RESOLUTIONS ADOPTED AT MMA AGMS

MMA AGM RESOLUTIONS 1960/1961

Nil

MMA AGM RESOLUTIONS 1961/1962

Nil

MMA AGM RESOLUTIONS 1962/1963

Nil

MMA AGM RESOLUTIONS 1963/1964

1. That this House is deeply concerned with the effects of the present system of administration of the Medical Services and is convinced that it presents a real problem which merits careful examination and study by a Committee to be appointed for this purposes and to make recommendations and representations to the Government.

MMA AGM RESOLUTIONS 1964/1965

2. This House resolves to dissolves the Malayan Medical Association as soon as the Malaysian Medical Association is registered and functioning.

   This House hereby delegates the Incoming Council of the Malayan Medical Association to wind-up the affairs of the Association at a suitable time and date hereafter when all debts and liabilities of ths Association have been fully discharged by the Council and that all the remaining funds of the Association be transferred to the Malayan Medical Division of the Malaysian Medical Association.

   This House further delegates the Incoming Council of the Malayan Medical Association to take other action with the Registrar of Societies as required by Article XV of the Constitution of the Association relating to Dissolution of the Association.

MMA AGM RESOLUTIONS 1965/1966

3. This meeting of the Malayan Medical Association hereby resolves that the Association shall suggest to the Government a scheme for the more active participation of general practitioners and specialists outside the Government service, in the day to day care of patients in government hospitals, both in the out-patients departments as well as in wards; this participation being on an honorary basis.

4. This meeting of the Malayan Medical Association hereby resolve that the Association shall make an earnest appeal to the government to appoint at an early date a Royal Commission on Health which will :

(i) Survey the existing medical and health services in the country both in the government and the private sectors.

(ii) Study the deficiencies in the above services and example the ways and means of improving the same with a view to the improvement of medical and health services for the benefit of all citizens of the country.

(iii) Ascertain from the medical profession as well as the general public their views and wishes regarding the type of medical care that should be established in the country in the future.

(iv) Recommend measures that may be taken towards the establishment of such type of services as ascertained above and to lay out a comprehensive plan for such a service.

MMA AGM RESOLUTIONS 1966/1967

Nil

MMA AGM RESOLUTIONS 1967/1968

Nil

MMA AGM RESOLUTIONS 1968/1969

Nil

MMA AGM RESOLUTIONS 1969/1970

5. This House resolves to authorise the Council of the Association to form a limited company to be known as MMA Sdn. Bhd.

(a) To form MMA Sdn. Bhd. as a limited company with a share capital of $1,000.00 and with 3 shareholders

(b) To appoint the three Trustees of the Malaysian Medical Association as the 3 shareholders of the company and also the Directors

(c) To transfer the land owned by the Association and all the assets in the MMA House Fund to the company as share capital

(d) To provide for the Company to enter into the building and leasing the MMA House, and to enter into all other business enterprises normally possible for a company limited by shares as in the draft Articles provided by Messrs. Ng Ek Foong & Partners.

MMA AGM RESOLUTIONS 1970/1971

6. This AGM resolves that a working Committee be set up to establish within MMA, a functional grouping of medical officers and that this Committee be elected from a meeting of medical and house officers after the AGM.

MMA AGM RESOLUTIONS 1971/1972

Nil

MMA AGM RESOLUTIONS 1972/1973

7. Resolution by the Anti-Smoking Committee:

(i) that smoking be banned at all meetings of the MMA

(ii) that every opportunity be taken by the medical profession, both individually and in groups, to set a good example and discourage the habit of smoking.

(iii) that every attempt be made to obtain the cooperation of school teachers in discouraging smoking by young people.

(iv) that further representations be made to Government and local Authorities urging appropriate legislation so that :

(a) the promotion of smoking in mass media is prohibited or, at least, curtailed and controlled

(b) all containers of any manufactured tobacco product be clearly labelled with the statement "Smoking is harmful to health".

(c) Smoking be prohibited in public buildings and public transport, public meetings.

(v) That the Ministry be urged to mount an anti-smoking campaign and to educate school children and the general public about the dangerous consequence of smoking, in terms of health and economics.

(vi) That insurance companies be urged to consider the reduction of premiums for non-smokers and for buildings in which smoking is prohibited.

(vii) That the Ministry of Sports, Youth and Culture be urged to prohibit the promotion of smoking in connection with all smoking activities.

8. The Council of the MMA take immediate steps to liaise with the other medical association and groups in Malaysia in new academic matters.

MMA AGM RESOLUTIONS 1973/1974

9. This House resolves that Council of the MMA should set itself the task of studying and discussing the present abortion laws in this country and the need for liberalisation and that Council urges each branch of the MMA to organise seminars amongst members, not only by Council so that eventually MMA would be in a position to provide responsible leadership on the subject.

10. This House:

concerned about the exorbitant cost of pharmaceuticals and medicines to the people of Malaysia.

aware that price fixing by middlemen, retail and wholesale pharmacists and foreign monopoly is responsible.
aware that the legal controls in the pharmaceutical market in Malaysia are now being breached and the licensed whole pharmacists and retail pharmacists are unable to rectify the situation which is causing a serious health problem
knowing that the training and function of the pharmacists is to assist registered medical practitioners in the same way as other medical auxiliaries and it is not the function of pharmacists to replace or supercede doctors
hereby resolves that it is time the registered medical practitioners be given licenses under the Poisons Ordinance to import medicines for their use and
further resolves that representation be made to the Government to amend the Poisons Ordinance immediately to provide for Pharmacists to set up in practice and business only under the direct supervision of a registered Medical practitioner and
calls upon the Council of the MMA to make effective representation to the Government to achieve this.

11. This House is concerned with the press releases, which may be misinterpreted, and the House urges the President and the Incoming Council to study the relations between the MMA and the press.

This House:

aware of the need to provide treatment for the sick in Malaysia as economically as possible
concerned over the irresponsible statements made recently in the press by pharmacists
knowing that the training and function of pharmacists is to assist registered medical practitioners and not to replace or supercede doctors
hereby resolves that the traditional rights of the registered medical practitioner to prescribe stock obtained and dispense medicine for their patients be preserved and
calls upon the Council of the MMA to make effective representation to the government to preserve the right of the doctor

MMA AGM RESOLUTIONS 1974/1975

12. It is proposed that the fees for life insurance policies examinations be revised upwards, and that members should not do the examinations unless they are paid $30/-.

13. This House resolves that the MMA commissions and finances a Committee of Research Experts to study and report to the MMA on the present and future health needs of the country, both in the public and private sectors.

14. This House considers that expulsion from membership of the MMA is unlikely to deter anybody from breaking the ethical code and is equivalent to going bear-hunting with a peashooter. This House considers that retention of this deterrent by the Ethical Committee appear to have a punishment function which has never been the case. This House resolves that no member shall be deprived of his membership on an ethical matter until and unless he has been found guilty by the MMC, and to delete Article VII (I) (VI) from the Constitution.

15. This House directs the Ethical Committee to prepare and submit a report pointing out which parts of the MMA Ethical Code coincide with infamous conduct in a professional respect and therefore subject to disciplinary action by the MMC, and which parts are not and therefore dependent on ' voluntary observance '.

16. This House urges the Malaysian Medical Council (MMC) to publish details of all disciplinary cases heard by it so that a body of case precedent can be built up and so that the MMC can be clearly seen by the medical profession to be performing its duties as laid down by law.

17. This House resolves that the MMA Ethical Committee shall circulate reports of its activities, in particular details of ethical cases referred to it, its conclusions and action taken at least once every 3 months.

MMA AGM RESOLUTIONS 1975/1976

18. This House resolves to request the Ministry of Health to plan a structured training and appropriate clinical postings for compulsory service doctors in order to:

(a) train specialists in the various disciplines of Medicine

(b) train generalists in Family Medicine with a view of improving health delivery to the people of Malaysia

19. This House notes that as:

(i) The MMA is the only medical organisation representing the medical profession as a whole, and

(ii) The AGM being the only gathering of representatives from the entire medical profession;

It resolves that:

(a) important issues affecting the medical profession be given priority over social activities during the AGM, and

(b) besides issues solely affecting the medical profession, the AGM should also discuss issues relating to the relationship between the medical profession and the community with the aim of uplifting the public image of the MMA and the medical profession.

20. This House realising the importance of mothers' milk in infant feeding; and aware of the problems caused by artificial feeding both from the infant and mothers health point of view and from the economic aspects:

(i) regrets the diminishing role of mothers' milk in infant feeding and nutrition

(ii) stresses the importance of medical advice and endorsement of influencing the mother to breastfeed her baby ;

(iii) calls upon the MMA to support any campaign or programme organised by the Ministry of Health or other interested bodies in promoting mothers milk.

21. (i) The Malaysian Medical Association congratulates :

(a) Minister of Health and the government of Malaysia for introducing legislation to include a warning on Health hazards on every cigarette packet;

(b) those local authorities that have already introduced a ban on smoking in cinemas and other public halls and calls on all local authorities and town councils to implement similar measures.

(ii) The MMA welcomes the cooperation between the Ministry of Health and MMA in launching an Anti-Smoking Campaign and this House calls upon every member of MMA to

(a) renew and abide by the resolution passed at the 13th AGM in 1973 to ban smoking at all meetings of MMA.

(b) actively discourage their patients from starting to smoke or advise them to give up the habit.

(c) cooperate in the Anti-Smoking Campaign by displaying Posters (that will be provided by the MMA/Ministry of Health Committee) in their clinics and hospitals.

(d) set an example to their patients and subordinate staff by restraining from smoking in their presence.

(d) play an active role as respected members of society in convincing mass media, sports agencies and agricultural planners of sources of revenue alternative to tobacco and cigarettes.

(iii) This House calls upon the Council of MMA to initiate the creation of " Group Therapy Sessions " to assist smokers to give up their habit.

22. " This House resolves that as MMA is the sole organisation which can represent the medical profession, notes that many new organisations for different interests in the medical profession have been formed recently; and believes that the Bangunan MMA and the MMA Secretariat should be better utilised in enabling them to act as unifying forces in the medical profession by:

(i) providing more recreational activities and facilities to attract members to meet in the MMA House.

(ii) providing more secretarial and meeting facilities to enable more medical organisations to use them so as to enhance the role of the MMA House in unifying the medical profession.

23. " The Ethical Committee of the Malaysian Medical Association views with grave concern the slow and inefficient manner the Malaysian Medical Council deals with cases reported by the Malaysian Medical Association and fears that this will lead to further deterioration of ethics among the medical profession.

MMA AGM RESOLUTIONS 1976/1977

24. " This House being concerned over the many resignations of Senior Teaching staff in the Medical Faculty of the University of Malaysia and

Being concerned overt he threat to the high standards of medical teaching and training for medical students who will be our future doctors in Malaysia and

Being concerned over the inability of the Vice Chancellor of the University of Malaya to take necessary action to stop this "brain drain" and to make an immediate public statement that would satisfy the community that all is well in the Medical Faculty of the University of Malaya."

" This House hereby resolves to appeal to the Prime Minister of Malaysia to set up a Commission of Inquiry to study the problems in the Medical Faculty of the University of Malaya and make recommendations to maintain a high standard of medical teaching and training for medical students and postgraduates in order to improve the standard of health delivery to the people in Malaysia.

25. " This House being concerned over the shortage of registered medical practitioners in Malaysia and the current "brain drain" with the resulting inadequate health care for some sections of the people of Malaysia and concerned over the increasing number of resignations of specialists and medical officers from the government service and aware that it is not in the national interest for the government to continue to ignore the health services provided to a major section of the population by private general practitioners and specialists in private practice.

26. " That the House resolves that it is improper for doctors who do not practice or have ceased to practice in a clinic to have their name plates displayed together with those currently practicing there."

MMA AGM RESOLUTIONS 1977/1978

27. " This House resolves to give the mandate to the MMA SOCSO Committee, on which all private practitioners associations and societies should be represented, to negotiate with SOCSO for the following methods of payments for the Sickness and Maternity Benefits Scheme and the Employees Injury Insurance Scheme:

(a) the first choice of payment is "payment by item of service" in accordance with the fees schedule circulated to members previously

(b) the alternative choice is "payment by case".

MMA AGM RESOLUTONS 1978/1979

Nil

MMA AGM RESOLUTIONS 1979/1980

No Resolutions adopted.

MMA AGM RESOLUTIONS 1980/1981

28. " That the Malaysian Medical Association sets up study groups to research and report on selected topics of current interests "

29. " That the Malaysian Medical Association sets up a Subcommittee to advocate the interests of government doctors."

30. " This House gives a mandate to the incoming Council to negotiate with the Rubber Plantation Houses about the fees of the visiting medical officers to Malaysia on reasonable criteria for the guidance and acceptance of members of the MMA ".

31. " That the Malaysian Medical Association takes up with the appropriate authority the establishment of the Fourth Medical Faculty in Sarawak so as to further develop medical facilities in this region and train more medical personnel for the ever expanding medical services".

32. " This House hereby agrees to accept the proposal by Council to nominate the following trustees of MMA as honorary members of MMA:

(a) Dr S G Rajahram
(b) Datuk (Dr) P T Arasu
(c) Tan Sri Datuk (Dr) Hj Abdul Majid Ismail
(d) Dr Chong Yew Chong".

MMA AGM RESOLUTIONS 1981/1982

33. " This House while:

(i) congratulating the government for stopping advertisements on tobacco and cigarettes on television and radio

(ii) and reaffirming MMA's past resolutions on banning smoking in all meetings organised by the Association

(iii) appeals to the medical profession to refrain from smoking in public especially in the presence of their patients

(iv) calls on the government to take further steps to reduce the hazards of smoking and uphold the rights of non-smokers to breathe tobacco smoke-free air by:

(a) directing manufacturers to reduce tar and nicotine content in cigarettes sold locally

(b) prohibiting advertisements in all forms including sponsorship of sporting events except at the point of sale, failing which to insist on larger health warning notices and tar nicotine values in the advertisements.

(c) prohibiting smoking in all forms of public transport such as buses, trains and aeroplanes and in closed public places

(d) imposing higher duties on cigarettes and tobacco especially those with higher nicotine/tar content"

34. " This House resolves to recommend to the relevant authorities that any confirmed qualified doctor who acts in a higher post which is vacant must be confirmed by three months in that post automatically".

35. " This House hereby resolves to appoint a Committee to study and to recommend for Council to implement a Benevolent Fund Scheme to enable members of the MMA to provide a suitable fund for the dependants of its members after their death".

MMA AGM RESOLUTION 1982/1983

36. " The MMA supports the spirit of the government's anti-dadah campaign:

direct the Council and the Dadah-Abuse Committee to plan a programme whereby the medical profession can play in active role; and appeals to all doctors to volunteer their services towards such activities; and deplores random prescription of addictive drugs by any doctors".

37. " This House, realising the danger of tar and nicotine in cigarettes and the decline in consumption of high tar/nicotine cigarettes in West while there is simultaneous dumping of high tar/nicotine cigarettes to developing countries, requests the government to compel cigarette manufacturers to:

(i) reduce tar/nicotine content in locally manufactured cigarettes

(ii) print the tar/nicotine on all cigarette packages and advertisements

(iii) levy higher differential duties on cigarettes with higher tar/nicotine content ".

38. " This House resolves to honour Datuk Seri Dr Mahathir bin Mohamed appropriately ".

39. "The House resolves to request the incoming Council to study the possibility of reorganising and reactivating the MMA Sdn. Bhd. with Council members as directors of the company with a view to handing over some of the business activities to the company in order to take advantage of the 45% income tax paid by companies".

40. " This House being gratified that the funds of the MMA Foundation are now reaching dollars one million and being concerned that only small part of the annual donation made by the MMA to the MMA Foundation is now being used to assist medical students in need and very little for postgraduate education ".

“ This House resolves to request the incoming Council of MMA to use its influences to persuade the MMA Foundation to allocate 50% of its funds to assist medical students and to make annual grants from the income derived from the balance to each of its branches of the MMA to promote continuing medical education for doctors in Malaysia.”

Further, this House resolves to request the MMA Council to gradually introduce new directors to the Board of the MMA Foundation so as to introduce new and young blood.

41. " This House resolves to request the incoming Council of the MMA to find ways and means of investing the Associations' annual excess of income in a reserved fund or in the MMA

Foundation to purchase commercial buildings in each of the branches for rent and to use a part of these buildings as MMA branch offices ".

MMA AGM RESOLUTIONS 1983/1984

42. " The MMA shall leave no stone unturned until a solution is found to rectify Article 13/3 doctors ".

43. " The MMA Council resolves that it is unethical for physicians to participate in capital punishment, although this does not preclude physicians certifying death ".

44. " The MMA notes with deep concern that in spite of the government's stand that " Merokok Membahayakan Kesihatan ".

(i) there are increasing promotional efforts of cigarette companies especially in sports events whereby they are so inconsistent with the ideals of youth and physical fitness, calls upon the government to prohibit all forms of advertisements and promotion of cigarettes, directly or indirectly.

(ii) prohibit smoking in all closed public and work places unless adequate measures are provided for non-smokers and

(iii) appeals to the government especially the Health Ministry to increase its efforts in health education to counteract over $ 21 million promotional expenditure by tobacco companies .

45. " The House hereby resolves to consolidate both the MMA Special Fund and the MMA Benevolent Fund and name it as the MMA Special Benevolent Fund ".

46. "The House hereby resolves to nominate Datuk Dr A W E Morreira as Honorary Member of MMA ."

47. " This House resolves to elect Dato Seri Dr Mahathir b. Mohd as an Honorary Member of the Malaysian Medical Association ".

MMA AGM RESOLUTIONS 1984/1985

48. " That in view of the resignation of Dr S G Rajahram as a Trustee of the Association, Dr Syed Mahmood b Syed Hussain, shall be appointed to take his place ".

49. "That the MMA should set up a Committee to study the existing schemes of compensation for industrial accidents with the view of making suggestions regarding these schemes to the relevant authorities".

50. "That the MMA take steps to increase the awareness among the medical profession on the various medical and psychosocial aspects of alcohol abuse".

51. "That the MMA Foundation should now consider applications for loans from medical students studying abroad".

MMA AGM RESOLUTIONS 1985/1986

52. That this house resolves to ensure that a closer rapport be established between doctors in the public sector and private sector, to enhance the quality of patient care being provided.

53. This House resolves that the MMA should approach the Deans of Medical Schools in the country to allow doctors in private practice to have access to journals and medical books on loan for limited periods.

54. The MMA resolves to have a recreational cum rest room for members at the MMA in Kuala Lumpur.

55. This House resolves to elect Dr A A Sandosham as an Honorary Member of the Malaysian Medical Association.

56. That this House believes that the Law on Abortion, as it stands today in Malaysia, needs to be amended and updated. This House therefore directs the incoming Council to appoint the Committee to study the current Law on Abortion and make recommendations to be considered at the next AGM in 1987.

57. The Medical Profession in Malaysia resolves that all doctors should charge a consultation fee for services which should be given a prescription which they are at liberty to have dispensed at an appropriate place, and that all drugs dispensed by doctors should be labelled with its proper names.

58. The House recognises the problems faced by the West Malaysian doctors in Sabah and as such directs the MMA Council to assess the situation carefully and to take steps to improve the situation.

59. This House resolves that :

(i) Any member of the MMA membership in benefit can attend Council meetings as an observer provided two weeks notice in writing has been given to the Secretary

(ii) All minutes of Council Meetings of the MMA must be available for inspection by any ordinary member of the MMA provided that such Minutes are not reproduced in its entirely.

60. This House resolves that:

(i) While we support the widespread effort to improve the knowledge of the National Language, the widespread use of English also in schools and universities need not and should not be diminished by this effort.

(ii) Every attempt should be made to encourage the use of the English Language as a necessary second and important language in the school curriculum to equip our students with the ability to enter the fields of Science, Technology and Medicine.

(iii) Our Education system should be flexible to accommodate both those who do not wish to learn English as an important second language as well as those who do.

MMA AGM RESOLUTIONS 1986/1987

61. This House resolves that the MMA Council could seriously consider the provision of a group personal accident and term life cover to all its members.

62. In view of the high cost of tertiary education, especially Medicine, the house resolves that a subscription " MMA Scholarship Fund " be sent up to help members of at least 5 years' standing to meet their children's expenses.

63. This House resolves that the MMA shall take the initiative in the formation of a central body for the country to administer and conduct postgraduate training efforts by many organisations involved such as the Universities, Colleges, Academy of Medicine of Malaysia and the Ministry of Health.

This House also recommends that this central body shall seek the help of the MMA Foundation and carry out its activities in all the states and regions.

64. That this House resolves that Government doctors be granted Unrecorded Leave to attend " CME " Courses and Postgraduate examinations locally and in the Asean region with the prior concurrence of the Ministry of Health.

65. This House resolves that the MMA Sdn. Bhd. be wound up for the following reasons :

A Committee set up by Council to study the relationship between MMA Council and MMA Sdn. Bhd. has advised that :

(a) The MMA Sdn. Bhd. is a private company with limited liability with an authorised capital of $250,000/- and a paid up capital of $3/- held by three (3) subscribers. The MMA itself is not permitted to be a shareholder.

Pursuant to the above provision, MMA Sdn. Bhd. cannot be a subsidiary of the MMA. It can at best be said to be a company promoted by the MMA for its members.

(b) The main control that MMA may exert over the MMA Sdn. Bhd. is in two areas, the first being the control over the issue and transfer of shares and the second over the directors of MMA Sdn. Bhd., the powers of the directors dependant on the approval of the Council of the MMA. This necessarily means that the directors cannot effectively function without the authorisation of the Council of the MMA.

Whilst the MMA may effectively control the board of directors, it does not appear that the MMA can displace the powers vested with the shareholders of the MMA. The shareholders could for instance amend the Articles of Association by removing the references to the Council of the MMA. If this is done, the MMA's controls over the affairs of MMA Sdn. Bhd. could be lost.

It is rather awkward that the MMA should seek to control a private company which it does not own. If the MMA desires complete control, then it is prudent that it makes the MMA Sdn. Bhd. its subsidiary or its wholly owned subsidiary.

(c) It may still not be prudent to carry on with the proposed activities of the MMA Sdn. Bhd. which include housing development, travel agency, pharmacies and printing. The objection could be founded on ethical considerations or considerations related to the image of the MMA itself as exemplified in the objects of the MMA.

66. The communities of Papan, Bukit Merah and adjacent areas have expressed much anxiety regarding the setting up of industries generating radioactive waste in their vicinity. The House resolves that a Committee be set up to investigate and analyse the health implications related to the operation of the above mentioned industries.

The findings and recommendations of this Committee should be submitted by the MMA Council to the relevant government agencies and ministries for further discussion and action.

67. It is proposed that whenever any resolution proposing the setting up of a Committee to look into a particular matter is passed at the AGM, the following guidelines be adopted :

(a) The MMA Council should set up the Committee within 6 weeks of adoption of the resolution.

(b) The proposers of the resolution should be consulted in the formation of the Committee.

(c) The MMA Council should hold a meeting with the above mentioned committee within 8 weeks of receiving the report of the committee's findings and recommendations.

(d) The findings of the committee as well as the results of follow-up action taken by the MMA Council should be made known to the general body of MMA members.

68. This House resolves :

(a) that the Malaysian Medical Association in continuing to assist doctor's to circulate to their colleagues, information on setting up new general practices and specialist practices should require these doctors to give more personal and professional information and date in these circulars,

(b) by including their Universities and Colleges and dates of qualification including postgraduate qualifications,

(c) by including dates of their postings to various hospitals and details of experience in their speciality with a list of their publications and

(d) by including details of the services they propose to offer their patients in the new medical practice.

69. This House resolves that the incoming Council vigorously implement the objects of the MMA Article II (1) (i) for the MMA to sustain the professional standards of medical ethics and uphold the FREEDOM of the medical profession in this country to self regulate itself

on all ethical matters and resist efforts by Government or statutory organisations to regulate this Noble Profession.

70. Employers Not To Dictate To Doctors

This House hereby resolves that the Council take appropriate steps to advise public and private firms on the necessity of formulating basic health care options to meet the needs of their employees and to disapprove strongly measures taken by some firms to dictate to practitioners on how they should practice medicine.

This House also appeals to all members to report to the Council whenever such infringements on their clinical practice occur.

71. The Right to Dispense

This House views with concern the surrender in principle of the legitimate right of the medical practitioner in this country to dispense medicines to his own patients and the proposed taking over of dispensing by pharmacists as measures not in the best interests of the public under the existing circumstances of the profession of medicine of pharmacy.

This House hereby asks the Council to take the above stand and thereby assure the members that their rights will not be jeopardised.

This House also recommends to all members that they should offer their patients the choice of where to obtain their prescriptions, either at their own clinics or any pharmacies.

72. This House resolves that the MMA Council officially secures permission from the Ministry of Health to regularise/legitimise clinical attachments of General Practitioners to Government Hospital.

73. This House resolves that the mandatory levy of First Class fees for all patients referred by General Practitioners to Government Hospitals be waived forthwith. As a corollary, Clause 12 of the Fees Act 1982 and Section 12 of the Fees Act 1951, have to be appropriately modified or rescinded in toto.

74. This House gives Council the mandate to study the issue of Health Maintenance Organisations seriously.

MMA AGM RESOLUTIONS 1987/1988

75. The House resolves that the Council of MMA look towards full utilization of the roof terrace of the MMA House to generate income and as a place where doctors can meet.

76. The House resolves that the Council:

- Review the Presidential Team's visits to various states and abroad, with the aim of cutting down the expenditure involved.

- Review the allocation of funds to the various state branches. Hence, the state branch team could visit the various districts and invoke greater participation of the peripheral members of the state.

77. This House resolves that the Malaysian Medical Association start a Professional Aid Bureau within the MMA Secretariat to provide professional advice and assistance for its members, so that doctors in Government and private sectors may consult the MMA on any matter pertaining to the profession, e.g. for advice on postgraduate training and examinations or for advice on how to set up a private practice.

78. The MMA should start and maintain a library for its members in the MMA House.

79. The MMA should encourage and monitor the continuing medical education of all its members, to keep up with the advances and current trends in the science of medicine.

80. Bounsing is hurting the solo practitioners and the companies are reaping good profits. It is resolved that the MMA through its Private Practitioners Section take up this matter with the Malaysian Pharmaceutical Trade and Manufacturers Association.

81. This House resolves that the MMA should seek amendment of Part II Clause 3 (2) (d) of the Drug Control Authority Act to include in the composition of the DCA: 3 practising Government clinicians and 3 practising private clinicians.

82. Believing that the media exerts a strong and insidious influence on human behaviour and health, this House recommends that the Malaysian Medical Association cooperates with other concerned groups in addressing the issue of suitable programmes and advertisements which glorify, advocate and encourage smoking, alcoholism, violence and other anti-social behaviour patterns.

This House, therefore directs MMA Council to appoint a Committee for this purpose and submit recommendations at the next Annual General Meeting.

83. Believing that nuclear weapons threaten the health and very existence of every human being and that medicine can offer no effective response to the horrors of nuclear war, this House acknowledges that physicians have, a professional responsibility to work for the prevention of this final epidemic.

This House therefore supports organisations like Malaysian Physicians for the Prevention of Nuclear War and International Physicians for the Prevention of Nuclear War in their efforts to prevent a nuclear war, including their worldwide Test Ban campaign, " Cease Fire 88 ", which may be regarded as the first essential step in reversing the nuclear arms race.

84. This House resolves that the MMA branch membership should be based on the place of work.

MMA AGM RESOLUTIONS 1988/1989

85. That this House considers that doctors who are placed on senior timescale grade on completion of their 5 years of service should not be transferred out as a condition for promotion onto senior timescale.

" This is an incentive that should help retain such doctors in service than presenting problems to them during their service. The MMA should look into this situation and take up the matter with the Ministry of Health to stop this practice so as to help those doctors to settle down and remain in their postings which in some manner will help ease the shortage of doctors in government service. "

86. " Whereas the government is now completing its study on National Health Insurance and other private health insurance projects are also entering the market.

This House resolves to accept the report on health assurance for all Malaysians prepared by the committee on health insurance of the Malaysian Medical Association dated 15th March 1987.

This House further resolves that the committee on health insurance of the Malaysian Medical Association be directed to update the fees periodically and that its fees be used as a basis for negotiation by the medical profession with the government and other private insurance bodies. "

87. " This House resolves to adopt and include in the MMA Ethical Code:

- The World Medical Association's Declaration of Geneva 1948, 1968, 1983.
- The World Medical Association's Declaration of Tokyo 1975
- The World Psychiatric Association's Declaration of Hawaii 1977, 1983. "

88. " Whereas Malaysia upon becoming a member of the United Nations Organisation subscribed to the principles embodied in the universal declaration of human rights 1948 of the United Nations and,

Article 5 of which says,

" No one shall subjected to torture or to cruel inhuman or degrading treatment or punishment " and Article 16 (3) of which says,

" The family is the natural and fundamental group unit of society and the state " and

Whereas the international covenant of civil and political rights Article 7 of which says,

" No one shall subjected to torture or to cruel inhuman or degrading treatment or punishment. In particular no one shall be subjected without his free consent to medical or scientific experimentation " and

Article 10 of which says,

" All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person " and

Whereas the ethical code of the medical profession both in Malaysia and the international code of medical ethics and the declaration of Geneva 1947, Tokyo 1975 and Hawaii 1977 bind doctors:

- To maintain the utmost respect of human life, to the preservation of human life, to abide by the laws of humanity, to give priority to the health of the patient and not permit considerations of religion, nationality, race, party politics or social standing of patients to influence a doctor's duty when health care in needed and

- not to do any act, or any advice which could weaken

- not to aid, abet or be present, in the torture of persons who are deprived of their liberty. For example, persons under preventive or punitive detention by the authorities and/or persons detained for interrogation, or remand prisoners, or prisoners of war, and

  Further noting that the Malaysian government supports the move already made to set up and register the national organisation for the promotion, preservation and defence of human rights in Malaysia.

