evidence is produced that local personnel are not available, entry permits are granted. This proof, however, is now difficult to establish, and so foreign doctors are advised to arrange their own immigration, with a promise of employment, if successful.

The Council expressed the view that the period of stay for 'foreign' doctors should be restricted. Prof. Sandoshan kindly offered to draft a memorandum to the Ministry.

## Taking On Greater Challenges

Another matter to receive MMA's counsel was the issue concerning doctors with foreign spouses who are also doctors. Negotiations between MMA and the Ministry of Health on this matter culminated in the Ministry's offer of employment on contractual basis to those with recognised qualifications.

This is an example of the cordial relationship shared by MMA and the Government, and as a result of the mutual respect, frequent dialogues took place between them. Thus, in 1984 MMA was invited by the Director-General of Health to present proposals regarding healthcare for possible inclusion in the Fifth Malaysia Plan.

For this, a one-day workshop was held to produce the proposals. Datuk (Dr.) Abdul Khalid Sahan and Dr. M. K. Rajakumar were keynote speakers while coordinators were Dato' (Dr.) Devaraj and Dr. Chan Chek Chen.

Simultaneously, the need to create public awareness on good health was strongly felt, and in 1986 a committee was formed to organise a National Health Education programme, and promotions through posters, pamphlets, etc were utilised.

Notes on the Committee from the 1987 Annual Report states: "This Committee will complement the world of the ministries of health, education and information and the mass media which are already active in health education for the public. This is an important step forward for the MMA as doctors have been criticized for devoting their time only to treating diseases, and not paying enough attention to the prevention of diseases.

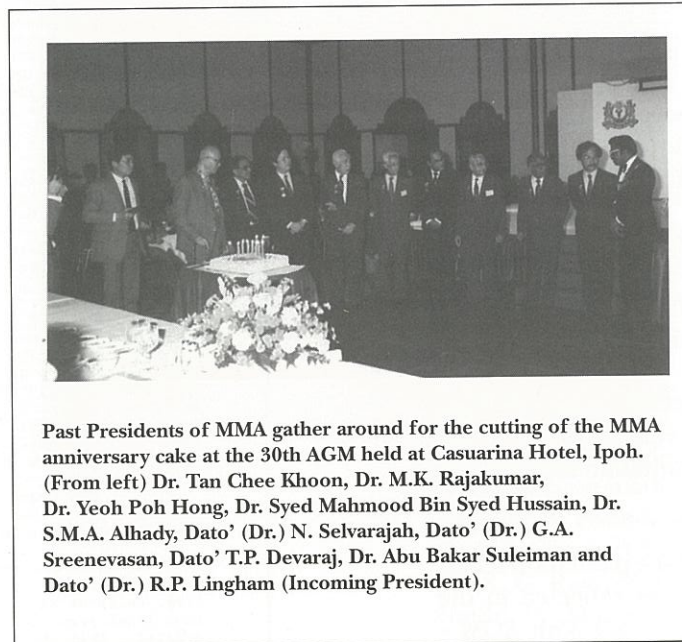
"This public education programme will be an ongoing project of the MMA and will be personally chaired and directed by the President. Branches of MMA already active in this area will be requested to further increase their level of activities. The MMA will also be working with other organisations to further the interest of public health education for the good of the nation.

"The Programme will be officially launched on March 22, 1987 by the Minister of Health at the Sungei Wang Plaza, Kuala Lumpur."

However, not everything looked favourable as on the business front, MMA Sdn. Bhd. (formed in 1976), showed little progress by its 10th year. Therefore, the 1986/87 MMA Council, under the presidency of Dr. Abu Bakar Bin Dato' Suleiman, appointed four MMA members to set things right. The new directors were Datuk (Dr.) R. P. Lingham (Chairman), Dr. Ruby binte Abdul Majeed (Director), Dr. Anis Ahmad (Director), Dr. S. Param Palam (Director and Secretary).

The directors identified numerous suitable business projects and proposed that the Council pass a resolution to allow them to commence business and sell shares. The MMA set up a committee with MMA lawyers, Dr. Syed Mahmood, MMA Trustee and MMA Hon. General Treasurer to review the relationship between MMA and MMA Sdn. Bhd. The result showed that the MMA Constitution does not provide for this friendly society, the MMA, established under the Societies Ordinance in 1959 to:

- do business or
- invest its funds in any type of company shares
- go into joint business ventures even with its own MMA Sdn. Bhd.
- invest its funds in bonds, securities, gold currencies or unit trusts etc



Past Presidents of MMA gather around for the cutting of the MMA anniversary cake at the 30th AGM held at Casuarina Hotel, Ipoh. (From left) Dr. Tan Chee Khoon, Dr. M.K. Rajakumar, Dr. Yeoh Poh Hong, Dr. Syed Mahmood Bin Syed Hussain, Dr. S.M.A. Alhady, Dato' (Dr.) N. Selvarajah, Dato' (Dr.) G.A. Sreenevasan, Dato' T.P. Devaraj, Dr. Abu Bakar Suleiman and Dato' (Dr.) R.P. Lingham (Incoming President).

Therefore, it was decided that the MMA Constitution be amended at the 27th AGM in 1987. In 1988, MMA Sdn. Bhd. was wound up and it was proposed that an investment committee be formed instead. This committee was formed in 1994 and it is a standing committee for three years, up to 1997. Dr. Noorul Ameen is Chairman while other members are Dr. Haneef Mokhtar, Dr. Syed Mahmood Bin Syed Hussain, Dr. Param Boopalan and Dr. Vijaya Bhaskharan (Ex-Officio – as Honorary General Treasurer).

With the advent of time, MMA membership by the late 80s was 4,086 (not inclusive of students and associate members), or 80.5% of registered medical practitioners, while the Wilayah Persekutuan branch with 1,096 had the most members.

With added strength, MMA took on greater challenges including issues of international concern. A good example is The Society of Physicians for the Prevention of Nuclear War (SPPNW), MMA's response to the need for awareness about nuclear weapons. With its inaugural meeting in February 1988 the physicians began addressing this in earnest.



One of MMA's early efforts to educate the public on the negative effects of smoking.

Two resolutions unanimously adopted at the 1989 AGM stated:

1. "In 1983, the World Health Organisation declared that 'nuclear weapons constitute the greatest immediate threat to the health and welfare of mankind'. It is therefore important and relevant that physicians and medical students be made aware and be educated about medical, psychological and ecological consequences of nuclear war. There already exists a body of authoritative information on the subject, which should be part of the profession's continuing medical education programme and part of every medical school's curriculum.

"To this end, therefore, this house resolves that the Malaysian Medical Association (i) commences a programme of education on 'Medicine and Nuclear War' through Berita MMA and other means and (ii) take steps to convince Malaysian medical schools on the need to include it in their curricula."

2. "In this day and age when the world is being threatened by pollution, the effects of deforestation and global warming from the accumulation of carbon dioxide, and nuclear weaponry, protests and grim warnings alone may not be sufficient and may need to be reinforced with simple life affirming acts such as the planting of trees.

"Taking note of the appeal by Dr. Bernard Lown, co-president of International Physicians for the Prevention of Nuclear War, calling for such a campaign, and believing that this would be an appropriate way to show our opposition in a positive life affirming way to the pollution of the atmosphere by radioactive materials and other pollutants, this House therefore calls upon all branches of the Malaysian Medical Association to support this campaign by lobbying to State Governments and authorities to promote tree planting and establish peace parks in every town in Malaysia."

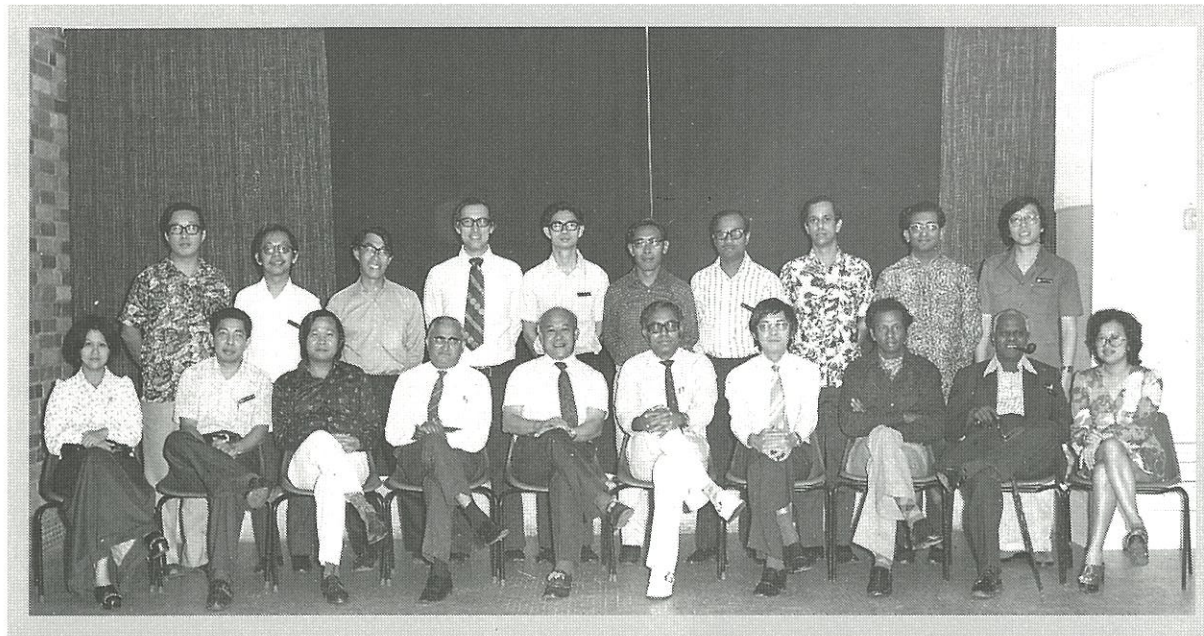
According to Dato' (Dr.) R. S. McCoy, then Secretary to SPPNW and current Chairman, recent nuclear disarmament initiatives, such as the INF Treaty, and recent political changes in Europe are perceived by many people as reliable signals that the threat of nuclear war no longer exists: "This euphoria

is false and dangerous, because the qualitative nuclear arms race continues unabated as long as nuclear testing continues. With newer and more accurate nuclear weapons, it is inevitable that a nuclear war-fighting policy will replace the present policy of nuclear deterrence. Once the military believe that nuclear war is fightable and winnable, nuclear war will become more likely, if not inevitable.”

Meanwhile on its commitment to better healthcare to all, MMA submitted a memorandum to the National Economic Consultative Committee in 1989, calling for access to improved healthcare by the rural and urban poor. It said

doctors specialised in Primary Healthcare need to be posted to rural health centres, which also needed to be upgraded to modern polyclinics.

The memorandum also called for medical schools to be set up if possible in East Malaysia. The MMA suggested present nursing courses be upgraded to modern degree courses on par with those offered overseas. The quality of healthcare it added, depends on the quality of doctors and their supporting staff. The MMA believed that in order to create equity in the share of the economy of the country, there had to be restructuring of society and re-distribution of economic wealth. ■



**1975 / 76 MMA Council Members**

(Seated from left) Dr. Molly Cheah, Dr. Joseph Ong Ah Soon, Dr. Kuah Kim Boo, Dr. G.A. Sreenevasan, Dr. Liew Fu San, Dr. S.T. Arasu, Dr. Lim Say Wan, Dr. N. Arumugasamy, Prof. A.A. Sandosham and Miss Khor Ah Nyah.

(Standing from left) Dr. Mak Kock Kheng, Dr. Eddy Cheong, Dr. Ronnie Ooi, Dr. Wong Sai Hou, Dr. Ronnie Teoh, Dr. Ahmad Adnan, Dr. Sen Gupta, Dr. S. Dharmalingam, Dr. K. Sarvanathan and Dr. Sonny Chong.

# *I*nto The Nineties

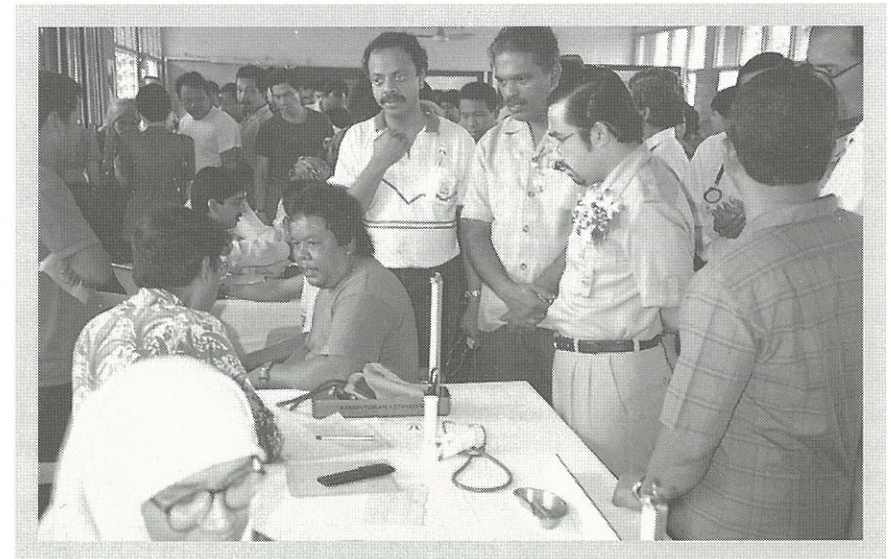
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## Consolidation And Greater Service

Continuing on its journey of progress and achievement, MMA in the 90s reinforced itself and was able to undertake issues which had greater implications on the community it served.

The present scourge of AIDS is a compelling issue of enormous responsibility, and in response to this need a committee on AIDS was set up in 1990 with Dato' (Dr.) N. Subramaniam as Chairman. Other committee members were : Dr. Lekhraj Rampal (Secretary), Dato' (Dr.) Ismail Merican, Dr. G. Doraisamy and Dr. P. Boopalan. Its community service included a seminar on AIDS for journalists conducted by the committee and public health exhibitions on AIDS through MMA branches. By 1993 the AIDS Action Committee of the MMA set up a telephone counselling service for the public, based at the MMA House. Thirty-four members who attended an AIDS Counselling course, organised by the MMA, provided this service from Mondays to Fridays, between 7pm and 9pm. However, this service was disbanded in 1994 due to poor response from the public which was largely due to ignorance and apathy.

Also in 1990, a Committee for the Charter of Patients' Rights was formed following the AGM. The MMA committee were : Dr. Yeoh Poh Hong (Chairman), Dato' (Dr.) G.A. Sreenevasan, Dato' (Dr.) R. S. McCoy and Dr. M. K. Rajakumar.



