



berita

mma

news

December 2018

Berita MMA Vol. 48 No. 12

(For Members Only)

PP 1285/02/2013 (031328)

PERSATUAN PERUBATAN MALAYSIA • MALAYSIAN MEDICAL ASSOCIATION



Sexual Health

Unplanned or
Unwanted Pregnancy
Time for
Sex Education

A message from



Writing Report for Compensation Purposes?

The feigning of disabling illness for the purpose of disability compensation, or “malingering”, is common in Social Security Disability examinations, occurring in 45.8% – 59.7% of adult cases

– Estimated Costs of Malingered Disability, Michael Chafetz, James Underhill, Archives of Clinical Neuropsychology, Volume 28, Issue 7, 1 November 2013, Pages 633-639

Writing a fraudulent report is a crime. We will not hesitate to prosecute offenders in the court of law.

The cost to the Social Security Fund from claims approved based on fraudulent medical report runs into millions of ringgit each year.

Be our partner in safeguarding the workers' contributions against malingerers and syndicated fraudsters.

Write an accurate report.
Help the truly ill & flush out the fakes.

MMA EXECUTIVE COMMITTEE 2018/19

President

Dr Mohamed Namazie Ibrahim
mma.namazie@gmail.com

Immediate Past President

Dr Ravindran R Naidu
flynaidumma@gmail.com

President – Elect

Dr N Ganabaskaran
dr.ganabaskarn@gmail.com

Honorary General Secretary

Dr Gunasagaran Ramanathan
secretary@mma.org.my

Honorary General Treasurer

Dr Rajan John
treasurer@mma.org.my

Honorary Deputy Secretaries

Dr Vasu Pillai Letchumanan
drvasushan@yahoo.com

Dr Muruga Raj Rajathurai
mraj231267@gmail.com

SCHOMOS Chairman

Dr Kevin Ng Wei Shan
schomos@mma.org.my

PPS Chairman

Dr Thirunavukarasu Rajoo
pps@mma.org.my

Editorial Board 2018/19

Editor

Assoc Prof Dr Jayakumar Gurusamy
drjkumar@perdanauniversity.edu.my

Ex-Officio

Dr Gunasagaran Ramanathan
secretary@mma.org.my

Editorial Board Members

Dr Juliet Mathew
drjuliem@hotmail.com

Dr Edwin Ho Jim Huang
Dr-Edwin.Ho@shell.com

Lt Col (Dr) Eugene Tan Choon Li
ujintan@gmail.com

Dr Nalini Munisamy
nalini_amo@yahoo.com

Publication Assistant

Ms Nor Iza Ishak
publications@mma.org.my

The views, opinions and commentaries expressed in the Berita MMA (MMA News) do not necessarily reflect those of the Editorial Board, MMA Council, MMA President nor VersaComm, unless expressly stated. No part of this publication may be reproduced without the permission of the Malaysian Medical Association. Facts contained herewith are believed to be true as of the date that it is published. All content, materials, and intellectual property rights are owned and provided for by Malaysian Medical Association and its members.

VersaComm makes no guarantees or representations whatsoever regarding the information contained herewith including the truth of content, accuracy, safety, or the absence of infringement of rights of other parties. In no circumstances shall VersaComm be held liable for the contents, materials, advertisements contained in this publication. VersaComm has no influence over the contents of Berita MMA and all opinions, statements and representations made do not in any manner reflect that of VersaComm or its employees.

Published by

Malaysian Medical Association
4th Floor, MMA House, 124, Jalan Pahang, 53000 Kuala Lumpur
Tel: +603 4042 0617; Fax: +603 4041 8187, 4041 9929
Email: info@mma.org.my / publications@mma.org.my
Facebook: <https://www.facebook.com/malaysianmedicalassociation>
Website: www.mma.org.my
© Copyright Reserved
ISSN 0216-7140 PP 1285/02/2013 (031328) MITA (P) 123/1/91

Consultant

VERSA COMM
12-A, Jalan PJS 8/4, Mentari Plaza, Bandar Sunway,
46150 Petaling Jaya, Selangor Darul Ehsan.
Tel: +603 5632 3301; Fax: +603 5638 9909
Email: versahealth@versa-group.com

Printer

Atlas Cetak (M) Sdn Bhd
No. 2, Persiaran Industri, Bandar Sri Damansara
52200 Kuala Lumpur. Tel: 03-6273 3333

Contents

Editorial	4
EXCO	
President's Message	10
From the Desk of the HGS	14
MMA Convention 2019	20
In the Spotlight	
Sexual Health	22
Unplanned or Unwanted Pregnancy – Time for Sex Education	25
SCHOMOS	26
PPSMMA	28
Humour	29
General	
Celebrating the Life & Times of Dr Japaraj	32
IT in Healthcare	36
Euthanasia: Should Doctors Lead?	37
Branch News	
46th MMA Sarawak Annual Installation Dinner 2018	38
A Note from Abroad	
Bangladesh	40
Book Review	44
Mark Your Diary	46



This Berita MMA is a publication only for the members of the Malaysian Medical Association. The Malaysian Medical Association does not warrant, represent or endorse the accuracy, reliability or completeness of the contents of Berita MMA (including but not limited to the advertisements published therein). Under no circumstances shall the Malaysian Medical Association be liable for any loss, damage, liability or expense incurred or suffered in respect of the advertisements and/or from the use of the contents in the Berita MMA. Reliance upon any such advice, opinions, statements, advertisements or other information shall be at the readers' own risk and the advertisers are responsible for ensuring the material submitted for inclusion in Berita MMA complies with all legal requirements. The advice, opinions, statements and other information does not necessarily reflect those of the Malaysian Medical Association. Nothing in this disclaimer will exclude or limit any warranty implied by law that it would be unlawful to exclude or limit.



Assoc Prof Dr Jayakumar Gurusamy
Editor

drjkumar@perdanauniversity.edu.my

Physician Leader

Chasing mice or hunting antelope?

Many of us were probably traumatised during our first week as a freshie at our medical schools when we were overwhelmed with the jargons used in Anatomy. By contrast, the medical students in my university enjoyed their first week at their medical school, where they started their academic session with their first week dedicated to physician leadership intersession. One of the student-centric sessions they undertake is a team-learning simulation game called “Friday Night at the ER®”. The game challenges teams to manage patient flow in a busy hospital (ER-Emergency Room) during a simulated 24-hour period using limited resources.

The objective of the exercise is for newbies to apply systems thinking, to instil collaborative work across boundaries, generate innovation and decision making. The task is quite often done by thinking out of the box and utilising limited resources prudently by prioritising them. This team-learning simulation game is used worldwide for quality improvement and leadership development.

Once we have graduated from our respective medical schools, many of us are left in the lurch in a frustrating manner in our working journey when we become leaders or managers of our pack of housemen, medical officers, specialists, consultants, heads of department or higher up the pedestal. We may even be leaders of our own solo clinical practice and have to manage our own the staff. A challenging and arduous task, as we are installed as the leader of a multidisciplinary team charged with delivering the highest quality care to our patients.

All our years as an undergraduate or as a physician, we are ingrained with knowledge, skills and attitude to manage our patients. We are seldom taught during our undergraduate studies regarding physician leadership. Our typical approach to manage a patient is to obtain a history, investigate, diagnose, treat and write or give orders. This invariably becomes our default leadership style in general. When we are made to be a leader of a unit, we often adopt a “top-bottom approach”. This default “top-bottom” physician leadership style (akin to the military leadership style) has its consequences. When a problem arises, all the members of the unit look up to the leader for orders and abide by the decision without any thoughts. So much so, our neurons are left sluggish to receive processes or transmit constructive

information. It is not uncommon for the doctors who are immersed predominantly in clinical work, to look upon the managers or leaders in a negative manner as though they were stumbling blocks in their daily chores.

“Top-bottom” leadership style precipitates herd mentality in a unit which may perpetuate medical errors or leadership dysfunction. In the leadership arena, it is termed as autocratic style. The hierarchical system of work culture commonly seen at the healthcare sector together with autocratic style of leadership is a good concoction for bullying at the workplace. This style of leadership style is not only peculiar to the healthcare industry but is also rather prevalent in general in Malaysia.

In 1977, Geert Hofstede, a Dutch social psychologist and Professor Emeritus of Organizational Anthropology and International Management, studied culture within organisations. Part of his study was on the dependence relationship, or Power Difference; the extent to which the less powerful members of an organisation expect, and accept, that power is distributed unequally.

He developed a Power Difference Index (PDI) for the 53 countries carried out in his survey. Their scores range from 11 to 104. The higher the number a country received, the more autocratic and/or paternalistic the leadership, which of course relates

to employees more afraid or unwilling to disagree with their bosses. A lower number means a more consultative style of leadership is used, which translates to employees who are not as afraid of their bosses. Malaysia had the highest PDI score, being 104, while Austria has the lowest with 11.

Leadership gurus’ categorise leadership styles as autocratic, participative or democratic and lastly as delegative. There is no one style that is superior to the other. Good leaders use all three styles, with one of them normally dominating; bad leaders tend to stick with one style. Physician leaders should harness the ideas and resources from all. An ambulance driver knows the issues of handling the vehicle in an emergency, whilst an Emergency Physician is the expert in handling the real life drama at the emergency room. All stakeholders, however minute their roles may seem to portray, have a role in decision-making for the betterment of the organisation.

“ We are seldom taught during our undergraduate studies regarding physician leadership ”



PERDANA UNIVERSITY

DU026(B)

“Perdana University offers a global medical curriculum tailored to a local setting.”

Foundation Studies

◆ Foundation in Science

KP/JPS04/010/3/0288/8/19

Undergraduate Studies

◆ Medical Degree Programme (5+0) in collaboration with the Royal College of Surgeons in Ireland (RCSI)

KP/JPS18/721/6/0005/2/21

◆ Doctor of Medicine Programme Graduate Entry Medicine

KP/JPS08/721/6/0004/2/20

Preparation for the United States Medical Licensing Examination
Opportunity to pursue clinical residency in the US

◆ Bachelor of Science (Hons) (Occupational Therapy)

KP/JPS18/720/6/0042/1/19

Postgraduate Studies

◆ Postgraduate Diploma in Bioinformatics

KP/JPS18/545/7/0032/1/19

◆ Master of Science (MSc) in Bioinformatics

KP/JPS18/545/7/0039/6/19

◆ Master of Science (Public Health)

KP/JPS18/720/7/0087/10/20

◆ Doctor of Philosophy (PhD)

KP/JPS18/720/8/0061/6/19

SCHOLARSHIPS ON OFFER!

Bring a Friend, Get a Discount!

CONTACT US NOW

☎ +6019-9126828

☎ +603-89418646

✉ enquiry@perdanauniversity.edu.my



perdana_university

PerdanaUniversity

perdana_univ

www.perdanauniversity.edu.my

PERDANA UNIVERSITY, BLOCK D LEVEL 1, MAEPS BUILDING, MARDI COMPLEX, JALAN MAEPS PERDANA, 43400, SERDANG, SELANGOR

No one should be taken for granted.

There are also the physician leaders who try to portray superficially that they are collaborative, team-centred or who have the ears for views or ideas from their subordinates. In reality however, they do not practice what they preach. They remain the autocratic leaders who rule with the stroke of a pen or may sometimes engage in favouritism, preferential treatment, be discriminatory, or set and chase unrealistic or unimportant goals. They may be keen in targeting short term goals or personal interests rather than the long term benefits for the organisation. Thomas Sowell, an American economist succinctly puts it, "when people get used to preferential treatment, equal treatment feels like discrimination".

Goal setting is an important aspect for physician leaders. We have to look at the bigger picture rather than channelling all our resources chasing microscopic targets. This is pertinent especially during epidemics, disaster management, in situations like handling multiple road traffic accident casualties at an emergency room or handling co-morbid conditions even in a single patient. Other situations leaders face challenging moments are during times of economic slowdowns

“ We have to look at the bigger picture rather than channelling all our resources chasing microscopic targets ”

where cost curtailment is practised. This type of situation is experienced by numerous organisations in recent times. As leaders, we are often faced with scarce or limited resources and time constraints in our daily helter-skelter work life. Hence, prioritising and utilising our limited human or financial resources is the way forward.

Newt Gingrich, the former speaker of the US House of Representatives known for his shrewd political leadership gave a good analogy.

“A lion is fully capable of capturing, killing, and eating a field mouse. But it turns out that the energy required to do so exceeds the caloric content of the mouse itself. So a lion that spent its day hunting and eating field mice would slowly starve to death. A lion can't live on field mice. A lion needs antelope. Antelope are big animals. They take more speed and strength to capture and kill, and once killed, they provide a feast for the lion and her pride.

So ask yourself at the end of the day, did I spend today chasing mice or hunting antelope?

Am I good physician leader?



**CITY HARBOUR
INTERNATIONAL SCHOOL**

Lumut, Perak
4.2178° N, 100.6641° E

OPEN FOR ENROLMENT
January 2019 intake

**SIGN UP NOW TO ENJOY
LOCK-IN FEES***

*Terms & Conditions Apply

Enquire about our: • **Boarding Facilities (Age 10 & Above)**
• **International & Private School**



UNIVERSITY of CAMBRIDGE
International Examinations



jass
Jawoll Award Scheme for Schools

THE DUKE OF EDINBURGH'S
INTERNATIONAL AWARD
MALAYSIA

Call Now:

+605 6890909 | +6012 2224938

cityharbour.edu.my

enquiries@cityharbour.edu.my

[cityharbourint](https://www.facebook.com/cityharbourint)

Owned by **CITY TREE GROUP SDN BHD**

Cut and show upon enrolment to enjoy the fee promotions. T & C apply



New worlds Come explore

ANZCA ASM 2019

April 29 – May 3

Kuala Lumpur
Convention Centre
Malaysia

asm.anzca.edu.au

#ASM19KL

Key dates

Abstract submissions close
January 27, 2019

Abstract notification to authors
early March 2019

Airway Management SIG Meeting
April 27-28, 2019

FPM Annual Pain Medicine Symposium
April 28, 2019

ANZCA ASM 2019
April 29 - May 3, 2019

Co-badged with:



CAI
SOCIETY OF ANAESTHETISTS
College of Anaesthetists of Ireland

RCOA
Royal College of Anaesthetists



Malaysian Society
of Anaesthesiologists



College of
Anaesthesiologists



Malaysian
Convention
& Exhibition
Bureau



FPM
FEDERATION OF PAIN MEDICINE
SOCIETIES

We are hiring.

Sunway Medical Centre, an internationally accredited private tertiary hospital, is currently expanding its healthcare services in Malaysia. Its latest addition is Sunway Velocity Medical Centre (SVMC), a modern 240-bedded purpose-built hospital in Klang Valley, scheduled to open in the 2nd quarter of 2019. SVMC will provide a comprehensive range of services of a tertiary hospital and will be equipped with state-of-the-art facilities and advanced medical equipment. It is part of an integrated development that comprises a shopping mall, a hotel, residences, shops and offices. We are looking to recruit experienced and suitably qualified medical consultants from the following specialities to work with us:



3.8km to KL City Centre



Directly linked to two MRT stations (Cochrane and Maluri) via an elevated covered walkway

General Medicine

- Cardiology
- Dermatology
- Endocrinology & Diabetes
- Gastroenterology & Hepatology
- Geriatric Medicine
- Haematology
- Infectious Disease
- Internal Medicine
- Nephrology
- Neurology
- Oncology
- Palliative Care
- Respiratory Medicine
- Rheumatology

Surgery

- General Surgery
- Breast & Endocrine Surgery
- Colorectal Surgery
- Hepatobiliary Surgery
- Thoracic Surgery
- Upper GIT Surgery
- Vascular Surgery
- Cardiothoracic Surgery
- Neurosurgery
- Paediatric Surgery
- Plastic Surgery
- Ophthalmology
- Orthopaedic Surgery
- Otorhinolaryngology
- Urology

Specialities

- Anaesthesiology & Critical Care
- Emergency Medicine
- Intensive Care
- Obstetrics & Gynaecology
- Paediatrics (and sub-specialities)
- Pathology
- Psychiatry
- Radiology
- Rehabilitation Medicine

Interested candidates are invited to submit their applications with resume to:

+6012 - 2519538 | doctorsrecruitment@sunway.com.my | +603 - 7491 1490 / +603 - 7491 1367 / +603 - 7491 1452

Sunway Medical Centre, No. 5, Jalan Lagoon Selatan, Bandar Sunway, 47500 Petaling Jaya, Selangor Darul Ehsan, Malaysia

SUNWAY SPECIALIST CENTRE

Kota Damansara • Selangor

WE ARE HIRING



Sunway Medical Centre, a leading private tertiary hospital, accredited by the Australian Council on Healthcare Standards (ACHS) and the Malaysian Society for Quality in Health (MSQH) is expanding its healthcare services to the community. Opening its first Ambulatory Care Centre in Sunway Nexis, Kota Damansara, Sunway Specialist Centre will offer walk-in outpatient specialist services in the areas of women & children, eye and more. It will also be equipped with modern facilities such as operating theatres for minor procedures as well as day, medical and surgical wards.