This House resolves that the Malaysian Medical Association which represents doctors in Malaysia who are dedicated to promote the physical, social, spiritual and mental well being of all people and are committed to caring and comforting the sick and suffering thereby:

- Whole heartedly support and apply to become a member of the National Organisation for the Promotion, Preservation and Defence of Human Rights in Malaysia and further,

- The Malaysian Medical Association condemns all forms of physical, mental and psychological torture:

  - of persons deprived of their liberty and
  - of the families, wives and the children of persons deprived of their liberty.

This House also resolves that :

Doctors who are members of MMA shall not willingly obey any order to abet, aid or participate in any way in the torture, of persons who are deprived of their liberty. This House resolves to urge doctors to confidentially, report promptly to the MMA President and to the authorities in Malaysia any findings, or injuries, signs or symptoms of torture of patients they attend to, and obtain the prior consent of the patient for doctors to divulge such information to prevent further torture, and

This House further resolves to urge that all persons deprived of their freedom be treated with respect in accordance with their inherent dignity as human beings entitled to basic human rights as citizens, and no such person or their families, wives and children be subjected to physical or psychological torture, or psychological pressure, ill treatment, or unlawful extraction of confessions, intimidation or harassment, or be subjected to cruel punishment, or be deprived whilst in custody, of their right to prompt medical care for their physical mental or emotional ailments.

Definition of Torture in Human Rights context :
Torture means any act, by which painful death or any form of disability, injury, severe pain, panic, anxiety, fear or any suffering whether physical or mental, is :

- Intentionally inflicted on any person

- For any purpose including for obtaining information or confession for punishment

- By a public official or by other persons acting in an official capacity or with the consent or instigation of a public official

N.B 1. Malaysia is already a signatory to the Geneva conventions which prescribe humanitarian care for enemies captured as prisoners of war in armed conflicts.
2. The Deputy Prime Minister has recently said that the Malaysian government is promoting human rights.

89. " In 1983, the World Health Organization declared that nuclear weapons constitute the greatest immediate threat to the health and welfare of mankind.

It is therefore important and relevant that physicians and medical students should be made aware and educated about the medical, psychosocial and ecological consequences of nuclear war. There already exists a body of authoritative information on the subject, which should be part of the profession's continuing medical education programme and part of every medical school's curriculum.

To this end, therefore, this House resolves that the Malaysian Medical Association (i) commences a programme of education of " Medicine and Nuclear War " through the Berita MMA and other means and (ii) takes steps to convince Malaysian medical schools of the need to include it in their curriculum. "

" In this day and age when the world is being threatened by pollution, the effects of deforestation and global warming from accumulation of carbon dioxide, and nuclear weaponry, protests and grim warnings alone may not be sufficient and may need to be reinforced with simple life affirming acts such as the planting of trees.

Taking note of the appeal by Dr Bernard Lown, Co-President of International Physicians for the Prevention of Nuclear War, calling for such a campaign and believing that this would be an appropriate way to show our opposition in a positive life affirming way to the pollution of the atmosphere by radioactive materials and other pollutants, this House therefore calls upon all Branches of the Malaysian Medical Association to support this campaign by lobbying State governments and authorities to promote tree planting and establish peace parks in every town in Malaysia.

90. It is resolved that MMA should encourage each Branch to have a panel doctors who are willing to offer voluntary services to the country to meet any eventualities.

91. It is resolved that MMA should encourage each Branch to have its own building and library for the benefit of their members.

92. This House supports the protests made by the President, Council and members of the MMA to the Minister of Health and government over the decision of the Minister of Health to register Soviet doctors from unrecognised universities, who have not been asked to sit for, nor passed, qualifying examinations of the Malaysian Medical Council (MMC).

This AGM:

1. Support the firm stand taken by members of the MMC not to register these Soviet doctors and commends colleagues who recently resigned from the MMC in protest against the Minister of Health's decision to register these Soviet doctors.

2. Requests the MMA to set up a Board of Enquiry to investigate the reasons for the resignation of senior members of MMC and to support their reappointment, or seek a by-election to ensure reorganisation of the MMC.

The House proposes that the incoming MMA President and his Council appeal to MMA members, all registered medical practitioners in Malaysia and paramedical staff, not to aid and/or abet in any way, these Soviet doctors who have been allowed to practice in this country.

MMA AGM RESOLUTION 1989/1990

93. This House resolves that the Incoming Council study the possibility of acquiring the piece of land adjacent to the MMA House belonging to Kobena; investigate the ways and means of funding this purchase, and study the future development of this land.

94. This House resolves that MMA support the compilation of names of all doctors in Malaysia who are eligible for a red identity card and those with red identity card but have not received their citizenship. The incoming Council is requested to use its offices to help these people obtain their citizenship.

95. This House views with concern the rise in the number of cases of malaria in several states in Malaysia. This House therefore resolves that the MMA Council should study the matter and empower a representative to have dialogue with the governmental and policy making institutions concerned to assist in the control of malaria wherever possible.

96. Malaysia is in the process of rapid industrialisation. Malaysia's rapid industrialisation policy has been accompanied by an increase in industrial accident yearly. On average 70,000 individuals are reported to be injured throughout the year from industrial accidents. This constitutes a high cost to the individual, employer and nation.

Workers are also at risk from occupational diseases particularly those related to the types of industries that they work in. In recent years, SOCSO has broadened its list of compensable diseases and the Factories and Machinery Department has brought about new regulations on lead, asbestos, mineral dust and noise for the benefit of workers. These measures are welcomed.
The MMA proposes that the health, safety and welfare of the worker be given the highest priority in any industrialisation plan.

To prevent the continued recurrence of the high number of industrial accidents, the MMA proposes that relevant government agencies, employers federations, trade unions, concerned con-governmental organisations and doctors be urged to undertake efforts to inform and educate the workers on industrial safety and promote awareness on health and safety.

Secondly, doctors on the SOCSO panel are urged to:

i) Notify all cases of occupational diseases to the relevant authorities
ii) Undertake further training in occupational health to fulfill the distinct role demanded of the registered medical practitioner in identifying medical problems faced by Malaysian workers.

The Government is also urged to set up the National Institute for Occupational Health and Safety - highlighted in the Fifth Malaysian Plan - as soon as possible.

97. The Health Care Services Financing Study was commissioned by the Economic Planning Unit of the Prime Minister's Department in 1983. The Study was funded by the Asian Development Bank and completed in late 1985. The Report was never released to the public.

Some recommendations of the Report with far reaching implications were highlighted in the Fifth Malaysian Plan. These included the creation of a National Health Security Fund and setting up Health Maintenance Organisations etc. These proposals which affect health care providers in both the public and private sectors, were mooted without consulting the MMA. We have subsequently learnt through the media that further follow up studies are being carried out at present by (foreign) consultants. The MMA is disappointed that the government has not taken the MMA into its confidence in this important project.

The President and Council of MMA are urged to leave no stone unturned in their efforts to get the MMA fully involved in the currently ongoing Health Care Services Financing Study.

98. The Estate Medicine Committee of MMA undertook a major research project in 1988 to determine the status of the Health Care Delivery System in West Malaysian plantations.

The survey which covered 67 plantations highlighted a woeful lack of health facilities including:

i) Physical - 80% of estates studied did not have access to a hospital. 60% had no ambulance service and none had supportive services.

ii) Manpower - 98% of the estates did not have a full-time doctor. None had a staff nurse, public health nurse or inspector, dentist, dental nurse or part-time nurse.

iii) Equipment - limited, and in most cases, inadequate, Equipment for emergencies was lacking.

iv) Housing - conditions varied from good in several estates to very poor in others, according to the interest of the management.

The Estate Medicine Committee's report made the following recommendations :

a) The target "Health For All By The Year 2000" set by the government using the Primary Health Care strategy be extended to the plantation sectors.

b) The Health Care Delivery System in the plantations be viewed by the government and the estate management in a more holistic manner with a programmed plan of action.

c) The government extend its services - both preventive especially maternal and child care, nutritional education (inclusive of promotive) and curative - to the plantation sector.

d) The government should encourage the implementation of community health education programmes for plantation workers through allocation of resources and specific programmes, especially the applied nutrition programmes.

e) The government conduct an independent comprehensive evaluation on occupational safety and health of the plantation workers with specific reference to

pesticides chemical fertilizers, crop processing systems, field transport and machinery.

f) The outdated Rump Labour Code of 1933 be replaced and the Workers (Minimum Standards of Housing) Act of 1966 and Regulations be reviewed by the government.

g) The Plantation management and the government should recognise that the provision of potable water is a basic need.

h) The plantation management recognise that the provision for better social and health facilities will lead to a more productive and loyal work force and should work towards this.

i) The workers unions should play an active role in educating their members on health and health care.

j) The plantation population should be made aware of their own health needs and work amongst themselves with the government and their management to achieve the goal of Health For All By The Year 2000

The House proposes that the incoming Council of MMA discuss with the relevant government and employer agencies, the implementation of these recommendations.

99. The elderly have the same right to care welfare and respect as other human beings.
The Malaysian Medical Association recognises that it is the physician responsibility:
i) to protect the physical, social and psychological interest of elderly patients.
ii) to prevent elder abuse and neglect.

This House proposes that the incoming Council together with relevant Ministries and agencies develop a comprehensive health care programmes for the elderly.

100. The Malaysian Medical Association was a co-founder of the Medical Association of South - East Asian Nations (MASEAN).

The Secretariat for MASEAN has rotated from one to another national medical association through the years. Establishing a permanent Secretariat for MASEAN will enable it to play a more prominent and active role towards achieving its objectives.

The House urges the MMA's representative on MASEAN to raise the issue of establishing a permanent Secretariat for MASEAN at the next possible opportunity and to table the resolution that MASEAN should have a permanent Secretariat of its own.

101. This House resolves that the MMA Council should set up a panel of experts to assist the mass media and voluntary organisations to vet requests for public donations for medical treatment overseas. This may be at central and/or state level.

102. This House further resolves that the MMA make representation to the various newspapers to set up a fund into which donations may be paid from which expenses may be met for deserving individuals needing medical treatment.

103. By Law VII 4 (iii) states that the minutes of all MMA General Meetings shall be a summary of records and circulated to all members within **ONE MONTH** of the meeting. But the MMA AGM minutes of the meeting held in Ipoh on 31st March 1989 failed to reach members in the month of May 1989 and this was not the first year when AGM minutes were not circulated within one month. And further, the minutes have errors which an efficient Secretariat should avoid. The recommendations of the $8,500 National Productivity Centre Study to improve efficiency have not been fully implemented. And there is still a big turnover of staff showing that all is not well with the MMA Secretariat.

This House calls upon Council to take all necessary measures to rectify the situation.

104. " This House resolves that the Malaysian Medical Association strongly support the widest dissemination of the teaching of Cardiopulmonary Resuscitation (CPR) in a coordinated and orderly fashion throughout the country.

MMA AGM RESOLUTION 1990/1991

105. There shall be no registration fee for the business session of the AGM. The fees for the AGM shall be $ 100/- but attending government medical officers and all spouses shall pay half the amount.

106. Professional risks indemnity fees by the Medical Protection Society and especially by the Medical Defence Union has skyrocketed over the years. Therefore, the MMA should look into the possibility of organising its own local indemnity scheme.

107. The House proposes to nominate :

i) YB Dr Lim Chong Eu

ii) YB Dato Dr Lim Kee Jin
As Honorary Members of the Association

108. MMA Negotiating Team

It is hereby resolved that MMA negotiating teams need to meet often and prepare a strong case for MMA before negotiations are commenced with Government or non Government Organisations and our team should talk with one voice for the MMA.

109. Acknowledging that CME is an integral part of the health care system and recognizing the importance of CME in providing quality health care this House resolves that :

i) The MMA supports the establishment of a National Board for CME. This board should have the following functions :

a) formulate policies on CME for health care personnel
b) monitor and evaluate CME activities
c) establish policies on funding
d) develop strategies to ensure participants in CME
e) encourage the development of skills and attitudes for CME in undergraduate and post-graduate training

f) monitor CME activities at state levels through annual reports from state CME Committees

g) establish policies on accreditation of CME programmes (not accreditation of doctors)

ii) The MMA establishes a central MMA/CME fund to support CME activities and activities of the Board.

110. This House resolves that the MMA pursues vigorously the issue of Call allowance for doctors doing active call duty.

111. This House resolves that the medical profession maintains and upholds proper decorum and etiquette in their dealings with their colleagues in general and juniors in particular when there is a working relationship.

112. This House resolves that the Incoming MMA Council make strong representation to the Prime Minister and Malaysian Government not to liberalise the trade in services to the Government and private health sectors in Malaysia.

113. This House resolve that the Incoming Council liaise with SOCSO:

a) To extend SOCSO survivors benefits.

b) pensions including invalidity, social security benefits, and pensions to all the workers and their dependents including rehabilitation of the injured and disabled workers.

114. This House resolves that MMA being the only organisation which represents the medical profession as a whole should truly reflect the view and aspiration of the majority. Realising this significance the House directs the Incoming Council to initiate moves to make membership in MMA compulsory for all medical practitioners registered with the Malaysian Medical Council.

MMA AGM RESOLUTION 1991/1992

115. ***MEDICAL CERTIFICATE OF DEATH***

In view of the nation's vision to be a developed country by the year 2020 we should aim towards better documentation of our epidemiological data. In particular, till today only 30 % to 40% of all deaths are medically inspected and certified. In order to have better knowledge of the cause of death in our population we should have 100% of deaths medically certified. This house resolves that the MMA should seek support for legislation to achieve this target.

116. ***NATIONAL CANCER REGISTRY***

Following from a desire to have better knowledge of the major diseases in our population the MMA recognises the great need for a working national cancer registry. We note with regret that efforts by the Ministry of Health so far to keep such a registry has not been very successful. This House resolves that the MMA should study how we can best lend support to this effort in order to create a national cancer register.

117. ***HOLDING OF ELECTIONS ONCE IN TWO YEARS***

This House resolves that the Incoming Council establish a project team to study the introduction of holding the election of the MMA Council once in 2 years.

118. ***MMA ARCHIVES***

This House resolves that the Incoming Council restores the MMA Archives and the filling system of the MMA Archives room, in order to make it accessible to members all the memoranda prepared by MMA in the past and submitted to various authorities, including important files, and paper; and the latest Government reports on the Health Services in Malaysia including statistics on Socio Economic matters and other Research Publications

related to the Health Services and Planning of Health Services in Malaysia and thus assist members and others to refer to such archives for information and research for now and in the future.

119. ***OCCUPATIONAL HEALTH SOCIETY OF MMA***

This House resolves to form an Occupational Medicine Society of the Malaysian Medical Association in view of the impending introduction of a new Occupational Safety and Health Act, the upsurge of interest in Occupational Medicine amongst doctors and the need to provide a forum for discussions, scientific sessions and research in the fast changing practice of Occupational Health and Safety.

120. ***MMA SOCIETY OF MALAYSIAN PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR***

This House resolves to formalise the position of Malaysian Physicians for the Preventive of Nuclear War as a Committee of the Malaysian Medical Association and an affiliate of International Physicians for the Preventive of Nuclear War through the MMA.

MMA AGM RESOLUTION 1992/1993

121. ***CREDENTIALLING OF REGISTERED MEDICAL PRACTITIONERS***

The MMA notes the Ministry of Health's formation of a committee to look into the feasibility of the inclusion of private clinics under the Private Hospital Act and the credentialling of registered medical practitioners wishing to perform specialised procedures.

It is hereby resolved that the incoming Council study the implications of this move and recommend the appropriate advice to the Ministry of Health.

122. ***MASEAN ANNUAL MEETINGS***

This House resolves that the official representatives of the MMA to the MASEAN annual meetings comprise of only 4 members of the MMA as stipulated in the MASEAN Constitution.

123. ***DONATIONS TO CHARITABLE ORGANISATIONS***

This House resolves that donations to charitable organisations by the MMA be decided by the Exco/Council of the MMA. Donations should be made directly towards the organisation and not in the name of fund raising dinners or sports activities.

124. ***NATIONAL NO SMOKING WEEK***

This House resolves that the "National No Smoking Week" be held annually on fixed dates of the year, as it is done in the United Kingdom and Australia.

125. ***CARDIAC UNIT OF THE GENERAL HOSPITAL IN KUALA LUMPUR***

The MMA is concerned to note that the General Hospital in Kuala Lumpur is robbed of a Cardiac unit. We therefore urge the Ministry of Health to provide one Cardiac unit in order to bring to the public, especially for the poor who cannot afford high medical bills, the facilities of a heart unit to take care of any problems.

126. ***APPOINTMENT OF FULL TIME SECRETARY GENERAL***

This House proposes that the incoming Council study the feasibility of appointing a member of the Association as full-time Secretary-General (and Chief Executive Officer) to replace an elected Honorary General Secretary.

127. ***REPRESENTATION OF MMA ON MMC AND DCA***

This House resolves that the MMA seek official representation on the Malaysian Medical Council and the Drug Control Authority.

128. ***LIMITED PRIVATE PRACTICE***

This House resolves that the incoming Council continue to negotiate with the government, the MMA's proposal of permitting government doctors limited private practice after normal working hours and during annual leave.

129. ***MAJLIS DIALOG BELANJAWAN***

That the MMA should annually submit its proposals on the National Budget to the Ministry of Finance and participate in the "Majlis Dialog Belanjawan" of the Ministry of Finance.

130. ***GROUPS OF THE MEDICAL PROFESSION***

That members of the MMA who are members of other groups of medical profession should sit together and try to resolve the difference and have a common collective stand on health provision and fees and not resort to giving varying opinions in the press.

131. ***PURCHASE OF DRUGS FROM MULTINATIONAL PHARMACEUTICAL FIRMS***

It is resolved that Ministry of Health be requested to buy the drugs of medical from the Multinational
Pharmaceutical Firms if necessary from the local manufacturers of drugs and to sell to doctors/pharmacies etc. to benefit consumers.

132. ***REPRESENTATION TO THE SCHOMOS***

The SCHOMOS is a section for all doctors in the public sector. Representation to the SCHOMOS National Working Committee need to reflect the whole of the public sector. Currently, it only represents Ministry of Health matters. Service conditions of doctors in the Ministry of Defence and Ministry of Education is not normally deliberated.

This House proposes that the National Working Committee of SCHOMOS include one representative each from the Ministry of Defence and the Ministry of Education.

133. ***HISTORY OF THE MMA***

The MMA is now in its 33rd year. The history of MMA has not been documented comprehensively.

This House resolves that the incoming Council pursue this matter so that, the MMA on its 35th year, could publish and release a book on the history of the MMA.

134. ***PRACTICE-LINKED CONTINUING MEDICAL EDUCATION***

At the Seminar on Practice-Linked Continuing Medical Education held in Penang Park Royal from 7th to 9th January 1993, some recommendations were made regarding re-licensure, re-certification and credentialing.

This House resolves that the incoming Council studies these recommendations and propose that the MMA initiates dialogue with the Malaysian Medical Council on the subject of Continuing Medical Education.

135. ***AWARENESS IN OCCUPATIONAL MEDICINE***

This House resolves to increase general awareness in occupational medicine among the public and doctors.

136. ***REPRESENTATION ON THE NATIONAL ADVISORY COUNCIL ON CONSUMER PROTECTION***

This House resolves that the incoming MMA Council pursue its efforts in obtaining a representation of the MMA on the National Advisory Council on Consumer Protection (Majlis Penasihat Kebangsaan Untuk Perlindungan Pengguna).

137. ***RE-ADMISSION OF MEMBERS***

Noting with grave concern the fact that:

a) 1,128 members are still in arrears;
b) 1,183 are still untraceable by the Association;
c) Only about two-thirds of newly registered doctors join MMA;

This House resolves that the Association take all steps necessary to trace and re-admit members out of benefit and to persuade all newly registered doctors to join MMA.

138. ***TASK FORCE ON ROAD INJURIES***

This House resolves that the incoming Council form a task force to assist and coordinate research pertaining to medical aspects of road injuries.

MMA AGM RESOLUTION 1993/1994

139. ***AFFILIATION OF MPPNW TO INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR***

BELIEVING THAT

Physicians have a life-long professional commitment to protect life and preserve health and since they know that there can be no effective medical response to a nuclear war, physicians have a professional responsibility to work for the prevention of this final epidemic.

THIS HOUSE RESOLVES THAT

Malaysian Physicians for the Prevention of Nuclear War, a society of the Malaysian Medical Association, be affiliated to International Physicians for the Prevention of Nuclear War, a federation of 83 national affiliates, representing 200,000 physicians worldwide.

140. ***MISSION STATEMENT OF THE MMA***

That this house adopts the following Mission Statement of the MMA:

BELIEVING

that physicians have a unique responsibility for the health of society, derived from their ancient duty to protect life and preserve health,

that Medicine cannot be insular, self-seeking, self-protective or defensive, but must be an integral part of a caring society,

that social and economic factors are important determinants of health, and that current global trends point to impending environmental degradation which will threaten human health and survival,

that the advancing frontiers of medicine and the values of our modern technological age present unprecedented ethical and moral dilemmas for physicians,
and that modern technological medicine and rising public expectations contribute to escalating health care costs,

THE MALAYSIAN MEDICAL ASSOCIATION

DECLARES its commitment to the highest possible professional and ethical standards of health care,
EMBRACES the principles of social justice and compassion for all, and enjoins all physicians to be sensitive and responsive to the health needs of all,

RECOGNISES its educational role in influencing health policies in the community, including the prevention of disease, promotion of healthy lifestyles, protection of the environment, and personal responsibility for health,

REAFFIRMS the need for physicians to retain their autonomy and professional integrity, with renewed ideals and ethics,

AND RESOLVES to make health care more rational, equitable, and affordable, in a system compatible with equal access to quality health care, based on need,

SO THAT IT MAY STAND FIRM AND RESOLUTE in responding appropriately to the challenges ahead and in fulfilling its responsibilities to the medical profession and society.

141. ***COOPERATION WITH ASIA, AFRICA AND LATIN AMERICA MEDICAL ASSOCIATIONS***

This House is appreciative of the efforts taken by the Malaysian Government to develop contact and cooperation among the countries of Asia, Africa and Latin America. Such South-South cooperation and solidarity is essential for the development of "South" countries given the inbuilt biases in the existing system of trade, the system of international credit, and in the control of the international media.

This House resolves that the MMA should set up a committee to study and implement programmes that will complement our Government's efforts to increase dialogue and exchange especially with Health Care workers from other countries in Asia, Africa and Latin America.

142. ***HEALTH CARE SERVICES AND BASIC AMENITIES OF ESTATE POPULATION***

This House notes with regret that a Labour Ministry survey of 1456 estates in 1991 revealed that

- 35% of houses did not meet the Workers Minimum Standards of Housing and Amenities Act 1990.

- in 19% of estates there was no electricity. In a further 36%, supply was for limited hours only.

- In 40% of estates, water supply was only for limited hours.

This grossly inadequate provision of basic amenities to a large portion of the resident estate population has contributed to the stunting of physical and intellectual development of an entire generation of plantation children.

This House therefore urges the government to:

1. Give more attention to the plight of the Estate Population

2. Take over the direct provision of services to the estate population instead of leaving this to the plantation companies.

3. Ensure that these basic amenities are extended to all resident workers on estates including the immigrant workers to Indonesian, Bangladeshi or other origins.

143. ***REVIEW OF SCHEDULE OF FEES***

Preamble

The last MMA Schedule of Fees was released in 1993 and prior to this the MMA Schedule of Fees was released in 1987. This protracted time span between 1987 to 1993 has created a sudden dramatic change in the Schedule of Fees which has created undue inconvenience and unfair statement by the members of the public against the medical fraternity. To prevent future discrepancies in the review of the Fees Schedule, the following resolution is proposed to keep in tandem with the dynamic changes in the consumer price index and currency fluctuation.

"This House resolves that there should be regular review of the MMA Schedule of Fees ".

144. ***CO-ORDINATION OF MEETINGS***

It has been noticed of late that numerous medical functions and meetings have been organised on dates colliding with meetings conducted by other MMA Affiliated bodies, example on 27th March 1994, there was the MMA Selangor Branch AGM and the Combined Colleges Annual Scientific Meeting. The Orthopaedic Association of Malaysia had the Annual General Meeting and their Scientific meeting form 25th to 27th March 1994 in Kuala Lumpur clashing with the Combined Colleges Scientific Meeting from the 25th to 27th March 1994. Simultaneously there was a second National Working Committee Meeting of the Private Practitioners Section of the Medical Association on 27th March 1994.

Due to the overlap of functions, the response from the doctors for these important meetings was poor and some of the doctors had to leave early to attend other meetings.

This House resolves to form a central co-ordinating Committee to co-ordinate the meetings without overlapping and all affiliates of the MMA should be duly informed to plan their meetings after getting the approval from the co-ordinating committee.

145. ***RESTRICTION OF PRIVATE MEDICAL PRACTICES***

This House opposes the restriction or limitation of private medical practices on the grounds of locality or population density. We urge the Malaysian Medical Council to look into incentives for the setting up of new practices in rural areas.

MMA AGM RESOLUTION 1994/1995

146. ***HONORARY MEMBERSHIP***

This House resolves that Honorary Membership be confered to the late Dr S. Param Palam in recognition of his vast contribution and meritorious services rendered to the Malaysian Medical Association.

147. ***COMPULSORY SERVICE***

This House resolves that the compulsory period of service as stipulated in the Medical Act 1971 be abolished. And this be replaced by structured in service training programme which will enable the production of quality doctors.

148. ***RISING COST OF DRUGS***

The MMA should look into the rising cost of drugs with a view to exerting some form of control over this to ensure that each rise is justifiable.

149. The House recognises the tremendous efforts put in by SCHOMOS in securing the "out-of-hours allowance" for Government medical officers.

The Government has recognised the need for more specialists and is actually encouraging the pursuit of postgraduate medical education by medical officers in local hospitals. SCHOMOS should now study the possibility of extending this benefit of "out-of-hour-allowance" or any other equivalent benefit to this group and any other group of medical officers who have been denied the benefit.

150. Believing that, in the post-Cold War world, the rationale for choosing a nuclear-free future is clearer than ever before, the Malaysian Medical Association joints with other national

medical associations in fully supporting International Physicians for the Prevention of Nuclear War (IPPNW) in its global
campaign for the abolition of nuclear weapons which advocates:

1. A limited and conditional extension of the Nuclear Non-Proliferation Treaty (NPT) over 5-years periods, leading to a negotiated Nuclear Weapons Convention by the year 2000.

2. A firm commitment by the nuclear weapon-states to the total elimination of nuclear weapons by the year 2005, in accordance with their obligations in Article VI of the NPT.

3. The signing of a Comprehensive Test Ban Treaty.

4. An immediate moratorium and eventual ban on the production, transportation and use of weapons-grade uranium and plutonium, including commercial plutonium reprocessing.

The Malaysian Medical Association also calls upon the Prime Minister and the government of Malaysia to continue to take a proactive role in all nuclear disarmament initiatives in the United Nations.

MMA AGM RESOLUTION 1995/1996

151. "It is inevitable that the cost of health care will continue to rise".

"It is evident that not every Malaysian can afford to pay his/her own medical bills".

"Illnesses are unpredictable and can vary in severity and chronicity".

We resolve:

"The MMA should initiative, pursue and support discussions with the Ministry of Health and Government on the formation of a National Health Care Plan by the year 2000, so that every citizen and resident in Malaysia should have equitable, universal and comprehensive health care, funded by means other than direct personal payments."

152. “The House hereby resolve that a property sited at No. 154, Jalan Raja Kam, Canning Garden, Ipoh be purchased to house the secretariat of Malaysian Medical Association, Perak Branch. The cost of the above property being RM 70,000.00".

153. The House hereby resolve that a property sited at Lot 108-I, Larking Perdana, Johor Bharu, Johor, be purchased to house the secretariat of Malaysian Medical Association, Johor Branch.

154. "That this House, in the interest of continuity and strengthening the MMA, the President of the MMA can serve for two consecutive years, following amendments to the constitution." A President should hold office for a two-year term. The existing system be retained, whereby the President is rotated between the various zone, every two years.

155. ***Charter of Members of The Malaysian Medical Association***

The Malaysian Medical Association, as a professional medical body representing the largest numbers of medical practitioners in the execution of the rights and privileges of the members.

The Constitution

The Association will defend, preserve and, at all times, comply with the aims and objectives, and generally all laws and by-laws and other rules, as embodied in the Constitution of the Malaysian Medical Association, in the execution of the rights and privileges of the Members.
The Image

The Association pledges to uphold the image and credibility of the medical profession and defend its objectives to provide the highest standards of healthcare to the people of Malaysia.

The Services

The Association pledges to treat all Members with honestly, sincerity and equality, in all matters relating to the Association, and respect their honour and dignity in the execution of the Association's functions.

The services to the Members will be provided promptly and without prejudice, without compromising the aims and objectives, and rules and by-laws of the Association.

The officers and staff of the Association will execute their official duties to the Members without self-interest and partiality, and will be accessible and available as required by the Members with due consideration of time and situation.

The Professional Interests

The Association, conscious of the fact that it represents Members from varied professional backgrounds and specialities, will ensure and protect the legitimate professional interests of the Members in all its dealings, and adopt a balanced and ethical stance in all issues. The valid interests of minority groups will be taken into accounts in all such dealings, if these were in the interest on the medical community and including patient care as a whole.

