

President's Message



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WMA General Assembly in session

Another month has gone and as anticipated, it has been very busy. October is the month for the Annual General Assembly (GA) of the World Medical Association (WMA). This year it was held in Reykjavik, Iceland from 3-6 October.

Delegates from more than 50 national medical associations (NMA) attended the GA. As a constituent national medical association, MMA is represented by the President as the official delegate to the GA, together with the President-Elect as the alternate delegate. Additional members were admitted as observers. Dr Ashok Philip was also present as the Chair of the Advocacy Committee.

In the last few years, WMA has allowed the delegates and observers to attend the deliberations of the various major committees and the meeting of the Council of WMA prior to the General Assembly. The non-committee and Council members were also given the privilege of speaking on the matters that were discussed, giving an opportunity for the smaller national medical associations to voice their concerns or to give their input to influence the final outcome of the position papers.

Several policies and position papers were adopted during the GA. Among the issues discussed and adopted include:

Clinical Independence

The original paper on clinical independence is called the Declaration of Seoul on Professional Autonomy and

Clinical Independence, which was adopted at the WMA GA, Seoul, Korea in October 2008.

This document was amended this year and reaffirmed that professional autonomy and clinical independence are essential components of high-quality medical care and that the patient-physician relationship must be preserved. Medical professionalism requires these two components, without which the delivery of medical care can be compromised. The Assembly also warned that unreasonable restraints on physicians' clinical independence imposed by governments and administrators were not in the best interests of patients, because they might not be evidence-based and risked undermining the trust between patients and physicians. To this, I would add the restrictions imposed by the managed care organisations/ third party administrators and the insurance companies.



The Malaysian delegation at the
WMA General Assembly

Capital Punishment

The delegates, including MMA, once again reaffirmed that physicians should not participate in any form of capital punishment as it is anathema to the very fibre of medical ethics and is incompatible with the physicians' role as a healer. The Council and GA took note of MMA's stance of being against capital punishment, and acknowledged the dilemma that our physicians face as they are by law, required to certify the fitness of death penalty convicts and to be present during the execution of the convicted prisoners. The Secretary-General of WMA offered to write to the Malaysian government raising the ethical concerns

of physicians in Malaysia. Fortunately, there would not be a need for this as a few days after the GA ended, the Malaysian government announced that the death penalty will be abolished and there will be a moratorium on all executions until then. MMA welcomes this progressive and bold outlook of our government.

Medical Tourism

The statement on medical tourism is important to us as Malaysia is one of the leading medical tourism destinations. Our specialists have contributed significantly to this sector, which is one of the economic driving factors for the country.

The paper was brought to our attention at the Council Meeting of WMA in Riga, Latvia in April 2018. This was the first time that I came to know about it and I had requested for deferment on the discussion on this paper till we had studied it. However, the request was not accepted in spite of the Chairman of the Socio-Medical Affairs Committee asking for a working committee to look into further studying the paper, which was initially proposed by the Israel Medical Association. The Council decided to table the paper at the General Assembly in Reykjavik in October 2018. This paper was subsequently adopted by the General Assembly recently and has become the official statement of WMA.

Among the recommendations in the paper is the one calling on the governments involved in medical tourism to ensure that the health care delivery to their own citizens are not compromised and do not have a negative impact to the country's health care system. Medical tourism should not affect the proper use of limited resources negatively to the residents of the hosting country. There is also a warning on unethical or illegal practices such as organ trafficking. The authorities, including the governments, should be able to stop elective medical tourism where it is endangering the ability to treat the local population. The full statement can be accessed through this QR code.



Telemedicine

The original statement on the ethics of telemedicine was adopted at the WMA GA, Copenhagen, Denmark in October 2007. This policy was reviewed this year in Reykjavik, Iceland.

Telemedicine has been defined as the “practice of medicine over a distance, in which interventions, diagnoses, therapeutic decisions, and subsequent treatment recommendations are based on patient data, documents and other information transmitted through telecommunication systems.”

“Telemedicine can take place between a physician and a patient or between two or more physicians including other healthcare professionals.”

The statement gives the general principles of telemedicine and emphasises the autonomy and the responsibility of the physician, and quality of care. The

recommendations include the adaptation of technology to the local regulatory framework, development of ethical norms, practice guidelines, national guidelines, national legislation and international agreements on subjects related to the practice of telemedicine while protecting the patient-doctor relationship.

An important point to be taken into consideration is that telemedicine should not be viewed as equal to face-to-face healthcare and should not be introduced solely to cut costs or as a perverse incentive to over-serve and increase earnings for physicians. There is also the emphasis on the need for the profession to explicitly identify and manage adverse consequences on collegial relationships and referral patterns, besides the need for new guidelines and standards for the practice integration.

The recommendations also include the involvement of the local national medical associations where appropriate. I am happy to note that our Ministry of Health has included two representatives from MMA in the MOH Telemedicine Development Group.

Biosimilar Medicinal Products

This is an important policy paper by WMA which has an impact in developing countries. Following the expiry of patents for original biotherapeutics, there has been an increase in the development and approval of copies called “similar biological medicinal products or “biosimilars”, that are highly similar to a previously approved biological product known as the originator or reference product. The biosimilars are not the same as generics. The difference is that a generic drug must contain the ‘same active ingredients as the original formulation’. A biosimilar is a different product with a similar but not identical structure that elicits a similar clinical response. These biosimilar products have changed the management of patients chronic and debilitating conditions by providing a cheaper alternative that can achieve a similar efficacy as the originator.