MMA believes in reaching out to the community through various programmes.  
Above: A community programme in Jelebu, Negri Sembilan attracted a huge turnout and a VIP visitor – Tan Sri Dato' Mohd. Isa Samad, Menteri Besar of the State.

MMA was to work jointly with FOMCA (Federation of Malaysian Consumers Associations) to formulate a charter because it was concerned that the FOMCA-prepared charter was prejudicial to doctor-patient relationships. Wording of clauses seemed antagonistic and it was felt would lead to a loss of trust in doctors by patients.

A re-drafted Charter was submitted to FOMCA with MMA representing the profession and FOMCA representing the patients. Chairman Dr. Yeoh said: "The document should be an educational exercise for both doctors and patients and should serve to strengthen the bonds between them. The document should not appear to assert one party's prejudices and perceived rights over another."

After two years of research and negotiations, the Patients' Charter was finally signed on March 1, 1993 at the Ministry of Trade and Consumer Affairs, witnessed by Dato' Abu Hassan Bin Abu Omar, Minister of Domestic Trade and Consumer Affairs. Signatories to the charter were FOMCA, MMA, MDA (Malaysian Dental Association) and MPS (Malaysian Pharmaceutical Society). Six thousand copies of the Charter were printed and circulated to members of the MMA.

It would appear that some flaws still existed in the document because at the 33rd MMA Annual General Meeting in Pulau Langkawi, members voiced their fears on the legal implication of this Charter, and the House gave the Incoming Council of 1994-1995 the mandate to re-study it further.

Thus, several rounds of discussions were held with the other three signatories eg: FOMCA, MDA and MPS to refine and improve the Patient's Charter. The final draft of the revised document has been agreed upon by all signatories and will be presented for endorsement to members of the MMA as well as the three other signatories at their respective annual general meetings.

Then, in 1990, there were further negotiations with the Government during a dialogue with the then Parliamentary Secretary to the Minister of Health, Dato' Chua Jui Meng (appointed Minister of Health in 1995). Members were informed of the Government's intention to create 583 superscale posts for specialists between 1989 and 1998 to provide better opportunities for promotions. The Health Ministry also proposed to place two specialists in the major disciplines at each general hospital.

Meanwhile, certain industrialised countries had been pressing for sanction-lifting on certain services in GATT member countries, one of which was

medical services. MMA forwarded concrete suggestions to the Government, especially on no free access of medical services into Malaysia unless that practitioner possesses highly specialised skills not available locally. The Government said it would refer to the matter when delegates meet at the GATT conference.

MMA attended many meetings on this issue and although it stood by firmly on its proposals, complete restrictions were impossible without repercussions on the economic sector. In the move to accommodate the unavoidable changes, a few disciplines have therefore been liberalized with regards to national interest.

## NATION

13

# Overtime payments for govt doctors

By FOONG PEK YEE

**KUALA LUMPUR:** Government doctors will get three types of overtime payments backdated to Oct 1 after more than a decade of negotiations, Health Minister Datuk Lee Kim Sai announced here yesterday.

He said the payments or on-call allowance ranged from RM90 to RM15 depending on the day, type of duties and number of hours. (see table)

Housemen on call are paid a flat rate of RM20 a night.

"This is in recognition of the doctors' hard work and to improve public health care," Lee said when opening the Malaysian Medical Association second national working

committee of Schomos (section concerning house officers, medical officers and specialists) here.

He said other proposals to improve the working conditions of government doctors were:

- AUTOMATIC offer of a U2 post to any specialist upon his or her gazette as a specialist;

- CREATION of new posts;

- HOUSING facilities in big towns or cities to cut the cost of living; and

- MORE continuous medical education opportunities.

Also present were MMA president Dr Chew Peng Hong, general secretary Dr P. Krishnan and Schomos national chairman Dr Sng Kim Hock.

Speaking to reporters later, Lee said the minis-

ON-CALL ALLOWANCE FOR GOVERNMENT MEDICAL OFFICERS OR SPECIALISTS			
DAY	HOURS OF WORK	TYPE OF DUTY	ON-CALL ALLOWANCE
Weekend/ Public Holiday	16	active call	RM90
Weekday	16	active call	RM60
Weekend/ Public Holiday	above 4	on-call at home	RM45
Weekday	above 4	on-call at home	RM30
Weekend/ Public Holiday	above 4	on-call at home	RM22.50
Weekday	below 4 hour	on-call at home	RM15

try also proposed that government doctors providing consultancy to the private sector under the directive of their heads of

department be entitled to the fees instead of channelling them (fees) to the consolidated funds as is being done so far.

As time went on, MMA continued to create action groups or adopt resolutions for the welfare of Malaysian doctors. In 1992, it was agreed that MMA negotiating teams would meet often to prepare a strong case and be united when negotiating with the Government. Among resolutions put forward were moves to making MMA membership compulsory; call allowance for doctors doing active call; and urging the Ministry of Health to study the shortage of nurses, future needs and the private sector participation.

Another concept that aroused much interest was the formulation of a National Health Plan (NHP), and the MMA was initially actively involved with the Ministry of Health and the Economic Planning Unit on the same. Due to its far reaching implications on the medical profession and the delivery of medical and health services, the MMA formed a NHP Committee consisting of office bearers (those holding positions in 1992), past presidents and a former Director-General of Health for necessary guidance and advice. Following this, a workshop with the participation of members of the academia colleges and societies of the profession was held on April 23, 1992.

The MMA further agreed that the MMA, the Association of Private Hospitals of Malaysia and the Federation of Private Medical Practitioners Association of Malaysia submit a joint scenario and adopt a common stand.

More complexities developed when in 1992 a major issue – a new salary scheme for Government doctors – affected nearly 2,000 doctors. Those in the senior time scale and specialists category opted into the scheme, but junior doctors were not sure which scheme to opt for. The Ministry, the Director-General of Health, the Public Services Department officials and the Ministry's service sector personnel cleared the confusion and most junior doctors opted for the old scheme, and on completion of the fifth year of service when they were eligible for automatic promotion they would automatically be transferred to the new scheme.

On the whole, Government doctors welcomed the new salary scheme and supported its full implementation.

As for new doctors joining the service on January 1, 1992, national SCHOMOS will file a memorandum to the Public Services Tribunal, once it is set up by the Government, to address the various anomalies.

Changes became imminent, and to some extent unavoidable, with prosperity and development, for Malaysia in the 90s became an attractive market for foreign investors. With the medical and health services industry forming a sizeable enterprise, the possibilities were not alien to foreign interests.

It was inevitable that American and Singapore businesses began to invest in Malaysian private hospitals, with the intention of extending their investments at a later date.

On laws and regulations governing such involvement, except for the liberal Private Hospitals Act, which prescribes minimum hospital standards but allows foreign investment, Malaysia does not have either. Nor does Malaysia have administrative measures to restrict foreign investors who wish to build, buy or manage private hospitals.

MMA, with the Association of private hospitals and the Federation of Private Practitioners Association of Malaysia, has taken the stand that foreign investors in private hospitals should adhere to existing Malaysian Government policy or foreign investments in all sectors, for example:

- foreign investors hold no more than 30% capital in joint venture with Malaysians in private hospitals
- the joint venture company will be locally registered
- all hospital staff be Malaysians except for the four sub-specialists allowed
- foreign administration for these joint venture private hospitals be no more than two as in present Government policy
- private hospitals of more than 100 beds be opened for foreign investment as joint ventures.



**Keeping Up With Malaysia's Rapid Growth**

As the years went by MMA's commitment and responsibilities increased significantly. To present a better picture the following excerpts from Hon. General Secretary Lt. Col. (Dr.) R. Mohanadas's conclusion of the Annual Report 1992/93. The President for that year was Dr. Tibbs Fernandez. "The year has been hectic, seven council meetings, 12 exco-meetings, two emergency exco-meetings and that many meetings with external agencies. This generated a workload that was difficult for staff to cope with.

"The President kept his word – the first fulltime President of the MMA – well, almost. He spent about 20 days each month at the MMA. Many a time he was frustrated at the slow pace and lack of enthusiasm of his team. He finally accepted that he was better off writing his own speeches and letters.

"As Hon. General Secretary, besides attending all meetings required as ex-officio, I managed to spend 2-3 hours each day on MMA matters and yet found it to be insufficient. The expectations of members of the MMA have increased. The public's demand on the MMA have also increased. The scope of the MMA is wide, no amount of additional time by a Hon. General Secretary can meet all these needs. The time has come for the MMA to consider a fulltime Secretary General, similar to Australian and British Medical Associations, who would aptly be the chief executive officer of the Association."

In 1992 the Society of Occupational and Environmental Medicine became a new addition to MMA. Its need had been discussed from time to time among the occupational physicians and a resolution for such a Society was passed at the 32nd AGM and a meeting of interested doctors was held. The terms of reference and objectives and the constitution were discussed. The objectives included:

- to promote the knowledge, practice and standards of occupational and environmental health
- to liaise with professionals of local, regional and international organisations with the aim of promoting occupational and environmental health
- to promote and advance research in the field of occupational and environmental medicine and health
- to publish proceedings of scientific meetings and/or a journal
- to promote and safeguard the professional interest of members
- to keep the MMA informed on occupational and environmental health issues

The protem committee elected was made up of – Dr. M. S. Jaya (Chairman); Dr. B. Jagdev Singh (Vice-chairman); Dr. K. S. Rampal (Hon. Secretary); Dr. Amir (Hon. Treasurer); and Dr. R. Mariappan, Dr. Noor Hassim, Dr. Hashim Noh (Committee Members).

Following the approval of the constitution by MMA, the society was launched and the inaugural AGM held on April 3, 1993. The keynote address was 'Occupational Health In Newly Industrialised Countries'. It was delivered by Professor J. Jeyaratnam, Professor of Community, Occupational and Family

**Mahalingam: 126 doctors have quit so far this year**

**Higher pay for doctors**

**166 specialists quit service in five years**

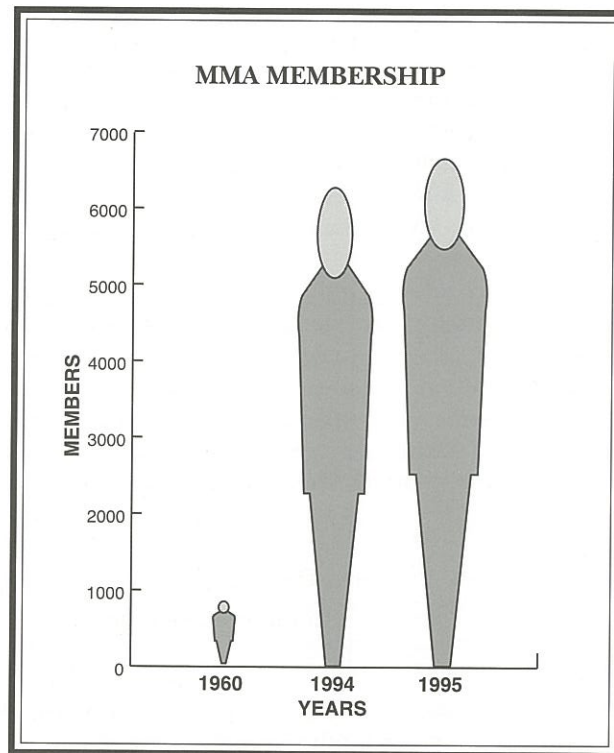
**9,101 doctors in country**

*(The collage contains various snippets of text from newspaper articles, including names like Siti Zaharah, Datuk Johan O.T. Ghanji, and references to the Health Ministry and the Besit district.)*

A collection of 1995 newspaper articles relating to the medical scenario in Malaysia.

Medicine, National University of Singapore and secretary-general of the International Commission on Occupational Health. The Society was launched by MMA President Dr. Tibbs Fernandez.

The MMA Council has discovered that there were several societies within MMA without any proper 'Terms of Reference'. Initially the Registrar of Societies said that Societies cannot be formed within the Malaysian Medical Association, however, with subsequent meetings and clarifications from the Registrar of Societies, Societies were allowed to be formed within MMA. The 'Terms of Reference' of the Societies within MMA was tabled at the 34th MMA Annual General Meeting.



Growth of MMA over the years.

So far the following are the Societies within MMA:-

- Society of Occupational and Environmental Medicine
- Public Health Society
- Ophthalmological Society
- Society of Physicians for the Prevention of Nuclear War
- Society of Gastroenterology and Hepatology
- Society of General Internal Medicine

The Association continued to channel its energy into new interest areas. In 1993, the MMA Council felt a need to address several issues pertaining to women's health, namely on malnutrition, aging, reproductive health, lifestyle related health conditions, women's poor health outcomes/status of women, breast feeding, cancer related issues and health consequences of violence. It formed a Committee on Women's Health comprising: Dr. Freeda Fernandez (Chairperson), Dr. Thanalechmy, Dr. Ng Kok Yin and Dr. Raja Khuziah.

By 1994 MMA had 17 committees and representatives on 12 bodies such as Drug Control Authority, Estate Hospital Assistants Registration Board, Malaysian Association for the Prevention of Tuberculosis, Malaysian Council of NGOs on AIDS, Medic Alert Foundation and Malaysian Red Crescent Society.

With a membership of 6,278 (or 75.84% of all registered medical practitioners in the country), the Association had grown impressively. Excerpts from Dr. P. Krishnan's (the 1993/94 Honorary General Secretary) statement in that year's annual report provides a better insight: "Today the MMA is ready to meet the challenges concerning the medical profession put forth by the rapid development and modernisation of our beloved country. Furthermore the MMA is in every sense committed to both the success of Vision 2020 set forth by the Honorable Prime Minister of Malaysia and Honorary Member of MMA, Dato' Seri (Dr.) Mahathir Mohamad, and the World Health Organisation's target of 'Health For All By The Year 2000'.