The Association being dedicated to the ethical and moral practice of medicine by its Members, within the Codes of Professional Conduct, will take the necessary steps to ensure that these are preserved and propagated.

Intersectoral Relationship

In its dealings with other organisations, governmental, non-governmental, professional or sectoral, the Association will undertake to safeguard the bona fide interests of its Members within the limits of reason and justice, and in observance of the primary objectives of serving the community at large.

Individual Interests

Various activities of the Association undertaken to safeguard personal interests of the Members, like insurance, investments, etc., will be maintained and when necessary, further enhanced.

The Association will ensure that Members are provided with all relevant notices, publications and with accessible avenues for self-education, and upgrading of their medical knowledge and skills in promoting Continuing Medical Education.

MMA AGM RESOLUTION 1996/1997

No Resolutions Adopted

MMA AGM RESOLUTION 1997/1998

156. ***AMENDMENTS TO THE ETHICAL CODE***

The MMA Ethical Committee would like to hereby submit amendments to the MMA Ethical Code taking into consideration the views/comments expressed by members at the 37th MMA AGM. The amendments as enclosed are for the endorsement of the Annual General Meeting.

157. ***POSITION PAPERS***

To consider and adopt the following position papers:

1. Health Services in the Plantation sector
2. Intimate Examination of Female Patients
3. Principles of Managed Care
4. Telemedicine
5. Access to Medical Records
6. Clinical Practice Guidelines
7. Women's Health
8. Doctor's Professional Fees
9. Procedures for Preparing Position Papers

158. ***PURCHASE OF PROPERTY FOR PAHANG BRANCH***

The House hereby resolves that a property sited at B89/3, second floor, Sri Dagangan, Kuantan Business Centre be purchased to house the secretariat of Malaysian Medical Association, Pahang Branch.

159. ***NUCLEAR WEAPON***

Acknowledging

- That the destructiveness of nuclear weapons is immense and indiscriminate;
- That any use of nuclear weapons would be catastrophic and there could be no meaningful medical response in the aftermath of a nuclear war;
- That nuclear weapon represent the greatest threat to life on earth;
- That the United Nations and the World Health Organization have passed numerous resolutions condemning nuclear weapons and calling for their abolition;
- That the International Court of Justice has ruled that the threat or use of nuclear weapons in contrary to the United Nations Charter, the rules of international law, and the rules of humanitarian law;
- The World Medical Association in 1990 formulated a Declaration on Chemical and Biological Weapons which condemned these weapons and asked all governments to refrain from their development and use, and called on all national medical associations to actively support the WMA Declaration;

This House resolves that the Malaysian Medical Association conveys to the World Medical Association its unqualified support for a WMA Declaration that:

- Condemns the development, testing, production, deployment, threat or use of nuclear weapons;
- Request all governments to refrain from the development, testing, production, deployment threat or use of nuclear weapons and to work in good faith towards the elimination of nuclear weapons.

160. ***THE HAGUE APPEAL FOR PEACE 1999***

Remembering

- that in 1899 the first International Peace Conference was constituted in The Hague to discuss the establishment of permanent mechanism of international law for the purposes of disarmament, prevention of war and the peaceful settlement of disputes;
- that the 1899 Peace Conference initiated the development of international humanitarian law and establishment institutions that were the precursors of the United Nations and the International Court of Justice;

Regretting

- that the 20th century witnessed the most brutal wars and the development and use of genocidal weapon of mass destruction;

This House resolves that the Malaysian Medical Association :

- fully endorses the Hague Appeal for Peace 1999 campaign and conference, to be held in The Hague on 11-16 May 1999, and subscribe to its goals of:
  - strengthening international human rights and humanitarian law and institutions;
  - the peaceful settlement of disputes, including conflict prevention and peace building;
  - disarmament and the elimination of weapons of mass destruction - nuclear, chemical and bioligical

- take steps to submit a resolution to the 50th World Medical Association General Assembly in October 1998 calling for the World Medical Association to endorse the Hague Appeal for Peace 1999, subscribe to its goals, and support its campaign and conference.

161. ***DEBT***

Acknowledging

- that health professional have a particular responsibility to speak out on issues which affect
  global health;
- that health professional are influential because of their professional status;

Recognising

- that poverty is the greatest cause of death and disease in the world and that it also generates conflict, narcotics production and environmental degradation,
- that the enormity of the debt crises for the poorest nations of the world places a great
  strain on their ability to deal with poverty and ill health,
- that disease does not respect international boundaries and is thus a common global problem,
- that responsibility for high levels of indebtedness lies with creditor nations as well as debtor nations:

Knowing

- that 37 of the world's poorest nations, between 1988 and 1992, reduced their expenditure on health by half,
- that 31 of 41 nations identified by the World Bank as "Highly Indebted Poor Countries" are in sub-Saharan African where:
  - The sum of 140 billion pounds (83% of their total GNP) is owned to creditor nations
  - The GDP per capita growth is -2.4%
  - 40% of the total population live on less than US$1 a day
  - expenditure on debt repayment is four times as much that spent on health
  - under five mortality rates are double the developing country average;

this House resolves that the Malaysian Medical Association

- join the international campaign for debt relief which calls for the one-off cancellation of the unpayable debt of the poorest nations in the world by the year 2000;
- take steps to introduce a resolution in the 50th World Medical Association General Assembly in October 1998 calling for cancellation of debt in the poorest nations and greater investment in health care in debtor nations;

- call upon the Malaysian government to make representations to the governments of the Group of Seven countries to act on debt by allowing decisive debt relief and cancellation of debt.

162. ***ANTI PERSONNEL LANDMINES***

Acknowledging

- that anti-personnel landmines are indiscriminate weapons of mass destruction in slow motion, maiming and killing civilians long after a conflict is over.
- that there are an estimated 119 million landmines lying undetected in 71 countries, which kill or maim about 2000 people every month;
- that over 100 countries have signed a convention in Ottawa, Canada in December 1997, prohibiting the use, stockpiling and transfer of anti-personnel landmines;

This House calls on the government of Malaysia to ratify as soon as possible the convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel landmines.

163. ***UNITED NATIONS SANCTIONS ON IRAQ***

Recognising

- that, for the past seven years, 5000 Iraqi children under the eye of five are dying from preventable infectious diseases and minimum every month as a result of shortages of food, medicines and medical equipment, brought about by the imposition of economic sanctions by the United Nations Security Council;
- that the policy of sacrificing the lives of innocent Iraqi children in the pursuit of political objectives is a crime against humanity and that the legality of such a policy would not stand up to the scrutiny of international humanitarian law;

This House deplores and condemns the continuance of sanctions against Iraq and calls for the immediate lifting of sanction; and directs the Malaysian Medical Association to convey these sentiments to the UN Secretary General and the Government of Malaysia.

164. ***ESTATE HEALTH***

In line with the MMA resolution of May 1995 that stated:

"The incoming Council appoint a committee to continue to study the health, educational and social problems in plantations and mount a campaign to influence and effect change, so that the plantation population of more than one million people will be integrated into the mainstream of national development."

This House now mandates the Estate Health Appraisal Committee of the MMA (which was appointed in 1995 to implement the above resolution) to seek an appointment with the Prime Minister to discuss the proposal contained in the MMA Memorandum to the Prime Minister regarding Estate Health which was submitted in late 1997.

When this appointment is obtained, the Estate Health Appraisal Committee should be invited to nominate 3 of its members to the MMA delegation that meets the Prime Minister.

MMA AGM RESOLUTION 1998/1999

165. ***HONORARY MEMBERSHIP***

This House resolves that Honorary Membership be conferred into Y.B. Dato Seri Dr Ling Liong Sik, Minister of Transport Malaysia, in recognition of his contributions to the Malaysian Medical Association and the nation.

166. ***POSITION PAPERS***

To consider and adopt the following position papers:

1. Ethical Issues In Clinical Audit
2. Genetic Testing
3. Prescribing and Dispensing
4. Release of Record to Lawyers for Litigation Purposes
5. Care of Elderly
6. Corporation of Public Hospitals

167. ***AMNESTY FOR MMA MEMBERS WHO ARE IN ARREARS AND HAVE LAPSED (ARCHIVES)***

MMA figures in January 1999 show that 52% (4391) of our members are lapsed (both in arrears and archives). A survey of these members revealed that a significant number have not rejoined because of the large sum of RM 600.00 needed for re-instatement (RM 400.00 for the 2 lapsed years of continued servicing and RM 200.00 for the current year). The last amnesty for a waiver of the 2 years arrears in fees was in 1993 which resulted in 394 re-

instatements. With the current weak economic situation and dwindling membership it is necessary now to provide an incentive for our lapsed members to rejoin.

It is therefore proposed an amnesty to the effect of a waiver of fees in arrears be granted to all MMA members in arrears or in archives up to 1st January 2000. This amnesty is proposed to be offered for a period of six (6) months from 1st January 2000 to 30th June 2000. This amnesty period must be preceeded by an active and widely publicised membership drive to ensure its success.

168. ***ADDRESSING THE "CARING" CONCEPT IN MEDICAL PRACTICE***

"Caring" has always been an integral part of medical practice. Of late this has been highlighted in the media and we recognise there may be times when this attribute may not have been foremost in out practice. The reasons may relate to our long working hours, heavy workload, conditions of service, inadequate undergraduate training or deficient communications skills. Whilst recognising that the caring attitude is integral to good medical practice it also needs to be demonstrated by the employers of doctors. This House resolves that the MMA works with Ministry of Health, Professional Medical Bodies and the community in emphasising and improving this attribute of "Caring" within our profession.

169. ***ENDORSEMENT OF "A CITIZENS" HEALTH MANIFESTO FOR MALAYSIA" (CHM)***

The CITIZEN HEALTH MANIFESTO is statement spearheaded by a group of concerned citizens addressing developments in our National Health Care System. The endorsement of this statement in its present form (dated July 1998) by large segment of our population will lend weightage to its recognition. This house recognises the contents of this initiative to be consistent with the stand of MMA on the same issue and resolves in principle to endorse the CHM with the provisio that Council appoint a Committee to work with CHI in making some amendment in due course to the CHI.

170. ***NEED FOR SPECIFIC LEGISLATION REGARDING DEMOLITION OF ASBESTOS CONTAINING BUILDING***

Noting that

- asbestos sheets have been widely used as roofing material in building in Malaysia over the past 40 years;
- the renovation, repair and /or demolition of buildings containing asbestos often produces respirable asbestos dust;
- even transient exposure to asbestos dust caries a definite risk of developing mesothelioma 15 to 35 years post exposure.

- there is at present no legislation regulating the renovation, repair or demolition of building containing asbestos material.

This House strongly urges the Ministry of Health to work together with the relevant agencies concerned to legislate a specific set of rules and guidelines that will reduce the exposure of demolition workers, as well as the general public, to hazardous asbestos dust when buildings containing asbestos are renovated, repaired or demolished.

171. ***HEALTH OF THE PLANTATION COMMUNITY***

This House is disappointed to note that

- 2 years have lapsed since the MMA submitted a detailed memorandum on the problems of the Plantation Community to the Prime Minister
- the Government has not seen it necessary to call the MMA for discussion on the proposal made in the Memorandum to call the MMA for discussion on the proposal made in the Memorandum despite the fact that MMA has indicated its keen interest in contributing towards alleviating the plight of the plantation community.
- the Government has not yet implemented any of the core proposals in the MMA Memorandum comprising

1. A more equitable wage structure
2. More effective implementation of the Welfare House Ownership Scheme
3. Better terms of compensation when estate workers are retrenched

This House therefore calls the incoming Council to ask for and hold meetings with the Health and Labour Ministries as well as the Prime Minister's Department to push for an early implementation of the proposal contained in the MMA Memorandum that was submitted 2 years ago.

172. ***HOUSING FOR URBAN POOR***

This House notes with concern that

- a significant proportion of the growing urban population is living in cramped and often unhygienic surrounding
- the physical, academic and emotional development of an entire generation of poorer children in our cities is being stunted as a result of substandard accommodation;

- the unsatisfactory and often squalid conditions of housing for the urban poor is one the major caused for the growing epidemic of juvenile delinquency and crime that we witnessing in many of our cities.

The House therefore resolves that the MMA Council sets up a Committee comprising of doctors and others from relevant professions to study the adequacy of housing for the urban poor and present a report on their findings at the next AGM of the MMA.

173. ***NEED FOR A RETRENCHMENT FUND***

The MMA is concerned that during times of economic recession, many workers are retrenched at extremely short notice. Often these workers are not given the mandatory 8 weeks notice of termination, nor the termination benefits as specified in the Employment Act because their companies have filed for bankruptcy. Its not uncommon for these workers to not receive their pay for the last month of work.

These laid-off workers and their families face significant economic and physical hardships in addition to considerable emotional stress in the first few months following retrenchment.

Given these facts, the MMA wishes to endorse fully the MTUC proposal that a special fund be set up by the Government to pay retrenched workers the termination benefit that is provided for in the Employment Act if their employer is unable to do so because of bankruptcy proceedings.

174. ***VOTE OF CONFIDENCE IN THE EDITOR-IN-CHIEF AND EDITORIAL BOARD OF BERITA MMA***

In view of the recent controversy over editorial commentaries in the Berita MMA, this House would like to express its support and confidence in the Editor-in-Chief and Editorial Board of the Berita MMA and to urge them to continue to maintain the high standards of journalism, editorial independence and integrity of the Berita MMA in future publications, without fear of favour.

175. ***TERMS OF REFERENCE FOR PUBLICATIONS***

Preamble : Article 19 of the Universal Declaration of Human Rights states that "Everyone has the right to freedom of opinion and expression, this right includes freedom to hold

opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers".

Believing that the integrity and success of my publication depends upon its editorial independence, commitment to truth, critical debate and the free flow of thoughts, this House endorses the following key objectives and terms of reference for publication of the Malaysian Medical Association

- To publish original, important, well-documented, well-reviews articles on a wide range of medical and health-related topics.
- To provide physicians with continuing medical education to enable them to make informed clinical decisions.
- To enable physicians to remain informed of advances in all fields of medicine.
- To improve public health by improving the quality of medical care, disease prevention and research through an informed readership.
- To foster responsible and balanced debate on controversial issues that affect medicine and health czare.
- To inform readers about non-clinical aspects of medicine and public health including the political, philosophical, ethical, legal environmental, economic, historical and cultural aspects.
- The recognise that the medical profession has a social responsibility to improve the total human condition, promote the integrity of the vocation of medicine, and be partner with the community in health care.
- To report the policies and activities of the Malaysian Medical Association while maintaining editorial independence, balance, good taste, objectivity and responsibility.
- To achieve the highest level of the ethical medical journalism and to produce publication that are timely, credible and enjoyable to read.

176. ***HUMAN RIGHTS***

Recognising that the medical profession has unique responsibility for the health and welfare of society and therefore has a duty to articulate concern about issues that effect the health and welfare of the community, the Malaysian Medical Association affirms its commitment to:

- The 1948 Universal Declarations of Human Rights, which among others states that:

  Article 5 : No One shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

  Article 9 : No one shall be subjected to arbitrary arrest, detention or exile.

Article 10: Everyone is entitled in full equality to fair and public hearing by in independent and impartial tribunal, in the determination of his rights and obligation and of any criminal charge against him.

Article 11: Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.

Article 12: Everyone has the right of freedom of peaceful assembly and association.

- The 1975 World Medical Association Declaration of Tokyo, which states that " The doctor shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures, whatever the offence of which the victim of such procedures is suspected, accused or guilty and whatever the victim's belief or motives, and in all situations, including armed conflict and civil strife".

- The 1990 World Medical Association Resolution on Human Rights, which calls upon its member association "to review the situation in their own countries so as to ensure that violations are not concealed as a result of fear of reprisals from the responsible authorities and to request strict observance of civil and human rights when violations are discovered".

In fulfilling these responsibilities, the MMA resolves to:

- Work with other professional and interested groups to study conditions in police lock-up and prison with a view to achieving the necessary reforms to ensure that prisoners in police custody and inmates of prison are not subject to torture or other forms of cruel inhuman or degrading procedures but are treated humanely in an environment that promotes their mental and physical health and rehabilitation as well as receive adequate health care when necessary.
- Call upon the Government of Malaysia to repeal the Internal Security Act and to legitimise the right to peaceful assembly and association.

177. ***REASONABLE AUTONOMY OF EDITORIAL BOARD, BERITA MMA***

The Editorial Board of the Berita MMA should be entrusted with reasonable autonomy, which will avoid frequent sanctions and encourage mature and positive interaction between members of the Medical Profession.
It is hereby resolved that :

1. The President should not sit on the Editor Board of Berita MMA.

2. The Editor or his representatives should be invited to attend Council meetings if and when necessary.

3. The Honorary General Secretary in his capacity as Ex-officio member of the Editorial Board should liaise with the Editorial of the Berita MMA, in between Council meetings.

178. ***USE OF CLINICAL AND MEDICAL EQUIPMENT AND INVESTIGATIONS BY UNREGISTERED MEDICAL PRACTITIONERS & PHARMACIES***

a) The Medical Profession is concerned that the use of both Clinical and Medical Equipment and investigations by Unregistered Medical Practitioners and some Pharmacies have gone on unregulated for too long.

b) The traditional role for judicious use of such equipment by Registered Medical Practitioners is stipulated under the Medical Act and the MMA Ethics Code. Other recently introduced current legislation governing the conduct and practice of Registered Medical Practitioners govern credentialling and accreditation of the Practitioner and his practice.

This House resolves that:

1. The Ministry of Health should investigate and monitor those responsible and make public their policies

2. Proper guidelines for Practitioners of both Orthodox and Unorthodox medicines be affirmed to prevent confusion by patient and other recipients of healthcare services.

3. Pharmacies are not laboratories and vice-versa. As such, proper guidelines and possible legislation be introduced to prevent the already frustrated Primary Care Physicians.

4. Medical and Clinical Equipment importers, stockists and suppliers be guided and/or regulated to prevent the current abuse of such equipment (previously only supplied to Registered Medical Practitioners).

179. ***SELF MEDICATION***

The Ministry of Health recently announced guidelines and recommendations encouraging Self-Medication for patient's convenience. We, members of the MMA note with concern recent development, whereby:

a) Some pharmacists manning or managing retail outlets have possibly contravened their own code of ethics. They have been reported to dispense scheduled pharmaceutical without an authorised Registered Medical Practitioner's Prescription.

b) Their indispensable role to complement services of Medical Practitioners and needs of patients appear to have been abused by some unscrupulous pharmacists. This needs to be investigated and redressed.

c) Unregistered Pharmacies, Medical Halls and unqualified Pharmacy Assistants from some registered pharmacies have free access to scheduled pharmaceuticals and even drugs under the D.D.A. and Poison Ordinance. Unregulated and unsupervised dispensing of medicines appears to have gone unchecked for too long. With Self-Medication being a dangerous precedence, the Medical Profession should now intervene to highlight and protect the rights and privileges of Registered Medical Practitioners.

This House hereby resolves that :

1. The Incoming Council, urgently, arrange discussions with representatives from Pharmaceutical Profession together with relevant Government Bodies and Ministries. This would help resolve and rectify current irregularities.

2. The Incoming Council should organise both National and Regional Public Forums to discuss the dangerous consequences of self-medication, adverse drug reactions and other established negative effects.

3. The Incoming Council should ensure that Private Medical Practitioners continue to upgrade their prescribing skills. The MMA should seek the assistance of the D.C.A., M.P.S., M.P.T.M.A., and M.O.P.I., jointly hold regular seminars at the State and District levels, for the benefit of Medical Practitioners and especially the public.

MMA AGM RESOLUTION 1999/2000

180. ***UNIT TRUST FUND***

This House hereby resolves that at least 50% of the total monies in the Special Life Investment, Reserve Fund and the Benevolent Fund shall be invested in various approved Unit Trust Funds.

181. ***MMA FEE SCHEDULE***

It is hereby proposed that the MMA Fee Schedule be reviewed to clarify the Specialist Fees, as there is a confusion as to whether the Specialist Fees is only for consultation or it includes the procedures.

It is also proposed that the Fee Schedule spells out the minimum fee for all consultations and procedures.

182. ***PRIVATE HOSPITAL i.e. TERTIARY CARE***

Primary care in medical practice should be the line of medical care for the patient with the mushrooming of private hospitals throughout the urban areas of the nation. Due to the severe competition amongst these hospitals which are usually located within a new vicinity leading to unethical practises which contravene the laws on advertising and touting of patients. Some of these private hospitals advertise in unethical manner and also have a strong and aggressive marketing team. There is a new development of medical tourism wherein private hospitals place their brochures in strategic locations and in hotel rooms to entice prospective clients with their services. Many citizens are lured by these cogent brochures to seek primary care treatment at these Primary Care Outpatient services at these hospitals at added cost to the patient and hence bypassing the private primary care doctors. These surreptitious abuse of their original concept to provide tertiary care is insidiously eroding primary care practise in this country. These private hospitals have camouflaged their Accident and Emergency services as outpatient outlets to pander to their diabolical role as tertiary, secondary and primary care centres to garner and monopolise these services without consideration for the Hippocrates Oath. The specialist in these hospitals should be encouraged to refer the patients who had been stabilised to be managed by local doctors at the primary level to reduce the cost to the patients and also to follow prudent medical ethics. There are situations in private hospitals where patients who had been referred to the hospitals by private primary care doctors have never returned to their original local doctors and to further sour this relationship certain specialists in hospitals have been patient hogging without requesting these gullible patients to continue their follow up with their primary care doctors after they have been stabilised.

It is hereby resolved that the MMA as this august body representing a majority of medical practitioners implore upon the Ministry of Health to live up to its role as a independent regulatory body to introduce rules, terms and conditions under the Private Hospital Act to private hospitals to provide tertiary and secondary care with accident and emergency services as stipulated. Advertisement pamphlets and their circulation must conform to basic tenets of medical ethics and should be vetted by the Ministry of Health before circulation with a approval code number. The Ministry of Health must introduce guidelines to private hospitals to ensure that patients after completion of tertiary or secondary care

in the private sector should be referred to their local primary care doctors as practised by the public sector hospitals.

183. ***MANAGED CARE ORGANISATIONS***

Recognising that:

- Managed care organizations (MCOs), which originated in the United States to contain health care cost, have already been discredited in the United States, where they have reduced the quality and equity of health care, subverted the clinical autonomy of doctors, and undermined the doctor-patient relationship, in order to generate large profits for private investors;

- Managed care organizations have failed to contain cost in the US or to provide universal coverage of good quality health care in the US;

- Managed care organizations in Malaysia have been allowed to operate without being regulated and that the MMA's policy is that MCOs should be phased out as soon as possible;

It is hereby resolved that the MMA lobby the Ministry of Health to introduce stringent rules, regulations and terms and condition to protect the foremost public interest of the community and the autonomy of the medical profession, until MCOs are phased out.

184. ***RECRUITMENT OF FOREIGN TRAINED NURSES***

The primary care doctors in the private sector manage a great cross section of the general healthcare of the citizens of Malaysia. Approximately 70% of the outpatient visits are seen by the primary care doctors throughout the country. It must be acknowledged that the private primary care doctors be it singleton practitioners or cluster practitioners have shouldered a greater burden in the quality health care delivery in Malaysia at affordable cost to all and sundry in Malaysia albeit the ever shrinking and tight labour market for affordable and qualified health care support staff for the doctors in the private sector. It is ironical that the private hospitals who extend health care to a grossly lower segment of society i.e. only 20% and mainly to the elite of society have had access to recruit foreign trained nurses for their utilisation. It is also ironical that the public sector hospitals had also recruited foreign trained nurses in their employ. It is important to note that the present generation of employees in Malaysia have lost their enthusiasm about the compassion and long term rewards of the primary care in Malaysia. Despite competitive pricing of salaries it is becoming exhausting to overcome the rapid turnover and repetitive on the job training. As a result many private primary care doctors are suffering in silence with the poor quality

of local employees pool available to deliver affordable healthcare to the citizens of Malaysia. The low quality and the non-availability of good staff had decreased the quality of health care services. In 1996, the PPS MMA had a meeting with the Ministry of Home Affairs officials with regard to the necessary permission to recruit and employ foreign trained nurses from Indonesia, Philippines, Myanmar, India, Sri Lanka and Bangladesh. This exercise was futile because of the economic recession in 1996 to 1999.

It is hereby resolved that the MMA would proceed on a fast track programme to lobby the Ministry of Health and the Ministry of Home Affairs to expedite the process for the Malaysian Cabinet approval and the recruitment of foreign trained nurses from Indonesia, Philippines, India, Sri Lanka, Bangladesh and Myanmar for the private primary care doctors in Malaysia.

185. ***DRUG QUALITY CONTROL - A NEED FOR BETTER ENFORCEMENT FOR DRUGS ON TE SHELF***

The sheer number of drugs available in Malaysia is enormous. This includes both generic and propriety. It is important to both doctors and patients that these drugs meet stringent quality control in terms of efficacy, bioavailability and accurate dose content as labeled.

There is a concern and anxiety among health professionals regarding failure of some drugs meeting the above standards. This includes both generic and proprietary drugs. There is great fear that drugs being marketed on the shelf and distributed to hospitals may not be of the same standard as the drug that was originally approved.

The House therefore urges the Ministry of Health to take steps to ensure better and more regular random evaluation of drugs batches on the shelf in the market. The health professionals and public should be made aware of this aware of this enforcement to allay all anxiety.

186. ***ORGAN DONATION***

"This house supports the principle of a presumed consent law for organ donation in Malaysia ".

Rationale :

We take note of the Ministry of Health programme for organ transplant, especially its kidney transplantation programme, with appreciation and pride. It is highest standards and made available to the whole population at minimal cost. The only requirement most of the time now being a willing living donor. Much more be done if more cadaveric donors were

available. We note also that much effort has been put in to increase the number of volunteer organ donors and to get a team of medical experts ready to harvest organs from anywhere in the country. Nevertheless it is disappointing to see the poor returns in terms of organs available for the large number of needy recipients.

It has become obvious that many patients from Malaysia now resort to commercial organ transplants abroad. For moral, economic, quality of care and other reasons this solution is less than ideal.

Although religious and social leaders urge our population to be more forward with organ donation, a survey of a sample of the population showed that more people are willing to receive a cadaveric transplant than willing to donate their organs. Apathy and deep inhibitions probably cloud the rational answer people might or would give regarding their willingness to be organ donors at death. Hence there is good reason for a country to have legislation that presumes that any suitable person who has died is a potential organ donor. Those who do not wish to be donors can sign a form to opt out of the law. Countries that have the highest rates of organ transplant like Spain and Belgium have such legislation. Even there doctors do not forcibly remove organs against the wishes of relatives. Counselling and support for the bereaved are well taken care of and there is no opposition to the law. What the law does perhaps is, it protects the doctors removing organs from law suits and makes the process a more acceptable or done thing in the minds of all concerned. With this resolution the MMA is not through any particular drafted legislation on a presumed consent law. What we say here is that should some organisation or party move forward such a cause we will support and constructively engage in the process in helping the motion succeed.

MMA AGM RESOLUTION 2000/2001

187. ***PURCHASE OF SHOPLOT BY MMA PERAK BRANCH***

This House resolves that the property at 154, Jalan Raja Kam, Ipoh, currently the MMA House (Perak) be sold and a shoplot be purchased in lieu thereof to house the MMA (Perak).

188. ***DATES OF THE NATIONAL AGM***

This House resolves that the dates of the National AGM of the Malaysian Medical Association should be fixed in advance and should preferably be during the 3rd weekend in June.

189. ***REGULAR ROTATION OF NATIONAL AGM***

The National AGM of the MMA should be held by a regular rotation in all the member states and not be dependent on the present bidding system.

190. ***FULL-TIME PAID SECRETARY GENERAL***

The workload of the Malaysian Medical Association is ever increasing. It is time the Association considers having a full time paid Secretary. The House is to give the mandate to the incoming Council to study the MMA Constitution and make appropriate amendments to cater for a full-time paid Secretary who is a doctor and life member of the Association.

191. ***LIFE MEMBERSHIP RATES FOR GOVERNMENT DOCTORS***

The MMA represents approximately 65% of Malaysian doctors. MMA frequently rues this shortfall in its membership rolls. In reality many other doctors have joined the association at one time or the other, and have defaulted due to various reasons. The low representation seriously affects the locus standing of MMA when engaging in dialogues with either the Government or other associations.

An effective method of retained members on the MMA rolls would be to encourage life membership. It has been pointed out that life membership causes the MMA a loss of revenue when the cost of servicing a member for his or her entire life is calculated. The MMA has to date accrued a considerable sum of funds and resources in its coffers. SCHOMOS feels it is time now to fortify its membership and standing.

Most new members come from the rank of Government doctors who are ill able to afford the present life membership charges. Frequently Heads of Department convince their doctors to join the MMA but they default within the next two to three years. Life membership should be encouraged and the fees lowered to prevent this malignant shedding from the MMA rolls.

The House proposes that the life membership fees for all doctors be lowered to RM 2,000 compared to the present RM 4,000.
These membership rates may cause financial strain to MMA in the long term. Consequently it is suggested that the above fees be applicable for a period of only one year i.e. from 01.06.01 to 31.05.02. The fees will revert to the present schedule after the proposed period. During this period, MMA should embark on a full scale recruitment effort to increase the membership rolls.

192. ***INCREASING THE NUMBER OF INSTALLMENTS FOR PAYMENT TOWARDS LIFE MEMBERSHIP***

The MMA represents approximately 65% of Malaysian doctors. MMA frequently rues this shortfall in its membership rolls. The low representation seriously affects the locus standing of MAM when engaging in dialogues with either the Government or other associations.