A recommendation in this policy statement warns of the risk of insurers and health care providers resorting to favour biosimilars instead of originators even when the use of the originators may be more appropriate.

The national medical associations are encouraged to be part of the government initiatives to develop national guidelines on the safety of biosimilars.

Development and Promotion of Maternal and Child Health Handbook

The Millennium Development Goals (MDGs) 2015 objective was to reduce the maternal mortality ratio and infant deaths. The Sustainable Development Goals (SDGs) 2030 have set further reductions of maternal mortality ratio, neonatal mortality and the under-five mortality rate as important targets to be achieved.

As early as 1948, Japan was the first country in the world to create and distribute a maternal and child health (MCH) handbook. This was used successfully to protect and improve the health and wellbeing of the mother and the child. There are currently 40 versions of the MCH

handbook throughout the world, each adapted to their local context and need. The use of MCH handbook has been shown to help improve the knowledge of mothers on maternal and child health issues and has contributed to changing behaviour during pregnancy and peripartum period.

WMA recommends the national medical associations to promote the use of MCH handbook adapted to the local needs, promote local research to evaluate the usage and to make recommendations to improve the quality of care in the local setting.

Other Statements

A total of seven new and seven revised policy statements were adopted during the GA. One other policy statement and two resolutions with minor revisions were also adopted. Those interested can access these through this QR code.



Installation of New President

Dr Leonid Eidelman, the Past President of Israel Medical Association was installed as the new President of the WMA for 2018/19 term. He is also the head of anaesthesiology department at the Rabin Medical Center in Israel. The day after his installation the Canadian Medical Association tabled a motion at the General Assembly for Dr Eidelman to resign for plagiarising his inaugural speech from the speech given by a past president of the Canadian Medical Association.

The matter was referred to the Council as per the by-laws of WMA. After deliberation, the Council decided that Dr Eidelman could continue as President as he had given a satisfactory explanation and had apologised for the part that was allegedly plagiarised stating that the speechwriter had done that and he had no knowledge that it was taken from another speech. The Canadian Medical Association was not satisfied and left the Assembly and later sent an email to the Secretary-General and informed him that they are withdrawing from the membership in WMA. This episode, unfortunately, has weakened the WMA as several other national medical associations were also not satisfied with the action taken by the WMA Council.

Election

Dr Miguel Roberto Jorge was elected the President-Elect for the term 2018/19 and will be installed as President in Santiago, Chile in October 2019. He is an Associate Professor of Psychiatry and Chair of the Research Ethics Committee of the Federal University of Sao Paulo in Brazil. He had served as Treasurer of the Brazilian Medical Association. Dr Jorge came to Penang as an observer at the 33rd CMAAO (Confederation of Medical Associations in Asia and Oceania) General Assembly in September 2018.

Social Functions

The four-day General Assembly of WMA was not all work. Iceland is an island created by seismic activity and multiple volcanic eruptions over several eons, which is still continuing. There are on an average of two or three minor earthquake activities every day.

Time was set aside for social functions which included a half-day tour of the Thingvellir National Park. The ancient Viking parliament site is situated in this park. This park is also where the American and Eurasian tectonic plates pull apart, creating a beautiful and scenic rift valley. You can cross over from the Americas into Eurasia within minutes. This area is also well known for its geothermal activity which is used for heating and generating electricity without burning fossil fuels. A visit to an old church was followed by a very sumptuous informal dinner held in a replica of the ancient wooden Viking home covered by turf. This gave an opportunity for all delegates to mingle around and exchange pleasantries as well as for networking.

The host, Iceland Medical Association, were very gracious and generous and since it was a perfect evening with a star-studded sky, they "turned on the Northern Lights" after the dinner – it was a spectacular 'performance' by nature that was an experience of a lifetime for those of us from the equatorial region. Shooting pictures of the dance of the lights in the sky with a DSLR camera was a challenge in itself. It was an opportunity to fall back on the old skills of using manual settings with long exposure to capture the lights while working with freezing fingers against high winds blowing across to destabilise the camera. It was an unforgettable experience that will be cherished by many who witnessed the phenomenon which is frequently seen in Iceland during the winter months.



The spectacular Aurora Borealis, the Northern lights.

Local Affairs – Special Night with YAB Tun Dr Mahathir Mohamed and Tun Siti Hasmah

A dinner function has been organised for the two Tuns in appreciation of their contributions to the nation. MMA Council decided to honour Tun Mahathir, who is a founding member of MMA, with the MMA Life Time Achievement Award and Tun Siti Hasmah with an Honorary Membership of MMA. The Life Time Achievement Award is a newly created award that will be bestowed on members of MMA who have made exceptional contributions to the profession and the nation. Tun Mahathir is one such candidate who rightfully deserves this honour from our Association.

The dinner function will be held on 30 November 2018, at the Shangri La Hotel, Kuala Lumpur. All arrangements are being made and we hope that it will be an event of grandeur befitting the award being bestowed. Please ensure your presence at the dinner and the tickets may be purchased through your branches or from the MMA Secretariat in Kuala Lumpur.