CONSULTANT
OPHTHALMOLOGIST



CONSULTANT
PAEDIATRICIAN



CONSULTANT
**OBSTETRICIAN
& GYNAECOLOGIST**



CONSULTANT
DERMATOLOGIST



CONSULTANT
**HAND & MICRO
SURGEON**



And other specialities

Interested candidates are invited to submit their applications with resume to:



03-7491 1490 / 1367 / 1452



03-7491 1410 / 03-5632 4688



+6012-262 3560



deliciacy@sunway.com.my



www.sunwaymedical.com



Sunway Medical Centre Sdn Bhd
No. 5, Jalan Lagoon Selatan, Bandar Sunway,
47500 Selangor Darul Ehsan, Malaysia

SUNWAY®

President's Message



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

Forty years ago, the World Health Organization (WHO), organised the International Conference on Primary Health Care in Alma-Ata (now known as Almaty), in the former Kazakh Soviet Socialist Republic (now known as Kazakhstan), 6-12 September 1978. The well-known Declaration of Alma-Ata, termed Health For All, was adopted during this conference. As the first international conference of its kind, the Declaration expressed the urgent need by all governments, health care providers and community to work together to protect and promote health for all. The Declaration has been accepted by all member countries of WHO and became a major milestone of the 20th century for public health.

The Alma-Ata Declaration reaffirmed the definition by WHO of health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition holds good to this day. The Declaration further expressed the need to close the inequality gap in the health status between the developed and developing countries and enunciated the role of the state, called for economic and social development as pre-requisite to the attainment of health for all. Health and health promotion by individuals and groups was declared a human right.

Primary health care was to be incorporated in the health systems of the member countries as the driver for attaining health for all.

Forty years on, the Conference returned to Kazakhstan for the 40th year celebration of the Declaration of Alma-Ata to review the progress since 1978 and with a new tagline, “From Alma-Ata towards universal health coverage and the Sustainable Development Goal”.

Global Conference on Primary Health Care, Astana, Kazakhstan 25-26 October 2018

The WHO, UNICEF and the Government of Kazakhstan co-hosted the Conference in the new gleaming capital city of Kazakhstan, Astana. Malaysian Medical Association was privileged to have been invited to participate in the



Panellists at the launch



Dr Sharman (left) the brains behind the Declaration of Alma-Ata



Datuk Dr Noor Hisham with his presentation

celebration and the Conference. The two day conference was attended by over 2000 participants from around the globe and represented by a wide array of people involved in health care including the ministers of health, finance, education, health workers, non-governmental organisations, academia, youth delegates, medical students, philanthropy, patient advocates, media and the private sector. The Malaysian Ministry of Health was represented by the Director General of Health, Datuk Dr Noor Hisham Abdullah.

A significant feature during the Conference was the recognition given to the youth delegates and the medical students who were given the torch to bear as the future implementers of the principles of the Declaration of Astana, 2018 which was presented to them.

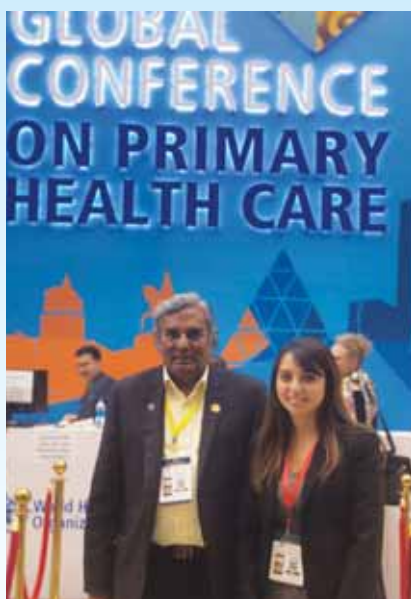
Dr Tedros Adhanom Ghebreyesus said in his speech at the Conference, “Today, instead of health for all, we have health for some. We all have a solemn responsibility to ensure that today’s declaration on primary health care enables every person, everywhere to exercise their

fundamental right to health.” In the four decades after the Declaration of Alma-Ata, where the foundation for primary health care was laid, the progress has been uneven and nearly half the world’s population lacks access to basic and essential health care for communicable and non-communicable diseases, mental health, maternal and child health, and sexual and reproductive health. This was a sombre reflection and tacit acknowledgment of the failure to achieve what was declared four decades earlier. Certainly, a new commitment was needed by all involved in healthcare, especially the state players.

Declaration of Astana, 2018

The new Declaration of Astana, 2018 was adopted during the Global Conference on Primary Health Care on 25 October 2018.

The Declaration affirmed the commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind. It once again reiterated the importance of primary health care as the cornerstone of



*With Ms Batool Ahmad Al Wahdani,
President of the International Federation
of Medical Students*

*With Datuk Dr Noor Hisham and
Dr Peter Crowley, Acting Director,
Division of Health Systems
Coordination, Health Policy and
Financing of WHO*



*Indian Minister of Health
Mr Jagat Pragash Nadda,
addressing the Conference.
India will roll out their social
health insurance covering
nearly 500 million people
of India*

“Although the world is a healthier place for children today than ever before, close to 6 million children die every year before their fifth birthday mostly from preventable causes, and more than 150 million are stunted. We as a global community can change that, by bringing quality health services close to those who need them. That’s what primary health care is about.”

(Henrietta Fore, UNICEF Executive Director)

The admission of failure to achieve the principles of Declaration of Alma-Ata called for a new vision and strategy if UN’s Sustainable Development Goal No 3, which proclaims that ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development, is to be attained. It further emphasises that primary health care is the most inclusive, effective and efficient approach to enhance peoples’ physical, mental and social well-being and is the driving force behind a sustainable health system. Health, it further states, is not only a matter of social justice but a vital necessity for “peace, security, and socio-economic development.”

a sustainable health system for universal health coverage. It further requires the promotion of preventative, curative, and rehabilitative services, palliative care, protecting people from poverty caused by disproportionate out-of-pocket healthcare expenditure, acting on addressing the shortage and uneven distribution of health workers, and to also to act on reducing the cost of health care and to reduce wastage.

The Declaration of Astana was unanimously endorsed by all WHO Member States. The Declaration focussed on four key areas which the Member States pledged to concentrate on:

- (1) making bold political choices for health across all sectors
- (2) building sustainable primary health care
- (3) empowering individuals and communities
- (4) aligning stakeholder support to national strategies and plans

In reviewing the Declaration of Astana, Martin Gorsky, Professor in the History of Public Health at the London

School of Hygiene and Tropical Medicine wrote,

"On the one hand then, history inspires, with its recall of past efforts to make universal health coverage a reality. The world is much better placed than in 1978 in thinking systematically about the 'building blocks' of a primary health system, while studies like the Global Burden of Disease give us better tools to plan programmes of essential services. Also, unlike in 1978, we know much more about how insurance or NHS-style financing systems can be organised, and have a more realistic understanding of the part the private sector can play. Yet history also emphasises the scale of the challenge before us, for strong leadership, both in national governments and in respected global organisations, will be crucial. Here in Britain, it is hard to maintain optimism in the face of rising nationalistic politics, and of populist calls to curb foreign aid budgets. We need to keep in mind the founding principle of the UN and its agencies, that achieving global peace hinges on furthering social justice."

Scan the QR code for the full text of the Declaration of Astana (also available on the MMA website).



Implications of the Declaration of Astana for Malaysia

Some of the principles in the Declaration are already being addressed in Malaysia. However, more needs to be done. MMA has been calling on the Ministry of Health to be inclusive in engaging the private general practitioners to enhance the delivery of the primary health care in a more concerted and uniform manner. While the current system of healthcare is dichotomous, there is an avenue for both sectors to be united to provide a more sustainable primary care of the highest standard. It does not augur well if the public and the private sector delivery are divergent. A national policy on standardisation of primary care that is sustainable and achievable in both the sectors is urgently needed. It is also desirable that there is a convergence of both sectors in preparation for the social health insurance which would be the preferred system of healthcare which would also fulfil the commitment in the Declaration to leave no one behind and to prevent poverty as a result of catastrophic spending for health care by individuals.

MMA has expressed its desire and willingness to work together with the Ministry of Health and hopes that further progressive engagement to achieve this will be forthcoming.

MMA members in primary care need to be cognisant of the challenges ahead and take the necessary steps to enhance their practice. MMA has been in consultation with several agencies to provide for further training and courses for the general practitioners in private practice. An agreement was signed by MMA with iHEED from Ireland to conduct courses in the management of diabetes mellitus initially, and for others subsequently. More information will be published later when the implementation timeline has been firmed.



Gleaming city of Astana



Baiterek – Tree of life. An architectural master piece, a symbol of the Kazakh legend of Samruk, the holy bird laying the golden egg in its nest with a wicked dragon Aydakhar hiding among the roots resembling the everlasting fight of good and evil



The Palace of Independence, the venue of the Global Conference on Primary Care

December is the holiday season and many would be traveling. Please stay safe and take care of your health.

I wish all our Christian members
a Merry and Joyous Christmas and
a Happy New Year to all.





“When you’re finished changing,
you’re finished.”

Benjamin Franklin

www.germscms.com Whatsapp 014.766.0090

Germs Clinic Management System

From the Desk of the Hon. General Secretary



Dr Gunasagaran Ramanathan
Hon. General Secretary
secretary@mma.org.my

Amendments to the Constitution 2018

The constitution of any institution is of paramount importance. The constitution needs to be respected and adhered to for proper functioning.

MMA will be sixty years old next year. An association as old as ours, should have an established constitutional framework. However, we seem to have a penchant

to micromanage our constitution, and make so many amendments at every AGM, that we fail to keep abreast of the changes.

I, as, the CEO of the Association, feel obliged to announce the latest amendments to our constitution made at the last AGM and approved by the ROS.

(insert list of adopted amendments to constitution here)

AMENDMENTS TO CONSTITUTION

ADOPTED AMENDMENT 1

AMENDMENT

CLAUSE 4 – MEMBERSHIP

(2) Life Membership

Life Membership of the Association shall be opened to Ordinary Members **who are fully registered in the Register kept by the Registrar of Medical Practitioners**, and who in place of annual subscription to the Association, shall have contributed to the Capital of the MMA Special Savings (Life Investment) Fund established by the Association, an amount determined by the Annual General Meeting from time to time. The annual income, generated by investment of the Accumulated Capital contributions of each member to the Fund shall be irrevocably assigned in perpetuity by the contributor to the Council of the Association to disburse as it deems fit.

ADOPTED AMENDMENT 2

AMENDMENT

CLAUSE 4 – MEMBERSHIP

(3) Ordinary Membership

Ordinary Membership shall be opened to every medical practitioner whether registered or provisionally registered or conditionally registered in the Register kept by the Registrar of Medical Practitioners and those terms shall have the meaning assigned to them by the Medical Registration Ordinance currently in force.

Failure of provisionally or conditionally registered members to complete the housemanship and be fully registered within the 3-year period, will result in their membership being terminated.

ADOPTED AMENDMENT 3

AMENDMENT

CLAUSE 6 – ENTRANCE FEES, SUBSCRIPTIONS AND OTHER DUES

(5) Life Membership Contribution

- (i) An Ordinary Member **who is fully registered in the Register kept by the Registrar of Medical Practitioners**, can become a Life Member upon paying RM2,500.00 to the capital of the Special Life Investment Fund to be eligible for election by Council as a Life Member. Clause 4 (2) refers.
- (ii) An Ordinary Member who is a spouse of a Life Member shall contribute half of RM2,500.00 to qualify for Life Membership.
- (iii) **On completion of their housemanship and being given full registration status by the Registrar of Medical Practitioners, Medical Officers within the first 2 years of service, can become a life member upon paying RM 1500 to the capital of the Special Life Investment Fund to be eligible for election by Council as a Life Member. Clause 4 (2) refers.**

ADOPTED AMENDMENT 4

AMENDMENT

CLAUSE 6 – ENTRANCE FEES, SUBSCRIPTIONS AND OTHER DUES

(8) Arrears of Subscriptions

- (i) If any member fail to pay subscription for any year and this failure shall continue to persist on the **28th of February** of that year, that member shall cease to enjoy all the benefits and privileges available to or enjoyed by members in benefit immediately

(and shall not be eligible to attend or vote at **any meetings** of the Association, **its Branches, Societies and Committees**) and if such member shall:

- (a) continue to fail to settle the subscription in arrears for that year when it fell due and the subscription in arrears remain outstanding on the 31st of December of that year, he/she shall automatically cease to be a member of the Association **SUBJECT ALWAYS TO Clause 5 (1) (ii); or**
- (b) settle the subscription in arrears for that year when it fell due before the 31st of December of that year, all benefits and privileges available to or enjoyed by members in benefit shall be immediately restored and for avoidance of doubt, in such an event, the period of the membership of such member shall not be taken to have been broken by virtue of the cessation of his/her membership prior to his/her settlement of the subscription in arrears within that same year when it fell due.
- (ii) Ordinary Members in arrears of subscriptions for **two (2) months on the 28th of February** each year shall have their names automatically removed from the Electoral Roll and shall not be eligible to vote. If by 31st December **of that year, if they have not paid** their dues, then the member would have to re-apply to join the Association as a fresh member, and the Council needs to approve the membership.
- (iii) Members shall be notified by **email or letter**, of the removal of their names from the membership register.
- (iv) **All members of the Council, Branch and other Committees and Societies**, must be members in benefit, as defined in Clause 6 (2) (iv), at the time of appointment and throughout their respective tenures as office bearers.

ADOPTED AMENDMENT 5

AMENDMENT

CLAUSE 7 – DELEGATES MEETING

(8) Elections Committee

The Council shall, at its **first meeting** appoint an Elections Committee of five (5) members who are neither members of Council nor of Branch Committee for the purpose of conducting elections and to look into complaints regarding nominations, manifestos and elections of the **principal** office bearers and to make the necessary recommendations to Council. Council shall also appoint a Chairman and a Secretary from amongst these five (5) members.

The Election Committee will be autonomous and be responsible for preparing the terms of reference for conduct of the elections.

ADOPTED AMENDMENT 6

AMENDMENT

CLAUSE 7 – DELEGATES MEETING

(11) Eligibility for Nomination

- (i) Nominations for the post of President-Elect shall be open to all Life and Ordinary members of at least five (5) years standing and who shall have served in Council or Branch Committee for at least two (2) years.
- (ii) Nominations for Honorary General Secretary, Honorary General Treasurer and the two Honorary Deputy Secretaries shall be open to all Life and Ordinary members of the Association of at least five (5) years standing and who have served in the Council or Branch Committee for at least two (2) years.
- (iii) The President-Elect will be elected annually. The candidate shall be from each of the regions [Clause 7 (9)] in rotation, alternating with that from all regions. The President-Elect's post will alternate yearly between the specified regions and All regions, starting with a candidate from the Northern Region, followed in sequence as follows from All Regions, the Southern Region, All Regions, the Eastern Region, All Regions, the Central Region, All Regions, the Northern Region and so on.
- (iv) No member may offer himself as a candidate for more than one (1) **of the following posts**; President-Elect, Honorary General Secretary, Honorary General Treasurer and Honorary Deputy Secretary.
- (v) The Secretary of the Elections Committee shall make the necessary **announcement through email, MMA website, or** in the publication(s) of the MMA by January of the particular year calling for nominations for the post of President-Elect, Honorary General Secretary, Honorary General Treasurer and Two Deputy Secretaries. Nominations must be submitted on **one** prescribed **nomination form** for the particular year to the Secretary of the Elections Committee not less than eleven (11) weeks before the Annual General Meeting at which such elections will be held. Candidates wishing to withdraw the nominations can do so within seven (7) days after the closing date of nominations. The tenure of office **held** for the post of **Honorary General Secretary, Honorary General Treasurer, and two Honorary Deputy Secretaries**, should not be more than five (5) years continuously.
- (vi) The Elections Committee shall send out all names received to every member whose name is on the "Electoral-Roll" of the Association fourteen (14) days before the date of the Annual General Meeting of the Association **through email, MMA website**, or in the publication(s) of the MMA. The "Electoral-Roll" shall consist of all Life Members and Ordinary Members whose membership has not been terminated under Clause 5 (1).