An effective method of retaining members on the MMA rolls would be to encourage life membership. SCHOMOS feels it is time now to fortify its membership and standing.

Most new members come form the ranks of Government doctors who are ill able to afford the present life membership charges. Frequently Heads of Department convince their doctors to join the MMA but these new members default within the next two to three years. Life membership should be encouraged and the member be allowed to pay his installments over a longer duration.

The House suggests that the maximum installment period for payment of life membership fees be increased from the present 20 months to a period of 30 months for all doctors. It is further proposed that this installment be allowed to be deducted through the BIRO ANGKASA for government doctors.

193. ***A NEED TO ADDRESS THE GOVERNMENT DOCTORS ISSUES FROM NOW UNTIL THE ULTIMATE RESTRUCTURE OF THE PUBLIC HEALTH SECTOR***

SCHOMOS has worked hard since its inception, in order to improve the working conditions of doctors working in government service. Although there has definitely been an improvement in the service conditions and salary structure of this group of doctors, there are still issues that need to be addressed.

Many general practitioners whose children have graduated as doctors and are doing their compulsory government service, have realised the sad plight of public service doctors. They have expressed their dismay and distress at the lack of improvement in the government doctors' service conditions and pay packet with respect to the current costs of living. Some actually feel that doctors are worse off now compared to a few decades ago, considering how some other things have improved.

MMA as the parent body has always provided support to SCHOMOS in its hapless endeavours to bring to the attention of the government service issues of government doctors. It is important that SCHOMOS matters relating to service and salary be constantly addressed by the MMA in the coming term and also future terms of office until the ultimate restructure of the public health sector.

SCHOMOS calls for the MMA Council to constantly look into their service issues and, where possible, to voice it in a more determined approach than even now. MMA has to understand the gravity of the situation and constantly adopt suggestions to improve government doctors service condition as one of its key issues until the ultimate restructuring of public services is accomplished. This should include amongst other grievances, the issues of promotions, training and call allowances as well as minimum amenities to be provided.

194. ***AMENDMENTS TO THE MMA ETHICAL CODE***

The MMA Ethical Committee hereby proposed the following amendments to the Ethical Code. The MMA Ethical Code was last amended at the 38th MMA AGM held on 14 – 16 May 1998.

Subsequently, views have been expressed at the 1st and 2nd National Ethical Conferences and at the Conference organised by the MMA on " Advertising vs Information in Medical Practice" held on 28.10.2000. These amendments take cognizance of the changes in medical practice and views held by the profession since the previous amendments to the Code in 1998.

MMA AGM RESOLUTION 2001/2002

195. ***APPOINTMENT OF A MMA TRUSTEE***

In view of the fact that one of our trustees has recently passed away and on the recommendation of the 42nd MMA Council, this House proposes that Tan Sri Dato Dr Abu Bakar bin Sulaiman, a Past President of MMA, be appointed as a MMA trustee in place of the Dr Chong Yew Chong.

196. ***PARTICIPATION OF MEDICAL STUDENTS IN THE ACTIVITIES OF THE MMA***

Acknowledging

That Article III (6) allows medical students to seek membership of the MMA with the prior written approval of the Vice-Chancellor concerned;

That Article V confers all members of the MMA, including student members, with the privilege of participating " in all activities arranged or organized by the Association ", apart from " that of voting of holding office in the Council or Branch Committee of the Association ".

This House resolves:

that students members of the MMA should be encouraged and be given every opportunity to participate in MMA activities including the activities of MMA societies,

that if this requires the approval of the university authorities concerned, every effort be made to secure such approval.

197. ***MEDICAL BENEFITS FOR GOVERNMENT DOCTORS WHO CHOOSE THE EPF SCHEME***

These House resolves that all medical benefits entitled to doctors who opted for the pension scheme ALSO be made available to doctors who joined the EPF scheme.

Background

Many of the young doctors did not realise that if they choose EPF scheme, when they reach 'Bersara Wajib", they & their families are not covered by medical benefits as compared to those government doctors signed for the pension scheme.

Most of them are victims of information blackout (either intentionally or unintentionally), by the people from the Ministry or through the support staffs in the administrative office. The victims I know of, are those who attended the Induction Course for Management & Professional Group between 1995-96. Maybe there are others in the later years but I cannot confirm it.

We were told by the officers from the Ministry or the administrative staff about the difference in term of payment between those signed for EPF and pension scheme. It is acceptable that the EPF group got the lump sum when they "Bersara Wajib" and pension group will be paid pension salary for life.
But nobody told us about the loss of medical benefits for the EPF group! It is a very unfair gesture to those who signed for the EPF scheme as both groups serve the same government and people.

The worst part is for those who had signed for either scheme, cannot change the decision as it is based on "Lantikan Pertama".

e.g.

One doctor serves in public service until "Bersara Wajib'. On the next day, the same doctor or his family member was hospitalized in the government hospital due to critical illness. However, the medical expenses are not covered due to the fact that he signed for EPF instead of pension. Supposed that the doctor is an ex-senior top ranking officer and the medical expenses incurred, totaled up to ½ million ringgit. Even the EPF money collected

through the years is enough to pay the hospital bills, what about the cost of living when he or the family members is discharged from the hospital? Is it fair after contributing to the nation's healthcare for so many years only to find out that all that goes down the drain just for signing EPF. And this occurred because that particular doctor is misinformed about the medical benefit he is getting under the EPF scheme. Compare the situation to another public service doctor (U2) who 'Bersara Wajib' and was hospitalized in the government hospital due to similar critical illness, but the medical expenses are covered because the doctor signed for pension scheme.

What double standard! Is saving money means everything that it disregards one's contribution to the health of the nation?

Solution:

1. Treat everybody working in the government equally, disregard whether he/she signed up for EPF or pension-reinstate the medical benefit for those signed up for EPF.

2. If the government still wish to treat the EPF group like private sector after ' Bersara Wajib' and government contribution must follow suit. This is due to the fact in private sectors the salary usually double/triple from what is received by the public service doctors.

3. Urging new doctors to sign up for pension scheme regardless what is said about the benefit for signing up with EPF. Should boycott the EPF scheme altogether as long as no medical benefit (equal to what pensioner gets) is given for EPF group.

4. Allow the doctor who had second thoughts about signing up for EPF to able to make a second chance with full informed consent. If they change their mind and choose pension scheme instead, whatever was deposited in the EPF should be refunded back to the original benefactor : government and worker.

I propose that MMA should collaborate with CUEPACS and other government servant societies or union to urge the government to give medical benefit to doctors who chose EPF scheme. After all we are the government servants.

MMA AGM RESOLUTION 2002/2003

198. ***DOCUMENT ON FINANCIAL ORDERS***

The Malaysian Medical Association has grown over the years and accumulated assets in the form of fixed assets as well as monetary resources. The activities of the Association are also conducted at the branch level by elected officials who serve on a voluntary basis.

The duties of the office bearers are spelled out in the By-laws of the MMA. In order to safeguard the financial resources of the Association, it is now time to provide written guidelines to the Branch Committee inclusive of the Honorary Auditors at the branch level as to what is expected of them during their term of office.

This House proposes that the MMA prepares a document on financial orders, financial instructions and regulations of the Association to be provided in writing to the office bearers at the branch level upon their election. This document should point out the constitutional requirements and duties imposed by the By-laws upon the office bearers.

The Incoming Council should also consider the appointment of external auditors at the Branch level. The expenditure for this appointment can be deducted from the annual grant allocated to the branches.

199. ***DISPUTE RESOLUTION COMMITTEE***

Disputes between doctors and their patients often arise because of poor communication between the two parties. Some of these disputes fall into the category of alleged negligence. Modern day medical practice with all its attendant pressures of high workload, technology driven practice and sometimes, unrealistic expectations of patients, contributes to these allegations. Such allegations of alleged negligence are at present investigated by the Ethics Committee which often decides that these allegations are outside the realm of its expertise.

The Malaysian Medical Association has advocated the use of alternate dispute resolution mechanisms in medico legal matters. In line with this call, it is appropriate for the association to offer one such mechanism to its members.

It is proposed that all complaints of alleged negligence directed to the association be referred to this dispute resolution committee (DRC). The parties involved in the dispute must forward written consent for their dispute to be handled by the DRC and to note that views of the committee may not be subpoenaed in any future court proceedings.

The membership of the DRC will be :

Chairperson of ethics committee (Chairperson)
One past President of the MMA
Honorary General Secretary of the MMA

One co-opted member of the specialty relating to the dispute
Two lay persons appointed by the MMA Council

The dispute will be studied by looking at relevant documents and answers to queries by the DRC. The DRC may interview the parties involved but this is not mandatory.

It is anticipated that this mechanism may offer an alternate avenue for the complainant and the doctor to understand the issues better and may result in resolution of the dispute. Be that as it may, no party is hindered from pursuing the case in any other way they deem fit. The MMA will be seen to be transparent in issues involving alleged negligence with this mechanism.

Therefore, this house resolves to set up a dispute resolution committee, the membership of which comprises among others lay persons, to study cases of alleged negligence forwarded to the Malaysian Medical Association.

200. ***OUTPATIENT CLINICS IN PRIVATE HOSPITALS***

This House resolves that the MMA will make every effort possible to ensure that private hospitals do not conduct outpatient clinics to carry out routine medical examinations or routine screening campaigns.

201. ***AMENDMENTS TO THE CODE OF MEDICAL ETHICS***

At the 41st MMA AGM held in Seremban in 2001, a proposal to delete Rule (II) of the Rules of the Ethics Committee was passed. In brief, this deletion does away with the need for the complainant to inform the respondent personally that he intends to lodge a complaint to the MMA and to seek a reply from him.

It is now proposed to delete Rule No. 4 (page 59 of the Code of Medical Ethics Revised Edition 2002) under section "Ethics Committee of the MMA" in order to conform to the spirit of the deletion of Rule 1 (II) in Appendix V (Appendix 1 of the MMA Constitution) which was passed in 2001 and renumber the presents (iii) and (iv) in pages 122 and 123 of the Code of Medical Ethics accordingly.

MMA AGM RESOLUTION 2003/2004

202. ***COMMITTEE TO LOOK INTO THE IMPLEMENTATION OF THE NATIONAL HEALTH PLAN***

The House proposes to set up a Committee to look into the implementation of the National Health Plan. This Committee should be chaired by the President.

Preamble :

It is almost 6 years since the MMA had mooted the idea of the National Health Plan. The plan was submitted to the Prime Minister and to have been implemented in the 7th Malaysia Plan then shifted to the 8th Malaysia Plan. The Mid-Term Review of the 8th Malaysia Plan is over and there is no definite indication of the plan being implemented although the MOH geared itself for the new system and has or is restructuring its hospital and primary care centres.

The MOH officers have stated at meetings that the MOH in future would be regulatory and enforcing authority.

We would like to urge the MMA Council to set up a Committee to be chaired by the President to look into this matter urgently.

203. ***GLOBALIZATION AND LIBERALIZATION***

Globalization has come to our doorstep and we are at crossroads as to how the profession should respond to the efforts to export professional services. The Government is trying to export professional services, if not to the developed nations, at least to the developing countries. The other professionals have already expressed their views that they are exporting or ready to export their professional services
(e.g. Architects, Engineers).

1. The profession has to decide if we have the capacity to export professional services under Mode 4. If we do not have the capacity, what should we do to build the capacity, or , are we not interested in exporting professional medical services.

2. The area in which we do have capacity is in Mode 2 (consumption of services locally). Health tourism - Establishing training institutions for Medical and Para Medical Personnel.

3. Under Mode 3 – Commercial Presence. We can establish Hospitals and have Training Institutions for both Medical and Para Medical Personnel in overseas countries.

The Medical Profession has to know where it stands. It is of a divided opinion.

The House resolves to establish a Committee to look into Globalization and Liberalization.

Background Information

Request Liberalisation of Healthcare Services

Countries intended to request liberalisation are Indonesia, Vietnam, Myanmar, Cambodia, Laos, China, Singapore, Thailand, Bangladesh, Brunei, Middle East and Sri Lanka.

Mode of Supply M1 - Cross Border - Involves the use of information and communication technology (ICT) in the delivery of healthcare services.
Request :

- None Commitment - No limitation in terms delivery of health service
- Difficult to control use of technology such as telemedicine, teleconsultation and telepharmacy

Mode of Supply M2 - Consumption Abroad - No limitations for any person to get medical treatment either in Malaysia or abroad.
Request :

- NONE Commitment
- Portability of financial coverage for treatment in Malaysia e.g. Central Provident Fund or Medisave in Singapore able to finance medical treatment in Malaysia to promote health tourism
- Needs further clarification and discussion among parties involved.

Mode of Supply M3 - Commercial Presence Setting up of Private Hospitals in a foreign country.
Request :

- Malaysians to invest up to a maximum of 75% equity in private hospitals of various categories in Indonesia, Vietnam and China
- Maximum of 30% equity in private hospitals of all types and categories or any healthcare centres in Singapore and Bangladesh

- Investment allowed in smaller scale projects such as diagnostic centres, outpatient centres or any small scale healthcare facilities in the other countries.

Mode of Supply M4 - Movement of Natural Persons - Service providers cross the border or allowing foreign specialists in private hospitals
Request - permission of movement of natural persons (Malaysian) to these countries for the following positions :

- Executive or Medical Director of hospital/healthcare centre
- Directors of the Board, General Manager of the Hospital or company
- Nurse manager/Director of the hospital/company
- Medical Specialist Consultant

Source : Mesyuarat Kumpulan Kerja untuk Globalisasi/Liberalisasi Sektor Kesihatan Di Bawah AFAS, 8/1/04, Bahagian Amalan Perubatan, Kementerian Kesihatan Malaysia

204. ***RE-ACTIVATION OF MMA SDN. BHD.***

The Financial Management Committee of the Malaysian Medical Association hereby proposes the re-activation of MMA Sdn. Bhd. or a modification of the same. The intended purpose is to keep the association's assets and its business income away from its general operations. The company will also look into the generation of new income for the benefit of the membership.

205. ***CONSOLIDATION OF FUNDS INTO A GENERAL FUND (COUNCIL FUND) AND A RESERVE FUND***

The Financial Management Committee of MMA hereby proposes the consolidation of its funds into a General Fund (Council Fund) and a Reserve Fund for better accounting auditing and taxation purposes, in tandem with the professional advices. Simultaneously, it proposes the abrogation of the Benevolent Fund and consolidation of the balance with the Reserve Fund.

206. ***GOVERNMENT HOSPITALS AND STATE DIRECTORS' ADMINISTRATIVE POST***

This House calls on the Honourable Prime Minister to ensure that government hospitals and state directors' administrative post are continued to be manned by trained medical doctors and not replaced by non-medical Malaysian civil service personnel.

207. **PRIVATE HOSPITALS RUNNING OUTPATIENT CLINICS**

The Malaysian Medical Association does not approve of Private Hospitals running Outpatient Clinics manned by Medical Officers and will take all measures possible to discontinue this unhealthy practice.
Reason for Resolution :

The role of the General Practitioners has been taken over gradually by Private Hospitals which conduct routine medical examinations, various screening campaigns, statutory medical screening (for foreign workers, pre-employment screening) etc. within the purview of the Accident & Emergency Departments. The A&E Departments were initially set up purely to satisfy the requirements for emergency management and screening of patients prior to definitive management by the appropriate specialist. With most Private Hospitals expanding their services to include "primary care" the role of the Medical Officer manning the A&E Department has gradually expanded. Now he/she is not only involved in the emergency and initial management of patients presenting to the A&E Department, but they also take over the all medical examinations for designated purposes such as FOMEMA, pre-employment screening, etc. Often times they may spend far more time on routine screening and shunt emergency cases to the specialist clinics without the initial care these patients merit.

In the last 3 years this issue has been debated within the PPSMMA and during National MMA AGM deliberations but all approaches to the Private Hospitals have been met with disregard by the private hospitals association (The APHM). We feel that a concerted effort should be made to address this problem at all levels including convening a meeting between the APHM, MMA, the Ministry of Health and the consumer bodies so that a new culture can be evolved in the delivery of primary care with the general practitioners as the first line and the private hospitals as the secondary and tertiary care providers.

We feel such a system will ultimately benefit the consumer particularly in the present climate of constantly spiralling healthcare costs. Seeking basic (readily available) treatment at a private hospital will almost always prove to be far more expensive and tedious than at a GP's clinic. It is also a fact that many A&E departments in private hospitals are manned by very junior doctors as compared to many private practitioners.

We hope that by an approach of consultation and accommodation we will be available to achieve a better working relationship between the GPs and the private hospitals. We hope the private hospitals will appreciate this viewpoint and work with us rather than view the walk-in patient as an avenue for pure monetary gain. The PPS feels the Ministry of Health should also play its part as guardian of the healthcare system to ensure that the public has access to efficient and affordable preventive and curative health services. The PPS feels that its members may have to resort to a more confrontational approach if these friendly overtures continue to be disregarded.

208. ***AVAILABILITY OF THE 3 PRINCIPAL OFFICE BEARERS***

At least one of the 3 principal office-bearers of MMA should be available at all times to act on issues of major importance to Doctors.

Reason for resolution :

The President of MMA is the principal officer of MMA (By-Law VII) and in his absence his duties may be carried out by the President-Elect or the Immediate Past President in that order according to their presence. Only the President is authorized to make press releases on behalf of the Association (or the Hon. Gen. Secretary when authorized as per Article XIV). As the post of President of MMA is of national importance to all Doctors, he must be available at all times to respond appropriately to all issues related to Doctors. If he is out of country or indisposed this responsibility falls on the President-Elect or the Immediate Past President. It is mandatory that at least one of these principal office-bearers should be contactable at short notice whenever the need arises to respond on major issues and to truly represent the Association's viewpoint. In particular this resolution hopes to address the recent anomaly where a suggestion to sue doctors was not rebutted simply because none of the 3 principal office-bearers were in country at that time.

MMA RESOLUTION 2004/2005

209. **MMA –CPD COMMITTEE**

Preamble

Continuing Professional Development (CPD) is defined as a process of lifelong uninterrupted learning and self-improvement for individuals and teams, which enable medical professionals to expand and fulfill their potential in maintaining a high medical standard and an ever improving quality of care that meets the need of patients. It includes the continuous acquisition of new knowledge, skills and attitudes to enable competent practice. It further acknowledges not only the wide ranging competences needed to practice high quality medicine but also the multidisciplinary context of patient care.

In line with the continuing advances of the lifelong professional development of doctors, it is now proposed that the MMA-CME Committee be renamed as the MMA-CPD Committee, which is in line with the development taking place in the Ministry of Health and the Malaysian Medical Council (MMC).

210. **SECRETARIAT FOR THE MMC-CME GRADING SYSTEM**

The MMA has been the Secretariat for the MMC-CME Grading System since the time of its inception in 1994. It has been run successfully with considerable time, investment in financial and human resources. This House resolves that the MMA is the best body and should continue as the Secretariat for any future grading system approved by the regulatory body for the registered medical practitioners in Malaysia.

211. **FORMULATION OF THE SPECIALITY REGISTER**

The Malaysian Medical Association applauds the decision by the Ministry of Health and the Academy of Medicine to come up with a Specialist Register. The Malaysian Medical Association has been pursuing this matter for the last few years and had in fact put up in its web page of specialist in different medical disciplines for the doctors' and general publics' consumption.

Thus, the Malaysian Medical Association wishes to remain in consultation with the Ministry of Health and the Academy of Medicine in the process of the formulation of the Specialist Register.

212. **PROPOSAL FOR REVIEWING THE FORM, STRUCTURE AND CONDUCT OF THE AGM OF THE MMA**

There are avenues for improving the form, structure and conduct of the Annual General Meeting of the MMA. These changes will help to enhance the objectives and function of the Association while making the formal and social activities more meaningful.

It is believed that members and delegates who attend the proposed new format of the Annual Meetings of the Association will be able to substantially contribute to national policies and directions which the Association as the major medical professional organisation, would be expected to take in leading the healthcare future of our country.

The incoming Council is requested to from a Committee to study the proposal to review and improve the form, structure and conduct of the AGM of the Association.

213. **PRIVATIZATION OF THE GENERAL MEDICAL STORE AND THE FIVE SUPPORT SERVICES**

This house notes that the privatization of the General Medical Store and the five support services for hospitals have led to an escalation of the costs of these services.

This house urges the government to conduct an in-depth cost-benefit analysis of the above 2 privatization exercises and to release the results of this study for public scrutiny.

This house further calls upon the government to defer any further privatization of any component of the Health Care System until the cost benefit analysis have been carried out and debated.

MMA RESOLUTIONS 2005/2006

214. **Reviewing Membership Application and Payment Procedures**

The house proposes that membership form and application procedure to be simplified in which unnecessary sections to be deleted. It is proposed that the photograph to be optional, only one introducer needed and membership application should be made available on-line.

It is proposed that the method of payment for renewal and joining fee to be made available via auto debit or standing order from various commercial banks, VISA and MasterCard credit cards, on-line banking or even using ATMs. This will make renewal payment hassle-free and eliminate lapsed membership.

Proposed by : Dr Pagalavan Letchumanan
Seconded by : Dr Harvinder Singh

The President called up Dr Pagalavan Letchumanan to brief the House on the resolution. He said this resolution was brought up as requested by members. He believes this resolution will make it easier for members to renew their payment and will eliminate lapsed membership.

The President agreed that the MMA membership application form is too complicated, and as a resolution, the MMA is now contracted with Maybank to operate an online & debit payment so members could pay their subscription through the bank.

The House took a vote and unanimously supported the resolution.

(In Favour : 50; Against : 0; Abstention : 0)

215. **Reintroducing Reduction In Life Membership Fee Rate**

There are many enquiries and requests from members in every state regarding the life membership fees reduction and payment by instalments. Many members regretted not taking the advantage of the last life membership reduction period in the year 2002.

The House proposes that the reduction of life membership to be re-introduced. It is proposed that the life membership fees to be lowered to RM 2000 compared to the present RM 4000. For the spouse, the life membership fee should be reduced to RM 1000 from the present RM 2000. It is further proposed that the life membership fees to be paid either as a single payment or in 10 instalments.

It is suggested that the above fees should be applicable for a period of 1 year only in 2007 after which it will revert to the present schedule. This will definitely boost the membership of the association.

Proposed by : Dr Harvinder Singh
Seconded by : Dr Norezalee Ahmad

The President called up Dr Harvinder Singh to brief the House on the resolution. Dr Harvinder presented the above resolution to the House.

Dr S Vasan commented that this is a very important resolution in trying to recruit junior doctors who are willing to pay RM 2000 to join life membership. He requested the House to support this resolution and assured the House if this resolution is carried there will be an increase in the MMA membership.

Dr Ravindran Naidu wanted to know if this resolution is carried, whether MMA would like to give a refund to those who had paid RM 4000 for their life membership.

Dr P Vythilingam pointed out that when this exercise was carried out before, there were numerous problems occurred. Many members, who had paid even up to RM 3000, did not continue to pay, and some who had paid more than RM 2000, had requested for a refund. He felt that this resolution would cause a problem for the finance section of the MMA. He also pointed out that the increase of membership at that point of time was not very great either.

Datuk Dr N Arumugam mentioned that the MMA had suffered tremendous problems in the past with the life membership fee being reduced. It is agreed that membership is the association's strength, but life membership is a financial commitment which the association may be unable to bear because of the low current interest rates. He said the cost for the association to service a member is about RM 200. Therefore, the association must also consider the administrative problems which may occur.

The President advised the proposer and seconder to defer it to next year and re-submit it as the amendment to the constitution.

Dr S Vasan commented that this association belongs to all members and their future generation. He requested the House to support the resolution to build strength today for benefit of the future generation.

The House took a vote and the resolution was adopted.

(In favour : 39; Against : 37; Abstention : 5)

216. **MMA Healthcare Sdn Bhd**

Reference is made to the Minutes of the 45th MMA Annual General Meeting held at Hotel Equatorial, Melaka on 27th - 28th May, 2005 - Quote :-

The House was informed that MMA Sdn. Bhd. has revived in the name of MMA Healthcare Sdn. Bhd., as MMA had to pay heavy fee and penalty if it wanted to continue with the "MMA Sdn. Bhd. "Work is underway to register its directors.

a) Please brief the members and discuss on the Memorandum and Articles of the Association of MMA Healthcare Sdn. Bhd.

b) How and which body appointed the Directors.

At the 44th MMA Annual General Meeting held at Hotel Helang, Pulau Langkawi on 29th - 30th May, 2004, it was minuted that: -

a) The members of the Exco and Council have declared their interest if they are going to be involved in the MMA Sdn. Bhd.

b) Should engage a Tax Consultant or Accountant to see if MMA will really benefit by reactivating MMA SDN. Bhd.

c) That there should not be a conflict of interest and MMA must be seen to be clean.

d) The Honorary Auditors had been asked to address this issue.

We want to know if the mandate of the Annual General Meeting has been carried out on all the above issues.

Kindly make available copies of the Memorandum of Articles of MMA Healthcare Sdn. Bhd.

Proposed by : Dr Kerpal Singh Pannu
Seconded by : Dato Dr Mohan Singh

The President called up Dr Kerpal Singh to present the resolution. Dr Kerpal Singh mentioned that after hearing the sentiments of the members and the Internal Auditors Report, it is time, we should have an investment arm which is correctly instituted.

He quoted a letter sent to members on the MMA Healthcare Sdn Bhd issue "if not for the timely intervention of the MMA Council, the Honorary General Treasurer and other Directors of MMA Healthcare Sdn Bhd who are members of the Council of the MMA would have siphoned out RM 100,000 (Ringgit Malaysia One Thousand Only) from the MMA funds.

He proposed to the members that this House resolves that the incoming Council take into consideration all views and proposals that were made out at the Annual General Meetings held in Pulau Langkawi and Penang in restructuring the Memorandum of Articles of the MMA Healthcare Sdn Bhd.

The House unanimously supported this resolution.

217. **PREAMBLE**

At the 45th MMA AGM, allegations were made on the abuse of the credit cards used by the concerned member(s). During the course of the debate, Prof Dato' Dr S. Selvarajah proposed that the credit cards be withdrawn and members should submit their claims as had been done previously. This proposal was unanimously supported by all members present. To the best of our knowledge the "cards" are still in use.

Proposal:

That the Diners Cards issued to the principle members of the Exco be withdrawn immediately. Members concerned can use their personal cards and claims on completion of their task.

Proposed by : Dato' Dr Mohan Singh
Seconded by : Dr Kerpal Singh Pannu

Dato' Dr Mohan Singh briefed the House that the Diners Cards issue was actually debated actively and there was a proposal by Prof Dato' Dr Selvarajah that the cards should have been withdrawn. He said that this proposal was not minuted at the Minutes of the SGM held on 21st January 2006. He proposed to the House that the Diners Cards issued for the ExCo members

should be withdrawn immediately, members concerned could use their personal cards and claim on completion of their tasks.

Dr P Vythilingam informed the House that the Diners Cards had been cancelled. The ExCo do not have any other cards under their personal name, but the MMA has an account with Diners Club which is used to purchase a ticket or make a travel arrangement which the payment would go to the MMA's account. He also mentioned that the MMA has been obtaining quotations from other travel agents before actually purchase a ticket from them.

The House unanimously carried the resolution with an assurance that the cards had been withdrawn.

For members' information, the President briefed members that Diners Club has a special offer which is available to members of the MMA for their own personal card. With RM 30 of yearly fee, members could get access to about 150 airport lounges around the world.

218. **Dialogue with GMPPK**

More than 80 Civil Society organizations, including political parties, trade unions, consumer associations, human rights organizations and other NGOs have come together to form the *Gabungan Membantah Penswastaan Perkhidmatan Kesihatan* (Coalition Against the Privatisation of Health Care Services or GMPPK). This Coalition has been following developments in Health Care Policy closely and has been attempting to give feedback to the policy makers through memoranda and meetings.

However despite receiving several requests from the GMPPK for a meeting to exchange ideas, the MMA Council has not yet had any meeting with this Coalition of civil society groups.

This House therefore resolves that the incoming Council of the MMA should take a proactive role and seek dialogue with citizen groups that are concerned about Health Care Policy and Financing such as the GMPPK.

Proposed by : Dr Jeyakumar Devaraj
Seconded by : Dr S.S. Gill

Dr Jeyakumar Devaraj briefed the House that the above group has been trying to meet the MMA Council several times in the last year, but Council had reluctant to meet this group. He felt that the MMA should get involved in this dialogue process which could give an idea to the association regarding e.g. Health Financing Scheme, FDA, etc. He added that 80 organisation are involved in this group which are trying to come together with the consensus.

Assoc Prof Dr John George pointed out that Dr Jeyakumar was invited at the National Health Policy Committee meeting and presented a paper on the National Health Financing Scheme

which was read by members of the Committee. The MMA does take some of the issues wholeheartedly.

The President clarified that he invited Dr Jeyakumar to the National Health Policy Committee as a member of MMA to present a paper on National Health Financing Scheme, while this resolution was requested the House to support a dialogue with this group.

Dr Jeyakumar explained that all opposition political parties in Peninsular Malaysia are involved in this group. He also mentioned that the group even had a dialogue with the Director General of Health, and other divisions of the MOH. He felt there was no reason that MMA could not meet them.

Dr David Quek supported this resolution. He said that this was not the first time MMA is involved in a dialogue. The association had a good dialogue with the Citizen's Health Initiative Group and came up with new ideas.

The House took a vote and supported the resolution.

(In favour : 71; Against : 3; Abstention : 7)

219. **Separate Service Commission - GMPPK**

According to the Eight Malaysia Plan, around 70% of the Specialists in the country are in the Private Sector, resulting in over-work for the Government sector Specialists who have to deal with 70% of the in-patient load in the country.

