

President's Message



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Other Malaysian delegates from Malaysian SME Corporations (MITI) and from the Medical Devices Authority (MOH)

Sixty days have gone since taking office and there has not been a single day when there was not an issue that needed attention. The flurry of events that are taking place after the new government took over has affected healthcare as well.

The new Minister of Health, YB Dr Dzulkefli, announced that the government will be relooking at the various contracts pertaining to the Ministry of Health signed by the previous government. The drug purchasing contracts came under scrutiny as they form a large portion of the operating expenses of the Ministry. The Minister has affirmed the government policy of an open tender system. Hopefully, this will bring about the decreased total expenditure without drug shortages towards the end of the year as often happened before.

Bullying and Harassment

Bullying in healthcare seems to be a worldwide problem, to the extent that the World Medical Association issued a statement on this. The statement on bullying has been recognised as a major occupational stressor and has defined it as "unreasonable and inappropriate behaviour directed towards a worker or a group of workers that creates a risk to health and safety".

It is not a single episode but rather a pattern of behaviour that is repeated over time. It includes behaviour that intimidates, offends, victimises, threatens, degrades, insults or humiliates. It can take psychological, social and physical forms. It is not the perpetrator's intention, but the victim's perception, that is the key to determining whether bullying has occurred.

Harassment, on the other hand, has been defined as

unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended. It can be related to a person's ethnicity, gender, sexual orientation, disability or other factors.

International research has shown that bullying in healthcare is not associated with speciality or sex and is widespread and occurs across all specialties and at all levels of seniority. It is more commonly inflicted by a more senior staff upon a more junior one.

WMA has given an eight-point recommendation to the national medical associations to recognise and where possible, to actively address the problem.



With delegates from Chile and Brazil

The issue of bullying and sexual harassment of the junior doctors took centre stage in July in our country, and again we had to engage in the conversation that took place. A media release was made requesting for the Sexual Harassment Act to be enacted by the government. The MMA media release emphasised the HELPDOG system as another avenue for the doctors to report any abuses or bullying that they may have encountered. This system could also be utilised by the doctors to request assistance if they need any assistance even in personal matters.

Some of our members have volunteered to assist in running the HELPDOG and they must be appreciated for going out of their way to help our fellow colleagues who are in distress.

The Hazards of Media Statements

Many former MMA Presidents have encountered hostile reactions after making a public statement involving healthcare or doctors. It is not different during this term, but I did not envisage this occurring in the early part of my term. The recent social media discussions on the controversial statement made by a doctor on the matter of LGBT initiated journalists scrambling to get views of different organisations and MMA was not spared.

Based on the questions posed I had to emphasise the ethical issues pertaining to the management of all patients as required by our MMC Code of Professional Conduct and also the Geneva Declaration and the Physician's Pledge. Reiteration of the ethical principles of not discriminating patients is not negotiable and must be upheld even if it brings adverse reactions from others including our members.

Having been advised by past presidents not to entertain any phone interviews, all the statements were made in writing but the sensational headlines in the media report are something beyond our control.

Matters Involving General Practitioners

There are still several long outstanding issues involving general practitioners that have not been resolved. These issues have been carried forward year after year and it seems as if no one is interested in resolving them.

These are the 7th Schedule of Fees for the private clinics, MCO, and FOMEMA. After several discussions with the Director General of Health, the 7th Fee Schedule was presented to the YB Minister who has called for a town hall meeting as part of the new regime's standard for public engagement.

The Chairman of the PPSMMA and I will be presenting the 7th Schedule of Fees to representatives of some 40 organisations that have been invited for the meeting. This is unprecedented and never has such an engagement been done before for healthcare related matters.

We are not even for asking for a raise in the fees but to harmonise GP fees with that found in the 13th Schedule – which has a section on GP fees for medical officers working in private hospitals. We see no reason why GPs outside the hospitals should be treated differently.

In fact, the fees should be higher for the outside GPs as they have higher overhead costs compared to the medical officers in private hospitals (who can charge other fees that a private GP cannot). We hope to post the outcome of the town hall meeting on the MMA Facebook and also on other doctors' social media.

International Meetings

Attending certain important international meetings has been the tradition in MMA and one such meeting is the British Medical Association (BMA) Annual Representative Meeting (ARM). The ARM of BMA is a four-day affair and unlike our annual meeting, the ARM is full of discussion on motions concerning policies and other matters relating to doctors, healthcare, students and even environmental concerns.

This year, there were over 300 hundred motions submitted for discussion. The Hadiza Bawa-Garba case and the role of the General Medical Council in getting the young doctor struck off the register elicited strong reactions from the representatives who attended the ARM.

The solidarity shown by the profession and the crowd-funding among doctors to raise sufficient fund for her Superior Court appeal was unprecedented. Recently, the Superior Court decided in favour of the doctor and ruled that the lower court's ruling to strike her off the register was inappropriate. She was then reinstated to the register, thus allowing her to continue practising as a doctor.