- (vii) If there are fewer nominations received for any post than there are vacancies, the Election Committee shall declare the nominees for that post elected. The Election Committee shall also inform members on the Electoral Roll that nomination and election for the remaining vacancies will be conducted at the AGM. The nomination and election process will take place under the supervision of the Election Committee.
- (viii) The official results of the election for the President-Elect, Honorary General Secretary, Honorary General Treasurer and the two Honorary Deputy Secretaries shall be announced at the Annual General Meeting by the Chairman or the member of the Elections Committee.
- (ix) Should there be only one candidate for any post, that candidate shall be declared elected for the post for the ensuing year.
- (x) In the event of a tie, there shall be fresh voting for the post at the same Annual General Meeting.
- (xi) The Elections Committee with the approval of Council may make further rules necessary for the proper conduct of the elections.
- (xii) The Honorary General Secretary, Honorary General Treasurer, Honorary Deputy Secretaries and Internal Auditors shall only be allowed to serve a maximum of five (5) years in continuity in the same position.

ADOPTED AMENDMENT 7

AMENDMENT

CLAUSE 9 – DUTIES OF OFFICE BEARERS

(5) The Honorary General Secretary

- (vi) Minutes – The Honorary General Secretary shall make a summary record of all General Meetings which shall be approved by the President and then circulated to all members within one month of the meeting **by email (or, at the members request by post)**. Any amendments should be sent in within fourteen (14) days of receipt of minutes of such meeting

ADOPTED AMENDMENT 8

AMENDMENT

CLAUSE 9 – DUTIES OF OFFICE BEARERS

(7) The Honorary General Treasurer

- (i) (f) He shall prepare and **submit** to the Annual General Meeting a budget for the next year as approved by Council for the recurrent and Capital Expenditure.

ADOPTED AMENDMENT 9

AMENDMENT

CLAUSE 12 – PROPERTY OFFICERS/ ADMINISTRATORS

(1) Property Officers/Administrators

- (i) (a) All properties of the Association in so far as they relate to immovable property shall be **registered**

in the name of the Association. The three (3) principal office bearers of the Association, namely:

- i. **the President, or in the absence of the President, the President Elect or in the absence of the President and the President Elect, the Immediate Past President;**
- ii. **the Honorary General Secretary, and**
- iii. **the Honorary General Treasurer**

(collectively referred to as the “Property Officers/Administrators”) shall manage the immovable property and are authorised to sign all instruments and documents whatsoever relating to any immovable property in accordance with Clause 12(1)(ii) or (iii) below.

- (ii) No documents of purchase, sale or mortgage of immovable property of the Association shall be certified or signed by **the Property Officers/Administrators** unless a resolution to purchase, sell or mortgage the **immovable** property has been adopted by a majority of two-thirds of the votes of members present at a Annual General Meeting or Special General Meeting of the Association. Resolutions adopted at a postponed General Meeting shall not be binding on the **Property Officers/Administrators** if the quorum present at that postponed meeting was less than the quorum prescribed in Clause 7 (4) (i).
- (iii) The **Property Officers/Administrators** shall sign Lease Agreements for any land or building owned by the Association.

ADOPTED AMENDMENT 10

AMENDMENT

CLAUSE 15 – GENERAL MEETING OF BRANCHES

(3) Agenda: Branch Annual General Meeting

- (vii) To elect the Branch **SCHOMOS Representative by SCHOMOS members present.**
- (viii) To elect the Branch **PPS Representative by PPS members present.**

ADOPTED AMENDMENT 11

AMENDMENT

CLAUSE 15 – GENERAL MEETING OF BRANCHES

(5) Procedure for Election of Delegates

- (i) Each Branch of the Association shall appoint delegates to the Annual General Meeting of the Association appointed on the basis of one (1) delegate to ten (10) Ordinary/Life/Exempt members in the Branch. Members of the Council shall automatically be elected as delegates to the Annual General Meeting at their respective Branch Annual General Meetings.
- (ii) These delegates shall be Ordinary Members in benefit and or Life Members, and shall be appointed at the Annual General Meeting of the Branch and

their names shall be forwarded to the Honorary General Secretary of the Association within **fourteen (14)** days.

- (iii) In the event of a smaller number than the Branch entitlement being nominated at the Branch Annual General Meeting, additional delegates shall be appointed at the **National MMA AGM on a first come first served basis until the number of delegates as mentioned in Clause 15 (5)(i) is complete.**

ADOPTED AMENDMENT 12

AMENDMENT

CLAUSE 15 – GENERAL MEETING OF BRANCHES

(7) Minutes of Branch General Meeting

The Branch Honorary Secretary shall make a summary record of proceedings at the Branch General Meeting which shall be approved by the Branch Chairman and circulated to all members **by email (or, at the members request by post)** within thirty (30) days of the meeting. Any amendments to the minutes by Branch members shall be sent in within fourteen (14) days of the receipt of the minutes.

ADOPTED AMENDMENT 13

AMENDMENT

CLAUSE 20 – AMENDMENTS OF RULES

(1) Amendments to the Constitution

- (iii) Any amendments to the Constitution of the Association shall be submitted to the Registrar of Societies within **sixty (60)** days of being passed by the General Meeting and enforced after being approved by the Registrar of Societies.

ADOPTED AMENDMENT 14

AMENDMENT

CLAUSE 24 – TERMS OF REFERENCE: PPSMMA

(5) NWC Meetings

- (i) The NWC shall meet at least twice a year preferably at six (6) months intervals.
- (ii) The Chairman shall preside at all meetings of the NWC.
- (iii) One half (1/2) of the total number of the NWC shall form a quorum.
- (i) **The Notice of the NWC meeting shall be sent two (2) weeks before the meeting by the PPS Honorary Secretary.**

ADOPTED AMENDMENT 15

AMENDMENT

CLAUSE 24 – TERMS OF REFERENCE: PPSMMA

(9) Annual General Meeting

The PPSMMA Annual General Meeting shall be held during the MMA Annual General Meeting.

- (i) **Notice**
The Notice of the Annual General Meeting PPSMMA shall be sent to all PPS members by email (or, at the members request by post) at least twelve (12) weeks before the meeting by the PPSMMA Honorary Secretary and he shall call for Resolutions for discussion at the Annual General Meeting. The Resolutions shall be sent to the PPSMMA Honorary Secretary not less than eight (8) weeks before the Annual General Meeting.
- (ii) The agenda of the PPSMMA Annual General Meeting, shall be sent to all members of PPS by email (or, at the members request by post) at least fourteen (14) days before the PPSMMA Annual General Meeting.
- (iii) **Minutes**
The minutes of the PPSMMA Annual General Meeting, shall be sent to all members of PPS by email (or, at the members request by post) within (30) days after the PPSMMA Annual General Meeting.

ADOPTED AMENDMENT 16

AMENDMENT

CLAUSE 24 – TERMS OF REFERENCE: PPSMMA

(10) Agenda

- (i) To **confirm minutes** from the previous PPSMMA Annual General Meeting.
- (ii) To adopt the Annual Report for the year preceding.
- (iii) To adopt the Annual Statement of Accounts for the year preceding.
- (iv) To elect the NWC Office Bearers for the ensuing year.
- (v) To accept and declare the various State Representatives for the ensuing year.
- (vi) To decide on any Resolutions which may have been duly submitted.
- (vii) To appoint an alternative representative to the Executive Committee and Council if the Chairman is unable to attend meeting of either body.
The said alternative representative will have the same voting rights as the Chairman.
- (viii) The Honorary Secretary shall adhere to Clause 7 of the MMA Constitution in the preparation of the PPSMMA Annual General Meeting.
- (ix) **Any member who wishes to raise any issues, queries, or comments about the minutes of the PPS AGM, Annual Report, Accounts, or any other matters listed and not listed in the Agenda of the PPS AGM, will need to submit his queries in writing to the PPS Honorary Secretary not less than seven (7) days before the PPS AGM. Any issues, queries, or comments not submitted to the PPS Honorary Secretary in writing as specified above will not be allowed during the PPS AGM.**

ADOPTED AMENDMENT 17

AMENDMENT

CLAUSE 25 – TERMS OF REFERENCE: SCHOMOS

(9) Annual General Meeting

The SCHOMOS Annual General Meeting shall be held during the MMA Annual General Meeting.

(i) Notice

The notice of the SCHOMOS Annual General Meeting shall be sent to all SCHOMOS members at least twelve (12) weeks by email (or, at the members request by post) before the date fixed for the SCHOMOS Annual General

Meeting by the SCHOMOS Honorary Secretary and he shall call for Resolution for discussion at the Annual General Meeting. Any member desirous of moving any Resolution at the SCHOMOS Annual General Meeting shall give notice in writing duly proposed and seconded to the SCHOMOS Honorary Secretary not less than eight (8) weeks before the date of the SCHOMOS Annual General Meeting.

(ii) The agenda of the SCHOMOS Annual General Meeting, which shall be as follows, shall be sent to all members of SCHOMOS by email (or, at the members request by post) at least fourteen (14) days before the SCHOMOS Annual

General Meeting.

(iii) Minutes

The minutes of the SCHOMOS Annual General Meeting, shall be sent to all members of SCHOMOS by email (or, at the members request by post) within (30) days after the SCHOMOS Annual General Meeting.

PROPOSED AMENDMENT 18

AMENDMENT

CLAUSE 25 – TERMS OF REFERENCE: SCHOMOS

(10) Agenda

- (i) To adopt minutes of the previous SCHOMOS Annual General Meeting.
- (ii) **To adopt the Annual Report for the year preceding.**
- (iii) **To adopt the Statement of Accounts for the year preceding.**
- (iv) **To elect the Office Bearers for the ensuing year.**
- (v) **To accept and declare the various State representatives for the ensuing year.**
- (vi) **To decide on any resolution which may have been duly submitted.**
- (vii) **To appoint an alternative representative to the Executive Committee and Council if the Chairman is unable to attend meeting of either body.**

The said alternative representative will have the same voting rights as the Chairman.

(viii) **The Honorary Secretary shall adhere to Clause 7 of the MMA Constitution in the preparation of the SCHOMOS Annual General Meeting.**

(ix) **Any member who wishes to raise any issues, queries, or comments about the minutes of the SCHOMOS AGM, Annual Report, Accounts, or any other matters listed and not listed in the Agenda of the SCHOMOS AGM, will need to submit his queries in writing to the SCHOMOS Honorary Secretary at least seven (7) days before the SCHOMOS AGM. Any issues, queries, or comments not submitted to the SCHOMOS Honorary Secretary in writing as specified above will not be allowed during the SCHOMOS AGM.**

ADOPTED AMENDMENT 19

AMENDMENT

CLAUSE 26 – TERMS OF REFERENCE OF SOCIETIES WITHIN MMA

(9) Annual General Meeting

(i) The AGM of each Society shall be held not less than 1 month before the AGM of the Association.

(ii) At least four (4) weeks before the date fixed for the AGM, the Secretary of the

Society shall inform all the members of the Society by email (or, at the members request by post) of the date, time and place fixed for the meeting and draw their attention to Clause 26 (9) (iii).

(iii) Any member desirous of moving any resolution at the AGM shall give notice in writing duly proposed and seconded to the Secretary of the Society not less than 2 weeks before the date set for the meeting.

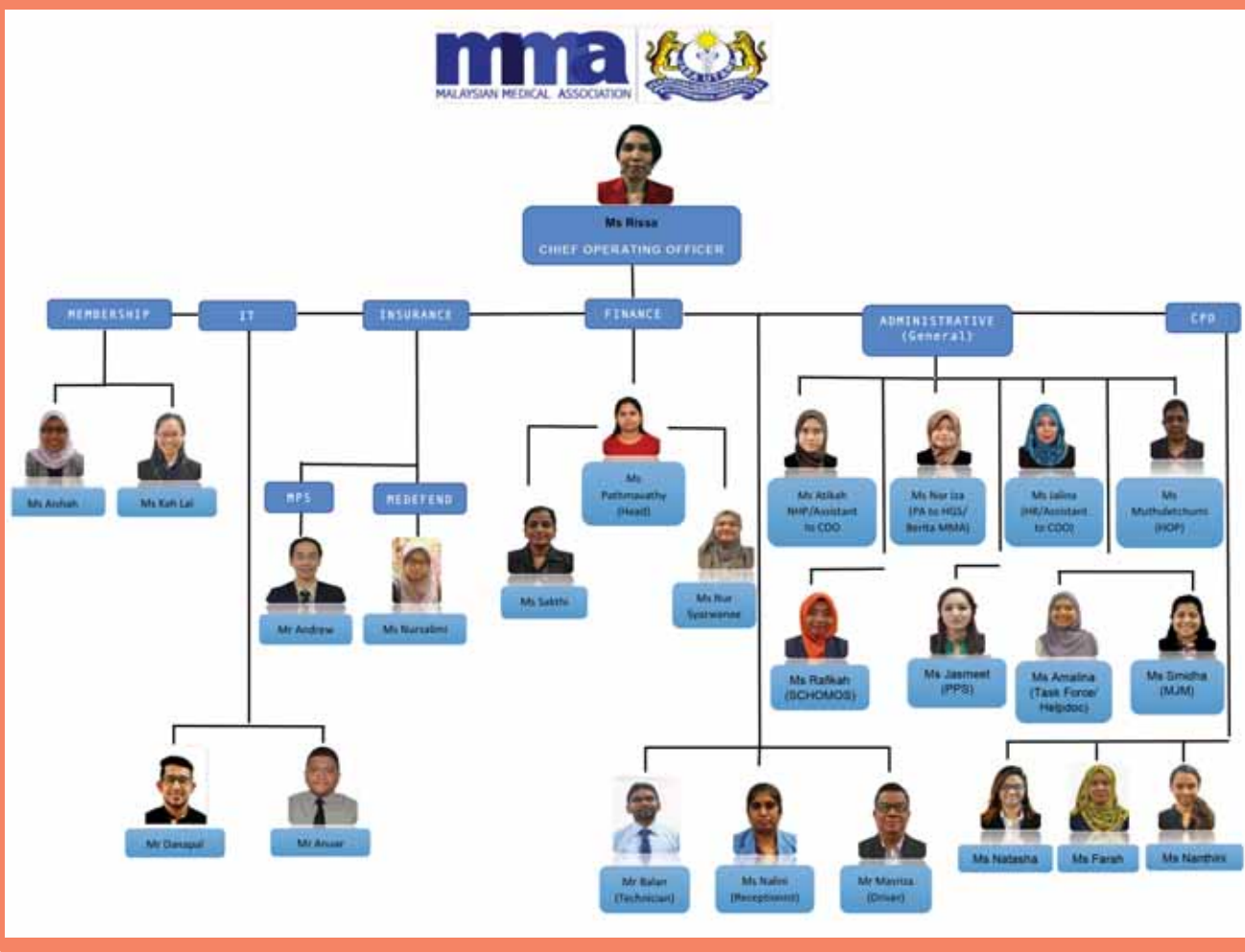
(iv) At least 1 week before the meeting, the Secretary of the Society shall notify all members by email (or, at the members request by post) of the agenda of the meeting and this shall include a report of the Society, the account for the financial year and the amendments to constitution including any resolutions which members have indicated their intention proposing under Clause 26(9)(iii).

(v) Minutes

The minutes of the Society Annual General Meeting, shall be sent to all members of Society by email (or, at the members request by post) within (30) days after the Society Annual General Meeting.

Errata:

There were some errors in the contents of the organisation chart in the previous issue (Berita MMA Nov'18, Vol. 48, No 11). The error is regretted, with the corrected version reprinted here.