This House resolves that the MMA should support the proposal made by *the Gabungan Membantah Penswastaan Perkhidmatan Kesihatan* (Coalition Against the Privatisation of Health Care Services or GMPPK) that a separate Service Commission be set up for Government Health Care Personnel so that the salary scales and terms of employment can be improved.

Proposed by : Dr Jeyakumar Devaraj
Seconded by : Dr S.S. Gill

Dr Jeyakumar briefed that this group felt that the salary scales for doctors and paramedic should be increased. With this, he requested the House to support this group in forming a separate Service Commission.

Dr Subramaniam (Perak) queried whether the proposal from this group has been sent to MMA for a review. If it has not, he felt that the MMA should not support the resolution.

Dr Jeyakumar responded that the proposal has been sent to the MMA a few months ago.

Dr S Palaniappan commented that perhaps the MMA could use their data that they had prepared, and to see how much of it could be applied to the SCHOMOS.

Dr Harvinder Singh, Dato Dr Vijaya Singham, Dr Manoharan supported this proposal.

Dr Siva (Taiping) commented that it would be more effective for this group to approach the MOH to raise the government doctors' salary rather to approach the MMA. Secondly, as a member of MMA, Dr Jeyakumar could contribute directly to SCHOMOS who is fighting on the issue to raise the government doctors' salary. He mentioned that he is against this proposal.

Dr A Bhaskaran mentioned that the MMA had passed a resolution a couple of years ago on a separate commission. Although, the MMA agreed to have a dialogue with this group, he was not sure whether the MMA could support the forming of separate commission by this group.

Assoc Prof Dr John George commented if the separate service commission had been agreed in previous resolutions, he felt that these issues should not be taken up again.

Dr S Vasan requested members to think carefully before voting on this resolution. Since this group are political parties linked to the opposition parties with this group, the MMA must ensure that they would not be portrayed supporting the opposition parties.

Dato Dr TP Devaraj commented that members should not have a mindset that if the idea is coming from the opposition party, therefore, it is not a good idea.

The President suggested Dr Jeyakumar to amend the wording of the resolution.

Dr Jeyakumar re-worded the resolution as follows: **"The House resolves that the MMA will work together with all groups to set up a separate service commission for Government Healthcare Personnel so that the salary scales and terms of employment can be improved".**

The House took vote and unanimously supported the amended resolution.

220. **Intention to Increase the Charges for Foreign Patients to Rates at Par with the Private Sector.**

The MMA views with grave concern the government's stated intention to increase the charges for foreign patients to rates at par with the private sector. The MMA feels that such a move is not only callous, but it also exposes the Malaysian Public to greater risk of infectious illnesses as the increased charges would lead to delays in the diagnosis and treatment of infectious illnesses.

This house therefore proposes that

a. A portion of the RM 1.9 billion collected as levy from foreign workers to be allocated to the Ministry of Health to offset the costs of treatment of foreign workers;

and

b. Charges for foreign workers treated at government health institutions be reduced to the rates charged for ordinary Malaysian citizens.

Proposed by : Dr Jeyakumar Devaraj
Seconded by : Dr Stephen Jacob A/L Jacob

Dr Jeyakumar felt that this intention is not good in term of public health, leaving aside the morality or humanity of it.

Dr Puvaneswari (Perak) briefed members that foreigners are exempted from any charges for any communicable diseases. The fee for hospital beds are written clearly, but for outpatient services there will be other factors involved. She also mentioned that there are some administrators are not aware about this matter, the State Director has to look into this matter.
The House took vote and adopted the resolution.

(In favour : 61; Against : 14; Abstention : 9)

MMA RESOLUTIONS 2006/2007

NIL

MMA RESOLUTIONS 2007/2008

221. Preamble:

Whereas the Council has taken all actions in good faith and in reliance with all relevant professional advice in accordance to the Constitution and By-Laws of the Association;

Whereas the Council has taken note that certain issues have arisen which consist of differing interpretation and construction of certain Articles and By-Laws of the Association and decisions of Council;

Whereas the Registrar of Societies (ROS) by way of letter dated 28th November 2007 has written to the Association alleging willful breaches of the Articles & By-Laws of the Association;

Whereas the Association has written a full and adequate reply to the ROS by way of letter dated 10th December respectfully disputing the construction taken by the ROS, and in meeting with the ROS before the Honorable Deputy Home Minister on the 4th February 2008

Whereas the Registrar of Societies (ROS) has written to the Association by way of letter dated 6th February 2008 withdrawing the ROS's threat of deregistering the Association, and advising that at this forthcoming 29th May 2008 Annual General Meeting that members of the Association discuss and resolve all such matters so as to bring issues arising and disputes to a close;

Whereas the Council after careful review of matters arising and upon taking relevant professional advice hereby propose for adoption by members the following resolutions:

Resolution:

We hereby resolve to ratify any acts and decisions of the Council in their exercise of their discretion and decisions in accepting decisions made by the Election Committee and EXCO in respect to issues arising from interpretation and construction of the following:

1.1 All actions taken under Article III (2) (Life Membership) and discretion exercised and actions taken by the Council to rectify and resume with full effect any members' benefits, rights (including rights to nominate and to be nominated to hold any office).

1.2 All actions taken under Article III (3) (Ordinary Membership), Article VI (1) (ii) (Termination of membership), Article VI (2) (ii) (Restoration of membership) and By-Law IV (Arrears of subscriptions) and discretion exercised and actions taken by the Council to rectify and resume with full effect any members' benefits, rights (including rights to nominate and be nominated to hold any office).

1.3 All issues in relationship to compliance with procedures surrounding the Nomination & Election of any Council Member and Office Bearer in accordance to By-Law IX and in consequence of the same confirm and declare that the results as announced and declared in conformance with election process under the By-Law IX be accepted and the Council is authorized to confirm and ratify and rectify any issues as may have arisen in respect of events leading to the Election of any Office Bearers."

Proposed by : Dr Mary Suma Cardosa

Seconded by : Datuk Dr Teoh Siang Chin

222. Resolution

"We hereby resolve that the Council be fully authorized, to take all reasonable steps including (but without affecting the generality of the foregoing) of:

- Appointing a committee to look into the problem; and

- tabling proposals for all relevant amendments (if necessary under the law) to the Associations Articles and By-laws for adoption by the Members so as to comply with the resolutions above proposed."

Proposed by : Dr Mary Suma Cardosa
Seconded by : Datuk Dr Teoh Siang Chin

223. RESOLUTION

"In carrying out their duties, all organs of the Malaysian Medical Association shall, at all times, act in the spirit and letter of the Constitution of the Association and in the event of any doubt or dispute shall refer such doubt or dispute to the Constitution Review Committee for its interpretation.

Proposed By : Dr Rajamohan
Seconded By : Dr Mahendran Markandoo

Dr Mahendran Markandoo presented the resolution.

Dr Kerpal Singh (Selangor) requested the House to support the resolution. He said for the last 3 years he had been in the Council, the MMA had always been seeking legal advice for every small matter. He felt that the matter could be interpreted by the Constitution Review Committee first, discussed at ExCo and Council and move forward from there.

Dr Quek (President-Elect) also agreed with the resolution. He commented that the Council should select some very senior members to be part of the Constitution & Resolution Review Committee. However, he urged members that if the findings went against them, they should be abide by the Council decision.

Dr S S Sidhu (Perak) commented that the views of the Constitution & Resolution Review Committee could not be binding on anyone. The Committee could only be advisory, at the

end the Council would still have to make the final decision. He also supported the resolution.

Dr Kerpal Singh (Selangor) added to Dr Quek's comments that if the interpretation of the Constitution & Resolutions Review Committee were not favorable at all, the matter could be referred to Council or to the House, need not directly to the lawyer.

Datuk Teoh (Immediate Past President) also supported the resolution and he said the Council would select members of the Constitution & Resolutions Review Committee properly.

The House took a vote and the resolution was adopted.

(In favour : 79; Against : 2; Abstention : 11)

224. GRANT OF RM 500,000 TO MMA (SARAWAK) TO PURCHASE AN INVESTMENT PROPERTY IN KUCHING, SARAWAK

PREAMBLE:

1. In the pursuit and furtherance of the objectives of the Association, we propose to acquire an investment property in Kuching, Sarawak by purchase under the MMA Constitution Article II (2) (iii).

2. An investment property will generate income regularly to finance the activities of the Association and acts as a hedge against inflation.

3. Shophouses in Kuching generally cost between RM800,000 to RM1,000,000.

4. Purchasing cost is estimated at 2% of the price.

5. We hereby apply for a grant of RM500,000 from the General Meeting towards the purchase of an investment property.

6. The balance of the cost will be raised locally by the MMA (Sarawak).

7. We also propose this allocation of money be available during a 3 years period from the date of this 48th AGM to allow MMA (Sarawak) to finalize the purchasing process.

RESOLUTION:

This house resolves to make a grant of RM500,000 to MMA (Sarawak Branch) for the purchase of an investment property in Kuching, Sarawak. The Branch will be given a period of 3 years from the passage of this resolution to effect and complete this task.

Proposed by : Dr John Chew Chee Ming
Seconded by : Dr Kiu Chiong Chin

Dr John Chew presented the resolution, and clarified that if the House passed the resolution, the title of the building would be under the National MMA.

Datuk Athimulam (Melaka) commented that the MMA had the funds which could be used for the purpose. He also gave an assurance that Sarawak was a very capable branch and could raise the remaining funds to buy a building. He felt that the House should support the resolution.
Dr Vythilingam (WP) commented that the investment was a good investment as long as the building was Freehold. He had made a suggestion to Council that some of the shares that MMA had invested in could be sold to make up the amount of RM 500,000.00.

The House took a vote and unanimously adopted the resolution.

(In favour : 99; Against : 0; Abstention : 0)

225. ELIMINATING HIGHLY ENRICHED URANIUM FROM RADIOPHARMACEUTICAL PRODUCTION

PREAMBLE:

Nuclear weapons represent the pre-eminent, immediate threat to the health and survival of human beings and the biosphere. The use of even a single nuclear weapon would overwhelm medical resources, contravene international law, pose serious and uncontrollable risks of escalation, and can never be justified.

Eliminating the threat that nuclear weapons represent requires the prohibition of nuclear weapons, the dismantling of existing, nuclear weapon stockpiles, and the eventual abolition of nuclear weapons. It also requires eliminating access to weapons-grade fissile material for nuclear weapons, such as highly enriched uranium (HEU), derived from nuclear reactors. The near-universal use of HUE to produce radiopharmaceuticals is a significant and unnecessary hazard from nuclear weapons proliferation and nuclear terrorism. Conversion

of HEU production to low-enriched uranium (LEU), which is not directly usable for weapons, is technically feasible and readily achievable.

Health professionals have a strategic opportunity and ethical obligation to close one of the most vulnerable pathways to a terrorist nuclear bomb by ending the use of HEU in the production of radiopharmaceuticals.

RESOLUTION:

This house resolves to urge:

- Radiopharmaceutical suppliers to expedite universal conversion of isotope production targets and reactor fuel from HEU to LEU;
- the governments of Belgium, Canada, France, the Netherlands and South Africa, and Euratom, to require isotope production reactors within their jurisdiction, utilizing HEU fuel or targets to promptly be converted to LEU fuel and targets;
- all governments and regional authorities to require any new isotope production facility, within their jurisdiction, not to use HEU;
- governments which supply HEU (France, Russia, South Africa, United States of America, and United Kingdom) to institute coordinated incentives for radiopharmaceutical producers to convert to LEU in the future. Such measures could include a cut-off date of no more than one to two years for continued HEU supply, in combination with substantial and progressive escalation in the price charged for HEU.
- the development of a code of conduct against the civilian production, trade, and use of HEU;
- that priority and funding be given to research and development of non-reactor generation of isotopes, currently sourced from reactors;
- that the possibility of utilizing existing nuclear power reactors to produce medical isotopes be explored, as an interim measure, to minimize the need for constructing new dedicated isotope production reactors;
- clinicians to optimize clinical application of non-ionizing and non-reactor based ionizing radiation imaging technologies;
- radiopharmaceutical distributors and nuclear medicine departments to procure isotopes produced without HEU wherever possible; and/or encourage their suppliers to convert to LEU.
- other national, regional and international medical organization, including the World Health Organisation and World Medical Association, to become appraised of this issue, adopt similar policies, and coordinate and lead international medical advocacy to eliminate HEU from radiopharmaceutical production worldwide, as quickly as possible.

Proposed by : Dato' Dr R S McCoy

Seconded by : Dr Abdul Hamid A Kadir

Dato' McCoy presented the resolution.

The House took a vote and the resolution was adopted.

(In favour : 99; Against : 0; Abstention : 1)

226. PREAMBLE:

The Committee for the MMA Physicians for the Prevention of Nuclear War have requested from the MMA Council permission for the dissolution of this Committee. The MMA Council has no objections in dissolving this Committee. There are no financial implications to MMA. A Letter from the Chairman and Committee with minutes of the said meeting to dissolve the Committee has been received by the MMA Council.

RESOLUTION:

This House hereby resolves to dissolve the Committee of MMA Physicians for the Prevention of Nuclear War.

Proposed by : Dr Mary Suma Cardosa
Seconded by : Dato' Dr R S McCoy

Dato' McCoy, briefed the House that the main reason that the Society would like to withdraw from the MMA was to form a Society of Physicians for Peace and Social Responsibility, Kuala Lumpur and Selangor (PPSR) because:

- There are a lot of doctors who are not members of the MMA who would like to be part of the society.
- It would also open up the possibility of Associate members of the MMA (non- doctor) to join the society.

He then urged all MMA members to join the Society of Physicians for Peace and Social Responsibility.

Dr Vythilingam (WP) proposed to the House that the fund of the MMA Physicians for the Prevention of Nuclear War, amounting to RM3,000.00, be donated to the new Society. The House had no objection to his proposal.

The House took a vote and unanimously adopted the resolution.

(In favour : 99; Against : 0; Abstention : 0)

MMA RESOLUTIONS 2008/2009

227. **TITLE: SETTING OF AN ONLINE COMMITTEE TO ESTABLISH THE GUIDELINES FOR EMPLOYMENT AS WELL AS A SUGGESTED SCHEDULE OF RATES FOR THE EMPLOYMENT OF LOCUMS**

Preamble:

The issues of patient safety, dynamic changes medico-legal landscape and rising health care cost warrants that these guidelines be established as soon as possible. As it stands now, we have neither of these to guide our medical fraternity.

As a matured apex association, dear colleagues, we have to be proactive towards this direction for the good of society at large and us in particular. If we do not, then we may stand to have rules and regulations enforced on us via the P.H.F.S.A.

This may be a contentious issue for some of us, but finally it will definitely have its advantages.

Resolution

"This House resolves to set up a committee to work out a guideline for the employment of locum doctors as well as the conditions and criteria that should be fulfilled by the locum and employer."

The House can also do this tandem with each Fee Schedule that is being proposed from time to time. It also should look into the locum rates as well as issues of professional indemnity that has to be fulfilled by all parties involved.

Proposed by : Dr Sukdershan Singh
Seconded by : Dr Kerpal Singh Pannu

The House took a vote and the resolution was adopted.

(In Favour : 58; Against : 10; Abstention : 5)

228. **Preamble**

Article XII (1) of the MMA Constitution states that:

(i) All properties of the Association in so far as they relate to immovable property shall be vested in at least four (4) Trustees elected by the Association in a General Meeting, and the Council shall fill vacancies for trustees as and when they arise, subject to approval at the next Annual General Meeting.

(ii) Trustees shall not be members of Council or Branch Committees

The current Trustees of the MMA are:

(i) Dato' Dr Thirunavukarasu s/o Ponnampalam
(ii) Tan Sri Dato' Dr Abu Bakar B Dato' Suleiman
(ii) Tan Sri Dato' Dr Hj Abdul Majid B Ismail

Dato' Sri DiRaja Dr Syed Mahmood b Syed Hussain resigned as Trustee on 24 March 2008.

Resolution

The House proposes to appoint Dato' Dr Abdul Hamid Abdul Kadir as Trustee of the Malaysian Medical Association to replace Dato' Seri DiRaja Dr Syed Mahmood B Syed Hussain.

This resolution is submitted on behalf of Council.

Proposed by : Dr Mary Suma Cardosa
Seconded by : Dr Sarjeet Singh Sidhu

The House took a vote and adopted the resolution unanimously.

(In Favour : 70; Against : 0; Abstention : 0)

229. **MK RAJAKUMAR MEMORIAL ORATION AT MASEAN**

Preamble

Dr MK Rajakumar was a Past President of the MMA. He was a humble yet dedicated physician who devoted his career and life to solving the health and social needs of the often forgotten and neglected members of the lower economic sector. His many achievements have been well documented and many pages of praise lavished on this extraordinary leader who shunned all manner of awards and yet was richly deserving of many high honours. The MMA could do well to provide some enduring and distinguished remembrance to his life's work in medicine.

Resolution

The House resolves to establish a Dr MK Rajakumar Oration at each biannual MASEAN Council Meeting to honour the late Founding President of MASEAN. The subject of the lecture should be focused on Primary Care. The invited orator should be from the host nation of the MASEAN Council meeting and the MMA will donate the MK Rajakumar Speaker Plaque which will be engraved with the names of the respective speakers.

The MK Rajakumar Oration Plaque will be in the custody of the Host Medical Association till the next MASEAN Council meeting. MMA will provide for plaque replicas or a suitable commemorative certificate to be given to the orator. The actual mechanism and funding needs of this ORATION should be acceptable to the MASEAN member nations and MASEAN secretariat.

Proposed by : Datuk Dr Teoh Siang Chin
Seconded by : Datuk Dr D M Thuraiappah

The House took a vote and adopted the resolution unanimously.

(In Favour : 88; Against : 0; Abstention : 0)

230. **DISSOLUTION OF MALAYSIAN MEDICAL ASSOCIATION OPHTHALMOLOGICAL SOCIETY (MMAOS)**

Preamble

The MMA Ophthalmological Society was established in 1964 by the pioneers in Ophthalmology with the aim of promoting interest and advancing the specialty. Over the past 45 years, the society has grown and has organized many activities, both academic and social, to benefit its members and the ophthalmology fraternity as a whole.

To serve the expanded fraternity, the members of the MMAOS have proposed to form an independent society. The resolution to form a new Society, to transfer all MMAOS funds to the newly formed Society, and to dissolve the MMAOS, was unanimously passed at the MMAOS 44th AGM in 2007, 45th AGM in 2008 and 46th AGM in 2009.

A new society, the Persatuan Oftalmologi Malaysia (Malaysia Society of Ophthalmology [MSO]) was successfully registered with the Registrar of Societies on 15th April 2009. The MSO shares the same objectives as MMAOS and will continue to promote and uphold the interest of the profession of Ophthalmology.

The committee for the MMAOS has sought the permission of the MMA Council to dissolve the society. The MMA Council has discussed this issue at the MMA council meeting on 22 February 2009 and has fully supported the resolution below.

Resolution

The House resolves to urge:

The dissolution of the MMA Ophthalmological Society by 31 December 2009, and the transfer of the balance of all MMA Ophthalmological Society funds to the "Persatuan Oftalmologi Malaysia" after all necessary deduction for outstanding expenses to the MMA including tax which will be computed by a professional accountant.

Proposed by : Prof Dr Che Muhaya Hj Mohamad
Seconded by : Dr Jelinar Mohamed Noor

The House took a vote and unanimously adopted the resolution.

(In Favour : 92; Against ; 0; Abstention : 0)

MMA RESOLUTIONS 2009/2010

Nil

MMA RESOLUTIONS 2010/2011

231. REMEDIAL WORK TO THE MMA HOUSE IN PERAK

Preamble

The MMA Perak Branch building is in fact the property of the MMA (HQ). It was purchased in 2002 and is now 8 years old. In all this time the entire maintenance cost has been borne by the Branch despite the meagre grants available to it. However the building now has termite problems. The existing 1st floor and the staircase tiles, the wooden frame windows and the toilets are in a dilapidated condition and such that a great deal has to be spent to rectify this; it is estimated to cost RM 45,000 to RM 50,000.
As it is ultimately MMA property and given that it is a matter of more than just a maintenance job it is only reasonable that MMA HQ bears the cost of the remedial works.

Resolution

"This House proposes and agrees that the MMA will pay for the remedial work to the MMA House in Perak and that the amount to be spent should not exceed RM 50,000 (Fifty Thousand).

This resolution is submitted on behalf of MMA Perak.

Proposed by : Dr Harvinder Singh
Seconded by : Mej Dr M Jeyaratnam

The House took a vote and adopted the resolution unanimously.

(In Favour: 115; Against: 0; Abstention: 0)

232. GRANT FOR PURCHASE OF MMA PERLIS BUILDING

Preamble

This resolution is proposed to formalise the approval which was given during the last AGM in 2009. Although the house had voted with a 2/3 majority to approve the grant, however there was no formal resolution which was forwarded. This was because the grant was already approved by the Council during one of the Council meetings which was within their jurisdiction. The honorary treasurer only deliberated about the issue as part of her treasurer's report. However, in accordance with the By Law, it was necessary for this resolution to be tabled officially.

Resolution

This House resolves to approve a grant of RM 250,000 for the purchase of MMA Perlis building / property.

Proposed by : **Dr Hari Ram Ramayya**

Seconded by : **Dr Jeyneshthra Rao**

(In Favour: 52; Against: 11; Abstention: 22)

MMA RESOLUTIONS 2011/2012

233. ADDITIONAL GRANT FOR MMA SARAWAK

Preamble

1. The National MMA is giving annual grant to the branches based on the formula of RM15,000.00 + RM5.00 per member since 2009.

2. The grant is given annually for the benefit of members based on a pro rata membership numbers and does not take into consideration the difficulties faced by the bigger States in servicing its members. These difficulties are due to the poor roads and long distances between population centres.

3. Sarawak is the largest state with an area of **124,450 sq km**. It has 3 major centres, Kuching, Sibu and Miri with a travelling time of more than 14 hours by road from Kuching to Miri.

   Listed below are the areas of the other states for comparison:

State	Area in sq km	State	Area in sq km
Sabah	76,631	Selangor	8,104
Pahang	36,137	Negeri Sembilan	6,686
Perak	21,035	Malacca	1,664
Johor	19,210	Penang	1,048
Kelantan	15,099	Perlis	821
Terengganu	13,035	FT of Kuala Lumpur	243
Kedah	9,500		

4. The total area of Peninsular Malaysia is 132,582 sq km. By logical deduction, if we consider Peninsular Malaysia as a single state similar to the State of Sarawak, it is already receiving RM15,000.00 x 12 = RM180,000.00 + RM5.00 per member.

RESOLUTION:
This House proposes that the Annual State Grant to MMA Sarawak being the biggest state in Malaysia be increased to 3x RM15,000.00 + RM5.00 per member.

234 AGM GRANT

Preamble
For the States holding the AGM the usual grant has been RM20,000.00 (Twenty Thousand Only). For the 51st AGM Perak made a successful case for increasing the amount to RM50,000.00 (Fifty Thousand). Council, however, informed that this was a one – off case.

Given the prevailing inflation rates and the consequent high costs of running any AGM, and being aware that the costs are not likely to drop ever, it is proposed that this house resolves to increase the AGM grant to RM50,000.00 (Fifty Thousand).

RESOLUTION:
This House resolves that the State hosting an AGM be given a grant of RM50,000.00 (Fifty Thousand Only) from the National MMA funds.

235 NUCLEAR WEAPONS ARE CONTRARY TO INTERNATIONAL HUMANITARIAN LAW AND THE PROFESSIONAL DUTIES OF DOCTORS AND SHOULD BE ABOLISHED

Preamble

Bearing in mind that:

- nuclear weapons represent the greatest threat to life on earth;
- as the use of nuclear weapons would be indiscriminate and catastrophic and that there could be no meaningful medical response in the aftermath of a nuclear war, doctors have a duty to work for the elimination of nuclear weapons;
- the United Nations and the World Health Organisation have passed numerous resolutions condemning nuclear weapons and calling for their abolition;
- the International Court of Justice, in its advisory opinion on the legal status of nuclear weapons, has ruled that the threat or use of nuclear weapons is contrary to the United Nations Charter and to the rules of international law applicable in armed conflict, and in particular to the rules and principles of humanitarian law;
- the 1998 World Medical Association Declaration on Nuclear Weapons has requested all National Medical Associations to support its Declaration and to urge their respective governments to work towards the elimination of nuclear weapons;
- the Malaysian Medical Association recognised the medical and humanitarian imperative to abolish nuclear weapons in 1997 resolution;

Resolution
This House resolves that the Malaysian Medical Association shall work towards the goal of abolishing nuclear weapons, by supporting and collaborating with the World Medical Association, national medical associations, and international and national civil society groups who share the same objective of securing a world without nuclear weapons.

236 NUCLEAR ENERGY IS NOT AN OPTION FOR MALAYSIA AS IT IS EXPENSIVE AND A DANGER TO HEALTH AND THE ENVIRONMENT

Preamble
Bearing in mind:

- universal efforts must be made to reduce carbon emissions in order to mitigate global warming and climate change which are bad for health;
- the nuclear industry is stoking a nuclear renaissance and circulating misinformation about nuclear energy;
- the Malaysian government has indicated it is planning to build two nuclear reactors for the generation of electricity, although it has 40 percent surplus electricity.
- the cost of building, operating and decommissioning nuclear power plants is extremely high and would require massive government subsidies which would be better spent on renewable energy, energy efficiency and energy conservation;
- all designs of nuclear reactors are vulnerable to accidents, resulting from human error, natural disasters or a terrorist attack, thereby creating an intolerable risk to health and the environment;
- the nuclear fuel cycle creates health risks for many generations, from uranium mining to the accumulation of radioactive nuclear waste for which there is no safe method of disposal;

- as nuclear waste will remain radioactive and lethal for thousands of years, it would be unconscionable to leave such a legacy to future generations;
- increased rates of leukaemia, cancer and birth defects occur among adults and children living in the vicinity of nuclear power plants;
- nuclear power plants produce fissile materials which can be used to proliferate nuclear weapons;
- there are cheaper, cleaner and safer forms of energy than nuclear energy.

Resolution

This House resolves that the MMA shall work towards the following goals:

- To facilitate public education about the hidden costs of nuclear energy, the dangers to health and the environment, and its links to nuclear weapons.
- To work in coalition with other organisations to mount a grassroots campaign against the introduction of nuclear energy to Malaysia.
- To work in coalition with other organisations to support an ecologically sustainable energy system, based on efficient energy use and renewable energy sources.

MMA RESOLUTIONS 2012/2013

237. REWIRING OF THE ELECTRICAL SYSTEM OF THE MMA BUILDING ADDRESSED AT 124, JALAN PAHANG, 53000, KUALA LUMPUR

RESOLUTION:
This House resolves that the full rewiring of the entire electrical system of the MMA building, consisting of the Ground Floor, 1st , 2nd ,3rd, 4th, 5th, and the Dewan Bunga Raya situated on the roof top be carried out for an estimated cost of RM450,000.00 (Four Hundred and Fifty Thousand).

238. PAYMENT FOR REWIRING OF THE ENTIRE ELECTRICAL SYSTEM OF THE MMA BUILDING ADDRESSED AT 124, JALAN PAHANG, 53000 KUALA LUMPUR

RESOLUTION:
This House resolves that the estimated cost of RM450,000.00 (Four Hundred and Fifty Thousand) be drawn from the Emergency Reserve Fund or any other fund that the House decides, to undertake the rewiring of the entire electrical system of the MMA building, consisting of the Ground Floor, 1st , 2nd ,3rd, 4th, 5th, and the Dewan Bunga Raya situated on the roof.

239. REPLACEMENT OF MMA TRUSTEES:

RESOLUTION:
This House resolves that:
Dato' Dr Thirunavukarasu A/L Ponnampalam and Dato' Dr Hj. Abdul Majid Bin Ismail to be replaced due to their old age with Datuk Dr N. Arumugam and Datuk Dr Yeoh Poh Hong respectively.

240. VOLUNTARY WINDING-UP OF THE MMA HEALTHCARE SDN BHD

RESOLUTION:
This House resolves that voluntary winding-up of the MMA Healthcare Sdn Bhd will be prudent and if necessary a new company be registered under the proper guidance of a professional.

MMA RESOLUTIONS 2013/2014

Nil

MMA RESOLUTIONS 2014/2015

Nil

MMA RESOLUTIONS 2015/2016

241. Preamble

There has been significant delay by MMA Computer Technical Committtee in solving current computer programme faced by MMA (There are three different system being used which doesn't interact with each other. More than two years ago, the initiative was started to streamline these programmes into one). Vendors had been appointed but due to poor communication between the liaison officer and the vendor the issue remains unresolved. This makes computing of membership data, CPD points and other related data rather complicated and inaccurate at the moment. This also affecting in term of finance as we have to pay maintenance fee to the previous vendors maintaining the different system.

There has been large amount of sum allocated for this project and the first payment has been made (33.3%) of total cost as down payment paid nearly one year ago). The project has been signed off and due to be completed by 9th March 2015. There has been no progress even after the deadline given. As the issue has been not resolved till now. In view of preventing further damage and wastage of money, we would like to suggest:

Resolution

1) To revamp the MMA Computer Technical Committee and appoint new Liaison Officer to resolve this issue.
2) Set a new time frame and adhere strictly to it to resolve the issue.
3) The floor to instruct the upcoming EXCO and Council to take this issue seriously and to find amicable solution immediately.
4) The Computer Technical Committee must update the progress in every council meeting till the task is completed.