**HEALTH MANPOWER IN LICENSED PRIVATE HOSPITALS, MATERNITY HOSPITALS / NURSING HOMES  
AND NON-M.O.H. GOVERNMENT HOSPITALS IN MALAYSIA, 1991.**

STATE	NUMBERS IN PRIVATE HOSPITALS & MATERNITY HOSPITALS / NURSING HOMES *						
	Doctors	Medical Assistant	Staff Nurse	Assistant Nurse	Midwife	Medical Laboratory Technician	X-Ray Technician
Perlis	22	1	52	29	14	5	3
Kedah	170	3	562	229	55	36	29
Penang	154	21	187	173	64	44	12
Perak	143	2	216	393	97	40	14
Selangor	190	17	292	164	87	46	14
Wilayah Persekutuan	28	-	17	7	7	2	2
N. Sembilan	31	2	31	9	13	3	3
Malacca	78	7	171	132	64	15	9
Johor	19	-	19	63	13	1	1
Pahang	2	-	2	3	2	-	-
Terengganu	3	-	-	-	4	-	-
Kelantan							
<b>PENINSULAR MALAYSIA</b>	840	53	1549	1202	420	192	87
Sabah	8	2	11	9	32	5	2
Sarawak	28	20	84	14	24	5	2
<b>MALAYSIA</b>	876	75	1644	1225	476	202	91
<b>NON - M.O.H. GOVERNMENT HOSPITALS</b>							
Hospital Angkatan Tentera, Terendak, Melaka	23	3	52	55	7	2	-
Hospital Angkatan Tentera, Kinrara, Selangor	16	3	35	30	1	2	1
Hospital Jabatan Hal Ehwal Orang Asli, Selangor	8	2	12	-	-	1	1
Hospital University, Kuala Lumpur	171	-	598	235	26	70	13
USM Hospital Kubang Kerian Kota Bharu, Kelantan	54	5	412	63	20	3	15
Hospital Angkatan Tentera Lumut, Perak	4	-	4	21	4	-	-

\* Based on 147 Private Hospitals which have submitted the figures.

Source: Information and Documentation System Unit, Ministry of Health.

The national doctor population in 1991 was found to be 1:2440. This ratio is however, only an approximate indicator of adequacy. Almost all private hospitals and non-M.O.H. Government hospitals and nursing homes are supervised by specialists on a part or full-time basis.

“As with any professional organization in the country, the strength and influence of our Association depends upon the size of membership and the sterling quality contributions made by our representatives on the magnitude of committees, societies, representatives to Government bodies and non-Governmental organisations.”

### *Gaining New Direction*

A historical development of the early 90s was the adoption of a mission statement. The need for one arose following a spate of unfavourable publicity in the local media and severe criticism of the medical profession by members of the Government and public.

The mission statement was proposed by Dato' (Dr.) R. S. McCoy and seconded by Lt. Col. (Dr.) R. Mohanadas. It was adopted at the 33rd AGM of the Association in 1994. Explaining the reason for his proposal, Dr. McCoy said: “When opening the 1993 AGM, a fellow member asked what MMA's mission is? Not only is the MMA slightly lost, but even the public and perhaps the Government is in the dark about what we should be thinking and what we should be planning in terms of healthcare in the country.”

Also a major development of the 90s was the launch of MMA's CME Programme (Continuing Medical Education). With the view to implementing the MMA-CME Programme, the MMA-CME Committee invited representatives from various speciality bodies to give their input, so as to enable CME to be implemented in a co-ordinated manner for MMA members. Once feedback was received, the Modus Operandi for the MMA-CME Programme was formulated and adopted by the MMA Council, for implementation.

However, this did not take off, as on December 7, 1993, representatives from the MMA-CME Committee, namely Dr. Syed Mahmood Bin Syed Hussain, Dr. P. Krishnan, Dato' (Dr.) M. Singaraveloo, Dr. P. Vijayasingham, were invited by the Ad Hoc Committee on CME of the Malaysian Medical Council (MMC), to study and discuss a working paper on CME prepared and submitted by the Academy of Medicine. Dialogues on this working paper were also held between the MMC and other speciality bodies.

On March 30, 1994, the MMC invited MMA and CME representatives to further discuss the subject. Terms of Reference were as follows:-

“In view that in the past the MMA had already started CME Programmes for its members, the Committee would like to know whether MMA could undertake to conduct and co-ordinate CME credit activities for all practitioners in the country, whether or not MMA members. And then submit the credit achievements of all practitioners to the MMC for its records and perhaps, inclusion in the Annual Practising Certificate.”

Subsequently, there were four other meetings between MMA and CME representatives and the MMC Ad Hoc Committee on CME, during which the mechanisms for the national CME programme were fine tuned and finalised.

The MMA-CME Board has a Panel of Advisers comprising of representatives from the various speciality bodies both from within and outside the MMA.

On December 13, 1994, MMA was officially informed by MMC's Chairman of the Ad Hoc Committee on CME, Dato' (Dr.) Abdul Hamid Bin Abdul Kadir, that it was being appointed to provide the administrative functions for the CME Programme, which would be called the MMC-CME Grading System.

The 'soft' launch of the MMC-CME Grading System by the President of the Malaysian Medical Council, who is also the Director-General of Health, Malaysia, Tan Sri Dato' (Dr.) Abu Bakar Suleiman was held on January 11, 1995, at the Ministry of Health, following which MMA was officially declared as the CME Secretariat.

Since the launch, the Secretariat has been very active. The MMA Headquarters had created a section called the CME Secretariat, solely for registering providers, accrediting CME activities, allocating credit points based on the scoring schedule of the MMC-CME Grading System, collecting credit points accrued by registered medical practitioners, and for forwarding information to the Malaysian Medical Council. Computers, too, have been purchased and delivered to CME committees at branch level, throughout

the country and specific people have been trained and assigned to monitor CME activity in each state so that feedback can be sent to the MMA-CME Secretariat at regular intervals for updating of data.

Participation in the CME Programme is voluntary and no fees will be charged for MMA members although non-members will have to pay a registration fee of RM 50 annually. Branches of the MMA are to form their respective CME committees which will conduct the programme. This will allow practicing doctors an opportunity to update their skills and knowledge thus enabling them to give their best to patients.

All registered medical practitioners in the country are encouraged to register with the MMA-CME Secretariat to participate in the MMC-CME Grading System.

The Programme is made up of a MMA-CME Board and Branch Level CME Committees. The MMA-CME Board comprises the MMA-CME Committee, representatives from the three medical faculties of our local universities, a representative from the Academy of Medicine, a representative from the Academy of Family Physicians, Malaysia, and a representative from the Ministry of Health. The Board's objectives are to:

- structure CME Programme for all its branches in line with the MMC-CME Grading System
- look into ways and means to ensure that CME is made available to all doctors in the periphery
- coordinate all CME activities at branch level for both SCHOMOS and PPS members
- set criteria for the issuance of the Annual MMA-CME Certificate.

The MMA-CME Committee for 1995-97 comprised: Dr. Syed Mahmood Bin Syed Hussain (Chairman); Dr. P. Krishnan (Ex-Officio Secretary); and Dr. P. Vijaya Singham, Dato' (Dr.) M. Singaraveloo, Dr. Kannan Kutty, Dr. Khalid Hassan, Dr. M. M. S. Krishnan.

Today the Ad Hoc Committee has been replaced by the MMC Standing Committee on CME which oversees and liaises with the MMA. It looks into upgrading CME facilities in the country, and into other related areas, including obtaining possible tax relief for practitioners expending part of their income on CME activities. The Standing Committee on CME is made up of: Dato' (Dr.) Abdul Hamid Bin Abdul Kadir (Chairman); Dato' (Dr.) T. P. Devaraj, Professor (Dr.) M. P. Deva and Dr. Anis Ahmad.

The credit points accrued by the registered medical practitioners will be issued through a certificate. The points so listed are included without prejudice and will have no bearing on the Annual Practising Certificate for the time being.

### *Doctors Urged To Be More Active*

For the MMA the 90s will surely be seen as a period of taking great advantage of much of the ground work that was laid in the earlier years. It would also be a time for honing the Association to take on a greater role in the nation's development.

Said the 1994/1995 MMA President, Dr. Chew Peng Hong: "Over the last 33 years of the Association's history, many illustrious and prominent Malaysian doctors have been at the helm of the Association and during their terms of office, many successes were achieved.

"However, the Association has gone through some rough patches especially over the past few years. This is thus a daunting period to assume leadership."

Dr. Chew added that MMA's survival, and the standing of doctors have been severely challenged in the eyes of the Malaysian community and urged doctors to be united and speak with one voice.



The 1991-1992 Installation Night of the Negri Sembilan branch. VIP guests were their Majesties DYMM Tuanku Ja'afar (also Head-of-State) and Tuanku Najihah.

"The Association boasts of over 6,000 members, but there is still a significant 15% of doctors who are not within our fold. I would like to appeal to these colleagues to come join us. In the eyes of the public, all doctors belong to the same fraternity. To them, there is no distinction between members of the MMA and non-members. As such, it is only logical that all doctors in Malaysia should belong to one big group and one family.

"We must affirm not to practice factionalism, not to think of ourselves as graduates of local or foreign universities, Government doctors or private practitioners; we should settle all our small differences for the good of the profession."

Dr. Chew expressed great concern that although there were so many members only a few participated in meetings both at branch and national levels. "The Association should be one where the majority makes decisions for the majority. Due to the present apathy in the MMA,

the minority is making decisions for the majority. We should look towards a future where through unity, MMA is recognised as an influential force in the area of healthcare for private and public sectors. A future where MMA is consulted not because of the right protocol but because our Association's opinion is respected and valued."

He also felt a rapidly changing environment affected public opinion of doctors and as such there was a need to regain the public's confidence of doctors as trusted family doctors, an anachronism of bygone days. Said Dr. Chew: "We must always think of ourselves first and foremost as doctors and members of the medical profession who are obliged to maintain ethics and high standards. Our profession was born of humble but very noble beginnings and is steeped in the tradition of being caring, providing high standards of practice without compromise and demanding exemplary levels of ethics from its members. Our exalted standing in society hinges on the integrity of these basic values and traits, which are unique to the medical profession.

"The principles of the Hippocratic oath must be kept alive so that the faith and trust the community has in us is not misplaced. Unless we can continue to have the privilege of this trust, we, as an altruistic profession would disappear into oblivion."

Dr. Chew also urged doctors to keep abreast of the changing trends and developments in the country. "It is our professional and moral obligation not to compromise maintaining a high standard in the delivery of healthcare. One of the tools which we require to help us achieve this is Continuing Medical Education. In the present age of rapid technological and medical advances, a medical practitioner can easily become outdated. Professional competence and successful provision of the best possible care, demand that a doctor continues to update his knowledge and hone his skills."

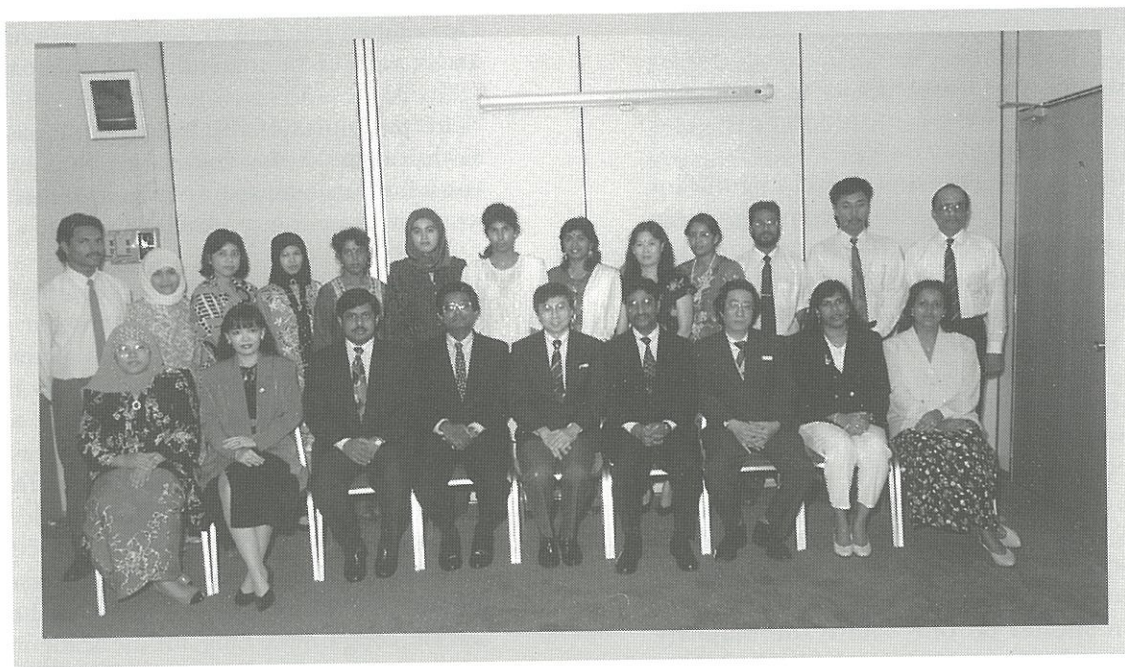
Other highlights of the early 90s included the setting up of an educational prize known as the Dr. Rajahram Gold Medal. The first recipient was Dr. Tong Chwee Ling, for the academic session 1993-1994. The following year's nominee was Dr. Yvonne Ng Pei Mei. The award was organised as a

tribute to MMA's first president, and an amount of RM 15,000 was allocated for the prize fund. The medal will be awarded each year to the best medical student from the University of Malaya.

Also noteworthy was a move by the general physicians of MMA to create a Society of General Internal Medicine. It was felt that as a society within the MMA, they could work effectively in order to identify areas that would have an impact and promote realistic solutions to the dilemma faced by specialists of internal medicine. The physicians felt this would enable them to meet the growing healthcare needs of the nation.

In the future, MMA sees itself becoming more involved in social responsibilities. As Dr. Chew puts it: "We must fulfil our social responsibilities in a global and continuous manner. We are major players of community welfare and whatever we do must not be cosmetic.

"The country's continued development depends on unity among people. By the same token the medical fraternity must remember healthcare is not a monopoly of doctors but is the combined existence of many categories of personnel such as doctors, dentists and nurses. Team work in its true spirit is essential to provide a significant contribution to nation building while maintaining the basic values of each profession. Unity will provide strength and confidence so that each vocation benefits without aspirations and goals being compromised or forsaken." ■



The MMA Secretariat was set up in the early 60s by the late Dr. S. Param Palam. It was then manned by only one person. Over the years as services of the secretariat expanded, manpower grew steadily. Today it comprises 22 people, namely: (Front row, left) Juleeni Suleiman, Jenny Choong, Dr. K. Vijaya Bhaskaran, Dr. M. Mahendran, Dr. Chew Peng Hong, Dr. P. Krishnan, Dr. Leow Eng Lee, Sumathi Venugopal, Vickneswari A. S. Rajah. (Standing from left) S. Venketeswara, Maznah Mohd. Yahaya, Fawziah Sidek, Suzana Abdul Samad, H. Nirmila Devi, Nor Haliza Ismail, Matilda Cruz, B. Balasaraswathy, S. Shanti, Linda Doraisamy, Joe A. Selvan, Mohd. Nasir Mohd. Ariffin, V.S. Krishnamoorthy.

