

Forging Links & Strengthening the Profession



Dr Ashok Zachariah Philip
 president@mma.org.my
 ashokphilip17@gmail.com
 President

This last month has been rather busy. With other ExCo members, I attended the Confederation of Medical Associations of Asia and Oceania (CMAAO) meeting in Yangon, Myanmar from 23 – 26 September 2015. It was my second CMAAO meeting, and in my opinion the organisation is becoming more focused and active. The meeting was also attended by the Secretary and Council Chair of the World Medical Association, thus improving links and cooperation between regional and international levels. The theme of the meeting this year was “Food Safety”, an important subject. In addition to meeting our regional colleagues and forming relationships with their associations, it was a distinct relief to get away from the choking haze and smog. The MMA has offered to host the 2018 CMAAO meeting.

Melaka and Johor had their Annual Dinners, the former on the 26th of September and the latter on the 10th of October. Melaka was fortunate to have the Minister of Health as the Chief Guest. I believe he understands clearly our strong desire to engage constructively with the Ministry in these times of change, and I have seen some indications that his officers are also beginning to see that working with us will be a win-win situation.

I was also pleased to attend what was truly a historic meeting, the 1,000 GP Symposium held on the 3rd of October in Kuala Lumpur. True to its name, more than 1,000 GPs enrolled. MMA worked with MPCAM, PERDIM and FPMPAM to organise this meeting, and I would like to express my appreciation to Dr Arasu and his team for their hard work. I spoke just before the DG of Health gave his speech, reminding him of the importance of engaging the private sector in any healthcare restructuring. I mentioned several principles that I believe should underpin any healthcare transformation programme. For those who are curious, I have posted these principles on our Facebook page.

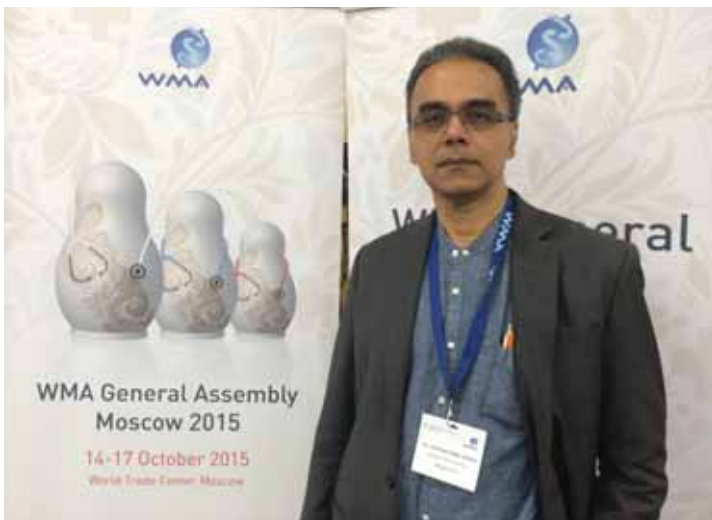
While the DG accepted the need to engage us in the process of healthcare transformation, he seemed to feel that it was too early to do so at present. Apparently the Ministry is waiting for the “diagnosis” by the consultants before moving on to the “cure”. I do not feel that this is a great idea. Of course, outsiders may see much that we in the system cannot, but at the same time the workings of the private sector are complex and can only be fully understood with the help of experienced private practitioners. I think, therefore, that getting us involved early will help in making a good “diagnosis” and formulating an effective “cure”.

The DG expressed satisfaction that the GPs were uniting, making it easier for the Ministry to engage them. He urged the various associations to formalise their cooperative efforts. I believe that even without any formally registered coalition or council, we can continue to work with other

~~~~~

**We should try to get more involved with associations like the WMA, so we are not just followers – we need to help set the agenda as well**

~~~~~



associations for our mutual benefit. A good start has been made, and we need to keep the momentum going. I believe that all the organisations listed are headed now by people of genuine goodwill who are keen to work together for our mutual benefit.

In November, the President-Elect and I travelled to Moscow for the World Medical Association (WMA) General Assembly. As I was not able to attend the WMA Council meeting last year, it was an entirely new experience for me. What I found was that the WMA could be very helpful to us. Over the years they have developed many guidelines, declarations and position papers. Some of these could be useful to us. In many ways, we are going through what more developed countries have gone through before, so we can learn from their struggles. At the same time, we should try to get more involved with associations like the WMA, so we are not just followers – we need to help set the agenda as well.

One of the problems we have in the MMA with regards to international organisations is a lack of institutional memory. The office bearers of one year are replaced the next. The memory of what they did leaves with them. Our undertakings and initiatives fade and wither because nobody remembers them. This is especially true of bodies like the WMA and CMAAO, where meetings are often held quite far away from Malaysia. We cannot afford to send too many people when the venue is far away, so usually the President and sometimes the President-Elect go. The next year, it is different people who go. Relationships with other medical associations are difficult to maintain like this. Many associations have people who serve quite long periods representing them at the international level.

How do we solve this? I do not think the answer is longer terms for the top office bearers. Personally speaking, the office of President takes a lot of time, and it is often difficult to plan because many meetings, especially with the Government, are arranged at very short notice. I do not think many doctors would be keen to take on the presidency for more than a year, especially as the position is not salaried.

Should we have a special officer who travels to all these overseas meetings? Again, I do not think that is the answer. A President and his Council should have the discretion, within reason, to set the agenda for their term. If there is one person who is there for a long time who has his own relationships with external organisations, there is a risk of a clash of policies.



However, I do think that it is a good idea to have a Committee to deal with external relations. The members should include the President and one or two other ExCo members, together with members from outside the Council. This Committee should be responsible for advising the Council on past decisions, present obligations and possible future policies and developments. The President will remain the main representative of the MMA to the world at large, but he will have the benefit of the experience of the Committee.

This Committee should, I believe, be selected from experienced people who have the interests of the MMA at heart. While the work we do within the country for our own members is important, the future of healthcare is not immune to globalisation and its pressures. If we do not forge close relations with other medical associations, we will lack the strength to stand up for the interests of the patients and doctors. From our experience of the TPPA, international trade pressures and globalisation do not treat healthcare kindly. Everything is weighed in terms of profit and loss. Only strong and principled stands by doctors, lawyers and other civil society groups can have a hope of bringing a breath of humanity to these international pacts.

As you can see, there are many challenges for doctors to face over the coming years, both within the country and abroad. We must form strong links with other organisations, whether locally, regionally or internationally, to face them. Otherwise I believe the practice of medicine will dwindle from a noble profession to a technical process, where patients and doctors are just cogs in a huge machine. Let us work with vision and principle to delay that awful day.