MMA RESOLUTIONS 2016/2017

242. This House directs the Honorary General Treasurer with the assistance of the Executive Committee to study the possibility of synchronising the Financial year and Council year of the Association, including the financial implications. The Honorary General Treasurer shall report to the next AGM on his finding and shall prepare a Constitutional Amendment to synchronise the Financial and Council years.

Proposed By: Dr Ashok Philip
Seconded By: Dr John Chew

243. **Additional Grant of RM 5,000 for Sarikei Sub – Committee**

PREAMBLE:

1. Being a big state with members all over, the MMA Sarawak branch is unique in that it has official Sub – Committees functioning in Sibu, Bintulu and Miri. These Sub- Committees

serve the member doctors in these 3 areas. To further increase the reach and services provided to its members in the Sarikei area, the MMA Sarikei Sub- Committee with its own office bearers was successfully formed on 2nd August 2015. With the establishment, additional members have been recruited. Sarikei now has 23 members.

2. This Sub – Committee presently helps to conduct CPD activities cum Membership Drives to get as many doctors as possible to join MMA in the Sarikei area.

3. This Sub – Committee envisages to unite the doctors in its area under one organisation to strengthen each other and serve the community at the same time.

4. Presently the Sarikei Sub- Committee is assisted financially in its activities by the main MMA Sarawak branch.

RESOLUTION:

This house resolves to seek for an additional grant of RM 5,000 for the MMA Sarikei Sub – Committee to conduct its activities, similar to the additional grants that MMA Sibu Sub – Committee, Miri Sub Committee and Bintulu Sub – Committee are getting since it was approved during the 51st MMA AGM 2011.

PROPOSED BY: DR KALWINDER SINGH KHAIRA

SECONDED BY: ASSOC PROF DR KAMARUDIN KANA @ THOMAS KANA

244. LHDN Issue and Use of SDN BHD Medium by Medical Practitioners

PREAMBLE:

In the light of recent events involving LHDN ruling on Hospital Doctors' income and use of SDN BHD medium, we hereby proposed that;

RESOLUTION:

1) Malaysian Medical Association (MMA) engage the services of legal Tax Advisors with regards to the appropriate and correct use of Sdn Bhd in income reporting by members working in all sectors including full time residents consultants in private hospitals, Visiting consultants to private hospitals, locum Government Doctors, Primary Care Doctors and any relevant Categories of Doctors, that may use the Sdn Bhd model.

2) In addition, MMA is to set up a committee in consultation with the Legal tax Advisors to draft guidelines on all legal requirements as pertaining to medical practice and income tax reporting for all categories of members.

PROPOSED BY: DR ANIL KUMAR KUKREJA

SECONDED BY: DR HUANG SEAT LEE, FELICE

245. MMA Committee on Health and Human Right to be Renamed as MMA Committee on the Right to Health

PREAMBLE

The MMA Committee on Health and Human Right was founded in 1999, based on a resolution Adopted at the 39th MMA AGM in Penang.

This committee has been fairly active over the years and our work has included the hosting of international training sessions to enhance knowledge and sensitize healthcare practitioners, policy makers, politicians and public about the need to remove real and perceived barriers to access to healthcare especially among marginalized communities. The committee also collaborated with other medical associations to raise issues related to the right to health of various communities in Malaysia in a memorandum submitted to the United nations Special Rapporteur on the Right to Health and, together with the MMA President, had a face-to-face meeting with the Special Rapporteur during his visit to Malaysia.

RESOLUTION

Taking cognizance of evolving global terminology, we propose that the MMA Committee on health and Human Rights be renamed as the MMA Committee on the Right to Health.

Proposed By: Dr Mary Suma Cardosa
Seconded By: Datuk Dr Teoh Siang Chin

246. **" WE THE UNDERSIGNED PROPOSE Malaysian Medical Association (MMA) To Hire A Chief Executive Officer To Run The Day Operation of the MMA"**

RESOLUTION

Operational cost of MMA is increasing every year. We need a CEO to reduce the operational cost reducing the administrative work of the office bearers. A professional who is good at what he is doing will definitely be able to address these issues while delivering high standards of service to the members.

Proposed By: Dr Thirunavukarasu Rajoo
Seconded By: Dr Raj Kumar Maharajah

247. **"WE THE UNDERSIGNED PROPOSE THE FORMATION OF A KOPERASI TO BE THE BUSINESS ARM OF THE Malaysian Medical Association (MMA)."**

1. MMA has lost out to various business opportunities in the past. MMA needs to generate income from other sources to stay operational.
2. This is to further strengthen the economic foundations of the MMA and its members.
3. The Koperasi will also buy shares in existing health businesses and future healthcare businesses and corporations so that doctors will have a say in the policies of these corporations.

Proposed By: Dr Thirunavukarasu Rajoo
Seconded By: Dr Raj Kumar Maharajah

248. **RESOLUTION:**

The House proposes that MMA to propose at the next MASEAN meeting for the establishment of a new section that will facilitate fellowship and clinical experience exchange between ASEAN countries.

Proposed By: Dr Sanjiv Rampal A/L Lekhraj Rampal
Seconded By: Dr Sanjay Rampal A/L Lekhraj Rampal

MMA RESOLUTIONS 2017/2018

249. Preamble

The Honorary General Treasurer holds a very responsible post in MMA. He/she is answerable to all financial matters in MMA. He has to answer any queries at the AGM on financial matters.
At present, there are three approved signatories to sign MMA cheques; the President, the Honorary General Secretary and the Honorary General Treasurer. Any two of them can sign the cheque. Since HGT is responsible for the finances of MMA and answerable at the AGM, he should be one of the two signatories on the cheque.

Resolution

The Honorary General Treasurer should be one of the two signatories on all cheques issued by MMA. In the absence of the Hon. General Treasurer, the President or Hon. General Secretary can be the signatories of the cheques issued by MMA with the consent from the Hon. General Treasurer.

Proposed by : Dr. Rajamohan Annamalai

Seconded by : Dr. Subla Rajamohan

250. Preamble

Based on current economy status, it will be wise action for an organisation like MMA to be prudent in their expenditure. A strong financial status without excessive expenditure will promise a better future for us.

Resolution

We propose the monthly allowances for the post of Honorary General Secretary to be abolished for upcoming council year. This is due to

a) HGS is eligible for RM 3500 per month as an allowance on top of all the travel and accommodation expenses claims. It costs extra RM 42000 per year for MMA.
b) The society runs by esteemed team of EXCO and Council members. However, this extra allowance was given only to HGS.
c) The creation of COO post in MMA (as per resolution passed in 56th MMA AGM) will reduce the secretary workload sufficiently. Payment for COO (RM 8000 – RM 10000 per month) with extra allowances for HGS will be enormous expenses for MMA.
d) HGS post should be filled up by individual who is willing to work for the fraternity on voluntary basis and not due to monetary purpose.

Proposed by: Dr Faisal bin Norizan
Seconded by: Dr Ooi Shangyan

House took a vote and the resolution was adopted.
Total number of members in the hall: 143
(In Favour: 82; Against:55; Abstention: 6)

251. In House Accounting

Preamble

For the last few years, MMA has been outsourcing its accounting operations to various accountants. This is costing the MMA to spend more than RM 21,000 per month to run the Finance department alone. Due to the economic downturn and budget constraints, and to have more control over the accounts, the MMA Council would like to propose that the accounting operations be done internally by our Finance Manager along with the Finance team.

Resolution:

The House resolves that:
The accounting operations in MMA HQ be done internally by our Finance Manager and our Finance staff.

Proposed by: Dr Ravindran R Naidu
Seconded by: Dr Koh Kar Chai

The House took a vote and the resolution was adopted.
Total number of members in the hall: 145
(In Favour: 139; Against: 5; Abstention: 1)

252. Preamble

MMA creates an avenue for its member to be part of 20 committees and 31 external organizations. It is important for this esteemed organization to groom future leaders via this avenue. These young talents who will be guided by experienced seniors eventually will be able to bring MMA to greater heights.

Resolution

We propose to the AGM that, a member must and only occupy any particular committee for 5 years especially for the post of chairman. It should be the onus of the committee and MMA council, to train the talents and eventually pass over the responsibilities to others. We also propose that, a member should not be elected as a Chairman of more than 2 committees.

Proposed by: Dr Thiyagar Nadarajaw
Seconded by: Dr Arvindran Alaga

The House took a vote and the resolution was adopted.
Total number of members in the hall: 140
(In Favour: 106; Against: 30; Abstention: 4)

MMA RESOLUTIONS 2018/2019

253. REVAMP OF CPD COMMITTEE

Medical Act 2012
The new Medical Act 2012 came into force on 1 July 2017 and heralds many new challenges to both government and private medical practitioners. The following are some of the changes:

MMA CPD Committee – urgent attention needed

Preamble:
CPD Points for renewal of APC has become the hottest topic concerning our doctors. MMA had volunteered to coordinate CPD points for all Registered Medical Practitioners (RMPs).

Our objective should be to facilitate the doctors to obtain adequate CPD points according to MMC guidelines. MMA should avoid any measures in complicating the process beyond the guidelines given. MMA should avoid micromanaging and we should not act as 'examiners' and we should accept the CPD system being considered under the principle of 'honor' system.

Problem faced:

1) Significant workload faced by secretariat as well CPD committee members. As MMA has taken the responsibility to coordinate the CPD points, we should take measures and create and follow Standard Operating Protocols (SOPs). We should have effective and efficient CPD committee chaired by a Chairman who is able to address the CPD issues in social media as well with the EXCO/Council. Communication via email should be accepted and acted on. The Chairman should take responsibility and be actively involved in issues related to CPD.

2) CPD Committee should recognize the decision made by EXCO and Council and MMA AGM. The EXCO and Council have the responsibility to safeguard the good name of MMA and take measures to make decisions involving CPD issues and financial issues related to CPD.

3) CPD Committee Chairman should liaise with EXCO/Council and other related committees e.g IT technical committee in coordinating CPD points

4) The Process of CPD events approval should be simplified and automated for straightforward events (e.g organized by Colleges and Academy). To make use of MMA software in approval of CPD events to reduce the workload faced by the secretariat as well the committee members.

Resolution:
The House hereby resolved that:

1) CPD Committee be revamped and a new Liaison Officer be appointed to resolve this issue.

2) To utilise MMA software as suggested by MMA EXCO in approval of CPD activities.

3) To instruct the upcoming EXCO and Council to pay serious attention and to find amicable solution immediately.

4) The elected CPD Committee Chairman and committee members should be able to communicate easily with each other and EXCO/Council via email. The CPD Committee should engage doctors' queries/ difficulties related to CPD issues in social media as well.

5) Administrative issues on CPD Committee will be handled by the Exco and the final decision lies in the hand of the Council. Approval on the content and ethical issues on CPD events, will be handled by the CPD Committee.

6) CPD Committee should not be seen as a hurdle for doctors in obtaining CPD points – the principle of facilitating should be one of the main objective.

7) It should be one of the important committees under the Malaysian Medical Association.

Proposed by: Dr. Vasu Pillai A/L Letchumanan
Seconded by: Dr. Thirunavukarasu Rajoo

254. FORMING THE SANDAKAN SUBCOMMITTEE

Sabah, located on the island of Borneo is the second largest state in Malaysia after Sarawak. The towns/districts in Sabah are spread over a wide area making it difficult to service our members throughout the state.

Sandakan, a district situated approximately 400km (a 7-hours drive by road) from Kota Kinabalu has more than 50 MMA members. We intend to extend our services to these far-flung district in order to service our members, increase activities conducted by MMA and recruit new members thereby strengthening the united voice of our fraternity.

In view of this, we propose the following resolutions be adopted and approved by the AGM:

1. To permit the formation of a Sandakan Branch MMA Subcommittee which will be under the purview of Sabah MMA

2. To provide an annual grant amount to RM 5000.00 to enable the Sandakan Subcommittee to conduct its activities.

The members of Sandakan MMA Subcommittee are as reflected in the para 5 of the minutes of meeting (copy attached) held in Klinik Kesihatan Sandakan on 24th January 2018.

Proposed by: Prof. Dr. Kew Seih Teck
Seconded by: Dr. Heric Corray

255. MMA INVESTMENT

Preamble:

MMA EXCO have seriously considered the External and Internal Auditors concern on MMA's sustainability of income. Auditors have recommended to consider other sources of income as MMA should not depend solely on Fixed Deposit (FD) interests, membership subscription or insurance commission earned. Exco has recommended to invest in a property.

Resolution:

The House resolves to grant a mandate to the MMA EXCO and Council of 2018/2019 for an amount up to and not exceeding **RM 5 million** to search for an **investment property** with the objective of earning income in the near future from the investment.

Proposed by: Dr. Rajan John
Seconded by: Dr. Koh Kar Chai

256. MJM

Preamble:

The proposal for resolution is made with regards to the administration of the Medical Journal of Malaysia (MJM) to ensure the long-term planning for improvement of MJM and subsequent to be Index by Web of Science Institute for Scientific Information (ISI).

Resolution:

The House hereby resolves:

1. To change the name of the position for the Honorary Editor to Editor in Chief
2. To change the name of Members of the Editorial Board to Editor
3. The term for the Honorary Editor/Editor in Chief to be extended to three years
4. The term for the Members of the Editorial Board/Editor to be extended to two years
5. To assign a permanent MMA Secretariat for the Medical Journal of Malaysia for a duration of a minimum of five years.
6. To appoint five International Advisor to the Medical Journal of Malaysia

Proposed by: Prof. Dr. Victor Hoe Chee Wai
Seconded by: Prof. Datuk Dr. Lekhraj Rampal

257. ALLOCATION FOR STAFF DEATH BENEFIT

Preamble:

MMA has witnessed significant expansion and has earned recognition as a prominent representative body of doctors in Malaysia. This achievement should also be credited to the hard work, dedication and commitment of our employees. We are proud of the number of long-serving employees who have contributed to the MMA's success and we feel that this allocation should be given to their families as a sign of appreciation should misfortune befall them during their period of employment with the MMA.

Resolution:

The House hereby resolves that:

In the event of the death of any MMA employee who has served a minimum period of five (5) years and ten (10) years, MMA will provide a death benefit of RM 5,000 and RM10,000 respectively to his/her next-of-kin.

Proposed by: Dr. Koh Kar Chai
Seconded by: Dr. Ravindran Naidu

258. STAFF WELFARE FUND

Preamble:
The Staff Welfare Fund was established to finance activities designed to improve the welfare of staff. However, the fund has been inactive for quite sometimes, and to date, we have only managed to collect RM 18,000. Any staff activities, i.e. team building, Communication class, English class, etc, were funded from the Council fund, as the fund is not sufficient to cover all these activities. The said fund has not been utilised and MMA has to pay unnecessary audit fees and bank charges for this account.

Resolution:
The House hereby resolves that the Staff Welfare Fund be closed and the fund under this account be transferred to the Council Fund.

Proposed by: Dr. Koh Kar Chai
Seconded by: Dr. Ravindran Naidu

259. VARIED WEIGHTAGES FOR VOTING AT THE MMA ELECTIONS

The MMA constitution had been amended from voting by the entire membership by postal ballot to voting by attendance at the national AGM. While there are merits in this and many arguments for and against this; it cannot be denied that many members feel disenfranchised by their inability to attend at the AGM and thus not play a part in the selection of our leaders.

There have been proposed constitutional amendments to restore members rights to choose their office bearers; however, these have been defeated previously. This is presented as a resolution rather than an amendment to the constitution. We also like to differentiate between various possible voting mechanisms and the restoration of the vote of ALL members in benefit.

The essence of the resolution is to allow every member to vote as per his or their membership status, yet to allocate additional votes for attendance at Branch and National AGM.

As illustration for calculation purposes:

Members in benefit 1 vote each 10000 (variable participation)	**7500**
50 Members @ 13 branch AGM (650) 3 votes each	**2500**
500 members @ MMA AGM 5 votes each	**2500**

There will be participation variations due to the technological improvement in voting but we feel that including these weightages will restore voting rights to ALL members as well as well as to encourage and recognise attendance at Branch and at the national AGM.

The consensus of this study and council decision should be presented as a constitutional amendment at the next AGM.

Proposed by: Datuk Dr. Teoh Siang Chin
Seconded by: Datuk Dr. Soo Thian Lian

260. RESOLUTION FOR MMA TO LEAD AND ADVOCATE ON NATIONAL HEALTHCARE FINANCING AND DELIVERY

The House would like the MMA to resume and reassert its leading role in advocating, partnering and working towards a national health financing and delivery system to ensure appropriate and equitable access to sustainable quality health care for all Malaysians.

Malaysia is well cited by the WHO in the sustainable development goals SDG compared to countries in the region. However, it is timely at this AGM, held in this urban capital city KL, that we recognise and applaud the gains in health care over the past 60 years. We also recognise that there are emerging concerns of access to care especially for chronic and catastrophic illnesses. We need to strengthen our gains and assure continued future access to care as medical interventions become more complex and costly.

This house supports and empowers the in-coming council to provide resources to work towards this goal by basically providing the MMA s position on national healthcare financing and delivery by addressing the 4 questions:

1) How is the current situation of health care financing and delivery?
2) Where are the gaps or developing gaps in financing and delivery?
3) What are the Optimum desirable and achievable targets for Malaysia?
4) When and How should we get there?

The project needs a dedicated team and support staff and adequate resources allocate to enable project completion and report by the next AGM.

Proposed by: Datuk Dr. Teoh Siang Chin
Seconded by: Dr. Lim Teck Onn

261. Preamble:

Whereas Malaysian Medical Association (MMA) is a member of the World Medical Association (WMA), Confederation of Medical Associations of Asia and Oceania (CMAAO), the Commonwealth Medical Association (CMA) and the Medical Associations of the South East Asian Nations (MASEAN). Our membership serves to bring us into contact with many diverse Associations, building relationships and learning about the various problems facing the profession.

Whereas MMA is represented at meetings of these associations by our President and President-Elect, and this generally meaning that any individual President will go to two

meetings of these associations, and once on stepping down, the knowledge and experience of these associations are lost.

Whereas WMA and CMAAO in particular have many policies and matters under consideration that are relevant to the MMA.

IN THEREOF the house hereby resolves that the Council sets up an **International Affairs Committee (IAC)** of 4 persons, to study policies and statements of WMA, CMA, CMAAO, MASEAN and others, with a view to advising the President and Council. The IAC should be composed of members with relevant experience. They may also formulate proposed policies and statements relevant to these associations and will be considered as the position of MMA when approved by the MMA Council.

The members of the IAC shall be appointed for a term of 3 years and not more than 2 members may be reappointed for another term 3 years only. The Chairman and the Secretary of the IAC shall preferably be non-office bearers. The Honorary General Secretary shall be the ex officio member and supernumerary with no voting rights and shall not be considered for the quorum.

Proposed by: Dr. Mohamed Namazie Ibrahim
Seconded by: Dr. Ashok Philip

MMA RESOLUTIONS 2019/2020

262. Berita MMA

Preamble

Berita MMA has traditionally been generating its own funds to sustain itself. It made a profit of RM108,765.40 from 2013 to 2017. However, Berita MMA has been going through challenging times for the past 2-3 years in terms of obtaining sufficient advertisements with profits waning during this period. MMA's share of loss for Berita MMA for 2018 was RM86, 321.07. RM67,700.30 of the loss was incurred due to additional print cost beyond the 8500 copies per month stipulated in the agreement between MMA and Versacomm (the publisher). The additional copies were printed due to the increase in the MMA members exceeding 10,500. Hence, the amount of RM67,700.30 had to be picked up entirely by MMA and not divided by 50% with Versacomm.

Berita MMA Editorial Board members are in favour of continuing the publication in hard copy format. The reasons are as follows:

- Berita MMA is a 50-year-old newsletter started in 1969. It is the pride of MMA. It has good historical and sentimental value. It is an important source to obtain archived information and news.
- Berita MMA is a good 'umbilical cord' with all MMA members who receive hard copies of the monthly issues.
- Berita MMA is a good tool to entice new members.
- An excellent platform for members to share thoughts, news and best practices as well as to gather knowledge and know the happenings within MMA.

Converting Berita MMA to electronic format will result in a further decrease in advertisers and members may feel disconnected to MMA when the monthly hard copy issues ceases. The Berita MMA committee monitored the downloads of Berita MMA about three years back. The monthly downloads of Berita MMA from the MMA website by members were approximately 80 to 100 downloads per month over a duration of three months.

We feel converting Berita MMA which is in the golden jubilee anniversary year to electronic form will eventually make this newsletter to slowly fade into twilight. It may also have an impact on MMA to recruit new members into its fold.

Resolution

The House hereby resolves that:

1. Berita MMA maintains the publication in the current print form (hard copy) format with an annual allocation of RM 50,000 from MMA.
2. Berita MMA to be posted to members who request for hard copies.

Proposed by: Assoc Prof Dr Jayakumar Gurusamy
Seconded by: Dr Edwin Ho Jim Huang

263. To change the name of the Committee on `Evidence Based Traditional & Complimentary Medicine' (TnCM To `Committee on Integrative Medicine' (CIM)

1. The term TnCM gives the impression that MMA is cordoning &/or promoting the concepts of TnCM among its members

2. There are many GPs who are practicing alternative form of medicine but many of them are silent - they do not want to be labeled as TnCM practitioners therefore a more general terminology as `Integrative' will provide an avenue for them to come forward and share their experiences.

3. Many of the GPs have undergone some form of training in the fields that they have chosen to integrate for eg: acupuncture, nutritional, herbal, yoga and the like - this committee can be the avenue for them to bring forth these modules and present their experiences/ evidences for all to understand and apply.

4. Patients are becoming more knowledgeable in the availability of alternative products and it is time that GPs being the first line of medical information - must become more knowledgeable on the alternatives available in the market. The change of name will result in more Doctors participating in future seminars

5. The ultimate plan is for CIM is to continue to work closely with the TnCM division of the MOH - to convince the MOH to accept these modalities and accredit our GPs as Practitioners of Integrative medicine thus allowing our GPs to practice them freely and openly.

Proposed by: Dr Anil Kumar Kukreja
Seconded by: Datuk Dr N Athimulam

264. Preamble:

Lynas' Waste Problem is a Serious Public Health Issue

In 2011, MMA issued a Public Statement expressing grave concerns on the Lynas rare earth processing plant in Gebeng near Kuantan. Then, MMA warned the Government of the day of the health risk and hazards from Lynas and the need to safeguard public and environmental health for now and for the future.

Much to MMA's deep disappointment, the previous Government went ahead to issue Lynas' its temporary operating license in 2012, without a detailed environmental impact assessment or clarity as to how its radioactive waste from the water-leached purification stream would be safely managed and disposed of. Worse, the Government subsequently granted Lynas its Full Stage Operating Licence for 2 years in 2014 and extended it for a

further three years in September 2016, still without clarity on how the radioactive waste would be disposed of safely on a permanent basis.

Consequently, nearly 2 million tons of wastes have been accumulating onsite by Lynas at its premises at the Gebeng Industrial Estate (GIE) near Kuantan. Lynas' wastes consist of half a million tons of NORM (Naturally Occurring Radioactive Materials) waste regulated by the Atomic Energy Licencing Board (AELB); and over 1.5 million tons of contaminated waste classified as scheduled waste regulated by the Department of Environment (DoE).

Lynas' NORM Waste from the Water-Leached Purification Process

Lynas' enormous amount of NORM waste enriched with thorium is a significant source of ionising radiation both from the inhalation of airborne radionuclides from sources such as dust and radon gas. Ingestion of ionising radiation can also occur through drinking groundwater or eating foods containing thorium and/or uranium. Exposure from gamma radiation occurs when people are close to a radioactive source, such as Lynas' WLP waste.

There is research evidence that inhaling thorium dust increases the risk of lung and pancreatic cancer. Individuals exposed to thorium also have an increased risk of bone cancer because thorium may be stored in bone. Reputable and scientifically-based health-focused agencies such as the World Health Organisation (WHO), the International Commission for Radiological Protection (ICRP) and numerous environmental protection agencies in advanced industrialized countries have stringent regulations for the management of NORM waste due to its hazards to the environment and human health.

Lynas has continued to claim that its operations have 'zero harm' and its waste management is based on international best practice. However, scientific facts about its wastes; and monitoring data revealed in the report by the Pakatan Harapan's Executive Review Committee on Lynas late last November have proven otherwise.

Summary of Issues

- Lynas NORM waste from its water-leached purification stream currently has effective public exposure doses ranging from 14.4 to 14.1 mSv/year (without HDPE plastic cover and with cover) – this is more than 14 times higher than the maximum public exposure dose recommended by the ICRP since 1990.

- The thorium radioactivity concentration of Lynas' NORM waste has been verified by a 2014 UKM study to be much higher than that used in Lynas' blueprints - an increase by one-and-a-half times through the chemical processes from 5274.9 (± 527.6Bq/kg) of the lanthanide concentrate from Mt Weld to the concentrations in WLP waste of 7987.4 (± 71.9 Bq/kg). This is nearly eight times higher than the established international regulatory exemption threshold of 1Bq/g.

- NORM waste like that of Lynas' WLP waste is a serious source of intra and inter-generational ionising radiation even at low level of radioactivity because of the presence of a significant amount of thorium in the massive amount of waste - at 1953ppm against Malaysia's background level of 63 to 110 ppm for thorium. Thorium is a long-living radionuclide with a half-life of 14 billion years; hence its radiation hazards will remain in Malaysia permanently unless the waste and contaminated water or soil is removed from the country completely.

- The WLP waste is additionally contaminated with cumulative toxicants harmful to human and environmental health, including nickel, lead, chromium, arsenic, cadmium and a concoction of chemicals. WHO asserted that there is "no known level of lead exposure that is considered safe" yet ground water contamination have been observed at Lynas' own monitoring stations in 2015-2016 (p.80-81 of Executive Review Report, 2018) to show very serious and persistent nickel contamination. Several readings have

shown contamination levels over 1,000 times higher than the Dutch limit near Lynas' effluent discharge point. Contamination from lead, chromium and mercury was also evidence from the same set of monitoring data in the 1-year period.

- Lynas' less contaminated scheduled waste has violated Malaysian Environmental Quality (Scheduled Waste) 2005 (SW2005) Regulation 9. Regulation 9 (1) to (4) stipulates that scheduled wastes must be appropriately labelled, stored in closed containers, placed in separate secondary containment area designed and constructed to prevent spillage or leakage.

- Regulation 9 (5) stipulates that the waste generator (i.e Lynas) may only store up to 20 tonnes of scheduled wastes on site 180 days or less. While Regulation 9 (6) and (7) state that the Director General of DoE may grant a written approval, with or without conditions, to the waste generator to store more than 20 tonnes on site, there is no provision for a waste generator, in this case Lynas to store its NUF scheduled waste for so many years beyond the 180 days limit since 2013.

- Lynas has recently submitted an environmental impact assessment report seeking to convert the existing waste storage area into a prescribed premise. This proposal must not be approved because it contradicts with Regulation 9 of SW2005 and it will essentially allow Lynas to stack its waste 11-storey high to 33 m, creating geotechnical risk and contaminate both surface and ground water (EIA, 2019, Chapter 10 Conclusion).

- 50 families living within 5km of the Lynas plant rely on ground water for their daily uses. Balok Mangrove and estuary are rich seafood breading and spawning ground. Fishing and tourism are major sustainable income generating activities for many residents, including women. Fishery is a heritage trade and important sector of the economy for the coastal community.

Recommendations

Ministry of Health (MoH):

- must take serious preventive health measures through scientifically-based community health education and to follow radiation safety and protection recommendations from the ICRP to limit public exposure dose to 1mSv/year
- to establish a cancer baseline data for communities within 5km from the Lynas plant/Gebeng Industrial Estate
- to collaborate with MESTECC to ensure that health risk and hazards from industrial pollution such as that from Lynas are kept in check and minimised by adopting established international guidelines from WHO, and other reputable scientifically-based agencies

MESTECC:

- to carry out well water testing within 5km from the Lynas plant to monitor water quality and to collaborate with MoH and local authorities to ensure residents are not consuming contaminated water
- to carry out reliable and independent testing of soil around the perimeter of the Lynas plant and to start monitoring seafood caught locally from the floodplain and the Balok estuary
- to stop Lynas from contaminating ground water and to order an immediate clean up efforts to prevent the contamination to spread further afield – Clean water is precious and access to it is a basic human right and a fundamental development goal.

- to ensure that Lynas is held responsible for the ground water contamination

Resolution:

The House notes the concern of the members of MMA Pahang Branch regarding the possible environmental contamination with heavy metals and other pollutants related to Lynas and other heavy industries in Pahang as well as in other parts of the country.

The House resolves that MMA request the Society of Occupational and Environmental Medicine (SOEM) to form a subcommittee to study, monitor and make recommendations on the stand that MMA should take with regard to this matter.

Proposed by: Dr Yu Siew Hong
Seconded by: Dr Prem Kumar A/L Gopakumaran Nair

265. Consensus Statement on Reduction of Unsafe Abortions and Unintended Pregnancies

The Right To Health (RTH) committee of the MMA successfully organised a Seminar on Rights of Reproductive Health on the 27th April 2019 at the Plenary Lecture Theatre of Monash University School of Medicine at Sunway, Petaling Jaya, Selangor.

About 120 attendees were present comprising of Medical Doctors, Nurses and Social Workers.

The seminar was held together in collaboration with RRAAM & MONASH.

The three important issues that emerged were;

1) there were big gaps on latest information on contraception advice even among medical professionals
2) there is a need to address this to ensure that the right to reproductive and sexual health is conveyed correctly by updating the health care providers on this issue
3) the meeting was informed of the consensus statement- as follows and was fully supportive in toto.