# *V*isions For Tomorrow

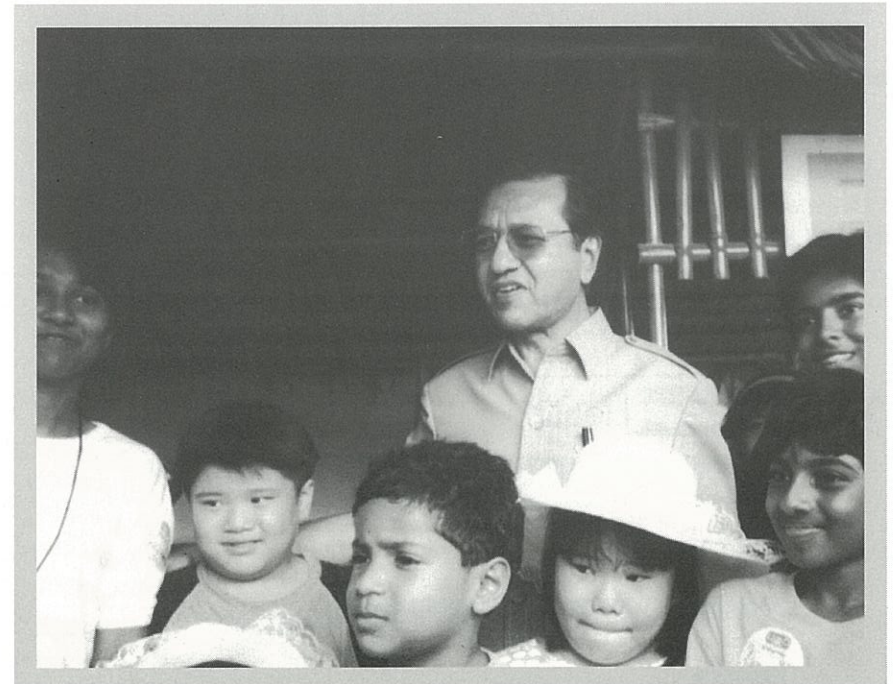
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## *MMA Raises Some Concerns*

In its march through history, MMA has come a long way since its inception three decades ago and has achieved the distinct honour of standing today as a well established professional body, pursuing aspirations that have spurred the development of healthcare in this country. This momentum will be maintained as the future plans reflect that MMA will continue to play a significant part in Malaysia's impressive growth and development.

As Malaysia moves towards its ultimate objective of becoming a fully developed industrialised country by the year 2020, MMA's concern revolves on several areas. At a dialogue between the Prime Minister Dato' Seri (Dr.) Mahathir Bin Mohamad and representatives of the professional and corporate sector on December 1, 1994, MMA, represented by Dato' (Dr.) R. S. McCoy, highlighted the following issues:

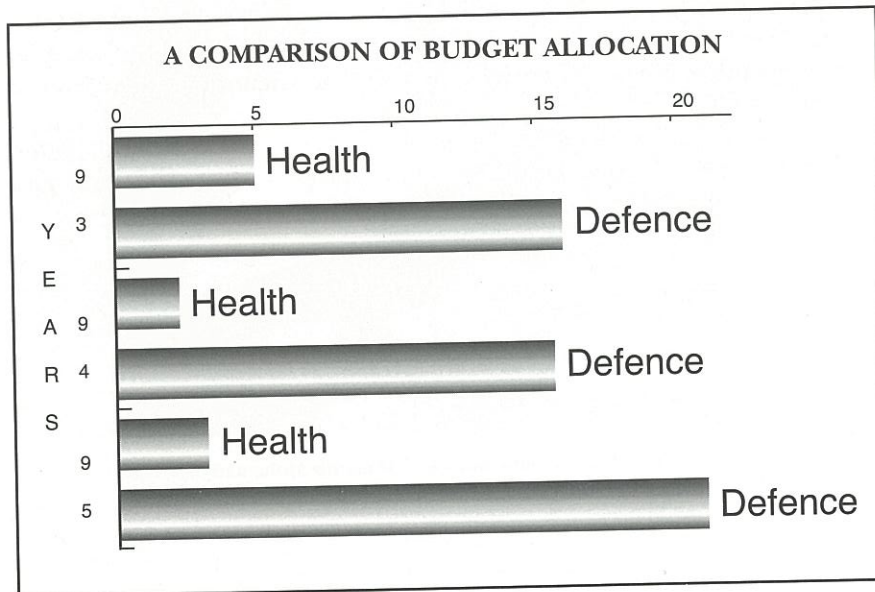
- Healthcare: During the process of privatisation and corporatisation of health services, there will be a need to review and increase the current budget for health (presently at about 3% of the GNP) so that poorer sections of the population will benefit from the changes in the delivery of healthcare.



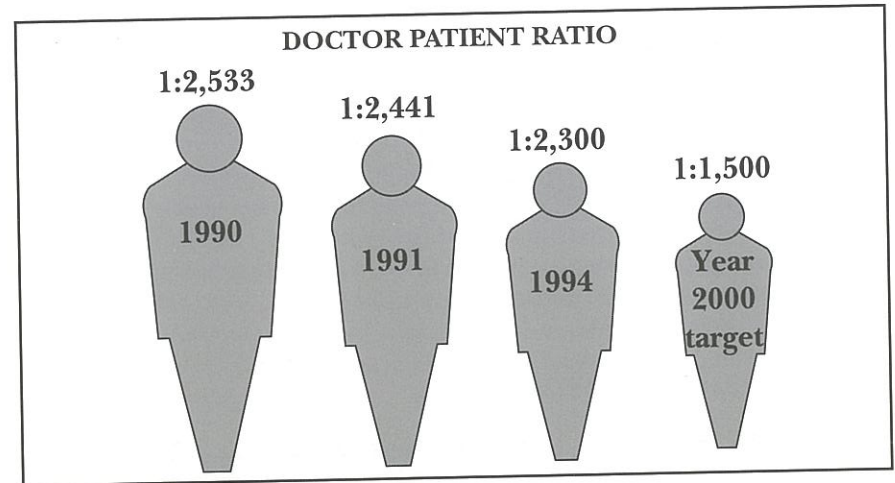
One for the album – Prime Minister Dato' Seri (Dr.) Mahathir Mohamad took time off to get to know families of medical practitioners gathered at Langkawi for the 33rd AGM.



- The policy of privatising healthcare has resulted in the setting up of a large number of private hospitals which are, unfortunately, struggling with a growing shortage of nurses and ancillary staff. There is, therefore, an urgent need to encourage and assist the private sector to set up more schools for training such health professionals.
- Medical practice in Malaysia is facing increasing litigation which is forcing doctors to practice defensive medicine. This practice only promotes the kind of medicine which is both bad and expensive and, therefore, perhaps the time has come that the medical profession and the Ministry of Health explored other alternatives such as 'no fault compensation' scheme which is practiced in some countries.
- Plantation workers and their families are the most depressed section of the population in terms of healthcare, housing and education. They should therefore, be brought into the mainstream of development and be given the same opportunities made available to the rest of the population.



Source: Economic Report 1993 / 1994.



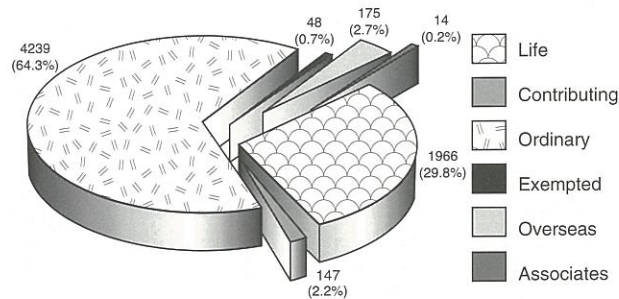
Source: Malaysian Medical Council & NST, May 16, 1994.

- The MMA is of the view that in the process of development and industrialisation, the environment is bound to suffer. Greater emphasis should therefore be given to the protection of the environment, as pollution, global warming and ozone depletion will certainly have serious health consequences.

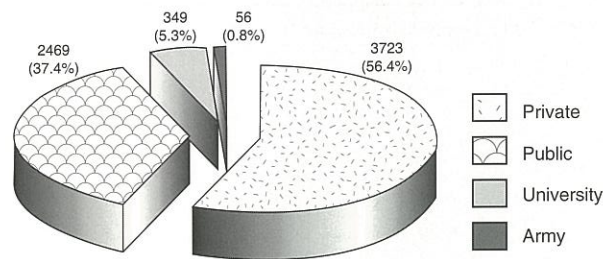
Success in economic development and industrialisation, it believes, will also depend upon an adequate supply of energy, and Dr. McCoy added that attention should therefore be given to research in solar energy and other renewable sources of energy, as well as to efficiency and conservation. There will then be less of an attraction to resort to nuclear energy, with all its known dangers of radiation from nuclear reactor accidents and radioactive waste for which there is no known method of safe disposal.

Dr. McCoy, the 36th President of the MMA (who took office just as this book was in its final stages), firmly believes it is inevitable that the medical profession in Malaysia be affected by the rapid economic development and process of becoming an industrialised nation by the year 2020.

**MEMBERSHIP BY CATEGORY AS AT MARCH 17, 1995**



**MEMBERSHIP BY EMPLOYMENT AS AT MARCH 17, 1995**



Source: Malaysian Medical Association, Annual Report 1994 / 1995

However, he added that as a professional body that represented almost 80% of the physicians in the country, the Malaysian Medical Association must ensure that physicians would continue to hold fast to their core values in the face of these challenges and play a leading role in shaping the system of healthcare that would evolve during the next 25 years.

The following, an extract from Dr. McCoy's presidential address:

"Today, all over the world, medicine and health services are in turmoil. This is mainly due to the widening gap between what medicine can do and what society can afford.

"Many other factors are also stimulating change:

- Consumer demand for healthcare has grown and most countries have found it politically and economically difficult to match this growth with a corresponding increase in manpower and financial resources
- People are living longer and increasing the proportion of elderly people, who are prone to the chronic and often intractable diseases of age
- Innovating medical technology is constantly increasing the cost of healthcare
- Paradoxically, health service researchers are discovering that much of therapeutic medicine is based on inadequate scientific evidence and is not cost-effective
- There remain serious inequalities in the global and national distribution of healthcare. The deplorable state of healthcare in Malaysian plantations is a shameful example.

“Here in Malaysia, the turmoil appears to be heightened by low health expenditure, inadequate strategic planning and recourse to unsatisfactory ad hoc solutions with short term gains. The MMA urges the Government to adopt and implement a long term strategy for health so that by 2020 there will be in place a comprehensive, equitable, high quality healthcare system.

“The MMA is aware that the Government has recognised the need to strengthen and improve the delivery of healthcare in the country. However, we are deeply concerned at the lack of transparency and of parliamentary and public debate on health policy. The MMA feels that national health policy would be strengthened by having in-depth dialogue with the medical

profession, the providers of healthcare, and with the community, the beneficiaries, before taking major decisions. One of the features of a democracy is the right of debate and the civic ability in a debate to appreciate facts and argue viewpoints, with clarity and objectivity, in the knowledge that those who differ do so within the bounds of shared goals and values.”

Dr. McCoy concludes: “The MMA shares with the Government the goals and values of promoting the nation’s health and providing comprehensive, equitable and high quality healthcare, but has doubts and reservations that corporatisation and privatisation of healthcare will achieve those objectives.” ■



**Members of the 35th MMA Council**  
(Standing from left) Dato' (Dr.) R. Mahathevan, Dr. Haridass Govindasamy, Dr. N. Jeevaraj, L. Col. (Rtd) Dr. Senasi Annamalai, Dr. R. Gunasegaran, Dr. Ezance Isahak, Dr. Ravindran Jegasothy, Dr. M. Ponnusamy, Dr. Abd. Jamil, Dr. Ha Tiong Swee, Dr. Koshy Thomas, Dr. Edwin Leo. (Sitting from left) Dr. Elizabeth Emmanuel, Dr. N. Arumugam, Dr. K. Vijaya Bhaskaran, Dr. P. Krishnan, Dr. Chew Peng Hong, Dato' (Dr.) R. S. McCoy, Dr. A. Krishnamoorthy, Dr. Param Boopalan, Dr. S'ng Kim Hock, Dr. Leow Eng Lee.  
Absent: (Dr. Mahendran Markandoo, Dr. V. Joseph)

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## *Going Back In Time*

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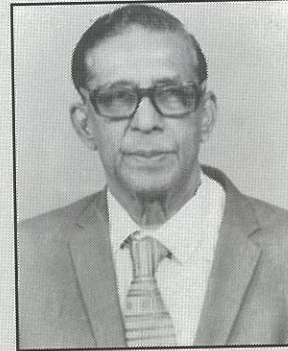
This section is dedicated to some of the early pioneers (both living and deceased) of medicine in Malaysia. Those who believed in the idea of forming an association for the progress of doctors and medicine in the country. The compilation of recollections, experiences and accolades, we hope, will provide our readers (especially young doctors and those aspiring to take up medicine), a greater insight into the development of the medical profession and the remarkable personalities, who were so charitable with their time and energy.

# Profile

## DR. S. G. RAJAHRAM

**Born** : February 28, 1904  
**Deceased** : October 6, 1993  
**Education** : Penang Free School,  
King Edward VII College of  
Medicine / University of Malaya,  
Singapore, 1933

*Founder of MMA/First President 1960*



The following extract is from "A Tribute to the Founder of MMA" by Tan Sri (Dr.) Tan Chee Khoon.

In 1957 when Malaya became independent, a few doctors had thought of starting a national medical association to cater for all doctors practicing in Malaya. The existing medical associations, namely the Alumni Association was too parochial and the Malaya branch of the British Medical Association was taboo in a country in the throes of Merdeka.

A few of us, led by Dr. S. G. Rajahram, spent long hours in our homes to hammer out a constitution for the Malayan Medical Association.

Dr. Rajahram was a gentleman in his dealings with people in the Malaysian Medical Association, the University of Malaya (which conferred him the Hon. Degree of Doctor of Medicine in 1963), and with his circle of friends. He worked hard and found time to

attend all meetings. He was just and fair and had a vision to build a good name for the University of Malaya.