Notice: Addition of Telephone Hotline for MMC

Kindly be informed with immediate effect from 13 November 2018, Malaysian Medical Council (MMC) has added more telephone hotlines for the public and medical practitioners to contact MMC.

The main phone lines and mobile phone numbers are contactable from 8.30am to 5.00pm on working days, Monday to Friday.

Annual Practicing Certificate
0162946947
0163261751
0163264763

Provisional Registration
0163264985

Letter of Good Standing &
Translation of Documents
0163267024

Full Registration (Malaysians)
0163268542

Full Registration
(Non-Malaysians & Malaysians
Returning from Abroad)
0163269354

MMC can also be reached via email at admin.mmc@moh.gov.my

MMA Convention and Scientific Congress 2019 & 59th MMA AGM



Dr A Arulnathan
Organising Chairman
Life Member, Selangor Branch
arul8788@gmail.com

MMA Selangor Branch has been given the opportunity to organise the 59th MMA Convention and Scientific Congress 2019. The organising committee has decided on the place and dates for the event as follows:

Venue: **Putrajaya Marriott Hotel**
IOI Resort City, Serdang, Selangor
Dates: **27-29 June 2019**

With the rebranding of 'MMA AGM' to 'MMA Convention And Scientific Congress', this convention will include more CPD events to cater for the new mandatory CPD requirements when renewing the Annual Practising Certificate for the year 2020. This will also be an excellent opportunity to meet, mingle and interact with your colleagues from all over the country. There are exciting activities arranged for spouses and family members on all three days. Look for more details on our convention website.

The programme outline is as shown in the chart below. The detailed programme will be published in subsequent issues of the BERITA MMA NEWS.

59TH MMA Convention & Scientific Congress 2019	
Thursday, 27 June 2019	
7.00 am – 1.00 pm	Games & Registration
1.00 pm – 2.00 pm	Lunch Symposium
2.00 pm – 4.00 pm	SCHOMOS & PPS
7.00 pm – 11.00 pm	AGMs Informal night
Friday, 28 June 2019	
8.00 am – 1.00 pm	CME Talks
1.00 pm – 2.00 pm	Lunch Symposium
2.00 pm – 4.00 pm	CME Talks
7.00 pm – 11.00 pm	MMA Oration Dinner Symposium State Dinner
Saturday, 29 June 2019	
9.00 am – 1.00 pm	MMA AGM
1.00 pm – 2.00 pm	Lunch Symposium
2.00 pm – 5.00 pm	MMA AGM
7.00 pm – 11.00 pm	MMA Banquet

Due to the increasing number of participants at the convention, we have increased the registration limit to 500 pax. Kindly register early as the registration closes on 31 May 2019, or when we reach the limit of 500 pax (whichever comes first). MMA members who are unable

to register before the closing of registration can still attend the SCHOMOS, PPS and MMA AGM (meetings only) without any payment.

Scan the QR code to register for the convention online:

Convention Registration Fees
MMA Members – RM 100.00
Spouse – RM 100.00



Non MMA Members: RM 250.00 (for scientific conference on 28 June 2019 only)

Putrajaya Marriott Hotel room rates for convention delegates (inclusive of breakfast) for reservations done on, or before, 31 May 2019:

RM 340.00 per night (single occupancy)
RM 380.00 per night (double occupancy)

Reservations made after 31 May 2019 will be charged at counter rates.

The organising committee looks forward to meeting you at this convention.



Putrajaya Marriott Hotel



PUTRA MEDICAL CENTRE

PUSAT PAKAR PERUBATAN PUTRA

PUTRA MEDICAL CENTRE is 170 bedded hospital strategically located in the centre of Alor Setar. We would like to invite applications for the following positions:

SPECIALISTS

- Nephrologist
- Geriatrician
- Orthodontics
- Obstetrician And Gynaecologist (Malay Female Doctor)
- Endocrinologist
- Ophthalmologist
- General Surgeon
- Gastroenterologist
- Pathologist / Visiting Pathologist
- Dentist
- Interventional Radiologist
- Oncologist
- Rheumatologist
- Urologist
- Neurologist
- Anaesthesiologist

HOSPITAL POSITIONS

- 2 Medical Officers (Preferably Malay Female Doctor)
- Nursing Supervisor (With Post Basic Qualification)
- Physiotherapist
- Radiographer
- Deputy Medical Director
- Staff Nurse (With Post Basic Qualification)
- Biomedical Engineer
- Nursing Manager (With Post Basic Qualification)
- Staff Nurse
- Pharmacist

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

For enquiries contact:
Mdm Gan (012-582 0528)
Tel: 04-734 2888
Fax: 04-734 8882

HEXBIO[®]

IS MICROBIAL CELL PREPARATION

MCP6 formulation

improves gut health



Reg no. MAL06071166X



Fast on-set of actions^{1,2,3}
Clinically-proven efficacy^{1,2,3}

Clinical results based on final product, not individual strains^{1,2,3}

References: 1. Jayasimhan, S., Yap, N. Y., Roest, Y., Rajendran, R., Chiu, K. F. (2013) Efficacy of microbial cell preparation in improving chronic constipation: A randomized, double-blind, placebo-controlled trial, Clin Nutr, 32: 928-934.
2. Malik, A. A., Rajendran, R., Tahir, P. C., Hakumat-Rai, V. R., Chiu, K. F. (2016) Microbial cell preparation in enteral feeding in critically ill patients: A randomized, double-blind, placebo-controlled clinical trial, J Crit Care, 32: 182-18.
3. Tan, C. K., Sed, S., Rajendran, R., Roslan, A. C., Chiu, K. F. (2016) Pre-surgical Administration of Microbial Cell Preparation in Colorectal Cancer Patients: A Randomized Controlled Trial, World J Surg, 40 (8): 1985-92.

Sexual Health



Dr Muhilan Parameswaran
Consultant Urologist
Thomson Medical Centre
Life Member, Wilayah Branch
drmuhilanumsc@gmail.com



Sex is central to our well-being (mostly) and can be ranked right up there with money, a job and family in its importance. So not getting it right is going to really interfere with one's wellbeing, hence this opinion piece on treating sexual dysfunction (SD). In this article, SD will not include organic or structural causes of erectile dysfunction (ED).

SD in patients without an organic cause is not a disease but a symptom. Treating SD with drugs alone is a lot like chaining an addict to the wall and saying he no longer takes drugs. He is still an addict as we have not treated the underlying issue. Medication may fix the sex bit temporarily but does not cure the patient, and has the potential to create major relationship issues down the line. The key to fixing this is information.

In a very clichéd saying we learn in medical school, history is all important.

The patient's openness and communication are key. Often, when we ask and listen, we will uncover a psychological factor which is causing some form of mental distress. These issues often lead to feelings of guilt, anxiety, fear, shame, depression or a combination of such which will lower one's sexual desire. Feeling down does not turn someone on!

The combination of these negative feelings with the resultant loss of sexual desire usually ends badly, with either erectile dysfunction or vaginismus. I have chosen to explore this topic with a few common scenarios seen in my practice.

In writing this opinion piece I have consciously chosen to ignore political correctness, as sexuality has nothing to do with it, so please keep this in mind.

In my practice the following scenario is depressingly and extremely common; young couples who are perfectly healthy and appear to be in a good relationship. They

come to me as they wish to have kids. All tests and examinations come back looking normal.

Often when I ask about their sex life, the common scenario is that they have not been having sex at all, often from day one. They will tell me that even with extensive foreplay, the husband cannot maintain an erection sufficient for sex, often even with PDE5 (Viagra etc.) it won't work or only works partially at best. Normally, what we would do is cheat and prescribe enough hormone shots with PDE5 that the sex can happen due to increased arousal where the guy will have sex with someone (may not be the wife) but once it wears off the underlying problem will revert. The other option is to just have conception without sex. If they are unlucky at this point, they will visit a good gynaecologist who uses IVF to get them a child, at which point they will go on to be good parents and terrible lovers. Worst of all, we are placing a baby into an already stressful situation.

What I often find is the husband has good morning erections, can masturbate but can't have sex with his wife. The issue is, he does not think of his wife in a sexual manner. Often it's because of the change in role from girlfriend to wife, which may bring out aspects of the female personality that is more maternal and dominating. These aspects are known to not stimulate desire for many.

For the husband, his wife has become someone very much like a mother or a boss, and not someone who is sexually desirable. In short he has lost his "Manliness or Mojo" as the guy in the home. He loses interest in his wife sexually, hence the common complaint from wives that they are the ones who have to initiate sex. This is likely to exacerbate the situation even more as the wife may be seen to be even more domineering. What we have here is often the loving girlfriend who objected to nothing that turns into the wife who nags the husband to pick up his clothes and wash the kitchen. Often the wife will tell me that they have no choice as someone has to

be the grownup. However, this leads to a lot of males at this point feeling harassed, dominated or just plain annoyed. In short the feeling that they are no longer in control. None of these feelings will cause arousal.

The Pope has said, if you look at a woman licentiously, including your wife, it is a sin, as well as a miracle. Over time the wife has been moved into the compartment of the male brain which contains all the female family members, friends and colleagues who he has no interest in having sex with, but with whom he interacts with daily. So what we now have are roommates. (I am writing the situation as described, there is no judgment rendered on anyone). These men often have no problem having sex outside with other women as they get treated like kings, giving them a sense of control over their lives and making these women highly desirable.

The other option is seeing a psychologist for counselling, in order to get both to come to terms with the issue, i.e. identifying the cause and decide if they want to fix it, which will probably be a happier long term outcome for both. Not addressing the underlying causes of the wife's changed behaviour (from girlfriend to wife) and its effects on the husband, will just cause relationship stress which will lead to a blow up in the future. If they can adjust their behaviour, they may rekindle the sexual aspect of their relationship. At this point medication that is given to help speed up the process a bit would be a fair option, as the couple understands that it's short term and just a boost, not a fix.

A quick divorce or a proper adjustment of lifestyle would be better. A messy divorce or a long-term acrimonious relationship in the long term is worse. Estelle Getty of the golden girls put it well, "Women marry men thinking they're going to change them, and they never do," she said. "Men marry women hoping they will never change, but they invariably do."

Then there are couples who are aroused but issues from the past get in between. Medication looks really tempting at this point, as they know they have issues and are working it out, so adding medication sounds tempting. There are pitfalls to this.

An example is, I had a patient who had severe vaginismus every time she tried sex and it really demoralized her. She loved her boyfriend and really wanted it to work, however if they could not have sex the wedding was off. She had tried everything including lignocaine gel, sedatives and vaginal dilators. She was even contemplating Botox injections to paralyze the vaginal muscles. Extensive detailed history did not show me any underlying issues.

I needed help and with her permission, discussed her case with her psychiatrist. She was already on treatment for depression. The psychiatrist did not know of her sexual issues, as she did not mention it, thinking it was not related. With the added information, he found a link to an encounter with a colleague that while not sexual or physically violent, did leave a huge mental scar which was enough to cause a mix of depression, anxiety and fear. Her body actively rejected any physical contact with men. With this understanding of the issues, we got

control of her depression through extensive counselling.

She was also prescribed anxiolytics in the initial phase with relaxants. But within a very short space of time she weaned herself off those aids and was able to have a healthy sex life.

A follow-up with her almost a year later was informative, after identifying that the problem arose from a past issue that had no significance to her current partner, she was able to relax enough to have sex eventually with no medication. Also, identifying her underlying anxiety and depression (brought about by her hidden suspicions of males in general) solved the depression issues as well. Her improved sex life also gave her a confidence boost and improved outlook. This would not have been the outcome if I had just injected Botox into the vaginal muscles or if she had just continued with anti-depressants. It would almost have been like a form of forced sexual intercourse (rape?) to use Botox in this case, as it could have added to her mental trauma and created further issues down the line.

Now this last case is about doctors' preconceptions, biases and the patients. We, i.e. a psychologist colleague of mine and myself, counselled a young couple who were very supportive of each other. The problem was one of them had a fetish which was making that person feel an immense amount of guilt about how abnormal and perverted they were. Discussing the fetish with my colleague, who then brought in the other partner. To the partner it was not a big deal. The partner was open to trying it. It took a bit of effort but and it resulted in several partially successful attempts at sexual intercourse. At this point I intervened to add medication to increase the confidence of the couple in having sex successfully.

The point of this last case is actually not the patient but our views and how it may block our efforts to treat patients. Most of us have some form of fetishes to get it on; it's just that they are socially acceptable so we feel no guilt. For example a female colleague is only aroused by a hairy male partner, very common, so no guilt, or my male colleague will only have an erection at the sight of a 46DD bosom, again we would accept this as normal and feel no guilt, so sex is not a big deal. The list goes on for some every day fetishes, a large rear end, high heels, tight jeans, big biceps, huge lips, oral sex to get started etc., these things society accepts as there is no guilt attached to this and sex is not an issue both partners.

60 years oral sex was taboo, and probably caused some guilty feelings which may have caused sexual dysfunction. Oral sex is still against the law. Imagine the feelings of guilt one would have if to have sex one must have oral sex first!

Which brings me back to my earlier point, to help a patient we have to put prejudice aside, discuss their history, including issues and fetishes, and help them get over the guilt and get them on with having sex, on the assumption their partner is willing. Medication as first line or the only line, will not work. Giving a person meds to increase his libido will increase

his desire for sex but he will still need to resolve his issues and have his fetishes or he will not have an erection.

A crude example would be using medications to increase the sex drive of a gay male, he is still not going to have sex with a woman no matter how much medication I use or how aroused he is. Some people will say fix the fetishes rather than the guilt associated with it. While this is a valid point, from a therapy point of view, it's extremely difficult to fix a fetish whereas getting over feelings of guilt is a lot easier.

From a moral point of view, my personal view is that what two consenting adults do in the privacy of their own room is not for me to judge. As long as they are of legal age and are okay with it, that's fine. The key words for this view are "consenting", "adult" and "in private". To successfully treat patients, we cannot impose our prejudices on them. If you are unable to put aside your moral objections, a referral to a colleague would be the way forward.

A discussion on this point is outside the scope of this article, but it is important that we keep an open mind for this group of patients. On a side note, the article below puts forward the discussion on conscientious objection in medicine for those who wish to read further. Conscientious objection in medicine by Julian Savulescu (under ethics) which was published in the BMJ.2006 Feb 4; 332(7536): 294-297.

Sexual dysfunction is common, and we are only seeing the tip of the iceberg. There are a lot of people we can help if they know that they have a problem and we have the means to get them better.

Thank you to my hardworking colleagues in the field of mental health who showed me what I was missing.

Congratulations

Malaysian Medical Association
congratulates

Prof Dato' Dr Selvaraj Y Subramaniam
(Life Member, Terengganu Branch)

On the award of
Jaksa Pendamai (J.P.)

by
KDYMM Sultan Muhammad V

on the occasion of
his 49th Birthday

on
11 November 2018



Newcastle University, UK has established an international branch campus in Iskandar Puteri, Johor, Malaysia for the provision of its undergraduate Bachelor of Medicine / Bachelor of Surgery (MBBS) degrees in Medicine and BSc degrees in the Biomedical Sciences.

We now invite dynamic and highly motivated individuals to apply for the following positions:

LECTURER / SENIOR LECTURER / ASSOCIATE PROFESSOR (CLINICAL)

Orthopaedics, General Surgery, Medicine

Anyone wishing to discuss these opportunities further can contact:

Clinical – Prof. Jade Chow, Dean of Clinical Affairs.
(Jade.Chow@newcastle.edu.my)

Interested candidate with the right experience and qualification should read the relevant job/role descriptions available at <http://www.newcastle.edu.my/vacancies>. Please forward your application letter outlining your suitability to the position, relevant experience and expected salary. This should be sent together with your up-to-date resume, certs and scanned passport sized photograph by email to: nirmala.arjunan@newcastle.edu.my

Website: www.newcastle.edu.my

Unplanned or Unwanted Pregnancy Time for Sex Education



Dr Prakash Mayandi
Fertility Specialist,
Obstetrician and Gynaecologist
Metro IVF
Life member, Melaka Branch
mprakashlali@gmail.com

Pregnancy can happen at the time when you're not ready. This is a common thing that I tell anyone who has yet to get pregnant. At the time when the expectation for pregnancy runs high, stress and unrealistic expectation becomes a common factor. This kind of a stressful conditions delay conception for many couples. While intense attention is given to fertility nowadays, perhaps the unplanned or unwanted pregnancy remains in the grey area.

