



**Dr Mohamed Namazie Ibrahim**  
Incoming President  
mma.namazie@gmail.com

# Incoming President's Message

"The dogs bark, but the caravan moves on."  
(An old Arab proverb)

What was believed to be impossible to achieve became a reality. The human spirit when inspired can rise above all the obstacles and difficulties that may have been thrown at it. Such was the case on 9 May 2018. A country that was forged more than six decades ago with democracy, equality and unity as its foundation had been shattered in the last decade and had become the most corrupt and scandalous nation in the world. On that fateful day in the month of May, the people decided that enough is enough.

The young and the old took the leap of faith and decided to change the government that had been in power since independence 61 years ago. The nation roared with joy when the pins tumbled and a new Malaysia was born. The people celebrated and placed their faith and expectations in the new leaders led by none other than Tun Dr Mahathir Mohamed, one of our own and an Honorary Member. The nation looks towards him to lead once again and mend this broken nation with justice, fair-play, inclusiveness and harmony of all the people.

The nation needs to heal, for far too long it has been suffering and with God's grace it will heal. While we rejoice at this unexpected turn of events I am reminded of the speech by Dr Martin Luther King Jr, in which he said, "Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred".

Let us get back together as we did in 1957 and forgive those who would have been the cause of our grief and embrace them with kindness and compassion.

As in the past, Malaysian Medical Association will work with the government of the day as we remain apolitical.

This inaugural message is out of the ordinary. At the behest of the Editor I prepared it ahead of my installation as President as the Editor wanted the July edition to be hot out of the press and be available for distribution at the 2018 National MMA Convention in the last weekend of June. We are living in extraordinary times as this has never happened before. Old set ways

have been broken and new paths are being made, just as what is happening in our beloved nation.

I am humbled by the trust placed in me by the members of the Malaysian Medical Association in electing me as their President to lead this august organisation. The journey to this position is a story spanning four decades. After having served in various positions in the committees of the Association at branch and national levels, it is indeed an honour to be given the opportunity to serve at the highest level. I thank all the members and I hope your faith in me would not have been in vain. I beseech upon Divine guidance and the support of all of you, especially the Council and Exco members to fulfil my duties.

After having been involved with MMA for four decades I felt it was time that MMA found new directions in its march towards remaining relevant in the rapidly changing world. There have been many trials and tribulations in the past with acrimonious episodes often resulting in unpleasantness among some members especially during the annual general meetings and election. On one occasion it led to the de-registration of the Association due to disgruntlement.

Fortunately, with the intervention of some concerned people at the higher level of the government we managed to get back on track. Never again should this happen. After giving a lot of thought I felt that rebranding and transformation of MMA is required. The transformation and rebranding can be a complex task that requires utilisation of specific skill sets and expertise. We also need new people to overcome the natural habits of the office bearers to think and plan within the confines of the familiar. This would be the quantum leap of faith.

The younger members as well as non-members, we realised, would like to be involved through informal means and not through a rigid hierarchy that stifles exchange of ideas. In this respect we need to create or adopt an existing platform to give space for free discussion. It is necessary to open up and allow the members to give their opinion, criticise or even vent their frustrations.

At the first Council meeting in 2017, I put forward my idea to rebrand our Annual General Meeting to

National MMA Convention and Scientific Congress with emphasis on scientific content, keeping in line with the compulsory requirement for continuing professional development as enshrined in the newly amended Medical Act and Regulations. This was graciously accepted by the then President, Dr Ravi Naidu, and the Council members as this new concept needed a period of incubation before it could hatch. The idea was spread at the branches during their annual dinner and also through dissemination of information in the Berita MMA. The social media was used to gauge the support for this plan. There were no adverse reactions or significant objections and it was decided to do a test run in 2018.

Many national medical associations throughout the world have short annual general meetings where the reports and accounts are submitted. More time is spent on debates on policy matters affecting the members and the health care system in their respective countries. We too should evolve to a higher level of controlled debate. While it is the right of every member to voice their opinion, the reality is, there is not enough time to accommodate all during annual meetings. To bring a semblance of control and discipline in the conduct of the meetings, it was decided to change the constitution to elect a Chairman and a Vice Chairman who will be tasked to conduct the meeting.

Today, the members have various means of communicating with the leadership of the Association and among themselves at all times. There are several WhatsApp groups, Telegram groups, Facebook page and Twitter account within MMA at the national and branch levels. Your voice will be heard at all times and not necessarily during meetings only. The members can communicate with their Branch Chairman who will then present the concerns of the members during Council meetings. The Council itself has rapid communication system established through the social media and often certain issues can be resolved quickly.

There are several outstanding matters that have not been resolved. While going through the speeches of the previous Presidents the pattern was one of recurring concerns with the same issues. It is rather disappointing that these have not been settled even to this date. We now have a new Minister who needs to be briefed of these once again. I have highlighted these issues once again in my inaugural speech and we have to wait for the response from the Minister and the Ministry officers.