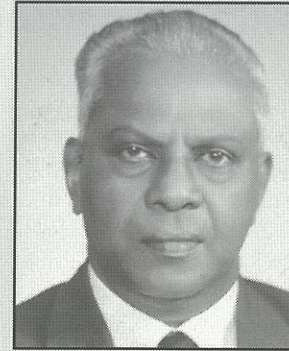
He was patriotic, and his honesty and integrity were beyond question. The good name and growth of the MMA is mainly due to the vision, courage and sterling work of Dr. Rajahram – the father and first President of the MMA.

# Profile

## PROF. A. A. SANDOSHAM

**Born** : June 9, 1905  
**Deceased** : November 28, 1992  
**Education** : Penang Free School,  
King Edward VII College of  
Medicine / University of Malaya,  
Singapore

*President of MMA 1977*



Born in India, Arthur A. Sandosham (Sandy) came to Malaya in 1913. Upon completion of his secondary education in Penang he won a scholarship to do medicine in Singapore. He then graduated with distinction in medicine and joined the staff of his Alma Mater. Keeping his winning streak alive, he went on to gain the Federation of Malaya Queen's Fellowship and accomplished his PhD at London University.

He was then appointed Professor of Parasitology and later became the Principal of the University of Malaya in Singapore. Ever active and giving, he came to Kuala Lumpur upon retirement from the University and gave his time generously to MMA. For his services he was elected Honorary Member of the Association.

The following is taken from Dato' (Dr.) Lim Kee Jin's foreword in Sandy's *Spice 1* (a book of his jokes and funny stories).

"Sandy was a man of many parts. He had a distinguished career as a university lecturer, research scientist and finally as an administrator. He held the position of Principal of University of Malaya in Singapore, Acting Vice-Chancellor of the University of Malaya, and Director of the Institute of Medical Research. To all these positions he brought the unique touch of his personality and wit."

His brilliance was such, the Scientific Associations of Malaysia elected him as one of the five outstanding scientists in the country and

made him a Fellow of Science. And in recognition of his scientific contributions he was awarded the honorary degree of Doctor of Medicine by the University of Singapore and Doctor of Science by the National University of Malaysia.

As a singular mark of honour, his colleagues have named several parasites after him and have instituted the Sandosham Medal as the highest award for the most outstanding contribution to parasitology in the country.

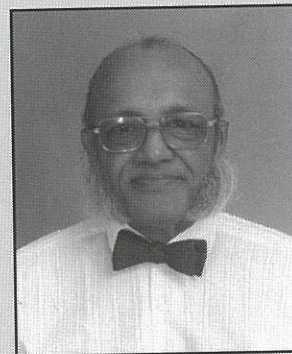
Versatile and perceptive, he was also known as the master of mirth and *Sandy's Spice* which first appeared in the *Berita MMA* in 1969, thereafter became a regular feature for 13 years.

# Profile

## DR. S. PARAM PALAM

**Born** : December 15, 1918  
**Deceased** : January 27, 1995  
**Education** : King Edward VII College of  
Medicine / University of Malaya,  
Singapore, 1946

*Hon Secretary-General of MMA* 1960-1964  
1967-1970



The history of MMA is closely linked to the vision, dynamism, nationalism, patriotism and innovation of the Malay, Indian, Chinese, Ceylonese and Eurasian doctors who qualified from Singapore and were practicing in Malaya during and after the Second World War, contends Dr. Param.

"A few British doctors who decided to continue serving in Malaya after it became independent in 1957 also made their contributions, so did a few doctors on contract from Asian countries. Later, other Malayan doctors, who qualified from the local and overseas universities, joined these ranks to develop the National Medical Association for Malaya.

"The camaraderie, fellowship, democratic ideals, equality and unity between the Asian races cultivated in the British developed English School system, colleges and universities stood the test of time when Asian intellectuals took over the leadership in all fields of activities in Malaya after 1957.

"British Medical Officers set up the Malaya Branch of the British Medical Association (BMA) in the early part of this century. Later, Asian Assistant Medical Officers were allowed to become members of the BMA. Up to the 60s, the Alumni Association of the King Edward VII College of Medicine was an influential socio-medical association."

On early healthcare services, Dr. Param Palam said modern services were introduced to the people in the early 19th century when the British took responsibility for the administration of the Straits Settlements.

Hospitals, outpatient clinics and public health services were staffed by European doctors, apothecaries, nurses and compounders with local health staff as supporting personnel.

"In the early days, the local dresser, or hospital assistant was the most senior health staff until the foreign recruited Asian Assistant Medical Officers (AMOs) and the locally trained AMOs were brought into the Government Health Services and to the estates and mines.

# *P*rofile

“Third class Government Hospital wards were called ‘pauper wards’ where the migrant Indian, Chinese, Javanese, Siamese workers or coolies were treated free. To satisfy the Malays, who in the early days of colonialism did not fully accept modern medical and surgical care, wards only for Malay patients were built in hospitals.

“Two or three womens’ hospitals were also built in addition to the womens’ wards in all hospitals, and staffed by female European doctors. European colonial civil servants, European planters and tin miners were treated in European wards or hospitals reserved for them in some towns.

“It took many years to provide proper services to Malays in the rural areas because funds were limited to developing economically active towns, rubber estates and the tin and gold mines.”

One of the stalwarts of MMA, it has been said that no meeting was complete without the participation of Dr. Param. He has also contributed a great deal to medical education in the country, having served in the University Council in the 60s. He was also on the University Hospital’s first Management Board.



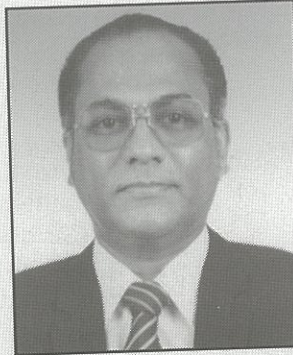
# Profile

## **PROF. DATO' (DR.) S. SELVARAJAH**

*(Professor, Department of Ophthalmology  
Faculty of Medicine, Universiti Kebangsaan Malaysia  
(The National University of Malaysia)*

**Born** : March 13, 1935  
**Education** : English College, Johor Bahru,  
MBBS, King Edward VII College  
of Medicine / University of  
Malaya, Singapore, 1958

*President of MMA 1978*



Having lived in a hospital compound practically all his childhood years, a career in medicine seemed a natural choice for the then young Dato' (Dr.) S. Selvarajah. His leanings towards medicine are also attributed to the fact that his father was a hospital assistant with the Johor Bahru General Hospital and one of his uncles Dr. T. Visvanathan (the first secretary of MMA) was a doctor. It certainly seems as if medicine was a predestined vocation for him.

"I have never had any other thing in mind," he says. "After completing school at 15 I had to wait two years to get into medical school."

His decision to specialise in Ophthalmology was the result of a forced relief stint as medical officer in the eye unit in the General Hospital in Johor Bahru. "In the short span of two weeks I decided that was

it," he recalls. "I had a very good teacher who motivated me and I just stayed on."

Between 1958 and 1965, he served with the Singapore General Hospital, the Johor Bahru General Hospital, District Hospital Mersing, and Kuala Lumpur General Hospital, before proceeding on study leave to the United Kingdom to pursue a diploma in Ophthalmology and FRCS Ophthalmology. His first appointment upon his return was at Kuantan General Hospital, as its Ophthalmologist. In 1970, he was transferred to Johor Bahru as consultant and 12 years later he assumed the post of senior consultant and head of the Ophthalmology Department, at the Kuala Lumpur General Hospital.

He retired from Government service in 1990 but went back to the General Hospital as senior consultant the same year. Two years later he was offered his present position.

His special interests are Glaucoma and Preventive and Community Ophthalmology.

Of his early years in medicine, Dato' (Dr.) Selvarajah says: "Each unit in Johor Bahru hospital had only one or two housemen. We'd be on call on alternate nights, the next day we were back at work. We had to do everything ourselves and there were very little organised courses to help us enhance our knowledge."

# Profile

“Visits to district hospitals were major events and provided a learning opportunity because doctors would present interesting cases and exchange views. The one big difference then was that you got to know everybody in the hospital and even at MMA. There was a great feeling of camaraderie among doctors.

“Our MMA Council meetings used to be held in places such as Station Hotel and Le Coq d’Or, in Kuala Lumpur. We’d take over the dining room from about 9.30am, and the long table would be covered with files and working papers, but come meal time, these disappeared to make way for the cutlery and food. We resumed working after that, and the long day usually came to an end about 6pm”

As President of the MMA in 1978, Dr. Selvarajah introduced the President’s Column in the Berita MMA which exists to this day. On the past achievements of MMA, he is proud of the Optical Bill which, after many years of intensive lobbying, was passed in Parliament in October 1992. He adds: “With no regulation or control, anyone calling himself an optician could prescribe glasses, lenses or provide any other optical services.

We faced a lot of antagonism and eventually a workable Bill was passed. It is not perfect, nevertheless, something is better than nothing.”

An active practitioner, he has a number of ophthalmic publications to his name, presented papers at conferences here and abroad and is a member of several professional bodies.

Among other posts held, he has been President of the College of Surgeons of Malaysia, Chairman of the Ophthalmological Society and Councillor of the Confederation of Medical Associations in Asia & Oceania (CMAAO). Currently, he is the President of the Asia-Pacific Academy of Ophthalmology and a member of the International Council of Ophthalmology.

A philosophy he wishes to share: “One never stops learning no matter how old or experienced one is. We are learning something new all the time. And, there’s always something new to learn about.” He also loves teaching and observes that the younger generation of Malaysian students are more vocal and confident.

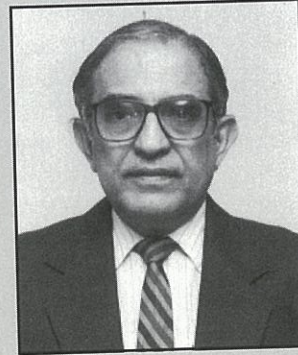
# Profile

## DR. M. K. RAJAKUMAR

(Private Practitioner)

Born : May 25, 1932  
Education : Malacca High School,  
King Edward VII College of  
Medicine / University of Malaya,  
Singapore, 1956

*President of MMA 1979*



Dr. M. K. Rajakumar's last duty as a medical officer in Government service stands out as one of the more memorable events of his rookie years. "Those days we worked on call for a stretch of two weeks without any leave. On my last day of call duty I had to rush with the Flying Squad to treat two obstetrics cases, one on the southern and the other, on the northern border of Malacca. Thus, in one day I managed to touch both borders of Malacca.

"During the Second World War, Malaysians ran hospitals and did everything to provide proper healthcare, but after the war this changed when young British officers were recruited and brought here to play the role of bosses. Soon the situation got so bad that the locals left for private

practice and, as a result, we lost a whole generation of outstanding surgeons."

Of the first faculty of medicine at the University of Malaya he says: "It was a first rate faculty with excellent standards. When the first batch of Educational Commission For Foreign Medical Graduates (ECFMG) students achieved a 100% pass rate, the Dean's reaction was - 'What do you feed your boys on?' ."

Looking back, he says that when the MMA was formed there was a single dominant tradition - the Alumni tradition of the King Edward VII College of Medicine. "They were good and close friends. That generation is now a minority group."

Commenting on the scenario today and future trends, Dr. Rajakumar advocates the need for change. "The demands on the profession now are different. We have got to develop expertise to deal with anticipated problems, and we must try to determine policies rather than respond to policies that we don't like.

"We are no longer at the simple beginnings of 1957 (the advent of independence), when we were able to go directly to the Minister to sort out our problems. We were then the elite pressure group as there was virtually nobody else to give advice on health matters. Now we are one of conflicting pulls on decision makers and, therefore, we have to refine our techniques of persuasion. The profession has to learn new skills.

# *P*rofile

"In addition to this, we have to project superordinate goals. We must try to project the common things that unite us. Clearly, the status of the profession, the maintenance of its integrity and of its independence, the preservation of its high ethical standards and the standard of undergraduate education and the proper certification and training postgraduate education, are of common interest to all of us.

"It is important we consciously set ourselves the task of identifying the issues that are common to the profession that we can carry forward to the future years. We must transmit values that we cherish so that younger doctors will look upon these values as something worth preserving and feel passionately the desire to preserve them. This can save us."

The MMA, he added, is the continuation of a great tradition. "The MMA has done much for the progress and development of the profession and medicine in this country. We have people who have given everything to see that doctors today benefit from an Association with its own building. We owe a lot to these people who have sacrificed so much and it seems to me that for any association to be effective, a figure has to be projected as its leader for a fairly long time. This is the ideal.

"I am increasingly convinced that whoever accepts the responsibility of becoming President must take time off his work. But this I think is difficult to achieve in the near future in this country as the individuals we need for the job also cannot spare the time."

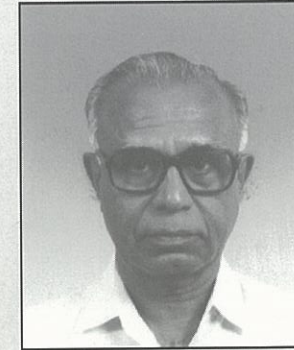
# Profile

## **DATO' (DR.) T. P. DEVARAJ**

*(Retired)*

Born : June 21, 1924  
Education : Anglo-Chinese School, Ipoh,  
MBBS, King Edward VII College  
of Medicine / University of  
Malaya, Singapore, 1952

*President of MMA 1983*  
**Currently Chairman of MMA's Ethical  
Committee**



There is a youthful idealism in Dato' (Dr.) Devaraj's reply when asked why he chose medicine as a career. Briefly put, this took off after his education at King Edward VII College of Medicine in Singapore, when he served at the Kandang Kerbau General Hospital in Singapore for two years. After that, he served the next four years as Medical Officer in Johor – Mersing, Kluang and Johor Bahru – before leaving for the United Kingdom to do the examination for the membership of the Royal College of Physicians, Edinburgh, in 1958. Then, upon his return, he served in Kuantan, Kedah and Penang before going into private practice in 1979. He was awarded the FRCPE in 1971.

He recalls with a glint in his eye his adventurous stint in Mersing early in his career where he

was the only doctor. "There was no other doctor for the whole of Mersing town and medical service throughout Johor was extremely inadequate. As a young doctor in charge of the 100-bed Government hospital, I was required to do clinical work, administration and, in fact, just about anything to keep the hospital running." That included shopping for medical supplies and even knowing a little extra about dentistry. Administration work, he admits, was not something he was trained for but he managed through trial and error.

"In a small town, as a doctor you are accorded very high status at the same time you are also expected to accomplish a lot. There are also additional responsibilities such as working with and relating to other heads of Government departments."