Is there a difference between unplanned or unwanted pregnancies? Yes, there certainly is a difference! Some couples may not use any form of contraception, which may lead to an unplanned pregnancy. Thankfully, not all unplanned pregnancies are unwanted. With a correct counselling and good guidance, we as the doctors can help these couples to go through the pregnancy safely. However, in the case of an unwanted pregnancy, things are a lot more complicated. An unwanted pregnancy can happen due to failed contraception or a pregnancy that happens by chance. This would place the doctors into a different scenario and many would have a different outlook too.

Modernisation has led to a greater impact in our lifestyles, inclusive of sexual health of a person. We can go all out to be the champion for abstinence until marriage, but the truth is otherwise. Premarital sexual appears to be the most common and worrisome issue among young adults. One may say this is morally inappropriate, but when it comes to the freedom and fundamental rights of a human, who are we to judge them? After all what seems to be morally right for one can be morally wrong for another.

As doctors it is not our prerogative to tell a man or woman not to have sex, but we can definitely advise them on safe sex. Contraception appears to the most discussed topic with young patients who are already been sexually active, but without the proper awareness on sexual health. There was a period of time when we started arguing about the need for sex education in schools. After much argument, we merely agreed that

while it is important, things fall short when it comes to who is supposed to talk to the young students. Is it going to be their parents, teachers, religious leaders or medical doctors?

Despite many doctors agreeing to the need to administer sex education into our society, there is a lack of actual implementation due to a lack of awareness among Malaysians. They fear that the introduction of sex education may have the opposite effect in that it instead encourages or arouses the student's curiosity, making them try it. While this may have been true 10 years ago, the students of today are well versed on sexual matters, especially with the help of digital technology such as smart phones and internet access. So, the right time to iron out the issues with sexual health has arrived – we should not allow the internet be the educator for the young. In my opinion, the content of the sexual education must be screened and the main focus should be given to sexual health and contraception as well. Prevention is always better than cure!

Apart from unwanted pregnancies, a huge number of teenagers are also exposed to sexually transmitted disease (STD), which has been a long term sequelae that includes infertility in future. While prevention is always better than cure, in the event that we cannot prevent a problem, then the only option left is to manage the consequences. In the event of an unwanted pregnancy, doctors play a very important role. Even though we may not agree with the patient's request, we must refer them to the relevant party for further management or intervention. Doctors should offer several options or solutions for the patient, who may otherwise resort to Facebook or other social media, which may take over the role of the doctor, thus leading to unwarranted risks. Unfortunately, the woman bears the bigger burden in the circumstances of unwanted pregnancy, thus, we as doctors should guide and educate her rather than using harsh words or behaviour to chastise or punish her.

As a person with special interest in reproductive medicine, family planning and fertility should be embedded into sex education because we will never win against the biological clock when it comes to fertility. Our primary aim is to avoid unwanted pregnancy and sexually transmitted disease (STD), while nevertheless helping them to plan for pregnancy too.

SCHOMOS Updates



Dr Arvindran Alaga

Vice-Chairman

National SCHOMOS 2018/19

Deputy Chairman

MBK 2018-2020

Life Member, Kedah Branch

arvindran_82@yahoo.com



MBK AGM

The role of SCHOMOS in Majlis Bersama Kerajaan (MBK) since 2015 has strengthened over the years. Together with Mr Vasu Pillai and Dr Kevin, I presented six papers to JPA in regard to government doctors' welfare. SCHOMOS has been identified as a vocal member in MBK, thus in recent MBK AGM, I was elected as Deputy President and Dr Kevin Ng was elected as Assistant Secretary for the term of 2018-2020. Another feather to be added to SCHOMOS cap of success! SCHOMOS would like to express its deepest gratitude to all MBK members for their everlasting support since 1990's.

MBK Meeting with JPA

It has been a ritual for me since 2016, whereby I have to go through months of planning and sleepless nights

in preparing the paper for MBK. The cycle of this ritual took place recently in preparing for MBK meeting 1/2018, from 31 October – 2 November 2018. This time it was held in the JPA building itself.

I presented an important paper regarding '*Cadangan Untuk Memberikan Dua Kenaikkan Tangga Gaji Secara Berkala Kepada Gred 56*'. SCHOMOS suggested giving two *Kenaikkan Tangga Gaji* every three years for those in Grade 56. This will be morale boost for all senior government doctors and can be utilised as a part of 'Specialist Retention Package'.

The first day the meeting was held was at 4.00pm on 31 October 2018 among MBK members. It was the perfect avenue for us to practise presenting and defending our papers, and our thanks to the MBK members who guided and supported us all the way.



We managed to enhance our slides with the latest statistics and graphics.

The next day was the Pre-Council Meeting, in which I presented the paper to Bahagian Saraan JPA. After my presentation, they accept it to be presented to Datuk Seri KPPA during the council meeting on 2 November 2018.

On 2 November 2018, the meeting started with Tan Sri's speech in which he explained the new government's efforts in taking care of civil servants welfare and financial situation. Then, it was our turn to present the paper one final time. It was a tough battle to defend this paper, as many senior government officials were sceptical about our chances of retaining Government Specialists. However, we explained to the Council that the previous perks such as FFP and flexi-hours packages were not implemented nationwide due to some restrictions. On the whole, there were many 'pushing' factors rather than 'pulling' factors for government doctors that cause them to end up in the private sector. We also highlighted the importance of securing senior experienced doctors in government proved by facts and figures to Datuk Seri KPPA and Council.

During the presentation also, I suggested four methods to increase government revenue as stated below:

1. Government is spending almost RM 130/day for a Perdana car, which totals up to RM4,000 per month, which sums up to a total of RM231,000 for five years – the market price for the same car is RM130,000. So for total of 6000 cars being leased to government, 'the Leasing company' is earning millions. By comparison with other leasing companies, a 2000 cc car could be obtained for RM2,000.

Instead of using this car, we propose that JUSA staff be given RM3,000 allowance to buy a their own car. This is sufficient for the staff to even get a BMW or other equivalent cars, with warranty and free service for five years. '*Dasar Nasional*' does not exist this year as Proton is controlled by Geely, and by using this measure, the government could save almost RM150 million.

2. Sugar/soda tax – Denmark has implemented this since 1930. If we tax the manufacturers, it will create more revenue for the country and at the same time, create a healthier society.

3. Cigarettes – the cost of treating IHD and lung cancer will be around RM7.4 billion by 2025. By increasing the tax, we could reduce the number of smokers and encourage more to quit smoking.

4. Some of the hospitals need to pay almost RM500,000 per month in electricity bills. If we start investing on solar panels in all the hospitals, we can generate our own electricity (go green) while excess electricity can be returned to the national grid (thus increasing KKM's income) and altogether could reduce the dependency on IPP. Hospitals electricity bills could be reduced tremendously.

As the paper was adequately backed up with facts and figures, Datuk Seri KPPA was kind and supportive towards it and the paper requested to be considered by JPA.

Special thanks to our MOF as they introduced Sugar Tax in recent budget. Another suggestion from us has been materialised.

Updates of Previous Paper Presented in MBK 2017

'Cadangan Perlaksanaan Semula Perlantikan Pegawai Perubatan Sebagai Pendaftar atau Registrar di KKM'

– It will be introduced as Elaun Registrar soon. SCHOMOS is working closely with Bahagian Perkembangan Perubatan and will engage directly with TKSU Datuk Hasnol regarding this issue

'Cadangan Untuk Meningkatkan Kemudahan Cuti Bersalin dan Cuti Isteri Bersalin Anggota Perkhidmatan Awam'

– It will be considered during the upcoming restructure of civil service

Although, the final result has yet to be achieved, we are glad to have started working towards our mission – as the saying goes 'Setting goals is the first step in turning the invisible into the visible.' It is time to question ourselves on what we have done for our fraternity rather than asking what SCHOMOS and MMA have done for us. I have done my part and continuously contributing for the welfare of government doctors with the help of my SCHOMOS Exco. We hope that all of you will support us by being an active MMA member.

PPS MMA Updates



Dr John Teo
PPSMMA Sabah
Life Member, Sabah Branch
jbhteo@gmail.com



The new Pakatan Harapan Government's plan to implement drug price control soon, may have caught some by surprise. In fact, this has been one of the issues that was discussed at the 2015 *Rang Undang Undang Farmasi* (RUUF) Stakeholders meeting held in Port Dickson for five full days. MMA was represented by the then Honorary Secretary of PPSMMA, Dr Arasu.

Three price control issues were deliberated in the RUUF meeting:

1. RUUF will regulate the price of medicine. The price must be revealed when requested by the government.
2. Good Pharmaceutical Trading Practice to be refined.
3. Discussions to be held with the Ministry of Domestic Trade and Consumers Affairs on empowering Ministry of Health to work out the price control mechanism enforcement.

On the surface, it is very tempting to regulate drug prices so that health expenditure will be lower, more patients can have access to life saving medications and the health of the population will improve. This simple logic is very noble, and every government who cares for its citizens will do everything possible to make it better, especially in the area of healthcare.

As a Doctor, I too am constantly on a head on collision with Pharmaceutical companies every time they try to increase drug prices, thinking that these companies are all out for unreasonable profits and nothing else.

I am all for a constant supply of cheap, good quality drugs that everyone can access and improve lives.

Unfortunately, my great concern is that the Law of Economics does not respect government regulations or legislations. Simply put, when price are fixed with minimal profits to the pharmaceutical companies, eventually demand will outstrip supplies and cause lack of access or even no access to certain drugs. This will be even more catastrophic to the population.

Price control will of course discourage newer innovative drugs and a good example is the newest HPV 9 vaccine which protects against 90% of high risk cervical cancer causing human papilloma virus. If the company were to only sell at its stipulated price in Malaysia, there is a real possibility that they will not even market the drug to Malaysia, thus resulting in no access to this life-saving vaccination for all Malaysians.

There may also be other negative consequences of drug price control, e.g. if the profit margins is too narrow, pharmacies or clinics may not want to stock it, or worse, inappropriate prescriptions may result (based on which drugs give better margins) to the detriment of patients.

Perhaps a better strategy to control drug price would be to introduce legislations and cut down red-tape so that fairer competition among the pharmaceutical industries are encourage, as well as enabling more quality generic drugs to become available.

The government should call all stakeholders and experts to deliberate on this proposal. There is no one-size-fits-all policy but I would urge the Government to carefully consider the plan to control drug prices, and carefully study the various consequences that may result from such a policy, lest we have short term gains but suffer immensely in the long term with permanent negative health consequences to all Malaysians.

Humour

compiled from here & there.



Fun Puns...

- * *A man who wants a pretty nurse... must be patient.*
- * *A man who leaps off a cliff... jumps to a conclusion.*
- * *A man running in front of a car... gets tired.*
- * *A man running behind a car... gets exhausted.*
- * *War does not determine who is right... it determines who is left.*
- * *A man who drives like hell... is bound to get there.*
- * *A lion will not cheat on his wife... but a Tiger Wood!*

More Points to Ponder...

1. *If poison expires, is it more poisonous or is it no longer poisonous?*
2. *Which letter is silent in the word "Scent," the S or the C?*
3. *Do twins ever realize that one of them is unplanned?*
4. *Why is the letter W, in English, called double U? Shouldn't it be called double V?*
5. *Every time you clean something, you just make something else dirty.*
6. *The word "swims" upside-down is still "swims"*
7. *100 years ago everyone owned a horse and only the rich had cars. Today everyone has cars and only the rich own horses.*
8. *If you replace "W" with "T" in "What, Where and When", you get the answer to each of them.*
9. *At a movie theatre, which arm rest is yours?*
10. *If people evolved from monkeys, why are monkeys still around?*
11. *Why is there a 'D' in fridge, but not in refrigerator?*
12. *Who knew what time it was when the first clock was made?*



The Passat.

Pleasure before business.

With App-connect at your fingertips, you can call the shots even while on the move, enjoy your playlist, stay connected, and more. A pleasurable drive awaits you. Make it yours from RM1,687/month.

3 YEARS
Free
Maintenance

5 YEARS
Manufacturer's
Warranty

5 YEARS
Roadside
Assistance

Volkswagen Passenger Cars Malaysia Sdn Bhd (952703-V). All the above is subject to terms and conditions.



Volkswagen



Celebrating the Life & Times of Dr Japaraj...

"I may be here for a short while, gone tomorrow into oblivion or until the days come to take me away. But, in whatever part you play, be remembered as part of a legacy...of sharing dreams and changing humanity for the better. It's that legacy that never dies"

- Unknown author

Japaraj Robert Peter was born on 17 August 1965 as the third child of Mr Robert Peter Devadason and Mrs Rani Peter, in Ipoh, Perak. He had 3 brothers. They are Dr Devadason Robert Peter, Mr Gnanadas Chandran and Mr David Solomon.

Japaraj received his primary and secondary education in Anglo Chinese School, Ipoh. He studied Medicine in University Science Malaysia (USM) and graduated in 1990. Dr Japaraj did his houseman training in Hospital Ipoh (now Hospital Raja Permaisuri Bainun/ HRPB). He was posted to Hospital Kuching upon completing his housemanship. He then pursued his Master's degree in Obstetrics & Gynaecology (O&G) at University Malaysia (UM) between 1993 and 1997. Subsequently, he did his sub-specialty training in Maternal Fetal Medicine (MFM) between 2000 and 2001 at Mater Mother's Hospital in Brisbane, Australia. Dr Japaraj was the first gazetted MFM sub-specialist in Malaysia (on 1 July 2003).

There was relentless travel in the years between Dr Japaraj's stint at Hospital Kuching and his training in Australia. It was done in the name of service for Kementerian Kesihatan Malaysia (KKM). He served at Pusat Kesihatan Simunjan (1992), University Hospital (1993 – 1997), Hospital Ipoh (1997), Hospital Sri Manjung as Head of Department (1998 – 1999), Hospital Ipoh (6 months), Hospital Teluk Intan

as Head of Department (1999 – 2000), Hospital Ipoh (7 months), Hospital Seremban (2000). Dr Japaraj served in Hospital Kuala Lumpur (2002) after completing the MFM programme; before returning to his hometown. He remained with Hospital Ipoh (2003 – 2018), having come full circle since his days as a house officer and finishing as Senior Consultant, Head of MFM Unit, Head of Department O&G HRPB and Head of Services O&G for Perak!

Though Dr Japaraj was considered a guardian angel by many, he often told his close friends that he had found his very own angel in the form of his wife! He met Jhenet Kota in Miri, Sarawak in 1992 through a friend and was smitten by her simple charm. They married on 25 November 1995 and were blessed with three children; two girls (Mercy and Grace) and a boy (Joseph). Dr Japaraj and Jhenet were more than husband and wife. They were soul mates. Jhenet had to give up her job and tend to her young family full time given the nature (and demands) of Dr Japaraj's profession. He, on the other hand, was a doting father and loving husband. His family would be front and centre of everything he did whenever possible. It was such a joy to watch the entire family perform on stage during occasions such as the O&G Family Day.

My first encounter with Dr Japaraj was when he reported for duty as a Maternal Fetal Medicine Consultant at the Department of O&G, HRPB in 2003. Tall, dark and handsome, with a winning smile to boot! He established himself as the heartthrob of the unit in a short span of time and went on to become the darling of not only the paediatric department (through his frequent visits there for post-natal follow-ups with the babies of his patients), but also the entire

hospital! This was due to his charming personality and a "never say no" attitude. No request was ever too small or too late in the night for him, even when he was not on-call. It comes as no surprise then that Dr Japaraj was responsible for delivering many babies of Hospital Ipoh staff members as well as those of their relatives.

Not one to rest on his laurels, Dr Japaraj went to Australia (once again) to get trained in fetoscopic laser ablation therapy in 2006. This enabled him to save many twins inflicted with twin-to-twin transfusion syndrome (TTTS) when he set up the Perinatal Diagnostic & Therapeutic Centre (PDTC) at HRPB in 2009. Dr Japaraj was the only consultant who offered this service throughout Malaysia. He ran the service with a dedicated team comprising Senior MA Ghani Hassan and SN Rohanita. He was also instrumental in setting up similar services in our neighbouring countries like Singapore, Indonesia and Vietnam.