Another change in the track for my term as President would be to exhort the members to concentrate on our civic professionalism. In my charge to the SCHOMOS at their final National Working Committee and well as PPSMMA of 2017, I requested them to look at ways to enhance their practices. SCHOMOS leadership should engage with the administration of their respective

hospitals and ease their way into influential positions to be able to guide the decisions that are made so that they are of mutual benefit.

There are still areas of concern regarding the delivery of care to patients in the public sector. Though many of the problems encountered can only be resolved by the administrators, the SCHOMOS itself could be the vehicle for change. The common complaint of patients in the public hospitals is the lack of continuity of care by the same doctors including specialists and long waiting time. How can this be addressed? Would advance planning and a roster be useful to overcome this?

Can the administrative work be reduced for clinically oriented specialists and consultants who may not have the desire to be involved in administration? Some would rather spend more time in the clinics, wards and operating rooms rather than attending meetings.

Should there be a separate cadre of doctors at department levels, who can devote themselves to administration and who can have a separate career pathway? The highly skilled clinicians are often taken up the scale of administration and less of their clinical expertise and services are available to the patients. These are some of the areas that can be explored.

The general practitioners too have to relook at their practice. The vast majority of them are attending to simple acute illnesses and their full potential to be the backbone of the health care system is not being utilised. The disease burden of non-communicable diseases is increasing every year resulting in overstressing resources in the public hospitals and clinics. Should the private practitioners play a bigger role in easing this situation? Before we can ask for meaningful public-private partnership, the private practitioners have to ask whether they have equipped themselves with the necessary knowledge and skill sets. They cannot be complacent anymore.

Private health care facilities have been upgraded to the required standards by the enforcement of the Private Healthcare Facilities and Services Act. Should we wait for another set of legislation to compel us to deliver quality primary care or should we voluntarily start the process of improving the quality in practice? There are several models available for this. PPSMMA has initiated discussion with the Academy of Family Physician of Malaysia to use their module. There was also an initial meeting with the Irish College of General Practitioners to conduct their courses in Malaysia. This will be further explored in the coming months by the new Exco.

Unlike general practitioners, private specialists are generally covered by various measures that have been put in place for quality care by the hospital managements. Many private hospitals have

implemented quality and performance indicators to gauge the quality of care rendered by their specialists as a requirement for accreditation by the MSQH or the Joint Commission International. With this level of scrutiny and audit some of the private hospitals have attained international recognition as providing quality care which contributes to the national economy by treating a large number of foreign patients. I am inclined towards not using the term medical tourism though it is a fashionable term today. Many of these foreign patients have not come as tourists but to seek treatments which are not available in their home countries or their cost is exorbitant over there.

The Exco and the Council of the Association will seek to resolve with the new government all the issues that were not settled in the previous years. The gazetment of the 7th Schedule of Fees for private clinics would be the priority. We will endeavour to bring a closure to the FOMEMA and MCO matters as well.

The other important matter is the transparency in promotion of government doctors and we will certainly engage the Ministry of Health on this together with the SCHOMOS leadership.

There are more challenging issues that are looming in the horizon and these will have to be dealt with in

the coming years. We need to take a stand on the Voluntary Health Insurance that is being mooted by the Ministry of Health. We can only do this when we have more details of the Scheme. It is rather unfortunate that the MOH did not take the Association into its confidence when planning for this earlier. We sincerely hope that this will change with the new minister in charge. After all MMA has always been sincere and transparent in our dealings with the MOH and have been courageous to voice our opinion, either in support when in our opinion a scheme would bring benefit, or in opposition when necessary. This is how an open society operates.

The Association cannot function without the support of the members. The new leadership of the Association will continue engaging with the members through various means that are available and every voice will be heard. Social media is a double-sided tool and when used judiciously can bring tremendous benefit but wrongful use can be disastrous. As is often said, if you have something good to say announce it to the world. However, if there are deficiencies you wish rectified or any criticisms, do convey them privately to me or to the Hon. Secretary General. My email inbox (mma.namazie@gmail.com) is always open if you do wish to communicate.



# LONDON COLLEGE OF CLINICAL HYPNOSIS ASIA



## Clinical Hypnosis Programme 2018

- Medical Certificate in Clinical Hypnosis • Hypno-anesthesia • Pain Management • Hypnodentics
- Hypnosis for Childbirth • Medical Diploma • Hypnosis for Psychological Trauma



Courses August - December : (3 Weekends)  
Venue : University Malaya, Kuala Lumpur

**UK Accredited**



**MSCH** Malaysian Society  
Clinical Hypnosis  
Guiding Professional Clinical Hypnotists in Malaysia

03-79606439 / 012-2504540

info@lcch.asia

www.lcch.asia