After his postgraduate studies, he requested a posting to Kuantan. "I felt it was the best time to complete my rural posting as I was young and so too, the family. At that time there were three doctors serving the hospital. I was the physician, there was a surgeon and two medical officers but we all had to cover up and serve areas such as the out-patients clinic and do call duty. The surgeon used to be on call all the time.

"Some of the work was very unusual. Sometimes you would get a call in the middle of the night and find yourself crossing the treacherous Pahang River in a small police boat. Once the river condition was so bad that the boat man refused to return in pitch darkness and we had to wait it out until the break of day."

# *P*rofile

But, even under such outdated conditions, doctors, he added, managed to make the best of what was available. "We organised meetings between doctors in Pahang. These get-togethers were the only form of activity for us those days and a chance to exchange experiences and ideas. Although we were a small team, we felt that if there was an interest to work together for the benefit of the profession, it should be done."

A founder member of the MMA, his early beginnings with the association can be traced to 1958 when he was in Pahang. Later he became Secretary of what was then called the northern branch of MMA and subsequently its Chairman.

Firmly believing that the Association needed fulltime commitment, he devoted many of his years after retiring from Government service in the service of the MMA. "Somehow we have not been

able to make the Association more professional and active, to lead rather than to react. We are more often reacting to things. We are still lacking that leadership.

"The style of running the MMA has to change. Doctors assuming the post of leadership must do so on almost a fulltime basis. Thus as President he will be more effective. I suggested this more than 10 years ago, but we haven't sat down to think about how it can be done. Also, if the same person is willing to give time to serve, the election system should be changed to allow re-election.

"However, all said and done, I take my hat off to those who have come forward and served the association. Their foresight and dedication have given us much to be proud of today."

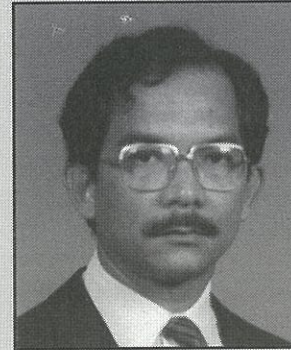
# Profile

## **TAN SRI DATO' (DR.) ABU BAKAR SULEIMAN**

*(Director General of Health Malaysia)*

Born : February 4, 1944  
Education : St. John's Institution, KL  
Geelong Grammar School,  
Victoria, Australia,  
MBBS, Monash University,  
Melbourne, Australia, 1968

*President of MMA 1986*



Tan Sri Dato' (Dr.) Abu Bakar began his illustrious career in Johor Bahru, where he took up the posting of houseman in 1969. A year later he was posted as a medical officer to the District Hospital in Pontian, Johor.

He served in the southern state for a total of four years before assuming the post of consultant physician at the Department of Nephrology, in the Kuala Lumpur General Hospital.

Looking back on his intern days, Dr. Abu Bakar recalls: "As a houseman I worked long hours, doing frequent calls with colleagues who were friendly, supportive and full of comradeship. The

housemanship period will always remain one of my best years as a doctor. It was a time when a lot of learning was done.

"As a medical officer, I was proud to organise the first clinical meeting at the Pontian Hospital. It was well attended by doctors, including specialists from all over Johor and a special guest at this inaugural meeting was Prof. Cheah Jin Seng, from Singapore."

His tenure of Government service was interrupted in March 1975 when he went abroad to the United States as a Visiting Fellow where for six months he was attached to the Department of Medicine,

Georgetown University Hospital, in Washington DC and later to the Department of Nephrology at Prince Henry's Hospital in Australia.

Then in 1976, he resumed service at the General Hospital, Kuala Lumpur, where he was appointed Consultant Nephrologist and Head of the Department of Nephrology.

Eleven years later, in April 1987, he became the Director of Medical Services, Ministry of Health Malaysia and two years after that, he was made Deputy Director-General of Health. He assumed his present position in November 1991.

# *P*rofile

Throughout his medical career Dr. Abu Bakar has been actively involved in the growth of MMA and has held various offices, at both branch level and in the council.

A very memorable occasion for him is his inauguration as President of MMA, for present among the guests was the then Yang DiPertuan Agong, DYMM Sultan Haji Ahmad Shah and Prime Minister, Dato' Seri (Dr.) Mahathir Mohamad.

According to Dr. Abu Bakar, a significant move during his tenure as President of MMA was the initiation of the public health education programme. On something he enjoyed and found most valuable whilst President of MMA was his visits to state branches. "It brought us closer to the members and created an opportunity for us to understand their various concerns."



# Profile

## DR. YEOH POH HONG

*(Private Practitioner)*

Born : February 9, 1949

Education : Gajah Berang Secondary School, Malacca High School, MBBS, King Edward VII College of Medicine / University of Malaya, Singapore, 1973

*President of MMA 1987*

*Chairman MMA Foundation 1988-1995*

*Appointed Trustee 1978*



Caring for the community has been intrinsic in Dr. Yeoh from his school days when he chose to devote his time to society as a member of the Boy Scouts. Today, he serves the community in a bigger way, as a member of several organisations. This includes being Deputy Master of the Academy of Medicine, President of the Malaysian Orthopaedic Association, also the Alumni Association, member of the Malaysian Medical Council and past-President of the Malaysian College of Surgeons as well as the Lions Club of Kuala Lumpur (Sentul). Along the way, he also found time to do his postgraduate

studies, graduating with a Masters in Orthopaedic Surgery (Gold Medal), from the University of Liverpool, and was admitted a Fellow of the Royal College of Surgeons of Edinburgh, in 1978. Prior to going into private practice, he was Associate Professor at the University Kebangsaan Medical School.

Born in Butterworth, he received his early education in Kota Bharu and Malacca. His decision to become a doctor was spurred on by the urge to serve people.

“Looking back, people went into medicine and were paid RM 610 when they started work. Surely the reason for choosing such a profession couldn’t be money. I personally have not come across those who blatantly regard medicine as a get-rich-quick profession. More do it for humanitarian reasons and not for money.

“Doctors are very unfairly accused of being mercenary. But most of us are involved in so many charitable organisations. However the situation can change as today we’re in a situation

# *P*rofile

where health is becoming more of an industry, and if we are not careful the type of doctor-patient relationship we are used to will be a thing of the past. Decisions we make will be taken out of our hands and be made by financial accountants. Private companies will set up hospitals – not for the benefit of people but purely for financial gain – and if we can't stop this, we must at least try and slow it down. At the end of the day, if the patient is poor, and I hope that day will never come, he will be deprived of treatment.

“This must be prevented by making sure that healthcare doesn't become a corporate sort of activity, one that is a purely profit-oriented organisation. Service should be the main priority of the medical profession.”

His first encounter with the MMA was in the 70s and he remembers the closeness among members of the MMA. “From a small society we have grown into an impressive size,” he adds proudly. “Originally there were only three branches - northern, southern and central, but today there is a branch in every State. We share a common interest and are concerned about the direction that our profession takes, and I am very happy with the way we have grown. The MMA has become the premier professional body in this country.”

# Profile

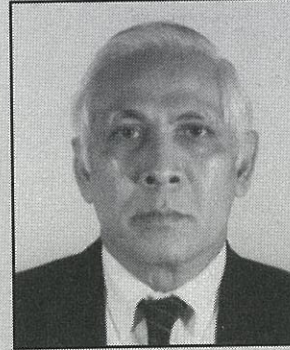
## DR. SYED MAHMOOD BIN SYED HUSSAIN

*(Private Practitioner)*

**Born** : September 29, 1921

**Education** : Penang Free School,  
Hong Kong University,  
King Edward VII College of  
Medicine / University of Malaya,  
Singapore, 1951

*President of MMA 1988*



Dr. Syed set out to do medicine in 1939 at the Hong Kong University but was forcibly side-tracked by the East Asia War (an extension of World War II), which intervened from December 8, 1941 to August, 1945. During this period Hong Kong University buildings were reduced to skeletons, having been looted of parts which could be dismantled, and carried away together with fixtures and instruments. It was not until late 1947 that damages and losses could be restored and classes resumed.

Dr. Syed's stay in Hong Kong was a chequered one with a measure of danger and excitement. During the pre-war period, he was a medical student in Hong Kong, and during the war itself he served as a soldier in the Medical Corps. Then he was taken

prisoner and after his release in September 1942, he became a health worker in the Japanese Government of Hong Kong. At the end of 1943, he became an Inspector in the Hong Kong Yaumati Ferry Company, and returned to Malaysia in November, 1945.

When Dr. Syed returned to his home in Perlis in 1945, the late Datuk (Dr.) R. Sivasambanthan, medical officer in charge of the Perlis District Hospital, put him in charge of the Perlis Medical Department's vaccination team during a smallpox outbreak.

Unable to waste more time as the Hong Kong University was late in reopening, he later reluctantly agreed to continue his studies in

Singapore, at the King Edward VII College of Medicine, which in 1949, became the Faculty of Medicine, University of Malaya. "I still cherished the thought of being able to return to Hong Kong, but unfortunately I had already passed my third year examination in 1948, whilst Hong Kong University only resumed third year classes in September that year. Thus I completed my degree course in Singapore, graduating in 1951 from the University of Malaya."

Dr. Syed was then posted to Johor Bahru in 1952, and in 1953 returned to Perlis as one of the three medical officers in Kangar Hospital, where he served until his resignation to set up a private practice in early 1955.

# Profile

While a student, he was active in extra-curricular activities in such bodies as students' union, medical societies and sports clubs. And, after graduation, he continued actively in the Red Cross (later the Red Crescent), Family Planning Association and the St John's Ambulance.

In Perlis he co-founded the Perlis Branch of Red Crescent together with his wife (Dr. Ruby Majeed), and the Family Planning Association. They both also revived the dormant St John's Ambulance. Another area of great interest to Dr. Syed was football, and he was the patron of the Perlis Football Association from 1960-1962. During that same period, he was appointed the President of the Council of Regency of Perlis.

In 1963 he was one of the three representatives of the Guild of Graduates, University of Malaya, appointed to the Council of the University. With the exception of one year out of this position, he served as a member until 1981. For the last 12 years of that period he also served as Chairman of the Finance Committee of the Council as well as Chairman of the University Hospital. He was also a member of the Malaysian Medical Council during the period when Tan Sri Dato' (Dr.) Abdul Majid was the Director of Medical Services and Tun Saardon Bin Jubir was the Minister of Health. The University of Malaya awarded him the Honorary Doctorate of Science and Engineering in 1981.

Reviewing his early start he said: "I was one of three doctors in Government service in Perlis. When I started at Kangar Hospital we had very few out-patients, maybe about 30 a day. By the time

I left in 1955, we were seeing about 400 patients daily. Almost all the bomohs had been wiped out. Due to the different Islamic beliefs and attitudes in that State it seemed easier to accept scientific medical practice than in other parts of the country.

"We doctors would go to villages, educate people and make them understand the benefits of modern medicine. We also had the help of two British Red Cross nurses and the Hospital Attendants in charge of the Outdoor Dispensaries who would go into the kampungs and bring out those in need of medical attention. There was good teamwork and whenever we had any difficulties, we could always rely on each other. There was much fellowship even in private practice those days. Knowing there was a shortage of doctors in service, we would offer relief services for night duty to doctors in Government hospitals. I think this co-operation and feeling of comradeship for colleagues should prevail always."

At the beginning of 1970, Dr. Syed Mahmood finally moved to Kuala Lumpur to join his wife who had set up her practice. He was soon busy both in practice and in the activities of the Private Medical Practitioners Association of Selangor and the Malaysian Medical Association, of which he became President, and also the Malaysian Red Crescent and the Malaysian Association for the Blind.

His interest in the MMA's activities and strength is keen and, as such, he is concerned that the MMA has the support of only 80% of all registered

# *P*rofile

practitioners in the country. It is a concern he has voiced often adding: "We must have 100% support so that we can work most effectively for the best interests of doctors. We must actively work together and sacrifice some time to attend meetings and make things happen for the betterment of all members of the Association."

On his most gratifying accomplishment, Dr. Syed says: "As a doctor my most satisfying action has been the establishment of the Primary Care Department

in the University of Malaya. In spite of the seemingly insurmountable opposition by the majority of members on the Board of Studies, my proposal did in the end materialise.

"This department became the first to be set up in the country, followed later by the other two medical universities. This augurs well for Malaysia because only with a good base of doctors, well-trained in primary care medicine, can we hope to minimise the soaring costs of medical care."

# Profile

## **DATO' (DR.) P. T. ARASU**

*(Private Practitioner)*

**Born** : October 4, 1922

**Education** : High School Kajang, Pasar Road School and Victoria Institution, KL, MBBS, King Edward VII College of Medicine / University of Malaya, Singapore, 1951

*Chairman of MMA House Committee 1969 (A Committee formed to supervise construction of the MMA Building.)*



*I*t was an accepted norm among parents, especially the Indians, to send their children for medicine, recalls Dr. Arasu when speaking about his choice of a career. "In June 1940, when my turn came for further education, I just went through the done thing and enrolled at the College of Medicine in Singapore."

It is not as simple as he makes it sound though, because one had to get onto a long waiting list out of which about only 40 students were accepted. More hurdles came his way when, hardly through the first year in medicine, the Second World War broke out and he was recruited into the Medical Auxiliary Service.

During the Japanese Occupation he worked as a canteen boy in a military camp for a year.

However later, when the Japanese discovered that he was a medical student, they appointed him a junior assistant and he was made to work in the District Hospital in Kajang. Of those days he says: "I learned the Japanese language and got used to working in a ward that was meant for 30 patients but was crammed with 100."

It was after the war that he was able to resume his studies, graduating in 1951 with a distinction in forensic medicine.

He served the Government for four years during which time he discovered that he had a penchant for surgery. "My first love was surgery but I was offered a scholarship for anaesthesia," he says. Unfortunately, he didn't take up the offer because the course was for two years but the scholarship was

only for nine months, and he couldn't be spared for a longer period due to a shortage of doctors. Disillusioned, he resigned in 1956 and went into private practice.

His first stint as a doctor was at Kuala Lumpur General Hospital, where he served three years as a Medical Officer and, later, he was transferred to the Malacca General Hospital. Of his Government service days he says: "There would be about five doctors managing a whole hospital of about 800 to 1,000 patients, excluding those in the maternity wing. It was hard work but a great learning experience."

Of medicine today, he observes: "Over the years we have probably lost the concept of family medicine whereas in the old days we came to

# Profile

know the patient, his family and their problems. There was a certain familiarity, and while today this may exist to some degree in private practice, it is completely lost in the Government sector.”