Dr Japaraj strived to elevate the MFM service not just in Ipoh but also throughout the Malaysian northern region. He achieved this feat by training at least 15 O&G specialists (during their Masters in O&G placement) and 14 MFM sub-specialists for one year. He was also involved as an educator in an international project – the SEA-ORCHID (improving capacity for evidence-based practice in South East Asia). His passion for the academia is clearly evident. He has published 33 articles in national as well as international journals, either as author or co-author. Dr Japaraj has presented 126 scientific free papers in national and international conferences held in Malaysia; and another 8 free papers in overseas conferences. He has won the "Best Free Paper" as many as 18 times!

Dr Japaraj's curriculum vitae reads 32 pages long. He has contributed to chapters in books, participated in multi-centre trials, been involved in the publication of clinical practice guidelines and reviewer of indexed journals. He also shares his knowledge with the next generation of doctors in his role as Honorary Lecturer at our local universities and other teaching institutes, such as UM, UKM and the Royal College of Medicine Perak (RCMP). He is a sought after speaker both locally and also at international meetings – having been invited as international speaker 32 times by various countries such as India, Japan, Singapore, Thailand, etc.

Despite his hectic schedule, Dr Japaraj always found time to actively serve in associations and societies that were close to his heart. He was President of the Perinatal Society of Malaysia (PSM) between 2003 and 2004. He was Honorary Secretary of the Obstetrics & Gynecology Society of Malaysia (OGSM) between 2005 and 2007, and was also its MFM Chairperson for several terms. Dr Japaraj was Life Member of the Menopause Society of Malaysia, the Malaysian Society of Ultrasound in Medicine as well as the Malaysian Medical Association (since 2003).

In 2011, he burst on to the MMA Perak scene when his expertise was sought to coordinate the scientific programme for the 51st National MMA AGM held in Ipoh. That same year Dr Japaraj was elected as Vice Chairman, Perak Branch of the MMA and went on to become its Chairman the following year. Once again, it was both my pleasure and a privilege to work closely with him as I served in the capacity of the Honorary Secretary of MMA Perak during this period. A visionary of sorts, Dr Japaraj had the foresight to realise the challenges faced by our junior colleagues, the House Officers. He was concerned that the future members of our fraternity required support. And, it was this concern of his that gave rise to his brainchild – MMA Perak's 1st National House Officer Survival Skills Course (HOSSC) in 2012. The course was a resounding success and has now been adopted by many other states for their House Officers as well as medical colleges for their students.

In recognition of his service and contribution to the field of O&G, Dr Japaraj was awarded the Young

Gynaecologist Award by the Asia Oceania Federation of O&G in 2005. He was the recipient of the Excellent Service Award as many as three times (by the Ministry of Health). He was conferred the AMP (Ahli Mahkota Perak) and the PMP (Darjah Paduka Mahkota Perak) by HRH the Sultan of Perak in 2006 and 2017 respectively. In 2006, he was also conferred the AMN (Ahli Mangku Negara) by HRH the King of Malaysia. The Rotary Club bestowed him with the Pride of Workmanship Award in 2016.

Dr Japaraj was a natural on stage. He was a wonderful singer and a terrific performer with the guitar. Coupled with his razor-sharp wit and mastery of four languages (English, Malay, Tamil and Cantonese), it was a delight to have him emcee at the annual congresses. He commanded the attention of his audience with great flair and was able to do this because he always kept up with the latest trend – whether it was the mannequin challenge, group selfie (made famous by Ellen DeGeneres at the 2014 Oscars), or the Gangnam-style dance move, Dr Japaraj was a great sport and up for it all!

Amongst his many talents, Dr Japaraj could be considered a 'human magnet'! He brought people together. Nobody was ever 'too small'. He accorded everybody the time and respect they deserved. It was easy to understand why so many doctors wanted to join the Department of O&G and work with their favourite 'Boss'. He treated his department colleagues like family.

His other talent, of course, was organising national seminars and courses. Whether it was the HOSSC or his well renowned ultrasound course, they all seemed like a walk in the park for Dr Japaraj. He made it seamless and we often joked that he should take the time to organise a course... on HOW to organise a course! Always perfect to a 'T'. Alas, it was time that was not meant to be...

Dr Japaraj was proud of many of his accomplishments. One of his proudest moments came about when he was invited as guest of honour to his alma mater, ACS Ipoh, on 15 May 2018 for their "*Hari Anugerah Cemerlang 2018*". His message on that stage would allow us a glimpse into Dr Japaraj's core belief. He explained to his audience, the teachers and students of ACS Ipoh, that his guiding

philosophy was the first principle in our '*Rukun Negara*' – Belief in GOD! Everything he did was done in honour of God. This would, therefore, only result in us giving our best efforts in everything that we did. He also implored the teachers to never give up on their students and requested the students to always listen to their parents and teachers.

The next day, Dr Japaraj was diagnosed with brain cancer. He shared his predicament on social media due to his concern for the participants who had signed up for his immensely popular national ultrasound course which he had spearheaded for 15 years. He did not want to inconvenience them in any way. Understandably, this 'news' sent shockwaves across the fraternity! Dr Japaraj underwent a successful surgery on 22 May 2018. This was followed by radiotherapy and chemotherapy.

Throughout his battle with cancer, Dr Japaraj remained positive and was always gracious. He put his time to good use by sharing his knowledge with the O&G Masters candidates while awaiting his turn for radiotherapy. When asked by a colleague, "Of all the people in the world, why you la, Boss?" Upon hearing his diagnosis, Dr Japaraj's answer was simple, "Life doesn't work that way la, dei".

At the behest of his family and close friends, Dr Japaraj celebrated his 53rd birthday on 17 August at the Heritage Hotel. Cancer was slowly winning the battle. However, his focus remained unwavering and he looked forward to sharing his experience as a patient on the very platform he had created – MMA Perak's House Officers Survival Skills Course on 25 August 2018. He wanted to share his thoughts on 'The Doctor as a Patient'. Fate, however, had other plans in store. Dr Japaraj had to forgo his talk as he had to seek treatment in KL just the day before.

Dr Japaraj passed on peacefully at 4.04am on 3 September 2018. He was surrounded by his family and friends. Ipoh had lost one of her favourite sons. He had a beautiful wake at his residence later that evening. The funeral service was held the following day at Church of the Holy Spirit, Buntong, Ipoh. Both occasions witnessed huge crowds from all walks of life and an outpouring of grief that is rarely witnessed in spite the rain. Victorian funeral custom states that if rain falls on a funeral procession,

the deceased will go to heaven. Just as in life, Dr Japaraj remained a human magnet even in his passing.

Dr Japaraj led a meaningful life and is an example to be followed. What sets him apart is the incredible impact he has had on so many people – not in short, blinding bursts, but steadily, over the course of a lifetime. Just as his family had lost a pillar of strength, many have also lost a much-loved, admired and respected friend, mentor, teacher, colleague and Boss! Undoubtedly, he has touched the lives of many. His legacy would live on in each and every one of the lives he has touched.

Written by

Dr Sivabala Selvaratnam

Life Member, MMA Perak
sivabala.s@gmail.com

Below is Dr Japaraj's entry in social media on 27 June 2018. I believe that it would have formed the basis for his talk on 'The Doctor as a Patient'. I have reproduced it here verbatim...

I don't know how many of you have gone through a critical illness and been a patient yourself.

I had the 'opportunity' to be in this position recently and I am still in this situation for now. For the sake of not contravening any Doctor – Patient confidentiality issues and inadvertent release of medical records on social media, I will just say that I was diagnosed a month ago with a very serious illness which needed urgent surgery followed by chemo and radiotherapy. Was fortunately managed by one of the best team of doctors and nurses in the country. Lessons learnt over the last 5 weeks:

It sucks to be a patient. It's always better to be the doctor (even if you are overworked and under-appreciated). While lying on the ICU bed post op, all I wanted to do was to get up and see some O&G patients and make myself useful again.

It may be truly difficult to appreciate the wants and needs of a patient unless you have gone through a 'patient' experience yourself.

It's amazing how much we as doctors and nurses don't smile and acknowledge enough of the hospital patients in general, when we pass them in the clinic waiting area, ward,

corridors and elevator. All this makes a difference to the patient's overall mental health.

How infrequently we keep our patients informed about what's going to happen to them and at what time etc. (In the clinics and the wards)

The next time my patient wants to AOR discharge, I will not resist or hesitate as long as she knows about the risks involved, because as a patient, I couldn't wait to be discharged and be at home and nursed by my own wife. Mind you, the doctors and nurses and even the attendants and the cleaners (who were foreigners) in the wards were super-efficient and nice.

Explanation to our patients and family about the disease, prognosis and treatment must be done slowly, in an unhurried manner and in an easily understandable manner. The chief surgeon managing me was excellent at this. Certainly learnt a lot about this from him. He was so humble and approachable and willing to answer any questions that we had and was willing to spend the time with us. After spending 10 minutes with him, my wife who is not a nurse or doctor, understood exactly what was going on with me and what needed to be done and what the prognosis is. Anyway, I am still on treatment and hoping to fully recover soon.

The above are just some observations that I made from the time I was diagnosed with my disease.

It may not be applicable in all cases.

Am I glad I am going through this 'learning experience to be a better doctor'? Of course not! It really sucks to be a patient. But since I am going through it, I realise that there is so much to learn from this experience.

My highest appreciation to all the doctors, nurses, other paramedics and the attendants and the cleaners that I was blessed enough to be under.

I am sorry I cannot name the Hospital or doctors because I don't have their permission to do so. If I get their permission one of these days, I will be proud to put it up here.

Have a nice day guys!

A Legend Gone Too Soon...

The towering Malaysian



Soul mates



Dr Japaraj's adventures



By air...



By sea...



By land...



The Doctor is in the House



The awards



The Patriot



The cheerful blood donor



To stand & deliver



Razor-sharp wit, lazor-sharp focus!



You sure did, Boss!!

IT in Healthcare



Dr Mohamed Ali Abu Bakar
Group Chief Executive Officer
Putra Hospital Group
Life Member, Wilayah Branch
drali@wisdommc.com

This is the third and last part of the IT in Healthcare series.

The organisation should put in a structure, preferably a steering committee and action committee, tasked in proposing the Hospital Information System (HIS) for the organisation. The steering committee should be led by the Head of IT, Chief Information Officer (CIO) or even the Head of Finance. The committee should be chaired by the CEO. There is a difference between leading the steering committee and chairing the committee.

Leading means organising the teams, documenting the key insights, developing the Request for Proposal (RFP), tender documents, and spearheading the review of potential companies. Chairing is essentially governance, ensuring that the direction and aims of the committee are within the agreed scope and the process is adhered to. It is vital that this distinction is made at the onset, clearly communicated to all the members of the committee and documented.

The action committee should be based on grouping of Subject Matter Experts (SME), for example the billing team. This team would know what features a billing system should have and how it should follow the workflow of a billing department. Grouping of the SME is a tricky aspect because as much as their input is required, the worry is that SME tend to be restrictive in their ways, have a lot of resistance to new ways of doing things – the famous saying “my way or highway” comes to mind!

It is imperative for the CEO as the chairman and the lead of steering committee to give structure to the process and group the SME objectively using evidence-based data. The team would usually

encounter instances where the existing processes may not be suitable. This could be due to higher efficiency brought in by the HIS, or because of the archaic nature of the processes, or even due to security measures.

There are various ways the team can handle these issues. One of the most radical ways is to do Business Process Reengineering. This is an organisation wide, complete overhaul mechanism that goes to the very root of the organisation's existence. The other way is to do a Business Process Analysis methodology.

The final word of advice is to start the search for the HIS with the end in mind. This was elaborated in detail in the first two article. The needs of the organisation for computerisation must be ascertained, by having conversations with the Board, stakeholders including the customers and the employees, and at the same time, being cognisant of current and future trends. All of this must be correctly translated into the RFP and strictly adhered to during the selection of the vendors.

Editor's Note: The first and second parts were published in January and September 2018 respectively.

VACANCY FOR DOCTOR

A well-established private medical group practice in Bandar Seri Begawan, Brunei Darussalam, is looking for dynamic doctors with experience in the following fields:

1. Obstetrics & Gynaecology
2. General Practice

Please send your resume to advertiser.clinic@gmail.com or
P.O. Box 262
Bandar Seri Begawan, BS8670
Negara Brunei Darussalam

Euthanasia: Should Doctors Lead?



Dr Ashok Zachariah Philip

Past President MMA

Life Member from Melaka Branch
ashokphilip17@gmail.com

Recently, I attended the World Medical Association (WMA) General Assembly in Reykjavik, Iceland. This provided a great opportunity to see the Northern Lights, geysers, volcanoes and geological faults. However, there was quite a lot of heat and light at the meeting itself. The Canadian Medical Association withdrew dramatically from the WMA after accusing the President, Dr Leonid Eidelman, of plagiarising his inaugural address. However, from conversations I had with more knowledgeable attendees, this may just have been the straw that broke the camel's back.

Earlier on in the meeting, a discussion on euthanasia and physician assisted dying was withdrawn and circulated for comments. This upset the Canadian delegates, because this would mean further delay before a new consensus could be reached. As readers may know, euthanasia is legal in Canada, the Netherlands, Colombia, Belgium and Luxembourg. Assisted suicide is legal in Germany, Switzerland and many US states. Though the number of places where such actions are legal is small, there are many associations and individuals actively pushing for legalisation in other countries.

It is likely, therefore, that in more and more places and on social media, the debate about euthanasia will heat up. This is important to doctors because it is likely that we will end up being involved in the process if euthanasia or physician-assisted suicide becomes legal. In order to avoid being dragged into something we have had no role in crafting or influencing, we need to stop sitting on the sidelines. Of course, we all entered the profession to heal, not to harm. It is hard for us even to discuss the hypothetical, if it involves helping a patient to die. Burying our heads in the sand, though, is not the answer.

My own view is that doctors should not initiate debate about euthanasia. When society reaches the stage where the debate begins, though, we must step in. After all, who knows more about death, dying and terminal disease than us? If we were to begin the debate, I believe we would erode the public's trust in us. However, when we intervene and direct an ongoing debate, the public will be happy to have authoritative guidance.

The question remains, though – what do we say? How should we respond if the public decide that euthanasia and physician-assisted suicide should be legal? I do not think many doctors now would say that we should strive with all our might to keep even the most desperately ill,

deeply suffering patient alive with ventilation, inotropes, intra-aortic balloons and all the paraphernalia of intensive care. Many of us have heard the verse “Thou shalt not kill, but needst not strive officiously to keep alive” by the poet Arthur Hugh Clough, and probably most of us would agree with it. However, abstaining from giving futile therapy is a very different thing when compared against actively giving something to kill.

Even this, though, may not be so far from what we sometimes do. In very ill patients, many doctors would give potent painkillers, knowing that they may hasten death. The important thing is that this is a therapeutic measure. Euthanasia cannot be considered therapeutic in that sense.

Some people will invoke the ‘slippery slope’ argument. If we allow euthanasia for terminally or incurably ill patients in full possession of their faculties, what is to stop us from killing the mentally subnormal, the handicapped, etc? In my opinion, this argument really does not hold water. Do we really believe that legislation to allow competent adults to choose a dignified death can be suborned to kill unconsenting people? Who would even want to do this? Are we likely to allow the psychopaths to take over government and society?

The philosophers can make any argument confusing. If any sort of consensus or resolution is to be reached, practical ethics must be the basis. For me, the autonomy of the individual is important. An adult in possession of his mental faculties should have the right to make treatment decisions. This obviously includes the right to refuse treatment. Where things get tricky is when the treatment requested is actively harmful.

As society moves forward, medical advances will increasingly be able to keep patients alive long after they could be said to have any meaningful quality of life. I believe we in Malaysia are approaching this stage. If and when the debate starts, doctors must participate. We don't want our patients to suffer needlessly, but if euthanasia is ever legalised, we must make sure that no third party makes the decision to euthanise someone, and that no doctor is ever compelled to act against his conscience. To achieve this, doctors must be able to overcome their reluctance to even talk about this topic. Without our input, great harm could result, and the axiom “*primum non nocere*” applies in the collective as well as individual cases.