PREAMBLE:

Whereas Malaysian Medical Association (MMA) is the National Medical Organization for Doctors and is recognized by the Government as the main Body representing Doctors. The problem of unwanted pregnancies and baby dumping is reaching alarming proportions at 100 Babies being dumped into waste bins or toilets every year. This amounts to about 1 baby being dumped every 3 days. This is indeed alarming for a prosperous country like Malaysia.

There is an immediate need to educate the medical fraternity to ensure they are equipped with proper knowledge to guide the young on contraceptive practices and practice safe sex.

Further;

1) Globally, 1 in 3 pregnancies end by either induced abortions, spontaneous abortions or stillbirths.
2) 50% of induced abortions happen in unsafe conditions.
3) Unsafe abortions are a significant cause of adverse short and long term health, economic and social consequences, and death in the developing world.
4) The unmet need for family planning is one of the primary causes of induced abortions.
5) 40% of pregnancies are unintended.

STRATEGIES

Primary Prevention: Less Unintended Pregnancies and Abortions

A combination of education and contraception promotion significantly reduce unintended pregnancies[5].

Behind every abortion is an unintended pregnancy and the most effective way to prevent unintended pregnancies is through correct and consistent use of contraceptives.

In particular, increasing uptake and access to very effective contraceptives, including Long Acting Reversible Contraceptives (LARCs) may decrease unintended pregnancies, abortions, repeat abortions and adolescent birth rates. Emergency contraception availability and access is also critical.

Young people have the right to be informed of all contraceptive methods and to have available, all effective methods to choose from, including LARCs.

Secondary Prevention: Non-Preventable Abortions should be Safe

Doctors should provide unbiased, medically and legally accurate information regarding options for women with an unintended pregnancy.

When doctors are unable to provide any service or perform any act that is inconsistent with his or her own good judgement or moral principles, he or she may withdraw from the case as long as withdrawal is consistent with good medical practice.

Good medical practice includes providing the woman information about all her options, comprising:

1) Financial and other assistance that may be available to the woman and her child
2) The availability of the legal process of adoption
3) The availability of safe, legal abortion services if indicated or the identification of resources for such information if needed

Tertiary Prevention: Unsafe Abortions should not result in Complications and Maternal Mortality.

High quality women-centered post abortion care should be provided.

Post Abortion Care includes treatment of incomplete, missed or unsafe abortion; compassionate counselling; contraceptive services; related sexual and reproductive health services provided onsite or via referrals to accessible facilities; and community-service provider partnerships.

Quaternary Prevention: Post Abortion Counselling and Services to Prevent Repeat Abortions.

Immediate post abortion contraception is significantly more effective in preventing repeat unintended pregnancies and abortions, particularly when the chosen method is a Long Acting Reversible Contraceptive method.

Conscientious Refusal

When doctors are unable to provide specific reproductive services due personal beliefs or moral stance, he or she should have a referral processes in place to provide for transfer of care in a timely manner.

Doctors should give advance notice of their personal moral commitments and should not advocate or argue their position to patients/clients.

Together we must work to:

Create an environment where girls and women in Malaysia can achieve the highest possible quality of life and make their own choices about this, and thus attain their greatest potential

with the best reproductive health care available.

RESOLUTION:

The RTH Committee of the MMA seeks the support of the general body to replicate the seminars regionally 2019 - 2020 and work towards a hybrid certificate course in concert with an academic institution consisting online and hands on session at the branch level the year after 2020 - 2021.

Proposed by: Dr Kamalanathan A/L Sappani

Seconded by: Dr Subatra Jayaraj

MMA RESOLUTIONS 2020/2021

266. MMA Selangor Branch wishes to submit the following resolution for consideration by the house at the forthcoming 60th MMA (National) AGM.

PREAMBLE:

1. A formal proposal, as follows, was made at the 37th AGM of the MMA Selangor Branch held on 24 March 2019:

"The Selangor Branch should look into the feasibility of buying a real estate property."

2. The MMA Selangor Branch has identified a suitable property for purchase costing about RM1,000,000.

3. The MMA Constitution stipulates that before the purchase can go ahead it must be approved at a MMA National AGM.

RESOLUTION:

"This house approves the request by MMA Selangor Branch to purchase a real estate property which has been identified by the branch at a cost of about RM 1,000,000. A portion of the purchase price is to be contributed by the National MMA."

Proposer: Dr Raja Kumar Menon (Chairman MMA Selangor)
Seconder: Dr Muhammad Gowdh (Hon. Sec. MMA Selangor

267. PREAMBLE:

The MMA Melaka Building, Title No. HS(D) 4600, Lot No. 102, District of Melaka, Melaka Tengah @ No. 153, Taman Melaka Raya, Melaka was purchased in 1990 for a sum of RM 263,000.00 of which MMA Melaka Branch members contributed RM69,000.00 (39 members) and balance of RM194,000.00 by the MMA Foundation. The building is registered in the name of MMA Foundation now.

For the records, MMA Melaka Branch was the first branch to purchase a property in the annals of MMA. Unfortunately, the pioneering nature of this act has resulted in the property being vested in the MMA Foundation. Subsequent purchases of property by the MMA Branches are all vested with the National MMA.

At that time, the then Chairman of MMA Foundation Datuk Dr Yeoh Poh Hong and the Board of Trustees assured the Branch: -

1. MMA Melaka would be the permanent tenant of the Building.

2. Rental would be fixed @ RM12,000.00 per annum in monthly instalments in perpetuity.

3. The premise could be sublet and the income be used for maintenance of the property.

4. MMA would pay for the Quit Rent and Assessment.

Extensive renovations were done by the branch in 1990 for the 1st floor RM70,000.00 and the 2nd floor in 1995 for RM250,000.00.

Rental fees paid from May 1990 till Dec 2019 = RM343,261.00

All these years the Branch has covered the Fire Assurance, Public Liabilities Insurance and Pest Control fees.

The MMA Melaka Branch had @ their Annual General Meeting held on 25th July, 2020 discussed this issue at length and the General Body agreed to bring forth this Resolution to the National Body for further action.

Point of Note:

MMA Melaka Branch holds 26% share of the Building. Recently in a letter dated 24th Oct, 2019 MMA Foundation had sent to us demanding:

1. To increase monthly rental and to sign a new Tenancy Agreement.

2. To avail all MMA Melaka Building Fund Accounts for 2017 & 2018.
   We had reciprocated in a letter dated 27th Nov, 2019 putting forward our views.

RESOLUTION:

We, the members of MMA Melaka Branch, request the National MMA to purchase the building from MMA Foundation, with 26% reduction in the agreed price (being the quantum beneficially owned by Melaka MMA Branch). In view of the current dire economic situation, we believe that the correct price should be based on the forced sale value, and not the full market value estimated by the assessors.

By purchasing our own property, MMA Melaka Branch started a movement that has resulted in several branches purchasing property. This has strengthened their financial position and that of the MMA as a whole. We hope that the MMA will recognise the pioneering nature of our purchase and help to ensure that this piece of MMA history does not vanish from historical Melaka.

Proposer: Dr Jeffri Teh Bin Faizal (Chairman, MMA Melaka)
Seconder: Lt Col (Dr) Eugene Tan Choon Li (Honorary Secretary, MMA Melaka)

268. Purchase of MMA Melaka Property

PREAMBLE:

It is noted to the house that all properties purchased by MMA branches are to be held under the name of the Malaysian Medical Association. There has been an exercise to transfer the ownership of all such branch properties back to MMA.

A notable distinction is the Melaka property which is held under the name of the MMAF. As has been decided by the Board of Directors of MMA Foundation, the property is to be disposed of by way of a sale to MMA at a currently evaluated price of Rm1.85 million. MMA Foundation is a separate entity registered under the Companies Act and as such the quantum of sale is to be in line with the current value as mentioned earlier.

Property: Lot 102, Three Storey Shoplot

Address: No. 153, 153A & 153B, Jalan Merdeka, Taman Melaka Raya, 75000 Melaka

Tenure: Leasehold 99 years expiring on 19th, August 2075

RESOLUTION:

The house resolves to grant a mandate to the MMA Exco and Council to purchase the Melaka property from MMA Foundation at a cost of RM 1.85 million.

Proposer: Dr Koh Kar Chai
Seconder: Dr Thirunavukarasu Rajoo

269. Purchase of Property

PREAMBLE:

1. Malaysian Medical Association Wilayah Persekutuan has generated funds up to RM1,000,000.00. The Committee agrees that these funds and future funds generated be channelled to purchase property up to a maximum of RM1,200,000.00. The Committee after viewing few properties had narrowed down to a tenanted business premises located at D6-6-3, D6 Offices Sentul, Jalan Sentul, Sentul Selatan, Kuala Lumpur, Malaysia.

   Details:

   Project Name: D6
   Freehold
   Developer: YTL Land & Development Bhd
   Built up: 1100 sq ft
   Lot detail: Non-Bumi
   Title: Strata
   Title obtain: Yes
   Type: Commercial (Retails & Offices)
   Completion Year: 2011
   Total Units: 80
   Facilities & Amenities: Car Park 24 hours with Security

2. One (1) year Tenure ending February 2021 and renewable for one more year
   Current Rental: RM3,500.00
   Management fees: RM800.00
   Quit rent/Yearly Assessment: RM1,000.00

3. The premise valuation at the current market is RM750,000.00. After final negotiation, the owner of the premises is agreeable at RM715,000.00 for the S&P with MMA Wilayah Branch.

4. ROI: rental per annum minus exp RM30k divided by asking price RM715k times 100 = 4.19%

CONCLUSION:

Decided by the current Committee 2019/2020 to invest in this current tenanted property for the good long-term returns and future capital appreciation.

THIS RESOLUTION was presented to the Committee Members of the Malaysian Medical Association Wilayah Persekutuan and was approved by a unanimous vote on 5th day of March 2020.

Proposer: Dr Ravi Venkatachalam
Seconder: Dr NP Krishnan Menon

270. Investment on Property

PREAMBLE:

MMA Council had seriously considered the External and Internal Auditors concern on MMA's sustainability of income for past years. Auditors has continuously recommended other sources of income as MMA should not depend solely on Fixed Deposit (FD) interest, membership subscription or insurance commission earned. The Council has recognised this and recommended investing in property.

RESOLUTION

During the previous 58th MMA AGM, the house had given a mandate to search for properties with adequate reasonable rental income.

During the 59th AGM, the House suggested to engage with a property consultant to prepare a report on the current property market and the development of own MMA HQ building which was duly done. The MMA Council then came up with a concrete proposal for property investment and to choose the best one or two properties to be presented to the house.

In view of current Covid-19 situation, our fixed deposit rate has drop drastically from 4.0% to 2.0% which suggests a loss of interest income indefinitely.

The house gives a mandate to the MMA Exco and Council to purchase up to two of the following properties, up to a maximum of RM 10 million:

Agent: 1world

a) Taman Paik Siong, Puchong - Two adjoining corner Shoplots – RM 5,200,000 - (Appendix 1)
b) Zest Point@BK9, Puchong – Three Storey Shop Office – RM 2,900,000 (Appendix 2)

Agent: Reapfield

c) Taman Tun Dr Ismail – Three Storey Shoplot – RM 5,500,000 (Appendix 3)
d) Taman Tun Dr Ismail – Three Storey Shoplot – RM 5,200,000 (Appendix 4)

Proposer: Dr N. Ganabaskaran
Seconder: Dr Koh Kar Chai

271. Due to the present condition of the MMA building, both the Exco and the Council agreed to upgrade the building to suit the current standard and to improve the rental income of the building. We are hereby proposing a sum of RM 1,000,000.00 to be approved for the renovation and upgrading of the building which will go through the standard tender approval process which will be managed by the Tender Committee chaired by the Honorary General Treasurer.

Proposer: Dr Ganabaskaran
Seconder: Dr Koh Kar Chai

272. Attendance at the International Conferences/Meetings

PREAMBLE:

Over the years, MMA has been spending large amount of money on the International Conferences/Meetings. While there has always been a special budget allocated for International Conferences/Meetings in the MMA Account, but in some occasions, the budget was exceeded especially when approval to attend certain International Conferences/Meetings was made on a case by case basis. There had been no clear guidelines on who should attend International Conferences/Meetings at the moment.

Hence, due to the economic downturn and budget constraints as well as to have more control over the accounts, we believe that the Council shall decide on the attendance at the International Conferences/Meetings and stand firmly on the decision. It is important for this esteemed association to have a preliminary budget for international travels and budget control on the apportioned amounts. Budget approval shall not be given on case by case basis. This is in line with the cost-cutting measure strongly advocated by the association.

Resolution:

1. The House hereby resolves that the attendance at the International Conferences/Meetings shall be as follows:

Confederation of Medical Associations in Asia and Oceania (CMAAO)	Four (4) Office Bearers; President, President-Elect, Immediate Past President & Honorary General Secretary
Medical Association of South East Asian Nations (MASEAN)	Nine (9) Exco Members
Commonwealth Medical Association (CMA)	One (1) Office Bearer; President
World Medical Association (WMA) General Assembly	Two (2) Office Bearers; President & President-Elect
British Medical Association (BMA) Annual Representative Meeting (ARM)	One (1) Office Bearer; President-Elect

2. The ceiling amount for international conferences/meetings shall be capped at RM160,000 and the amount shall be reviewed every three (3) years.

3. MASEAN, CMAAO, WMA, CMA and BMA are mandatory meetings for MMA. Attendance at the other international conferences/meetings shall be decided by the sitting Council, subject to availability of the budget. The Council must ensure that they work within the allocated budget. The decision to allow the attendance of additional person(s) or other people not indicated in the list above, shall be made at the discretion of the sitting Council and subject to availability of the MMA Fund.

4. The House also resolves that an appointment of any members including the office bearers to any international position must be consulted beforehand with the sitting Council. An approval from the sitting Council must be obtained before they can agree to take up any position representing the association and/or has financial obligations for the association.

Proposer: Dr N Ganabaskaran
Seconder: Professor Dato' Dr Subramaniam A/L Muniandy
(On behalf of the 60th MMA Council)

273. Investment in Kenanga Investors Group

PREAMBLE:

Throughout the past many years, our internal auditors as well as the general membership at the AGMs have voiced out their concern on MMA's income sustainability. There is no doubt that MMA does have a current regular source of income and is exploring ways to generate income for the association.

However, the bulk of our current assets are placed in fixed deposits which has been giving diminishing returns to the extent that its net worth is being eroded at a worrying rate, more so in this current time of economic uncertainty.

The Exco with the assistance of MMA Foundation has looked into the viability of investing into medium risk funds which will offer up better yields than Fixed Deposits, and has recommended to Council to allow MMA to invest a sum of Rm250,000 into this fund, to which Council has agreed.

According to the MMA constitution clause 10(5), such investments can only be approved at the AGM.
Hence, we ask for the approval of the House to allow MMA to invest into this fund.

RESOLUTION:

The house resolves to allow MMA to invest an amount of Rm250,000 into the Kenanga MoneyEXTRA fund.

Proposer: Dr Koh Kar Chai
Seconder: Dr Thirunavukarasu Rajoo

274. Investment into Medium Risk Funds

PREAMBLE:

Throughout the past many years, our internal auditors as well as the general membership at the AGMs have voiced out their concern on MMA's income sustainability. There is no doubt that MMA does have a current regular source of income and is exploring ways to generate income for the association.

However, the bulk of our current assets are placed in fixed deposits which has been giving diminishing returns to the extent that its net worth is being eroded at a worrying rate, more so in this current time of economic uncertainty.

Exco has recommended to Council that we divest a portion of our funds into medium risk investments as part of our efforts to diversify our savings.

RESOLUTION:

The house resolves to grant a mandate to the MMA Exco and Council to allow for an amount of up to and not exceeding Rm500,000 for investment into a medium risk investment fund, provided always that such investments are approved by Council.

Proposer: Dr Koh Kar Chai
Seconder: Dr Thirunavukarasu Rajoo

275. Setting up a Corporate Social Responsibility (CSR) Committee

PREAMBLE:

In view of the MMA's nationwide health carnival that took place on 18 January 2020, the MMA notes the Minister of Health's encouragement to organize such an event on a regular basis. The MMA believes there is a need to form a unique committee to handle future Corporate Social Responsibility (CSR) activities for the MMA.

RESOLUTION:

The House hereby resolves that the Council sets up a Corporate Social Responsibility (CSR) Committee to manage future CSR activities for the association. The CSR Committee shall be composed of five (5) members who shall be President, President-Elect, Immediate Past President and two other members with relevant experience. President shall be the Chairman and the Honorary General Treasurer shall be an ex-officio member.

The House also resolves that monies raised for the CSR activities shall be kept in a separate CSR account and shall be used only for CSR activities.

Proposer: Dr N Ganabaskaran
Seconder: Dr Thirunavukarasu Rajoo
(On behalf of the 60th MMA Council)

276. Change of name for Fee Schedule Committee to 'Medical Procedures and Services Nomenclature Development Committee' (MPSN Development Committee)

PREAMBLE:

Under the Competition Act 2010 (Act 712), an Association cannot produce a fee schedule for its members as it would be construed as anti-competition.

The MMA Fee Schedule has thus been renamed as the "Medical Procedures and Services Nomenclature" (MPSN). The name change has been incorporated into the revised version (2020) of the MMA Fees Schedule 5th Edition (2008).

In line with the concept of MPSN, the change of name would allow us to lead and consult the relevant medical organizations, and form an advisory panel of experts (members and non-members of MMA) from each of the specialties and general practitioners to produce a comprehensive schedule of procedures and services, containing unambiguous descriptions and a system of unique and uniform codes that could be used by all the relevant organisations involved in healthcare.

RESOLUTION:

THE HOUSE resolves that the MMA Fee Schedule Committee be renamed as:

MEDICAL PROCEDURES AND SERVICES NOMENCLATURE DEVELOPMENT COMMITTEE
(MPSN DEVELOPMENT COMMITTEE)

Proposer: Dr Mohamed Namazie Bin Ibrahim
Seconder: Dr Thirunavukarasu Rajoo

277. Proposal for resolutions for change in MMA constitution to be tabled at the 60th Malaysia Medical Association Annual General Meeting.

The proposal for resolution is made on behalf of the Editorial Board MJM with regards to the establishment of a separate journal for case reports, named MJM-Case Reports. Case reports submitted to the Medical Journal of Malaysia (MJM) are currently published in the

main journal. The number of case reports published in MJM for 2020 (Jan up to 31 May 2020) is 20 out of 70 articles (28.6%), for 2019 it is 54 of 127 (42.5%) and for 2018 it is 53 of 110 (48.1%).

1. Why do we need to separate case reports from Medical Journal of Malaysia?

Case reports are usually not cited and does not add to the citation index of the journal. To ensure that the Malaysian Medical Association maintains a strong academic presence internationally, we need to improve the citation index of MJM by removing case reports from the main journal and publish them in a separate journal. Many international medical associations' journals have either stopped accepting and publishing case reports or have established a separate journal specifically for case reports. Medical Journal of Singapore, Medical Journal of Australia, The New Zealand Medical Journal and the Asia-Pacific Journal of Public Health do not routinely publish case reports. The British Medical Association separately publishes case reports in the BMJ-Case Reports.

From the number of case reports that MJM receives each year, there is still a need to publish case reports of interesting medical cases. The proposed MJM-Case Reports will be an online open access journal. The authors will need to pay an article processing fee- to submit the case report for consideration.

2. Why do we need to publish case reports as Medical Journal of Malaysia: Case Reports?

a. Learning resources for doctors
Case reports represent the simplest scientific publications for clinical research in the form of observational case study. There are common cases presenting in an unusual fashion becoming a diagnostic and management challenge for managing doctors. It provides detailed information about a patient with an unusual clinical condition. It may suggest novel approach or suggesting an intervention that has not been previously described. There are also tips and pitfalls to learn from rare or exotic cases that most of us are unlikely ever have to manage.

b. Nurturing of junior doctors in the art of publishing
Case reports are usually the first encounter trainees or residents will have in their early career and this will serve as a platform for them to write and learn the technique of scientific writing. Searching for evidence and a critical analysis of the literature, are part of writing case report and enable the development of competency in scientific writing process. Grooming of young talents is essential for the sustainability of the medical profession. It may also be a platform for the senior doctors too busy to do comprehensive research, to contribute their expertise in order to maintain their intellectual productivity. We will be able to publish 40 to 60 case reports a year without affecting the citation index of MJM.

MJM Case Reports is to be a peer-reviewed, open access journal, which will focus on providing a publication avenue for short case reports and case series, which will provide key insights into real medical cases that are essential for doctors. The ultimate aim is to improve patient outcomes. MJM is indexed on PubMed Central and Scopus.

c. Financial Implication and Sustainability.
The proposed MJM-Case Report will be an online open access journal. The authors will need to submit online and pay an article processing fees to submit the case report for consideration. It is both financially viable and sustainable.

Proposer: Prof Dr Victor Hoe Chee Wai
Seconder: Prof Datuk Dr Lekhraj Rampal

278. Formation of a One-Stop-Centre for Private Healthcare Coordination (OSCPHC)

PREAMBLE:

Whereas Malaysian Medical Association (MMA) is deeply concerned by the negative impact of the COVID-19 pandemic on physical, mental and economic health of Malaysians. MMA expresses solidarity with the Ministry of Health for implementing responses that has made it possible to flatten the curve in the COVID-19 situation in the country. MMA recognises that both government as well as private sectors play an important role in controlling the virus from spreading.

Whereas MMA recognises the importance for both public and private sectors to receive timely and accurate information pertaining to their roles and functions, especially for the general practitioners (GPs). MMA further acknowledges the need for immediate and long-term actions, coordination and collaboration between both sectors during the recovery phase. MMA is optimistic that under the leadership of the MOH, the COVID-19 pandemic can be successfully controlled and overcome.

Whereas MMA aims to serve as the vehicle of the integrated voice of the whole profession and all or each of its segments both in relation to its own special problems and in relation to educating and directing public opinion on the problems of public health as affecting the community at large. MMA serves as a bridge across many diverse associations, building relationships and learning about the various problems facing the profession.

Whereas MMA reaffirms the fundamental role of the MOH in coordinating the national response to control and contain the spread of COVID-19 and future pandemics. MMA notes that decentralisation in terms of dissemination of information during a crisis has created unnecessary inconveniences and confusion in the private sector specifically among the GPs.

IN THEREOF the house hereby resolves that the Council call for the setting up of a One-Stop-Centre for Private Healthcare Coordination (OSCPHCC) for better coordination with the private sector to contain, mitigate and defeat the virus. The mechanism for the one-stop-centre (OSC) should be driven by the MOH in collaboration with the private healthcare sector. The OSC should be the single point of contact for seamless coordination and to consolidate various sections of the MOH relevant to the private sector. The OSC should provide reliable and comprehensive information on COVID-19 and the public health response taken by authorities specifically aimed for the private healthcare sector. The MMA calls on the MOH to move the following longstanding reform agendas during the recovery period of the current crisis:

1. CKAPS should be upgraded to a division to look into matters pertaining to private healthcare and not only on regulatory issues.

2. A task force should also be set up by MOH to amend the Private Healthcare Facilities and Services Act to Private Healthcare Services with a wider power to regulate those who are providing healthcare services be it physical or virtual ''facilities".

3. The Pathology Laboratory Act 2007 to be enforced soonest possible.

4. MMA COUNCIL to coordinate via Exco and PPS, with other medical associations to spearhead the proposed OSC to ensure all available resources are optimised to prepare our national response to pandemics and also undertake a deep analysis of needed health system reform.

Proposer: Dr Thirunavukarasu Rajoo
Seconder: Datuk Dr Teoh Siang Chin

279. Bereavement Payment

Preamble:

MMA Exco has considered the Honorary Auditors' concern of the deceased Life Members of the MMA, to be given a small contribution from the MMA Special Savings Fund.

Year	2016	2017	2018	2019	2020
Number of Deceased Life Members	19	10	12	13	15

Resolution:

The House hereby resolves that the contribution of RM 5000 to be given to the family of the deceased Life Members of the MMA and the contribution of RM 2000 to be given to the family of the deceased of Ordinary Members of the MMA. This resolution will be reviewed in 3 years.

Proposer:
DR VASU PILLAI A/L LETCHUMANAN

Seconder:
DR THIRUNAVUKARASU RAJOO

280. KPI for the Annual Grant Distribution for the Branches

Preamble:

A proper governance structure in the distribution of annual grants to the branches must be implemented.

Therefore, the MMA Exco has set up the following KPI (Key performance indicator) for the annual grant distribution for the branches and sub-committees to increase the involvement of SCHOMOS, PPS, and SMAMMS in their branch activities:

Criteria	Branches	%	Sub-committees	%
Base Amount, RM	10,000		2,500	
Branch membership x RM 5	XX		YY	
Activities, RM				
- SCHOMOS/PPS		60%		60%

- SMAMMS	10,000	10%	2,500	-
- GENERAL		30%		40%

- The Base amount of RM 10,000 allocated to the branches and RM 2,500 to the sub-committees to cover the routine expenses.
- Membership payment is based on the total membership for each state x RM 5.

- Allocation of RM 10,000 for branch activities and RM 2,500 for sub-committee activities
- 60% grant allocated for PPS & SCHOMOS activities from the total available for the activities.
- The apportionment of grant allocation for PPS & SCHOMOS activities based on the number of PPS and SCHOMOS members per state.
- 10% grant allocation for the involvement of SMAMMS in their branch activities
- 30% grant allocation for general activities for the branches and 40% for the subcommittees
- Branches that do not utilise the grants accorded to them based on their category at the stipulated time, the grant will then be transferred to the pool of unutilised grants.
- The branches can write to MMA HQ to request an additional grant for their activities if they utilised fully the allocated grant amount.
- The additional requests from the branches will be given from the pool of unutilised grants subject to the available grant balance.

Resolution:

The house resolves to grant a mandate to the MMA Exco to implement the KPI (key performance indicator) for the annual grant distribution to the branches starting from the term 2022/2023 onwards.

Proposer:
DR VASU PILLAI A/L LETCHUMANAN (HGT)

Seconder:
DR THIRUNAVUKARASU RAJOO (HGS)

281. Standardization of milage claims at RM 1.00 per kilometre throughout the country.

Preamble:

Whereas the current financial guideline on mileage claims states:

Road travel for outstation members will be allowed claims according to the mileage calculated from the distance between the registered correspondence address of the member as maintained in our membership database and MMA house. It will be at RM1.00 per km of travel and toll rates are included within the RM1.00 per km claim. Proof of travel e.g., a toll receipt needs to be produced, failing which the claim for travel will be calculated at 0.70 sen per km distance.

Members with their registered address in both Kuala Lumpur and Petaling Jaya will be entitled to a claim of RM100.00 per meeting for meetings in Kuala Lumpur and Petaling Jaya and RM140.00 per meeting for meetings in Putrajaya with the caveat that claims for multiple meetings will only be allowed if the meetings are at different venues.

Natural justice demands all members be treated equally and in a fair manner. The current guidelines favour members in Kuala Lumpur and Petaling Jaya, who are paid a flat rate amounting to more than RM1.00 per kilometre to attend meetings without the need to

produce receipts. Further, the reduction of the reimbursement to 0.70 sen per kilometre without toll receipts is not based on any rationale and is grossly unfair as it takes many hours for those residing out of Kuala Lumpur and Petaling Jaya to attend the meetings.

Whereas it is stated in the constitution, the privilege is the same for all members irrespective of their state as mentioned in:

Clause 4 (3) Ordinary members

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.

Clause 4 (8) Privilege of membership

I. The privilege of membership is the participation in all activities arranged or organized by the Association including:

   a) The Council and its Committees
   b) The Branch and its Sub-committees and/or
   c) Sections, Societies and its Sub-committees.

II. Honorary, Associate, Student and Overseas members will enjoy all the privileges of Ordinary/Life and Exempt membership except that of voting or of holding office in the Council and Branch Committees of the Association

III. All members of the Council and Officers of the Association including Branches, Sections, Societies, Committees and Representatives to Government and Non-Governmental Organisations shall be Malaysian Citizens.

IN THEREOF THE HOUSE RESOLVES

I. To standardize the claims at RM1.00 per kilometre throughout the country including Wilayah and Petaling Jaya.
II. This will reduce the expenditure during this difficult and trying times.
III. To be reviewed, if necessary, upon economic recovery of the Country.

Proposer:
DR RAVINDRAN R NAIDU

Seconder:
DR KHIRITHARAN A/L MANNIE RAJAH

282. Change of Name from "Accident Prevention Committee" to "Injury Prevention Committee"

Preamble:

Injuries are a major global public health problem. The prevention of injuries requires a concerted a multi-sectoral effort. Towards this end, the MMA has set up the Accident Prevention Committee to advocate for integrated efforts such as community and professional education, research and data collection to enable policy changes among the various sectors.

The World Health Organization has a Violence and Injury Prevention Department in its headquarters. In all its documents, the department intentionally avoids the term "accident" since the word connotes that the incidents cannot be predicted or prevented. The continued

use of the word “accident” has contributed to traditional fatalistic beliefs. In keeping with international trends, the name change would allow us to better implement our activities.

Resolution:

THE HOUSE resolves that the MMA Accident Prevention Committee be renamed as INJURY PREVENTION COMMITTEE.