A contributing factor to this he reckons, could be the high turnover of doctors in Government hospitals. “What is important, is that a doctor be encouraged to stay by being allowed to develop his career in the subject of his choice with Government subsidies. At present, doctors have personal goals which may not be fulfilled because of Government machinery. They get shunned and, eventually, the service will lose these individuals. Sadly, the Ministry is not willing to recognise and rectify this problem.

“More efforts should be made to find out the desires and goals of each doctor so that he or she can come up in his or her own line, after the housemanship, when he or she is in a better position to identify his inclination. There should be a human resource person or department in the Ministry to find out the acumen of our young doctors.”

Recalling his early days, he says that one of his more memorable working experiences took place in Malacca, which then had the only ‘Flying Squad’, in the country. Run by the General Hospital, the ‘Flying Squad’ comprised a doctor, a nurse, a midwife and an ambulance driver. Equipped with a bottle of blood type ‘O’, the team would travel to the remote kampungs to treat emergency obstetrics cases.

“These were the early 50s, when there was no electricity and no proper roads. You had to work with lanterns or by candlelight and were only guided by your skill and faith.”

Although he had never served as President of the MMA he, nevertheless, was active on several of its committees. Of the founding years he said: “There was fantastic fellowship among the MMA members. We didn’t have a proper place to meet but we were never short of homes of members where we held committee meetings. The rapport and atmosphere were excellent.

“I was involved from the time I graduated and was the Treasurer of what was then, the British Medical Association (BMA). Collection of the monthly subscription of some RM 15 or 20 then was always a problem. I volunteered to drive around Selangor and the northern branches to personally collect the dues from doctors. Once, I got to meet a doctor there was no difficulty collecting the dues.” He recalls that despite the MMA always lacking funds those days, the branches somehow managed to function efficiently.

As for his service to the MMA, Dato’ (Dr.) Arasu is best remembered for his efforts in the building of the MMA House. As Chairman of the building project, he was involved in meeting the right people to help acquire land from the Government, raising funds for the construction of the building and supervising the day to day work at the site.

# *P*rofile

As the founder secretary of the Selangor Private Practitioner's Association, he was conferred honorary membership of the MMA in 1986.

The first in his family to take up the medical profession, he is proud that today there are at least three doctors in his immediate family. His word of advice: "Be able and willing to work hard and have dedication and love for the profession. Don't do it purely for commercial gains. And since you are in contact with human beings all the time, you must have sympathy, provide a listening ear and possess a general ability to relate with the sick and the needy. Super brains are not a criteria because they don't necessarily make good doctors."

Medicine aside, Dr. Arasu has had time to indulge in service organisations and politics and

in the early 50s he joined St. John's Ambulance. In 1968 he was promoted as Area Surgeon, became Area Commissioner for Selangor in 1970, and received a further promotion to State Commander, Selangor and Chief Surgeon Malaysia four years later. Then, in 1976 he was appointed Deputy-Commander-in-Chief, Malaysia and rose to the position of Commander-in-Chief, Malaysia (East and West), in 1979, a position he held till 1981.

His political career, meanwhile, took off in 1964. That is when he served as Selangor State Assemblyman for five years, during which time he was also Chairman Public Account Committee, Selangor and Chairman Selangor Goodwill Committee, Inter-Racial Student Exchange. And, from 1974 to 1977, he served on MIC's Central Working Committee.



*S*erving a Growing Nation

—  
*MMA Foundation*

The MMA Foundation was set up in 1974 to assist the Association contribute more to the community. This was to be done by providing scholarships, loans and grants to needy medical students, donations to charities and sponsoring community health projects and public health education, continuing medical education programmes and scientific researches in the country.

The launching ceremony was conducted by the Minister of Health, Tan Sri Lee Siok Yew on August 20, 1976, at the Dewan Tunku Abdul Rahman, Jalan Ampang, Kuala Lumpur. Among the 200 guests were ministers, members of the diplomatic corps, representatives from various professional bodies and members of the medical profession from more than 10 countries.

The Foundation's first Chairman was Dato' (Dr.) Lim Kee Jin, the Hon. Secretary Dr. K. B. Kuah and committee members: Dr. G. A. Sreenevasan,

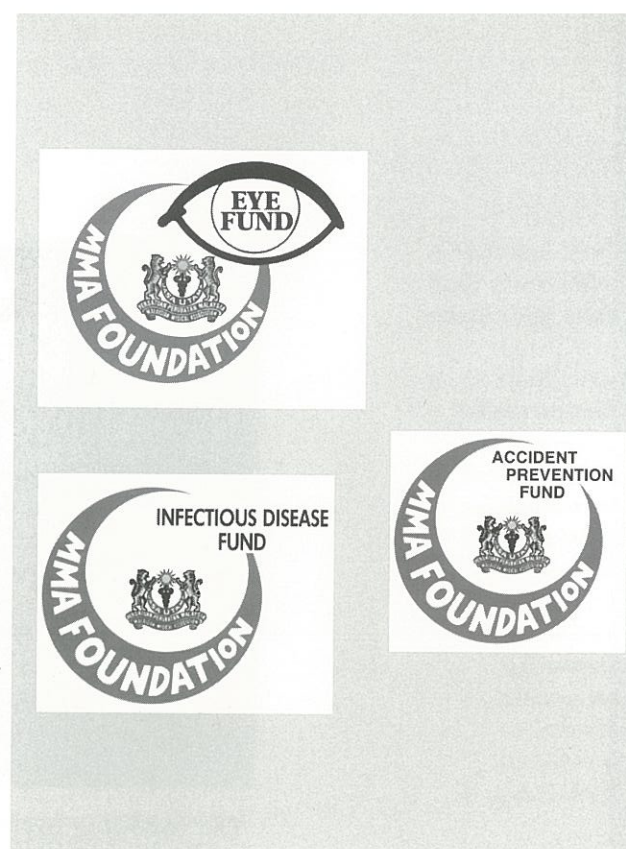


Tan Sri Lee Siok Yew, Minister of Health (centre) and Dato' Lim Kee Jin, Chairman, MMA Foundation (right) at the launch of the Foundation on August 20, 1976. Looking on is Dato' (Dr.) G.A. Sreenevasan, President of MMA.

Dr. Liew Fu San, Dr. Teoh Soong Kee, Dr. M. K. Rajakumar and Dr. A. A. Sandosham.

Finances came from many sources. An initial grant of RM 100,000 was made by the MMA Council, payable by installments of RM 10,000 per month. In addition to this, others who donated generously in the first year included Shaw Brothers (RM 25,000), Tan Sri Lee Yan Lian (RM 10,000), Lian Hin Rubber Co. (RM 5,000), Tan Sri Lee Siok Yew (RM 1,000), Dr. G. A. Sreenevasan (RM 1,000), Perkuat Kuari Sdn. Bhd. (RM 100), Dr. Michael Gilmore, President Royal Australian College of Physicians (RM 100).

Among the early benefactors of the scheme were University Sains Malaysia, which was allocated RM 10,000 to undertake research into the organisation and delivery of medical care in Malaysia; medical students of University Kebangsaan, University Malaya and University



Sains Malaysia who received loans, repayable after graduation; and the Bethany Home for Epileptic Children in Ipoh, which received a donation of clinical equipment.

More recently, the Foundation has set up a 'Special Funds' project for promoting better healthcare.

Its first undertaking was the MMA Foundation Eye Fund, launched in 1989. Eye care is a vital necessity, and research shows that in developing countries, including Malaysia, the principle victims of blindness are children and the elderly. The Foundation, therefore, with the assistance of the Ophthalmological Society of the MMA, began working towards the establishment of an Eye Fund dedicated to advancing preventive eye care in Malaysia. Its principal objectives were to increase the available pool of trained manpower for the prevention and treatment of eye diseases, and to further improve and raise the existing standards of the practice of ophthalmology at all levels.

The Eye Fund was utilised to carry out: Professional training, public education and community services, and research, and it endeavoured to educate the public and provide guidelines for the early diagnosis and care of visual disorders. Through its community service project of 'Home Eye Test', launched in 1990, more than 781,000 children were tested and 27,656 were identified with visual defects. The Foundation hopes to repeat this programme in conjunction with the Ministry of Education, so that students entering Primary One each year, numbering about 400,000, can participate.

Other activities of the MMA Foundation include the 'Infectious Disease Fund', 'Infant Ventilators Appeal', and the 'Accident Prevention Fund'. Funding for research projects such as 'Care of the Elderly', 'Health Hazard of Oil Palm Plantation Workers', and 'Healthcare Delivery System in Plantations' were approved. ■



*n The Right Footing*

—  
SCHOMOS

SCHOMOS or Section Concerning House Officers, Medical Officers and Specialists in the public sector originated in 1971, but after five years was disbanded. It was registered as a section of the Association in 1991. Then, at MMA's 21st AGM in 1981, a resolution was moved by Dr. Tan Heng Soon (Proposer) and Dr. Alex Mathews (Seconder). It stated: "That the Malaysian Medical Association set up a sub-committee to advocate the interests of the Government doctors."

The resolution was passed unanimously and the MMA Council decided on the revival of SCHOMOS. Dr. Wong Sai Hou was appointed coordinator. In his draft of the 'Terms of Reference' he proposed that SCHOMOS become a section of the MMA and not function as a standing committee. He also added that SCHOMOS obtain the approval of the MMA Council and the Registrar of Societies, if it wants to be a section of the MMA. However, these recommendations were not taken into

consideration until 1987, when the issue of recognition of SCHOMOS surfaced.

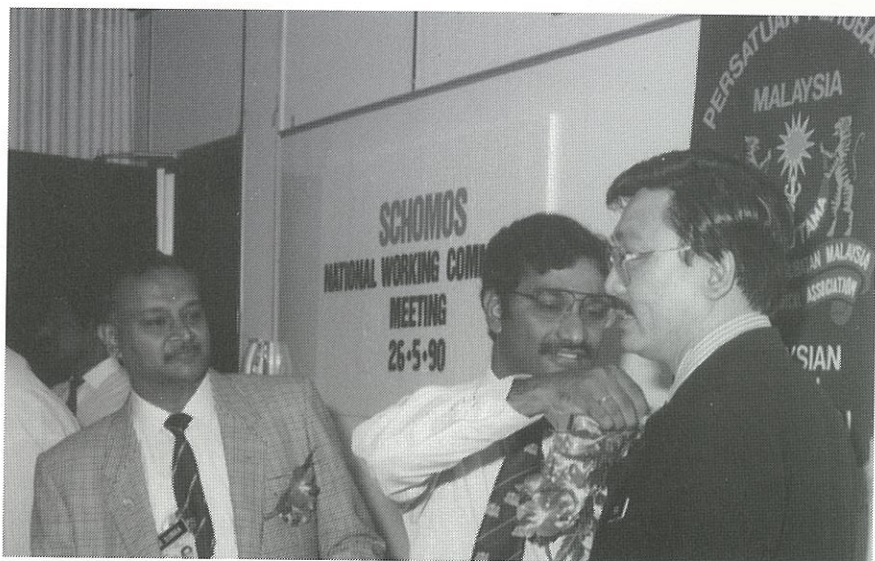
Thus it was in November 1981, the inaugural meeting of SCHOMOS was held and the 'Terms of Reference' accepted. Once the formalities were sorted out, SCHOMOS got down to work.

1983 was an exceptional year for SCHOMOS. Under the Chairmanship of Dr. Amir Farid Isahak, SCHOMOS voiced concern over the large number of resignations of doctors from the public sector primarily due to unsatisfactory service conditions. A series of meetings with the Ministry of Health and the Public Services Department culminated in a meeting with the Deputy Prime Minister. It was at this meeting that the Government introduced certain incentives to help retain doctors in public service. These included Automatic Promotion to Senior Time Scale on completion of five years service and the recognition of the One-Year Posting of House Officers, as part of Government service.

The following excerpts from a report in Berita MMA, dated 1989, by Chairman of National SCHOMOS, Dr. P. Krishnan, sheds more light into the formative years of this body. "The MMA Council at its meeting held in Johor Bahru on August 13, 1988 decided that SCHOMOS should be a section of the MMA. SCHOMOS 'Terms of Reference' was subsequently forwarded to the Registrar of Societies for approval.

"Our principal MMA officials informed that at their meeting with the Registrar's representative certain technical problems were pointed out which prevented the Registrar from giving SCHOMOS its approval and recognition. The Ways and Means Committee of the MMA reviewed SCHOMOS 'Terms of Reference' and tabled it at the last MMA Council meeting. This however, stirred up a lot of emotions among SCHOMOS Committees. SCHOMOS felt that any proposed amendments to the existing 'Terms of Reference' should be referred to them first."

Considering the sentiments expressed by SCHOMOS, MMA President, Dr. Syed Mahmood called for a meeting between MMA officials and



SCHOMOS NWC 1990 – Dato' Chua Jui Ming (then Parliamentary Secretary to the Ministry of Health) being welcomed by Dr. P. Krishnan, Chairman, National SCHOMOS and Dato' (Dr.) N. Subramaniam, President of MMA (extreme left).

SCHOMOS officials to debate the 'Terms of Reference'. That meeting took place on January 5, 1989. MMA Council was represented by Datuk (Dr.) R. P. Lingam, Dato' (Dr.) Selvaraju, Dato' (Dr.) Khalid Kadir, Dr. Yeoh Poh Hong and Lt. Col. (Dr.) R. Mohanadas. SCHOMOS was represented by Dr. Zainal Abidin, Dr. L. R. Chandran, Dr. M. Singaraveloo, Dr. S'ng Kim Hock and Dr. P. Krishnan. The meeting was chaired by Dr. Syed Mahmood.

Three main issues discussed were:

- The structure of SCHOMOS within the MMA
- The relationship between SCHOMOS and MMA at state and national level
- SCHOMOS liaison with the Government

Both parties expressed their feelings strongly but a give and take policy prevailed, resulting in a fair conclusion to the meeting.