46th MMA Sarawak Annual Installation Dinner 2018



Group photo with YB Datuk Dr Sim Kui Hian



Dr Teh Siao Hean
Hon. Secretary
MMA Sarawak 2018/19
Life Member, Sarawak Branch
tehshean@gmail.com

The Malaysian Medical Association (Sarawak Branch) held its 46th Annual Installation Dinner on Saturday, 29 September 2018 at the Imperial Hotel, Kuching. We were honoured to have YB Datuk Professor Dr Sim Kui Hian, Minister of Local Government and Housing of Sarawak, representing YAB Datuk Patinggi (Dr) Abang Haji Abdul Rahman Zohari bin Tun Datuk Abang Haji Openg, Chief Minister of Sarawak, Minister of Finance and Economic Planning and Minister of Urban Development and Natural Resources as our Guest-of-Honor. The Chairpersons and Presidents of the various professional organisations in Sarawak were also invited.

MMA President, Dr Mohamed Namazie Ibrahim was unable to attend and was represented by the President-Elect, Dr Gana Baskaran Nadason. PPSMMA Chairman, Dr Thirunavukarasu Rajoo and Dr Pravind Narayanan who was representing SCHOMOS Chairman, Dr Kevin Ng Wei Shan were present. A pre-dinner "Meet-the-MMA President and National EXCO" session was attended by some doctors earlier.

Incoming MMA Sarawak Branch Chairman, Dr Morni Abu Samat was installed during the dinner and in his speech highlighted the various issues faced by the medical profession and urged all members to be united in facing the issues together. He then introduced the committee members for the 2018/19 term and thanked the 2017/18 committee for services rendered, by presenting them with Certificates of Appreciation.



Dr William Voon receiving the MMA Sarawak Honours Award



MMA Sarawak Committee 2018/19

Dr Gana Baskaran Nadason read out the speech of the President and subsequently spoke on the many issues concerning the medical profession in his capacity as the President-Elect.



Incoming Chairman, Dr Morni Abu Samat delivering his maiden speech



President Elect, Dr Gana Baskaran delivering the President's Speech



Winding up the dinner with a rendition of "Setia"



YB Datuk Dr Sim Kui Hian delivering CM's speech

YB Datuk Professor Dr Sim Kui Hian read out the Chief Minister's speech stating that the state aims to increase the number of doctors serving in Sarawak by sponsoring 40 medical students per year in UNIMAS through Yayasan Sarawak. This programme will continue until 200 doctors are produced.

This year's MMA Sarawak Honours Award was given to Dr William Voon Ewe Huat for his outstanding work with Diabetes Malaysia Sarawak Branch, which contributed immensely to healthcare in Sarawak. During his acceptance speech, he encouraged doctors to work with him to uplift the standard of healthcare in Sarawak.

By popular request, Sarawak's very own multi-racial, multi-talented medical performers, Dr Christopher Kiyui, Dr Abdul Rahaman b. Pozan and Dr Timothy Ceasar Ampu entertained the audience with a variety of songs in Malay, English and Chinese songs. Our Award Recipient, Dr William Voon also serenaded his wife and audience with the song "Beautiful Girl" and "If Tomorrow Never Comes".

This year's MMA Gold Medal Award was presented by Dr Morni to UNIMAS Best Final Year Student Dr Lee Chun Lin who was represented by Jimmy Ling as Dr Lee was unable to attend.

For the first time, we have a Joint MMA Sarawak Public Service Awards which were presented by Dr Morni to Dr Chua Hock Hin and Dr Ooi Mong How, two dedicated physicians from Sarawak General Hospital, Kuching, for their selfless contribution to the community, especially in the current Rabies situation.

Every year, MMA Sarawak gives a donation to deserving charitable organisation. This year, the contribution is given to Hope Place, a local NGO that helps poor needy communities in Kuching and the interior of Sarawak, and assists in flood and fire cases, regardless of race or religion.

The evening ended with a rendition of "Setia" by all, led by the MMA Sarawak Committee together with President-Elect, Dr Gana Baskaran and the performers, Dr Voon, Dr Chris, Dr Rahaman and Dr Timothy.

Serving People in Distress

Forcibly Displaced Myanmar Nationals

#Mylife #Myservice #totheMax



MFH personnel with supporting NGOs from MRA and IMARET



Lt Col (Dr) Eugene Tan Choon Li
Physician

Malaysian Field Hospital
Cox's Bazar, Bangladesh
Editorial Board Member of Berita MMA
ujintan@gmail.com

Reminiscence

It was a late afternoon while sitting at the passenger seat of our vehicle from the Malaysian Field Hospital (MFH), located just at the outskirts of Ukhiya town, that I heard this chorus of a Michael Jackson's song over the local radio station.

"Heal the world
Make it a better place
For you and for me
And the entire human race
There are people dying
If you care enough for the living
Make a better place for you and for me"

**Part of the song lyrics – Heal the World
~ Michael Jackson **

Along the way, after a long day at work, while watching the magnificent sunset over the longest beach in the world in Cox's Bazar and listening to this song, it automatically struck my mind how this whole song brings a reasonable sense to me, my physical presence and how it touches my heart, the real meaning of my tour of duty here.

It was back in early May 2018 when I received an invitation to join the WhatsApp group and to eventually receive an official message to be a part of the medical team for a humanitarian mission to serve the people of Rohingya. In a nutshell, I had received the order to go for the mission called Ops-Starlight 2. Along that process, we had undergone a week-long Force Integration Training (FIT) and also vaccination programme for the mission. We departed from our home soil on 29 August 2018. We are the second team after the first team (i.e. Ops-Starlight 1) that returned home after a 6-month tour of duty before us.

History

It was over a year ago that a startled international community watched a dramatic refugee crisis unfold near the Bangladesh-Myanmar border. In a matter of weeks, thousands of distressed and desperate people, mostly children, attempted to cross the border in search of a new life, instead of facing the violence and brutality that they faced back in their home country.

To heed the international call to assist these displaced people, the Malaysian government made the decision



A Rohingya widow with neck contracture due to burns injury smiling with her daughter after surgery and rehabilitation



Daily long queue in front of MFH



Examining a Rohingya refugee injured by bullet splinters



FMT taking a break on a local traditional boat (also called Sampan)

to set-up a field hospital near a mega refugee camp to serve the sick and those deprived of medical care.

The mission started in December 2017 when the Malaysian Armed Forces Health Services (MAFHS) deployed two officers and 20 staffs to assist in setting up a field hospital in Cox's Bazar. To honour the request by the Government of Bangladesh of not having any foreign military personnel in their country, the field hospital was handed over to a group of doctors and health staffs from the Ministry of Health to run the hospital. However, to ensure the sustainability of MFH deployment and operation, the Government of Malaysia had renegotiated the terms successfully with the Government of Bangladesh to allow the MAFHS personnel to be deployed in Cox's Bazar. In brief, since March 2018, all MAFHS personnel were seconded to the Malaysian Prime Minister's Office as medical staffs, in order to tackle the sensitive issue of having foreign military personnel in Bangladesh.

The Team

At present, there are a total 56 Malaysians that makes up this dynamic team to serve the sick Rohingyas here. Of late, we are also receiving poor local Bangladeshis as part of a larger humanitarian effort to assist anyone who needs it. Our team consists of mainly nurses, midwife, paramedics, logistic staffs, medical and dental officers and lastly, clinical specialists from Emergency, Anaesthesiology, Obstetrics/Gynaecology, General Surgeon, Orthopaedic Surgeon, Family Medicine, Internal Medicine and Preventive Medicine. Our commander, Colonel (Dr) Mohd Arshil Moideen, who has a vast experience on organising and commanding such missions, leads the whole operation of this mission.

We are also grateful to have two other non-governmental organisations, namely Malaysian Relief Agency (MRA) and Imam Medical Response and Relief Team (IMARET) to assist us in our daily routines. They consist of doctors and allied health staffs on a biweekly rotation and they are stationed in our hospital to give us a helping hand. Besides expanding a better networking amongst us, they also give some forms of humanitarian aids, such as food stuffs and educational books for the children of Rohingya.

Day-to-day Life

In all senses, it is not that easy to be a relief aid worker here. Every morning, except on Fridays, we have to travel across three small towns, namely Sona Para, Court Bazar and Ukhiya, to reach MFH, which is about 31km away. It usually takes about an hour plus to reach our work station due to the harsh conditions of some parts of the roads here, and the unpredictable traffic congestions which can occur at any time.

From our accommodations, we begin our journey on the Marine Drive road, which is well paved. The surrounding views of the beach and small waterfalls in Himchori National Park that can be seen are breath taking and scenic. We are also fortunate enough to see many uniquely crescent-shaped boats docking by the beach as the local fishermen returned from their night fishing activities. Half way through this 80km beach-side road, we turn into a medium-sized road towards the first town of Sona Para. There, we can view plenty small petty shops, a wet market and a bi-weekly open market that sells “Paan” (a mixture of betel nut with areca nuts, calcium hydroxide, and sometimes spiced, that is wrapped in betel leaf) which can at times cause massive traffic congestion.

From there, the next town that we will encounter is called Court Bazar which is relatively bigger town than the previous one. There are no words to describe the road condition there – the best way to describe it is “you have to see it, to believe it”. The road section there is either dusty when it is dry or muddy when it rains, and it has many potholes and uneven surfaces due to daily movement of heavy vehicles.

Along the way, we will see many areas of paddy fields, rivers and small fish ponds. We will then reach to the next town of Ukhiya, which is another town just like the previous one. Soon after that town, we will eventually reach to MFH. This field hospital was setup in the vicinity of Ukhiya Degree College, in a plain field area. As we reach within MFH compound, we are able to see rows of patients in front of the hospital waiting to seek treatment from us.

As we disembark from our vehicles, all of us will head to our respective departments to begin the days' work. The doctors assigned to the outpatient clinic will start to examine the waiting patients as they come into the clinic. On the other side, the operation theatre staffs will begin to prepare the patients for the day's surgical procedures. The physician will make his ward rounds to ensure that all in-patients are well enough to be discharged home. The dental officer will soon commence to check the teeth of arriving patients and also those seeking treatment. And on the far end, the laboratory and X-ray staffs will begin their duties to provide their support to the clinicians.

In general, MFH operates with 100% capacity from 8.00am until 5.00pm. And after office hours, only the on-call team takes the responsibility of caring for all the in-patients and ICU patients if any. At this time, only critical red zone cases are accepted, while all other non-critical cases are diverted to local health centres. All in all, on a daily basis we receive about 200-300 outpatient consultations, 30-40 emergency cases, 5-6 surgical interventions with roughly 90% of in-patient bed occupancy rate.

Once we return to our accommodations in the evenings, it is the time where most of us do some exercise to keep us fit and healthy. Some of us will jog along the beach, play sepak takraw on a nearby court and some will enjoy a game of table tennis at the roof top or just go for a swim in the pool. By 7.30pm after the Muslim prayers, we will all gather for dinner at the restaurant before returning to our designated rooms for rest.

Fridays is a mandatory day of rest for all local and international staffs, and we will usually spend our time for recuperation, laundry or simply go shopping at Bazar Ghata in Cox's Bazar. Those who love cooking will go to a nearby market in the morning to buy groceries and then prepare delicious Malaysian food for the rest of us to savour at lunch time.

What We Saw

Seeing at first hand the plight of the Rohingya people after fleeing from their home country to take refuge in Bangladesh is at most indescribable. Most of them do not have access to basic human rights, like food and shelters when they first arrive in Bangladesh. But with the unstinting support from local Bangladeshi communities and multi-national aid efforts led by the Office of Refugee Relief and Repatriation Commission (RRRC), safe water, hygienic sanitation, adequate nutrition and other basic services have been installed for the comfort and sake of the Rohingyas.

The first thing that struck my subconscious mind at the camp is that as a doctor who took the Hippocratic Oath nearly 12 years ago, it is my duty to offer my utmost knowledge and vast experiences to help these people who had suffered so much, mentality and physically.

There are a variety of medical cases to be seen here. Some are so rare or just memories from textbooks, yet they can be experienced here. They ranged from treatable conditions such as diarrhoea to pneumonia, hydrocele to hernia, closed to open fractures and HIV to terminal cases like cancers. It was astonishing to see how these people managed to survive this far.

As the only physician in MFH, it is satisfying to treat cases like pneumonia, diarrhoeal disease and dehydration. Patients will be able to be discharged home in a stable condition and most of them are thankful for the treatment that they received. However, on the other hand, due to limited laboratory and imaging support, I sometimes feel helpless for the Rohingyas.

Once, there was a patient diagnosed with HIV, I just had to feel sorry for them as we are not able to do much to alleviate their problems in terms of treatment as we do not have any anti-retroviral drugs for them. There are also many patients diagnosed with Hepatitis C and some with the dreaded sequelae of it, which

is liver cirrhosis, liver failure and hepato-carcinoma but no further treatment that can be rendered for them. Other issues like Hepatitis B, tuberculosis and thalassaemia are also quite prevalent here.

There were also sad incidences, like for an example, a pregnant mother whose water bag broke about 5 days prior, then presented with intra-uterine death (IUD) who did not seek medical attention – it could be due to the patient having no financial means to pay for her transport to the nearest hospital, inaccessibility of the midwife to visit her, or just plain ignorance on her part. Sometimes, we felt that they are not educated enough to know the meaning of life. On occasion, according to Brigadier General (Dr) Sharifah, our senior O&G specialist here, post-natal mothers who had home delivery would come to our hospital with severe sepsis as there was a retained placenta. In the sense of luck, they managed to survive with our relentless management to save lives.

In terms of the children of Rohingyas, sometimes the situation can be more pitiful. On one occasion, we had a 7 month old baby diagnosed with acute leukaemia, however we were handicapped as we are not equipped with the necessary chemo-drugs for this child and we had to break the bad news to his parents.

There are times too, when cases of motor vehicle accidents occur with severe open fractures and crush injuries due to the ruthless “Tom-Tom” drivers was brought-in via our emergency department seeking treatment. Fortunately for most of these patients, we have adequate instruments and external fixators for them. There are also many surgical interventions done here and we are proud to have the only hospital in this vicinity with laparoscopic capabilities and C-Arm Image Intensifier. On usual days, our General Surgeon here will have a mouthful of surgeries to perform, such as laparoscopic or open hernioplasty, thyroidectomy, mastectomy and splenectomy for massive splenomegaly secondary to thalassaemia.

As a child, we are constantly being reminded to brush our teeth to keep it clean and free from decay. But for the Rohingya, the basic amenity such as clean water was difficult to get, they instead use charcoal to clean teeth. According to our dental surgeon here, it is also pain-staking to treat adults who chew “Paan” regularly.

The Bigger Picture

In view of the very high incidence of waterborne diseases here, there is a group of field water experts from the Preventive Medicine team who had successfully installed five Safe Water Everywhere (SafeWhere) field water treatment systems in different locations of the refugee camps. This water filtration system was developed fully by MAFHS in collaboration with IMARET. The system is 100% solar-powered and it

comes complete with a conventional treatment plant component and a UV disinfection system capable of producing between 12,500-40,000 litres of treated water per day.

MFH is not just operating within its compound, but also has a Forward Medical Team (FMT) that goes into the refugee camps where it is able to project a strategic image for Malaysia. FMT are being regularly deployed into refugee camps to run health education programmes and social reconstruction projects on a weekly basis. It involves maternal and child health (MCH) programs, health promotions and health screening. On some occasions, there are also sing-a-long sessions and food distribution programmes for the children and orphanages as part of the FMT activities. Our logistic team also embarks in renewable energy projects (solar-powered source installation), shelter and community institution building projects which are deemed necessary.

In the End

Despite the immense humanitarian effort led by the Government of Bangladesh via RRRC over the past year, the lives and futures of the Rohingyas who fled their home country remain in peril. Some visible scars may be slowly fading away, but the invisible ones will not. Instead of losing hope, more efforts and supports from international organisations are needed. Toward the end, we at MFH, always remind ourselves to continuously serve the sick as much as we could, because back at home, we have left our loved ones the burden of caring for our families while we are away.