This case has also led the United Kingdom Government to review the law to restrict GMC from appealing against the judgment of the Disciplinary Tribunal. The practice of medicine is the most difficult and complex undertaking. Mistakes will be made and learning from these through self-reflection is an important step in preventing future mishaps.

As has been often said medicine is a lifelong learning and experience should be considered as an asset. No physician sets out to harm a patient intentionally and recent Malaysian court ruling and award of aggravated damages for negligence is rather curious and not justified just as Bawa-Garba was unjustly found guilty of manslaughter and deregistered despite total system failure.

APEC Business Ethics for Small and Medium Enterprises Forum 2018

I was invited to attend the APEC Business Ethics for SME Forum in Tokyo from 18-20 July 2018. This was a three-day intensive forum on the business ethics for small and medium size pharmaceutical companies and medical devices manufacturers. During the Forum, Japan, China and Australia signed the Consensus Framework for the Business Ethics. These countries had come to a consensus agreement among the three parties, namely the industry, healthcare providers and the patient representative organisations to observe the ethical guidelines for the industry.

A session was devoted to examining the shifts in the medical device and biopharmaceutical sectors

across the APEC economies and how stakeholders are examining trends such as government partnerships and policies that embrace private sector integrity programs, changing market participants (e.g. digital and disruptive technologies and third-party intermediaries), increased scrutiny on the supply chain, and heightened focus on value-based outcomes.

Each APEC economy is set to embark on the consensus framework based on the fundamental ethical principles and examine implementation strategies to realise mutual benefits for all the stakeholders.

There are several principle codes that have been put in place and these include the Mexico City Principles for Biopharmaceutical Industries and the Kuala Lumpur Principles for the Medical Devices Sector.

Several other codes of ethics are still being developed and these include the Patient Organisations Toolkit to Implement the APEC Principles by Consensus Framework and the Healthcare Professional Code of Conduct Alignment Tool for the APEC Mexico City Principles.

Malaysian Medical Association, as a national organisation for the healthcare professionals (HCP), was chosen to be in the panel to address certain specific areas on the code of professional conduct and also to address the code of conduct of the pharmaceutical industry that impacted the (HCP).

The following questions were posed:

1. Are there HCP codes of conduct to support the implementation of the APEC Mexico City Principles?

I presented the Malaysian Medical Council Code of Professional Conduct that has a section on the relationship of the HCP with the pharmaceutical and medical device manufacturers.

The Malaysian Organisation of Pharmaceutical Industries (MOPI) has published the "Code Pharmaceutical Marketing Practices on Prescription (Ethical) Products –Amended July 2015". This was also presented as having an impact on the HCP.

In addition, there is also the Pharmaceutical Association of Malaysia Code of Conduct which was also mentioned in my presentation. This code is now in the 20th Edition.

2. What would be the view of the Malaysian HCPs towards the implementation of APEC Mexico City Principles and/or towards the codes of ethics being implemented by the local pharmaceutical industry associations in Malaysia?

This question was difficult to address as we do not have the data to form an opinion, and not many of the HCPs in Malaysia are aware of the Mexico City Principles or of the codes of conduct of the industry.

3. What does the current MMA leadership see as challenges and opportunities that are not being

met, for example, on building awareness, training cooperation, applying APEC Principles?

MMA did not have sufficient information on these at the time of the Tokyo meeting and it was mentioned that MMA would certainly consider dissemination of the information from the industry if we received them. Soon after the meeting, MMA received an invitation from the Pharmaceutical Association of Malaysia to send 15 representatives for training in the PhAMA Code of Ethics.

4. Does MMA have any best practice learnings that it wishes to share with other APEC economies?

The functioning of the Ethics Committee of MMA and that of the MMC was discussed.

5. Do you have any initial suggestions on the development of an alignment tool for HCP bodies like MMA and in the other APEC economies?

Initiate development workshops through national medical associations and invite all stakeholders to participate. There must be funding provided for this purpose. The two ideas that I floated in the discussions included a public registry of all funds received from the pharmaceutical and medical devices industry, and to set up a fund like our Human Resource Development Fund with contributions from the industry to fund HCPs from resource-poor economies to attend expensive hands-on workshops and other training programs without the moral hazards associated with direct sponsorship by the industry.

These codes of practice will begin to impact our HCP soon as industry sponsorships are beginning to be strictly controlled.

33rd General Assembly of the Confederation of Medical Associations of Asia and Oceania

MMA will be hosting this annual meeting in Penang from 12–15 September 2018. The theme for this year is "The Path to Universal Health Coverage". This is an apt theme as 2018 marks the 40th anniversary of the Alma Ata Declaration of Health for All. The member countries of CMAAO will present their experiences in their path to achieving universal health coverage for their citizens.

The Malaysian delegation will comprise of all the MMA Council members. The new feature for this meeting will be the strong presence of Junior Doctors Network (JDN) that is being spearheaded by the SCHOMOS MMA. The JDN consists of junior doctors from the CMAAO member countries and will have their own parallel meetings and will join the General Assembly for the scientific session to participate in the discussion on universal health coverage. This will be a ground-breaking event for SCHOMOS MMA and I wish them all the best in their endeavour.