A National Working Committee (NWC) was formed later, thus making the body more effective and by 1990, a SCHOMOS committee was successfully established in all states. Today, the objectives of SCHOMOS are as follows:

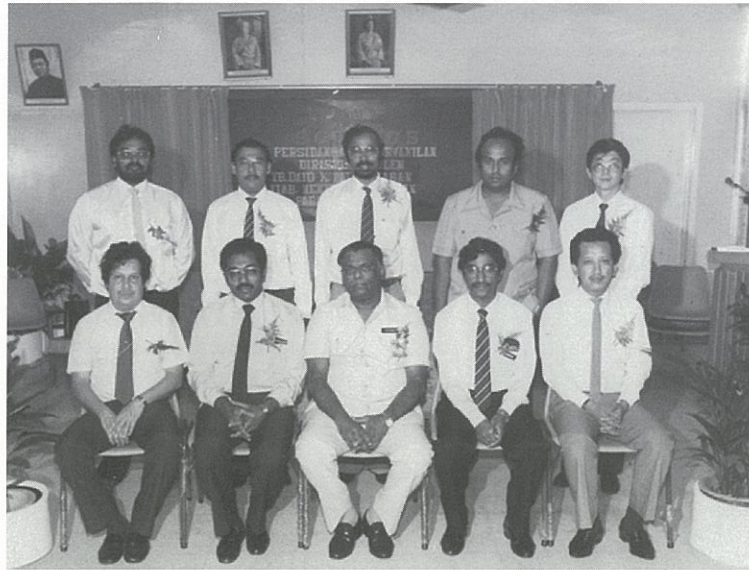
- It shall provide a recognised means of consultation between the Government (the employer) and doctors in the public sector, promote measures for securing and preserving amity and good relationship between them and to that end, it may –
  - a. discuss matters of common interest
  - b. endeavour to compose differences in respect of such matters
  - c. advise the employer on matters relating to problems on service matters
  - d. assist the management in the organisation and promotion of schemes for the training of its doctors
  - e. inform doctors in the public sector who are not yet MMA members of activities of the MMA and to encourage their involvement as members of the Association
  - f. promote Continuing Medical Education

To improve the service structure and other benefits for doctors, the NWC has proposed to the Ministry of Health to look into various issues.

These include:

- clinical allowance for medical officers
- review of specialists allowance
- better promotion prospects for specialists
- increase in allowance for public health officers/administration
- better promotion prospects for medical officers

The dialogue between MMA and the Government on the plight of doctors in public service is a long standing one. A report in a 1991 Berita MMA states: "The Government has also announced an increase in specialists allowance which will be backdated to January 1990. Though the Ministry has turned down our request for clinical allowance for medical officers, we intend to pursue the issue once again. Further, Ministry officials have agreed with us that no doctor should be made to work more than 24 hours at a stretch. Sufficient rest should also be given to a medical officer doing an active call."



SCHOMOS 2nd NWC Meeting, March 10, 1989, at the General Hospital, Seremban. (Seated from left) Dr. L.R. Chandran, the late Dr. Zainal Abidin, Dato' K. Pathmanaban (then Deputy Minister of Health), Dr. P. Krishnan, Dr. Ahmad Shukri. (Standing from left) Dr. Kauthaman Mahendran, Dr. P. Vijayasingham, Dr. M. Singaraveloo, Dr. Vijayaratnam, Dr. S'ng Kim Hock.

SCHOMOS National Chairman for the year 1994-1995, Dr. S'ng Kim Hock, provides the following update: "Over the years, various chairpersons and their committees have had patience and sometimes difficult negotiations with the authorities to seek solutions for various problems. Several significant breakthroughs have come about due to support from the Government, from the Cabinet right down to the Treasury, Jabatan Perkhidmatan Awam, and the Ministry of Health.

"These achievements include approval for out-of-hours allowance for doctors going on call after office hours, announced by the Ministry of Health at the National Working Committee meeting in November 1994. The charge allowance for doctors performing duties for those who are either on long leave or where posts are vacant, have also come through

for States which have submitted these claims. Finally, another significant breakthrough, thanks to the efforts of the Ministry of Health, is the purchase of quarters for rental for Government doctors in the more expensive cities such as Kuala Lumpur and Johor Bahru".

MMA is confident that now as a registered body, SCHOMOS is finally on the right footing and can effectively function for the well-being of Government doctors. It is convinced that SCHOMOS is a powerful contributory factor for the steady rise in MMA's membership, and that membership, which now stands at 80% of all doctors, will rise to 100%. When that time comes, it concludes that MMA will then be the representative body which decides the broad policy for the medical profession as a whole. ■

*F*orging Ahead

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PRIVATE  
PRACTITIONERS  
SECTION

The PPS was inaugurated on March 31, 1961 and, until the 80s was known as The Private General Medical Practitioners Section of the Malayan Medical Association.

It was formed on the request of Private Practitioners and Private Practitioners' Associations in several states, and only MMA members could join. Prominent among the Section's objectives was the need to improve the standard of Malaysia's general medical practice and to promote co-operation among private general practitioners.

The first AGM was attended by 13 members of the Malayan Medical Association and the following were appointed to the Ad Hoc Committee to draft rules and regulations – Dr. Tan Chee Khoo (Chairman); Dr. P. T. Arasu, Dr. C. J. V. Helliwell, Dr. Chen Man Hin, Dr. G. M. Das De, Dr. Tow Siang Yew and Dr. Yong Kok Kooi.

Membership in 1961 stood at 145 with a fair representation from all over the country. One of the first recommendations by the committee was to ask for a study of the possibility of insurance companies setting up a standard scale of fees for medical examinations.

In its first year, the Section also held a Special General Meeting and the following were some of the subjects discussed:

- 'The Role of the Private Practitioner in the Rural Development of Our Country', a talk by Dato' (Dr.) Mohd Said Bin Mohamed, L. M. S. (Singapore), Menteri Besar, Negri Sembilan. He posed a challenging question: "Why don't doctors venture forth into the countryside and blaze the trail for future young medicos to follow?"

A committee of five, comprising Dato' (Dr.) Mohd. Din Bin Haji Ahmad, Dr. L. W. Jayasuria, Dr. S. Param Palam, Dr. Tan Chee Khoo and Dr. P. T. Arasu, were given the task of investigating and suggesting solutions to the problem.

- Some problems in General Practice:
  - a. Covering of unqualified persons
  - b. Registration
  - c. Advertising
  - d. Problems with regard to admission to hospital
  - e. Notes on follow-up cases after Admission to hospital
  - f. Politics and Private Medical Practice
  - g. Specialist consultation

In 1962, the following became the first office bearers:

Dr. Tan Chee Khoo (Chairman); Dr. P. T. Arasu (Secretary); Dr. Yeoh Cheang Ho, Dr. Haji Megat Khas, Dato' (Dr.) Cheah Toon Lok, Dr. S. G. Rajahram, Dr. Yong Kok Kooi and Dr. Sulieman Bin Mohd. Attas (Committee Members).

In the 60s, a matter of concern to the Section was media publicity on the shortage of doctors, which it felt was misleading. It said: "In actual fact, medical practice is over-crowded in the urban areas. Because of that, many of them

(doctors) are moving out into the suburban and rural areas, to small towns where there were no medical practitioners ten years ago.”

The Section also felt the rate at which doctors were going to rural areas was satisfactory when compared with that in other developed countries.

It added: “In the expansion of our universities, the planners should have in mind that, in the years ahead, they will not create a glut of doctors in the country. That was exactly the state of affairs in the United Kingdom about ten years ago when it was estimated that a few thousand doctors left the country yearly. In our country the matter is further aggravated by the presence of large number of Chinese herbalists, bone setters, self-styled piles specialists etc.”

Also taken up with the MMA Council was the Government’s decision to employ, on a part-time basis, private general practitioners. The Section supported this as it felt it was bad colonial practice not to permit private general practitioners to treat their own cases in Government hospitals. “The crux of the matter is whether the Government wants to have a high quality of general practitioners service in the country. If it does, then medical practitioners should be allowed to follow up their cases in hospitals as there is no better method of learning than to watch the results of your own treatment,” said the PPS.

For all its good intentions, the Private General Medical Practitioners Section received little support for its review into relevant issues and by 1970 it lost its role in the MMA.

But on March 7, 1987, the MMA Council decided a committee comprising GPs who were council members should be formed to study the possibility of setting up a committee within the MMA, to look after the affairs of the GPs.

At the 28th AGM of the MMA at Kuala Lumpur, the following resolution was adopted:

“In view of the development in the media in the past year, the House viewed with grave concern the erosion of public confidence in the standard of general practice in the country. Contrary to the misguided belief of some politicians and lay people, the standard of medical care is of high quality relative to the medical cost and available facilities, and the qualifications of the medical practitioners were comparable to the best in the developed countries. The House strongly urged the President of the Association to immediately embark on a plan to instil public confidence in the existing good medical care in the private and public sectors.”

Following the adoption of this Resolution, a Protem Committee was set up:

Chairman : Dr. Anis Ahmad/Dr. Tibbs Fernandez  
Committee Members : Dr. K. Kulaveerasingam  
Dr. Tan Chee Kuan  
Dr. M. K. Rajakumar  
Chairpersons from 4 Private Practitioner Societies

This Committee met for the first time on June 28, 1987 and came up with its ‘Terms of Reference’:

1. To represent views, interests and aspirations of members of the MMA in private practice
2. To study problems faced by private practitioners and recommend solutions to the MMA Council
3. To encourage the active participation of private practitioners in activities related to healthcare and to assist them to adequately respond to changes

The Committee also proposed various objectives, namely:

1. To institute measures to achieve greater participation by private practitioners in the activities of the organisation of the MMA
2. To prepare private practitioners for impending changes in the delivery of healthcare and to assist them in adequately responding by national representation
3. To cooperate with existing private practitioner organisations in attaining national representation

As can be seen, the Committee decided to work for the betterment of private practitioners as a whole rather than limit itself to only general practitioners. The reasons were two-fold, namely:

1. It was felt that MMA had SCHOMOS which represented all public sector doctors, hence another wing comprising all private sector doctors would complement the workings of the MMA Council
2. Forming a section only for GPs would still leave a large section of the MMA without affiliation to either wing

Problematic areas delved by the Committee included:

1. Problems with SOCSO – the problem of non-payment and delayed payment for SOCSO cases brought up by MMA members
2. Advertising by Private Hospitals
3. Touting and Undercutting
4. HMOs, PPOs and the advent of businessmen in Healthcare Delivery
5. Drug Control Authority
6. Dispensing and Labelling

Since 1987, the Section of Private Practitioners (SECOPP) has been growing in strength. On February 20, 1991, the 'Terms of Reference' of this Section was formally approved by the Registrar of Societies and it was renamed as the Private Practitioners Section (PPS). As at December 31, 1994, total Private Practitioners membership in the MMA stood at 3,664. ■

### *PPS Resolution*

*"In view of the development in the media in the past year, the House viewed with grave concern the erosion of public confidence in the standard of general practice in the country. Contrary to the misguided belief of some politicians and lay people, the standard of medical care is of high quality relative to the medical cost and available facilities, and the qualifications of the medical practitioners were comparable to the best in the developed countries. The House strongly urged the President of the Association to immediately embark on a plan to instil public confidence in the existing good medical care in the private and public sectors."*



# MMA

## PUBLICATIONS

### *THE MEDICAL JOURNAL OF MALAYSIA*

Published since 1890, this journal originated as the Journal of the Straits Medical Association. With the formation of the MMA, the Journal became the official organ, supervised by an editorial board. Some of the early Hon. Editors were Mr. H. M. McGladdery (1960 to 1964), Dr. A.A. Sandosham (1965 to 1977), Professor Paul C.Y. Chen (1977 to 1987).

It is a scientific journal, published quarterly and can be found in medical libraries in many parts of the world. The Journal also enjoys the status of being listed in the Index Medicus, the internationally accepted reference index of medical journals. The editorial columns often reflect the Association's views and attitudes towards medical problems in the country.

### *BERITA MMA*

The MMA newsletter started in 1969 through the enthusiasm of Dr. Lim Kee Jin, its first Editor-in-Chief. A lack of funds kept it infrequent, but in 1974 it became a monthly publication and later an income earner.

The newsletter carries reports on the activities of the Association, especially the Council. Members are encouraged to contribute whereby they can express their views on medical and health problems so that fellow members, the public and the Government could be made aware of them.

### *DIRECTORY OF MEDICAL PRACTITIONERS*

First published in 1969 by Dr. S. Param Palam, the Directory contained information on medical practitioners in Peninsular Malaysia. Since then it has been discontinued.

### *PUBLIC HEALTH BULLETIN*

This annual bulletin is published by the Public Health Society of MMA. It reports current developments on health in Malaysia.

INTERNATIONAL AFFILIATIONS

The Malaysian Medical Association is a member of the Medical Associations of South East Asian Nations (MASEAN), Commonwealth Medical Association and the Confederation of Medical Associations in Asia & Oceania (CMAAO) and is affiliated to the:-

British Medical Association  
Medical Association of New Zealand  
Australian Medical Association  
Indian Medical Association  
Singapore Medical Association  
Chinese Medical Association

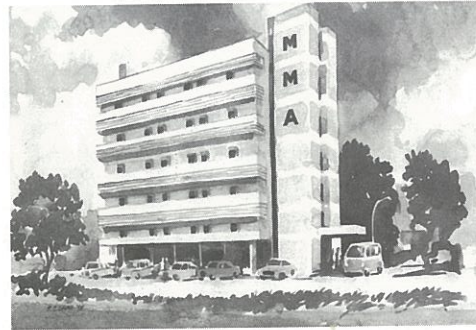
**Affiliation with G15 Countries (South-South Countries)**

In line with a resolution passed at the 34th Annual General Meeting of the MMA, in Johor Bahru in June 1994, the Association has communicated with the relevant embassies of the G15 countries namely – Argentina, Algeria, Brazil, Chile, Egypt, Mexico, Nigeria, Peru, Senegal, Venezuela, Zimbabwe.

With affiliation in mind, the MMA has requested the local representatives of these countries to submit the names and addresses of the medical associations in their countries.

Also members of the G15 group are India, Indonesia and Jamaica. India is already affiliated to the MMA while Indonesia, although not affiliated, has links through CMAAO and MASEAN. As for Jamaica, no headway has been made so far because it does not seem to have an official representative here.

**THE HISTORY OF MMA**  
*The First 35 Years*  
**1960 - 1995**



**PUBLISHED BY THE MALAYSIAN MEDICAL ASSOCIATION**  
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*The conclusion of more than a year's work is certainly gratifying for me, the writer, in more ways than one. Indeed more than professional pride in my involvement as a journalist, I also take personal joy in the endeavour as a result of my affinity for the medical profession (my late brother Chandra Mohan was a doctor).*

*The path to bringing this undertaking to a productive conclusion was, at times, a difficult one, but in many ways kindredness was the only thing that helped. It was this, that also sustained the spirit and the vision, and looking back, I am thankful for the opportunity and I hope that future generations will find this book a 'welcome journey' into the past.*

Vanaja Dhanan  
Dhanan Associates

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