** This article was written while we are still serving in the mission. We are due to be back to Malaysia by the end of December to be reunited with our loved ones whom we left for the benefit of the mankind. **



The aerial view of MFH compound

Laws Governing Clinical Practice in Malaysia

Authored by Professor Kulenthiran Arumugam MBBS MD PhD FRCOG LLB (Hons) and published by Sweet & Maxwell Publishers is the book titled *Laws Governing Clinical Practice in Malaysia*. It is an ideal read for Medical Students, House Officers, Medical Officers and Specialists who generally have limited knowledge of the law as applied to clinical practice. The book is written in a form of a light reading handbook, but with all the essential information and guidance that is required to practice safely and keep the practitioner away from trouble!

A 200-page book with 11 Chapters, it starts with a brief Introduction to Malaysia's Legal System and moves on to the Registration of Medical Practitioners and the Specialists Register, the requirements to maintain oneself on the Register and the reasons that can lead to an erasure from the Register. The book is current, being published in 2018, and it discusses the recent changes that have arisen as a result of the Medical (Amendments) Act 2012 and the Medical Regulations 2017.

The role of the Medical Council as provided for in the Medical Act and the Code of Professional Conduct has been discussed at length. The author, who is also a Member of the Preliminary Investigations Committee of the Malaysian Medical Council, has explained in simple terms and with examples, the provisions in the Code as it appears in the four sections: Neglect or Disregard of Professional Responsibilities; Abuse

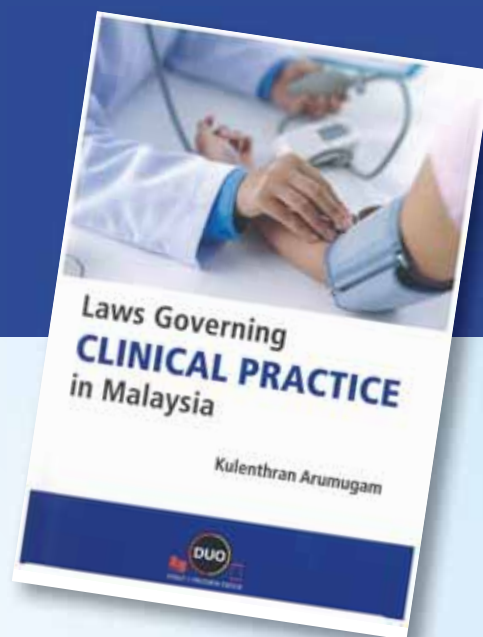
of Professional Privileges and Skills; Conduct Derogatory to the Reputation of the Medical Profession and lastly, Advertising, Canvassing and Related Professional Offences.

The issue of confidentiality, unintentional breaches of confidentiality, privacy issues and medical records are dealt with adequately. The author has stressed the often forgotten important step in allowing the patient to read the final report before it is released to third parties.

The seriousness of the issue of consent is emphasised, and it has been discussed over 35 pages. Consent for a procedure includes an explanation of the risks and complications in the presence of a witness, and documenting these are important. Examples of pitfalls in taking and informed consent and refusal of consent have been explained.

Also extensively discussed is Negligence under three headings: Duty of Care, Standard of Care and Causation, with several cases cited in the text. The principles that govern negligence, duty of care including in special situations, and the limits that duty extends to, its application to third parties, standard of care in ideal and non-ideal settings, and the need to keep oneself updated to deliver appropriate care in all situations is emphasised.

Issues concerning organ donation, organ transplantation and the rules and regulations governing theses and the relevant MMC's guidelines are included.



The author then finally ends the book with the chapter on Brain Death and Certification of Death.

For the more serious readers on this subject, the author has referenced almost 130 medico legal cases of interest, both from our local courts and overseas. These cases have been carefully selected and tagged as examples to the various topics discussed. It has been brilliantly done and would save the reader plenty of search time.

Prof Kula, as he is popularly known, is Professor of Obstetrics & Gynaecology and Senior Consultant at the UMMC. His lectures include Professional and Personal Development (PPD) and Medical Ethics to medical undergraduates at the UMMC and Perdana University.

The book is available at Kamal Bookstore, MPH and Kinokuniya Bookshops at RM80 for a hard copy, inclusive of a ProView e-copy or RM64 for the ProView e-copy only. For personal delivery, contact Naleena Catherine of Thomson Reuters at 603-5115 3025 or 012-615 9680.

By,
**Maj Gen (R) Dato' Pahlawan
Dr R Mohanadas**
Life Member, Wilayah Branch
genmohan@gmail.com



RCSI + UCD MALAYSIA CAMPUS

Irish Education | Global Recognition
(formerly known as Penang Medical College)
(MOEDUINO(P))

CAREERS

For over 20 years, RCSI & UCD Malaysia Campus (formerly known as Penang Medical College) has been offering globally recognised medical degrees with guaranteed pre-clinical pathways at top universities in Ireland, the Royal College of Surgeons in Ireland (RCSI) and University College Dublin (UCD).

We are now the 10th and only Irish Foreign University Branch Campus in Malaysia.

RCSI & UCD Malaysia Campus (RUMC) is rapidly expanding and invites suitably qualified applicants to be part of the synergy that shape the future of medical education!

✚
Transcend Borders,
Transform Lives



Impressive
Salary Package

Excellent
Annual Leave

Mileage
Benefits

Group Hospitalisation &
Medical Insurance

Conducive Working
Environment

Leads in Paediatrics, Family Medicine & Surgery

- Possess an MBBS or medical qualifications recognised by Malaysian Medical Council and Postgraduate qualification in the respective discipline or equivalent.
- Proven track record in undergraduate and postgraduate teaching and research.
- The successful applicant will be appointed at the level of Associate Professor or Professor commensurate with his/her postgraduate qualifications and experience.
- Attractive international remuneration package is available for expatriates.

Other junior positions are also available in Surgery, Orthopaedics, Medicine and Obstetrics & Gynaecology.

Malaysian applicants must have valid MMC and APC registrations when applying for clinical teaching positions. The remuneration package will commensurate with the background and experience of candidates. Positions available are based in Penang, Malaysia.

Only shortlisted candidates will be notified.

Successful candidates are expected to take up their positions in the fourth quarter of 2019.

Please submit your formal CV with complete contact details, current and expected salary and contact details of three (3) referees to:

THE HUMAN RESOURCE DEPARTMENT
RCSI & UCD MALAYSIA CAMPUS
4, Jalan Sepoy Lines, 10450 George Town, Penang.
e: college@rcsiucd.edu.my
t: +604 217 1999 f: +604 228 7272

IRELAND+MALAYSIA

 /RCSIUCDMalaysia

 @RCSIUCDMalaysia

 www.rcsiucd.edu.my

18 – 20 January 2019

**MALAYSIAN SOCIETY OF
HYPERTENSION 16TH ANNUAL
CONGRESS 2019**

Venue : Shangri-La Hotel,
Kuala Lumpur
Contact : + 6 012 – 212 1328
Email : msh.asm.secretariat@gmail.
com

14 – 15 February 2019

**THE 2ND INTERNATIONAL
CONFERENCE ON GLOBAL PUBLIC
HEALTH CONFERENCE 2019**

Theme : Enhancing Global Health
Development towards
Sustainable Healthy
Communities
Venue : Colombo, Sri Lanka
Organiser : The International
Institute of Knowledge
Management
Contact : chandana@tiikm.com

16 February 2019

15TH PRIMARY CARE SYMPOSIUM

Venue : 16 February 2019
Venue : Royale Chulan Damansara
Hotel, Mutiara Damansara,
Petaling Jaya
Organiser : MMA Wilayah Branch
Contact : +6016-223 8079
(Josephine) /
+6012-298 3102
(Dr Ravi Venkatachalam)

5 – 7 April 2019

**PENANG RESPIRATORY
CONFERENCE**

Venue : Bayview Hotel, Georgetown,
Penang
Organiser : Malaysian Medical
Association (Penang Branch)
in collaboration with
Malaysian Thoracic Society
Contact : +604-222 9188 /
+604-226 6699
Fax : +604-222 9188 /
+604-226 2994 /
+604-229 2379
Email : drhooi.hooi@gmail.com
(Enquiries) /
pgrespiratory@gmail.com
(Secretariat)

23 – 25 April 2019

**FOURTH INTERNATIONAL
CONFERENCE ON TROPICAL
MEDICINE AND INFECTIOUS
DISEASES**

Venue : Premiera Hotel,
Kuala Lumpur
Organiser : Faculty of Medicine,
Universiti Kuala Lumpur Royal
College of Medicine Perak in
collaboration with Institute
of Tropical Medicine Cuba,
Pasteur Institute of Ho Chi
Minh City, Vietnam,
Help Hospital, India
Email : davinder@unikl.edu.my/
gopalakrishnan@unikl.edu.my/
mashidah@unikl.edu.my

27 – 29 June 2019

**59TH NATIONAL MMA
CONVENTION & SCIENTIFIC
CONGRESS 2019**

Venue : Putrajaya Marriot Hotel,
IOI Resort City, Serdang,
Selangor.
Organiser : MMA Selangor

21 – 23 June 2019

**11TH ASEAN & 8TH PERAK HEALTH
CONGRESS ON PRIMARY HEALTH
CARE**

Venue : Hotel Casuarina @ Meru,
Ipoh
Contact : + 6 05 – 242 6549 (Ms
Wendy Wong)
Email : congress@pmps.org.my

20 – 21 July 2019

11TH PRIMARY CARE CONFERENCE

Venue : Kota Kinabalu Marriot Hotel,
Kota Kinabalu, Sabah
Organiser : MMA Sabah Branch
Contact : +6012-805 5009
(Ms Elsie)
Email : mma_sbh@yahoo.com.my

22 – 25 July 2019

**6TH ASIA-PACIFIC CONFERENCE
ON PUBLIC HEALTH**

Theme : Urbanisation Challenge for
Health
Venue : Penang Island
Organiser : College of Public Health
Medicine, Malaysian
Armed Forces Health
Services and Penang State
Health Department



RCSI + UCD MALAYSIA CAMPUS

Irish Education | Global Recognition
(formerly known as Penang Medical College)
(MOEDUNIO(N))

POSTGRADUATE PROGRAMMES

MSc in Health Research

N/720/7/0051 (FA 4091) 01/19

Apply Now for January 2019 Intake (Part-Time)

Limited seats available

Advance the quality of healthcare systems and services with the 2-year, part-time MSc in Health Research with blended learning approach of weekend teaching and distance learning.

- Jointly registered with the Royal College of Surgeons in Ireland (RCSI), this postgraduate degree is recognised and awarded by the National University of Ireland (NUI).
- Supervisors are chosen based on students' research area of choice. Students may also choose their own research supervisor/s.
- Fully accredited by Malaysian Qualifying Agency (MQA) and Malaysian Ministry of Education (MoE) and accredited as a level 9 award on the National Framework of Qualifications in Ireland (NFQ) and is compliant with European Credit Transfer System (ECTS).
- MSc Health Research graduates have gone on to pursue PhDs in Malaysia and internationally, received international grants and scholarships, or research prizes.

Also Available:

Master in Public Health (Full-Time, 1-year) N/720/7/0090 (FA 7199) 11/20

Registered and awarded by University College Dublin (UCD) and the National University of Ireland (NUI)

Programme Enquiries

Call: +604 217 1999 E-mail postgraduate@rcsiucd.edu.my

RCSI & UCD MALAYSIA CAMPUS
Penang Medical College Sdn Bhd (265542-K)
4, Jalan Sepoy Lines, 10450 George Town, Penang.
e: enquiry@rcsiucd.edu.my t: +604 217 1999 f: +604 228 7272

IRELAND+MALAYSIA

 /RCSIUCDMalaysia

 @RCSIUCDMalaysia

 www.rcsiucd.edu.my

SIMPLIFYING PAEDIATRIC VACCINATION



The only *fully liquid*,
ready-to-use*,
6-in-1 paediatric vaccine

Effective protection against 6 major diseases¹



D: Diphtheria; T: Tetanus; aP: Acellular Pertussis; IPV: Inactivated Poliovirus;
Hib: *Haemophilus influenzae* type b; Hep B: Hepatitis B

Demonstrated safety and immunogenicity¹

- In a wide range of vaccination schedules¹
- when coadministered with pneumococcal "polysaccharide" conjugate; meningococcal conjugate vaccine or meningococcal group A, C, W-135 and Y conjugate vaccine; rotavirus and MMR vaccine¹⁻⁴

Fully liquid, ready to use*



Demonstrates
nearly 5X less risk of
immunisation errors⁵

Reduces up
to 50% of
preparation time⁵

*Pre-filled syringe, with no reconstitution needed

References: 1. Sanofi Pasteur, Hexaxim Product Prescribing Information. 2. Kosalaraksa P, et al. *Int J Infect Dis* 2011;15(4):e249-e256. 3. López P, et al. 15th International Congress on Infectious Diseases (ICID) 13 - 16 June 2012, Bangkok, Thailand. Poster. 4. Madhi S, et al. *Pediatr Infect Dis J* 2013;32:889-97. 5. De Coster I, et al. O-147a Assessment of preparation time with fully liquid versus reconstituted paediatric hexavalent vaccines. A Time and Motion Study. *Arch Dis Child* 2014;99:A80-A81. **ABBREVIATED PRODUCT INFORMATION (API): 1. TRADE NAME OF THE MEDICINAL PRODUCT AND PRESENTATION:** Hexaxim Suspension for Injection. Active Ingredient: Diphtheria, tetanus, pertussis (acellular, component), hepatitis B (rDNA), poliomyelitis (inactivated) and *Haemophilus influenzae* type b conjugate vaccine (adsorbed). 2. **THERAPEUTIC INDICATION:** Hexaxim is indicated for primary and booster vaccination of infants and toddlers from 6 weeks to 24 months of age against diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and invasive diseases caused by Hib. The use of this vaccine should be in accordance with official recommendation. 3. **DOSAGE AND INSTRUCTIONS FOR USE:** Primary vaccination: 3 doses of 0.5 mL at intervals of at least 4 weeks and as per schedules 6, 10, 14 weeks; 2, 3, 4 months; 3, 4, 5 months; 2, 4, 6 months. Booster vaccination: After a 3-dose primary vaccination with Hexaxim, a booster dose should be given, preferably during the 2nd year of life, at least 6 months after the last priming dose. Hexaxim may be used as a booster in individuals who have previously been vaccinated with another hexavalent vaccine or a pentavalent vaccine associated with a monovalent Hep B. 4. **CONTRAINDICATIONS:** History of an anaphylactic reaction after a previous administration of Hexaxim. Hypersensitivity to the active substances, to any of the excipients, to trace residuals, to any pertussis vaccine or after previous administration of Hexaxim or a vaccine containing the same components or constituents. 5. **SPECIAL WARNINGS AND PRECAUTIONS:** Immunisation should be postponed in individuals suffering from moderate to severe acute febrile illness or infection. Individuals with a history of febrile convulsions should be closely followed up as such adverse events may occur within 2-3 days post vaccination. If Guillain-Barré syndrome or brachial neuritis has occurred following receipt of a prior vaccine containing tetanus toxoid, the decision to give any further vaccine containing tetanus toxoid should be evaluated by your doctor. 6. **PREGNANCY AND LACTATION:** Not relevant. 7. **UNDESIRABLE EFFECTS:** The most frequently reported reactions include injection-site pain, irritability, crying and injection-site erythema. Slightly higher solicited reactogenicity was observed after the first dose compared to subsequent doses. 8. **INTERACTIONS:** Hexaxim can be given at the same time as other vaccines such as pneumococcal polysaccharide conjugate vaccines, measles-mumps-rubella vaccines, meningococcal C conjugate vaccine, meningococcal group ACWY conjugate vaccine or rotavirus vaccines. 9. **OVERDOSE:** No cases of overdose have been reported. 10. **REVISION DATE:** 21 August 2017. 11. **FULL PRESCRIBING INFORMATION AVAILABLE ON REQUEST FROM:** Sanofi Pasteur, vaccines division of sanofi-aventis (Malaysia) Sdn. Bhd., Unit TB-18-1, Level 18, Tower B, Plaza 33, No. 1, Jalan Kemajuan, Seksyen 13, 46200 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Ref. No. MY/HEX/002/0817

SANOFI PASTEUR

SANOFI PASTEUR c/o sanofi-aventis (Malaysia) Sdn. Bhd. (334110-P)

Tel: +603 7651 0800 Fax: +603 7651 0801/0802

For healthcare professionals only