Proposer:
DR KRISHNAN R RAJAM

Seconder:
DR NAVIN KUMAR DEVARAJ

283. Application to bid to host the 19th World Conference on Tobacco or Health in Malaysia

Preamble:

World Conference on Tobacco or Health (WCTOH is largest and most premier conference on tobacco related issues. The WHO is usually the technical sponsor. It aims to foster regional and international partnerships through the conference programme activities and networking sessions. Since 1967, the global tobacco control community has assembled every three years for the World Conference on Tobacco or Health (WCTOH) to disseminate new knowledge about the risks of tobacco use and exposure, and to explore new tobacco control approaches that are effective. The WCTOH attracts an international audience of approximately 2,000 to 2,500 delegates are expected to attend from over 100 countries, representing all corners of the world. The 15th WCTOH was held in Singapore on 20–24 March 2012. There were 2,600 delegates, experts and policy-makers from over 100 countries to exchange ideas and were inspired by best practices from around the globe. For academics, advocates and policy-makers, World Conference on Tobacco or Health offers a veritable mine of linkages and a strong message to stand shoulder-to-shoulder in the fight for smoke-free lives. The Conference will bolster MMA image at a National and International level and the national economy. The ASH Committee, MMA in collaboration with MOH, Ministry of Tourism Malaysia, WHO and MCTC is planning to bid for 19th World Conference on Tobacco or Health to be held in March 2024. Most organisers of WCTOH have made profits in running the conference. The Ministry of Tourism Malaysia has approached Datuk Dr. Lekhraj Rampal on this matter.

Resolution:

The House hereby resolves that:

a) The ASH Committee MMA sets up an Organising Committee to apply, plan and manage the application to bid to host the 19th World Conference on Tobacco or Health in collaboration with Ministry of Health Malaysia, Ministry of Tourism Malaysia, World Health Organisation and Malaysian Council for Tobacco Control. The President, Hon Secretary and Treasurer shall be the Advisors and be ex-officio member. If successful, to organise it.
b) The Malaysian Medical Association to be co-sponsors in this premier event.
c) The Chairman and the organising Committee to initiate and get assistance from the Ministry of Tourism and Trade in terms of publicity etc.
d) All Monies received or spent for the 19th World Conference on Tobacco or Health shall be kept in a separate MMA ASH Committee account and shall be used only for this conference.

Proposer:
PROF DATUK DR LEKHRAJ RAMPAL
Seconder:
PROF DR VICTOR C W HOE
(ON BEHALF OF THE ASH COMMITTEE, MMA)

MMA RESOLUTIONS 2022/2023

284. A Resolution to Form a Committee Dedicated To Women's Health Within MMA

Preamble
The World Health Organization (WHO) States that "the health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors" while it differs from that of men in many unique ways.

Women's health is also often benchmarked as an example of the health of a population, where health is defined by the WHO as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This includes the breadth of a woman's reproductive health needs, her sexual health, as well as her adolescent, maternal, child and new-born health. It would also bring into focus the maternal mortality rate (MMR) of our country; an indicator that monitors deaths related to pregnancy and childbirth. The MMR reflects the capacity of the health systems to provide effective health care in preventing and addressing the complications occurring during pregnancy and childbirth.

There are currently 22 established committees within the Malaysian Medical Association (MMA) but sadly none representing the interest of women's health as a priority. While there are individual organisations and societies that focus on women's health, we believe that it is timely for the MMA to play an active role in championing the needs to elevate the standards of care for women's health in Malaysia to be on par with the vision of the association. This is essential so as to ensure that the MMA leads this important endeavour as we evolve and adapt to be inclusive and holistic.

Resolution
The House resolves that the Council recognises the Women's Health Committee as an official committee of the MMA.

This committee shall comprise five (5) members - the Chairperson, and 4 representatives who may be appointed for a term of one year by the Council. The Chairperson would then be elected by members of this committee.

Proposer:
DR MUNISWARAN GANESHAM @ GANESHAN

Seconder:
DR SIVABALA SELVARATNAM

MMA RESOLUTIONS 2023/2024

289. SETTING UP OF THE MMA TAWAU CHAPTER UNDER MMA SABAH

Preamble:
MMA, as an organisation catering to all doctors in Malaysia, continues to expand in all corners of the country. Over the years, we have seen a steady increase in the number of members from Tawau, Sabah. As is widely known, Sabah is a large state, with major cities separated by a significant distance. Tawau is located about seven hours drive from the capital city of Kota Kinabalu. The district of Tawau is a large district located in the East Coast of Sabah. It caters to nearby districts of Semporna and Kunak. The main public hospital is Tawau Hospital, which has about 100 doctors. There are also 3 nearby Klinik Kesihatan which cater for the population. As for the private side, there are two private medical centres and a growing number of GP clinics. There is a significant population of doctors here who have yet to become MMA members. As such, MMA Sabah strongly believes it is time for the formation of MMA Tawau Sub-Branch to cater for the needs of members there and to ensure continued expansion of MMA in Sabah.

Resolution:
The House hereby resolves that the MMA Tawau Chapter be established as a Sub-branch under the supervision of MMA Sabah Branch in line with the MMA Constitution Clause 14 (1) (v) which states that "*Each Branch may form, within its State or Territory; Sub-branches, to be called Chapters, in districts, towns and/or cities, whenever and/or wherever necessary; and each such chapter's management and control shall be under the direct supervision of the branch that forms it, and may have a representative in the Branch Committee.*"

The House also resolves to provide an annual grant of RM5,000 to enable the Chapter to conduct its own activities.

Proposer: Dr Brandon Patrick Senagang
Seconder: Datuk Dr Heric Corray
(On behalf of the MMA Sabah Branch Committee)

290. RESOLUTION ON RENOVATION OF MMA BUILDING

Preamble:
Due to the present condition of the MMA Building, the House at the 60th MMA AGM, approved a sum of RM 1,000,000.00 to upgrade the building to meet current standards and improve the rental income of the building. After thorough checking and discussions with a few architects, the Council agreed to conduct a dilapidation report on the building and upgrade the entire wiring and piping system. Consequently, the approved sum is no longer sufficient to cover the cost of upgrading the entire building.

Resolution:
The House resolves to grant a mandate to the MMA Exco and Council for an amount up to and not exceeding RM 7.5 million to renovate and upgrade the existing MMA Building within three (3) years. The renovation project will undergo the standard tender approval process, which will be managed by the Tender Committee chaired by the Honorary General Treasurer.

Proposer: Dr Koh Kar Chai
Seconder: Datuk Dr Thirunavukarasu Rajoo

291. GROUP PERSONAL ACCIDENT INSURANCE (GPA) AND BEREAVEMENT PAYMENT

Preamble:
MMA Exco has decided not to continue with GPA Insurance but instead to enhance the Bereavement benefits. This will increase the financial benefits for members.

Discontinuing with GPA Insurance will reduce the documentation and bureaucracy issues with 3rd party insurance. This is also to avoid the impact by the insurance company increasing the policy amount yearly.

With Bereavement payment, MMA has full control of the benefits to members, and it can be periodically adjusted based on our financial situation.

Below is the projected proposal.

	Basis	Life Members	**RM8,000**	
		Ordinary Members	**RM3,000**	
		Assume the no of death is increase by 1% every year		
Year	**Members Category**	**No of Deceased Members**	**Proposed Death Benefit**	**Total Expenditure RM**
2024	Life Members	26	8,000.00	208,000.00
	Ordinary Members	8	3,000.00	24,000.00
				232,000.00
2025	Life Members	29	8,000.00	232,000.00
	Ordinary Members	9	3,000.00	27,000.00
				259,000.00
2026	Life Members	32	8,000.00	256,000.00
	Ordinary Members	10	3,000.00	30,000.00
				286,000.00

Resolution:
The House hereby resolves that the contribution of RM 10,000 to be given to the family of the deceased Life Members of the MMA and the contribution of RM 5,000 to be given to the family of the deceased of Ordinary Members of the MMA. This resolution will be reviewed in 3 years.

Proposer: Dr Vasu Pillai A/L Letchumanan
Seconder: Datuk Dr Thirunavukarasu Rajoo

292. HEALTH CARE REFORM: HEALTH WHITE PAPER

Preamble:

At the 58th MMA AGM, a resolution was passed for MMA to lead and advocate for National Healthcare System Reform. The resolution advocated that the House supports and empowers the in-coming Council to provide resources to work towards this goal by progressing the MMA's position on national healthcare financing and delivery by addressing the following four questions:

1) How is the current situation of health care financing and delivery?
2) Where are the gaps or developing gaps in financing and delivery?
3) What are the Optimum desirable and achievable targets for Malaysia?
4) When and How should we get there?

The result of the above resolution has been the publication of the book "Healthcare Reform – Healthier Future for Malaysia" 2023 which has 17 chapters as follows:

1) Introduction
2) Healthcare in Malaysia
3) Options and models for healthcare
4) Family health

5) Primary health care
6) Malaysia's pandemic preparedness
7) Managed care
8) The role of private healthcare services in developing healthcare delivery network in Malaysia
9) Healthcare financing reforms in Malaysia
10) Key issues in health financing and integration
11) Human resources
12) Medical education and the medical profession
13) Digital health
14) Application of Big Data in healthcare
15) The Malaysian Medical Council
16) Leadership and governance in Malaysia's health system
17) Summary and recommendations

This book is an update of the MMA's 1999 "Health for All" (McCoy R et al) that was published and submitted to the Ministry of Health. That was predated by an earlier publication in 1980 "the future of the health services in Malaysia" (MK Rajakumar et al). These endeavours records and reflects the MMA's professional interest and relentless motivations to improve health services for the nation and our population.

Since the above AGM resolution in 2018, we have had the COVID-19 pandemic, which has revealed the fractures and fissures in the Malaysian Healthcare System. This prompted the government to admit the need for health care reform, which the MMA had long been advocating.

In a landmark decision, the government commissioned the Health White Paper (HWP), which has recently been passed in parliament with bipartisan support. We are indeed gratified that a Past President of the MMA was included in the HWP advisory committee.

In line with the MMA's recomendations, the HWP proposes a supra-parliamentary process over 3 parlimentary terms or 15 years.

The first phase of the HWP proposes:

The first five years of health system reforms will focus on two forms of activity: firstly, laying the foundational building blocks that will enable the multi-year implementation of complex systemic or structural reforms, including legislative amendments;

and secondly, implementing next-stage modules for initiatives that have already begun or are currently in piloting stages to deliver improvements that more stakeholders can experience first-hand, building momentum for broader reform.

Resolutions:

1. To keep MMA in the forefront of the process of healthcare reforms, we would like to propose that the National Health Policy Committee (NHPC) of the MMA be the focal point for coordinating MMA's dissemination of information and response to the interventions proposed.

2. That the NHPC, with the support of MMA Exco and Council, conduct a series of panel discussions based on the 4 pillars of the Health White Paper namely:

   i. Transforming Health Service Delivery
   ii. Improving Health Promotion and Illness Prevention
   iii. Ensuring Sustainable and Fair Health Financing
   iv. Strengthening the Foundation and Governance of Health System, and Establishing Health Reform Commission

3. In recognition and appreciation of the moral backing and financial support of the previous MMA councils; to further exhort incoming Councils to continue to provide resources that will enable NHPC

   i. to seek expert consultation and learn from global experiences,
   ii. to persue and consolidate professional solidarity, and
   iii. to garner social and community support in the real and virtual realms,

   towards MMA's prominent and enlightened participation in the process of our National Healthcare reforms.

Proposer: Datuk Dr Teoh Siang Chin
Seconder: Dr Mary Cardosa
(Presented on behalf of the National Health Policy Committee 2022-2023)

MMA RESOLUTIONS 2024/2025

293. Resolution on Additional Funds for Renovation of MMA Building

Preamble:

Recognizing the critical need to address the deteriorating state of the MMA Building, the House allocated RM 7.5 million at the 63rd MMA AGM to be utilized over a three-year period for its renovation and upgrading. Subsequent detailed assessments by architects, consultants, and legal advisors have revealed unforeseen complexities and essential requirements that were not initially accounted for. These include structural repairs, compliance upgrades, and necessary legal and administrative preparations. Notably, the initially approved amount of RM 7.5 million does not cover the cost of fittings required for the renovation. Additionally, there has been an escalation of inflationary costs since the budget was first approved at the last AGM. Therefore, the previously approved budget of RM 7.5 million may be insufficient to cover the comprehensive renovation and upgrading requirements of the MMA Building.

Resolution:

1. Acknowledging the escalated costs and the imperative to ensure the MMA Building meets modern safety, operational, and regulatory standards, the House hereby approves an additional RM 5 million for the renovation project. This supplementary allocation, combined with the previously approved RM 7.5 million, brings the total budget to RM 12.5 million. This amount will not be fully utilized if it is not necessary.

2. The funds will be utilized over an extended period of four (4) years (48 months) from the date of signing the agreement, as advised by the architect, who estimates the renovation will take 48 months to be completed.

3. The project will be subject to the standard tender approval process managed by the Tender Committee chaired by the Honorary General Treasurer.

Proposer: Dr. Koh Kar Chai
Seconder: Datuk Dr. Thirunavukarasu Rajoo

294. The Establishment of a new MMA Committee on Men's Health

Preamble:

1) A Men's Health Committee within the MMA is timely because men's health issues have become a niche area in healthcare, involving many disciplines such as urology, cardiology, and mental health.

2) Furthermore, Men's Health related conditions have now become public health issues, particularly in the face of an increasing number of non-communicable diseases and sexual dysfunction.

Resolution:

The House hereby resolves that:

1) A Men's Health Committee is established to advocate for, to create awareness of, and to promote issues related to adult male health.

Proposer:
Col (Dr) Ngoo Kay Seong

Seconders:
1. Professor Dr Victor Hoe Chee Wai - MMA Wilayah Persekutuan
2. Colonel (Dr) G. Gnanamalar - MMA Wilayah Persekutuan
3. Lt Col (Dr) Eugene Tan Choon Li - MMA Sabah
4. Assoc Professor Dr Sanjiv Rampal a/l Lekhraj Rampal - MMA Wilayah Persekutuan
5. Dr Hardip Singh Gendeh - MMA Wilayah Persekutan

295. A Resolution to form MMA Artificial Intelligence in Healthcare and Digital Health Committee

Preamble:

In recent years, Artificial Intelligence (AI) has emerged as a key focus in healthcare globally. The integration of AI into science and medicine heralds a new era of possibilities, from improving healthcare systems and advancing drug discovery to transforming patient care. While still in its infancy, AI is rapidly evolving and, with innovation, comes the need to balance the benefits and risks. This necessitates multi-stakeholder collaboration, including government agencies, healthcare organizations, academia, research institutions, and patients, to drive the development and adoption of AI that is ethical, responsible, and effective.

For too long, doctors have been on the fringes of technological innovation in healthcare, often adopting new tools developed without their direct input. The formation of the Artificial Intelligence in Healthcare Committee within the Malaysia Medical Association (MMA) represents a proactive effort to place medical professionals at the forefront of shaping technologies that are tailored to the real-world needs of both patients and practitioners. MMA's involvement will be driven by two fundamental objectives: 1. Leading the charge in setting standards and establishing best practices that will define the future of healthcare, and 2. Cultivating the next generation of AI-empowered health professionals.

To that purpose, the committee will focus on four key pillars: Education, Partnership, Innovation and Collaboration (EPIC). The goal is to deliver impactful outputs, including dynamic workshops and webinars, active participation in both local and international coalitions, and fostering collaborations with diverse stakeholders.

This strategic move not only aligns us with national interest and global trends but also underscores a collective responsibility to ensure that Malaysian healthcare remains responsive, innovative, and patient-centred in the coming decades.

Resolution:

The House resolves that the Council recognizes the **Artificial Intelligence in Healthcare and Digital Health Committee** as an official committee of the MMA.

This committee shall comprise five (5) members appointed for a term of one year by the Council and the Chairperson shall be elected by members of this committee.

Proposer: Dr. June Lau
Seconder: Dr. Sivabala Selvaratnam

MMA RESOLUTIONS 2025/2026

296. ORDINARY RESOLUTION TO BE TABLED AT THE 65TH MMA ANNUAL GENERAL MEETING (12-13 SEPTEMBER 2025)

Preamble

The Malaysian Medical Association (MMA) has successfully digitized multiple operational processes including:

- Online elections for National Office Bearers
- SCHOMOS and PPSMMA representative elections
- Branch Office Bearers elections
- Membership management and many more

However, the nomination process remains paper-based, resulting in:

- Recurrent administrative errors (names, NRIC numbers)
- Processing delays
- Verification challenges

Constitutional Framework:
This proposal operates under:

Clause 7(7): Election Committee
The Council shall, at its first meeting appoint an Elections Committee of five (5) members…. for the purpose of conducting elections and to look into complaints regarding nominations, manifestos and election of Principal Office Bearers and to make the necessary recommendations to the Council…….

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

Clause 7(9): Nomination
"Nomination for President-Elect...shall be on one ***prescribed form*** *which must bear the consent of the candidate concerned..."*

Proposed Digital Transition:
The current paper-based **"Prescribed form"** requirement under Clause 7(9) shall be interpreted to include:

- Digitally authenticated nomination forms
- Electronic consent mechanisms
- Secure submission portals while maintaining all existing constitutional requirements.

Resolution:
This House hereby resolves:

1. To mandate the Election Committee to:
    - Develop a digital nomination system preserving all constitutional requirements
    - Establish verification protocols for:
        - Candidate identity
        - Consent authentication
        - Submission integrity
    - Create corresponding amendments to Election Guidelines

2. To authorize operational changes allowing:
    - Digital forms as "Prescribed forms" under Clause 7(9)
    - Electronic signatures as valid consent
    - Online submission as formal nomination

3. To require the Committee to:
    - Present system specifications to Council for their information
    - Conduct pilot testing before full implementation
    - Provide member training and support

Safeguards:
All digital processes will maintain:
- Equal accessibility for all members
- Audit trails for verification
- Data security standards
- Dispute resolution mechanisms

Proposer: Dr. Mohamed Namazie Ibrahim (Life Member)
Seconder: Dr. Vasu Pillai Letchumanan (Life Member)

297. TITLE: ENHANCING THE IMAGE, VISIBILITY, AND STRATEGIC COMMUNICATION CAPACITY OF THE MALAYSIAN MEDICAL ASSOCIATION (MMA) THROUGH ENGAGEMENT OF A PROFESSIONAL PUBLIC RELATIONS AGENCY

Resolution Text:

WHEREAS the Malaysian Medical Association (MMA) is the national representative body for registered medical practitioners in Malaysia and plays a critical role in advocating for the medical profession and public health;

AND WHEREAS in an era of rapidly evolving media landscapes, increased public scrutiny, and misinformation, it is essential for MMA to maintain a strong, credible, and professional public image;

AND WHEREAS a proactive, coordinated, and professionally managed public relations (PR) strategy is necessary to ensure MMA remains visible, trusted, and responsive to both emerging health issues and public discourse;

AND WHEREAS the engagement of a reputable PR agency would enable MMA to strengthen its strategic communication capacity, engage proactively with the public, media, and stakeholders, and manage reputational risks or crises effectively and professionally;

BE IT RESOLVED THAT:
The 65th Annual General Meeting of the Malaysian Medical Association authorises the MMA Council to explore the engagement of a professional PR agency to enhance MMA's public image, visibility, and strategic communication capabilities;

AND THAT the MMA Council shall:

1. Conduct a needs and readiness assessment of MMA's current communication infrastructure and capacity;

2. Benchmark best practices from other national and international professional organisations with effective PR strategies;

3. Identify and evaluate qualified PR agencies with experience in healthcare, professional associations, and crisis management;

4. Ensure that the PR agency's scope of work includes:
   - Enhancing the visibility and public trust in MMA as a professional body;
   - Supporting proactive media engagement and public education efforts;
   - Managing communications during public health crises or reputational risks;
   - Building long-term strategic narratives that reflect MMA's values and leadership role;

5. Present a detailed feasibility report, including proposed scope, budget, and timeline, to the MMA Council for deliberation and approval before any engagement proceeds.

Supporting Statement:
This resolution reflects MMA's commitment to strengthening its role as a credible and authoritative voice for the medical profession. A professional PR agency will help ensure that MMA is not only reactive to public discourse and crisis situations but is also strategically positioned to lead conversations on health and medical professionalism in Malaysia.

Proposer: Dr. Victor Hoe Chee Wai Bin Abdullah
Seconder: Dr. Selvarajah A/L Sathaya

MMA RESOLUTIONS 2026/2027

298. A RESOLUTION TO FORM A COMMITTEE DEDICATED TO THE JUNIORS DOCTORS OF MMA: MMA-JDN COMMITTEE (MMA-JDNC)

PREAMBLE
The Section Concerning House Officers, Medical Officers and Specialists (SCHOMOS) of the Malaysian Medical Association (MMA) has served as the principal body representing and advocating for junior doctors since its establishment in 1971. In 2016, the Malaysian chapter of the Junior Doctors Network (JDN) was formed under the auspices of SCHOMOS to strengthen engagement and advocacy for early-career doctors. Recognising the growing importance of junior doctor representation, constitutional amendments adopted at the 2022 MMA Annual General Meeting formally established the Malaysian Medical Association – Junior Doctors Network (MMA-JDN), thereby strengthening the participation and voice of junior doctors within the Association.

The formalisation of MMA-JDN reflects the evolving landscape of medical practice and the changing needs of junior doctors in Malaysia. With increasing numbers of junior doctors serving across both public and private healthcare settings, there is a growing need for a common platform that unites early-career doctors with shared interests and concerns, regardless of their sector of practice.

Beyond advocacy, MMA-JDN seeks to promote professional development, leadership, mentorship, welfare and collaboration among junior doctors, while strengthening engagement with the wider Association and relevant stakeholders. As a unifying body, MMA-JDN complements the work of SCHOMOS, the Private Practitioners Section (PPS), MMA branches and other stakeholders, providing an avenue for meaningful engagement, representation and collaboration across the public and private healthcare sectors.

Through active participation and representation at the local, regional and international levels, MMA-JDN remains committed to nurturing future leaders of the profession and ensuring that the voices of junior doctors continue to contribute meaningfully to the advancement of medicine and healthcare. The continued development of MMA-JDN reflects the Malaysian Medical Association's commitment to supporting the next generation of medical professionals and strengthening the future of the profession.

As MMA-JDN continues to evolve, there is a need for a structure that enables greater continuity, flexibility and sustainability in fulfilling its objectives. Recognising the increasingly diverse landscape of junior medical practice, as well as the expanding scope of activities undertaken by MMA-JDN at the local, regional and international levels, the establishment of the Malaysian Medical Association – Junior Doctors Network Committee (MMA-JDNC) represents a natural progression in strengthening the engagement, representation and development of junior doctors within the Association.

The formation of MMA-JDNC as an official Committee of the Malaysian Medical Association would provide a unified platform for junior doctors from both the public and private sectors, while complementing the work of existing Sections and Branches. It would facilitate leadership development, promote continuity between successive office bearers, strengthen collaborations with relevant stakeholders, and enhance the ability of MMA-JDN to undertake initiatives and represent Malaysian junior doctors both nationally and internationally.
The establishment of MMA-JDNC reflects the Malaysian Medical Association's continued commitment to nurturing future leaders of the profession and ensuring that junior doctors remain meaningfully engaged in shaping the future of medicine and healthcare in Malaysia.

RESOLUTION
The House resolves that the Malaysian Medical Association-Junior Doctors Network Committee (MMA-JDNC) be recognised as an official Committee of the Malaysian Medical Association.

Proposer: Dr Lianne Alychia Hendriks
Seconder: Dr Renuka Gunasagaran

299. Resolution on the Formation of an MMA Committee on Emerging Medical Specialist Pathways

Proposed Motion
Recognising the evolving healthcare landscape and the increasing need for specialist expertise beyond traditional clinical disciplines, the MMA shall establish a dedicated Committee on Emerging Medical Specialist Pathways to study, advocate, and facilitate the development and recognition of emerging specialist disciplines within Malaysia's healthcare system.

Background
The Malaysian healthcare system has undergone significant transformation, requiring specialised expertise in areas such as Medical Administration, Medical Research, Occupational Health, Health

Informatics, Digital Health, Medical Law and other evolving fields essential to modern healthcare delivery.

While many of these disciplines have established training pathways and specialist recognition frameworks internationally, their development and recognition within Malaysia remain heterogeneous. There is a need for coordinated engagement with relevant stakeholders, including the Ministry of Health, the National Specialist Register, the Malaysian Medical Council, universities, professional bodies, and healthcare institutions, to ensure structured career progression and workforce planning for these emerging specialties.

Resolution
The MMA AGM hereby resolves to:

1. Establish an MMA Committee on Emerging Medical Specialist Pathways under the MMA Council.

2. Mandate the Committee to:
   - Identify and prioritise emerging specialist disciplines requiring formal recognition and development.
   - Engage with relevant regulatory authorities, professional colleges, specialist societies, academic institutions, and healthcare organisations.
   - Review local and international specialist training models and best practices.
   - Develop recommendations on training standards, credentialing, accreditation, and specialist recognition pathways.
   - Advocate for equitable career progression, workforce planning, and specialist registration

3. Ensure broad representation within the Committee, including members from:
   - Medical Administration; Medical Research; Academic Medicine; Digital Health and Health Informatics; Medical Law and other emerging specialties as determined by the MMA Council.

Expected Outcomes
The formation of this Committee will:
- Strengthen Malaysia's medical specialist workforce planning.
- Support the development of structured specialist training pathways.
- Enhance recognition of emerging medical disciplines.
- Promote excellence in healthcare leadership, research, occupational health, innovation, and service delivery.
- Ensure the medical profession remains responsive to future healthcare needs and challenges.

Proposer: Dr. Selvanaayagam Shanmuganathan (Deputy Honorary Secretary, SCHOMOS)
Seconder: Datuk Dr. Thirunavukarasu Rajoo (President, MMA)

300. Establishment of the Finance Management Committee

WHEREAS the Malaysian Medical Association (MMA) recognises the importance of sound financial governance, transparency, accountability, and prudent stewardship of its financial resources;
AND WHEREAS the Constitution of the Malaysian Medical Association empowers the Association to establish committees to assist in the discharge of its functions and responsibilities;

AND WHEREAS the Constitution of the Malaysian Medical Association empowers the Association to establish committees to assist in the discharge of its functions and responsibilities;

IT IS HEREBY RESOLVED THAT:

1. A standing committee to be known as the Finance Management Committee (FMC) be established with effect from the conclusion of this Annual General Meeting.

2. The purpose of the Finance Management Committee shall be to assist the Council in overseeing the financial affairs of the Association and to provide advice and recommendations on matters relating to:
    - Financial planning and budgeting;
    - Financial performance and reporting;
    - Financial risk management;
    - Investments and reserves;
    - Internal financial controls;
    - Audit matters; and
    - Any other financial matters referred to it by the Council.

3. The Finance Management Committee shall function as a committee of the Council and shall report to the Council regularly on its activities, findings, and recommendations.

4. The Terms of Reference of the Finance Management Committee, as set out in the document circulated to members together with the notice of this Annual General Meeting, be and are hereby approved and adopted.

5. The Council be and is hereby authorised to:
    - Appoint the members of the Finance Management Committee;
    - Fill any vacancy arising in the Committee;
    - Make such amendments to the Terms of Reference as may be necessary from time to time, provided that such amendments are consistent with the Constitution and the objectives of the Committee, complaint with all other guidelines pertaining to finance; and
    - Take all necessary steps to implement this resolution.

6. In the event of any inconsistency between the Terms of Reference of the Finance Management Committee and the Constitution of the Malaysian Medical Association, the provisions of the Constitution shall prevail.

Explanatory Note
The purpose of this resolution is to establish a Finance Management Committee as a standing committee of the Malaysian Medical Association to strengthen financial governance and oversight. The Committee will assist the Council in monitoring the Association's financial affairs and ensuring adherence to sound financial management practices. The proposed Terms of Reference define the Committee's composition, powers, responsibilities, and reporting obligations.

Proposer: Dr Arvindran A/L Alaga
Seconder: Dr Mohamed Namazie Bin Ibrahim

301. Naming the New Conference Hall at MMA House as "MMA Hall"

PREAMBLE

The Malaysian Medical Association (MMA) has, over the past 66 years, established itself as a strong and respected voice of the medical profession in Malaysia and is widely recognised by members, stakeholders and the public.

The completion of the renovation and upgrading of MMA House presents an opportunity to further strengthen and promote the Association's identity, heritage and institutional legacy.

The new conference hall located on the 1st Floor of MMA House will serve as a key venue for MMA meetings, conferences, educational programmes and professional events. Naming the hall "MMA Hall" would reinforce the MMA brand and reflect the Association's standing as the premier professional medical association in the country.

RESOLUTION

The House resolves that the new conference hall located on the 1st Floor of MMA House be officially named "MMA Hall" in recognition of and to further strengthen the branding, identity and legacy of the Malaysian Medical Association.

Proposer: Datuk Dr Thirunavukarasu Rajoo
Seconder: Dr Vasu Pillai Letchumanan
(On behalf of the MMA Exco)

302. MMA ELECTION GOVERNANCE TERMS OF REFERENCE (TOR)

PREAMBLE

WHEREAS the Malaysian Medical Association (MMA) is committed to upholding the highest standards of democratic governance and institutional integrity;

WHEREAS fair, transparent, and credible elections are the bedrock of the Association’s legitimacy and the trust reposed in it by its members;

WHEREAS the adoption of a formalized Terms of Reference (TOR) will safeguard against procedural ambiguities and promote a more inclusive and professionally managed electoral process;

BE IT THEREFORE RESOLVED THAT:

“THAT the Malaysian Medical Association Election Governance Terms of Reference (TOR), be and is hereby formally adopted and approved for implementation, and that this TOR shall take effect immediately, subject always to the overriding provisions of the MMA Constitution.”

Proposer: Dr Ravindran R Naidu
Seconder: Prof Dr Jayakumar Gurusamy
(On behalf of the MMA Elections Committee)