

BERITA ANESTESIOLOGI

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Newsletter of the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists,

Academy of Medicine of Malaysia

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Malaysian Society
of Anaesthesiologists



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Message from the President

Dr Ng S H, President, Malaysian Society of Anaesthesiologists



I am privileged and truly honoured to be appointed the new president of MSA and I take cognizant of the fact that our society has been blessed with capable and dedicated past presidents and EXCO members who had nurtured and shaped the society to what it is today. My EXCO and I pay tribute to all of them, especially my immediate

predecessor; Prof Y K Chan and her EXCO members for their invaluable contributions. They and many before them had laid down a solid foundation upon which we will continue to build the society on.

I will continue the time-honoured tradition where the president writes in every issue of the Berita. Through this regular column, I hope to share my thoughts with you, keep you informed of the important issues that may have an impact on our profession and on the major issues discussed at the EXCO meetings.

Revision of Private Patient Fee Schedule

One of the main challenges that the society is currently facing is the attempt by the surgical groups to revise the private patient fee schedule. While we concur with them the need to include new procedures in the schedule and to introduce a better classification system for the procedures, we should be weary of any attempt to "peg" the anaesthetic fees to a percentage of the surgical fees. We must realise

that maintaining an independent fee schedule is not merely a monetary arrangement but a standpoint that symbolises the independence and dignity of our profession. To ensure that the current arrangement is not undermined, we must be vigilant and maintain a strong representation in the relevant committees and I laud Dr Namazie for his involvement in the MMA fee schedule committee and Dr Mohandas for working closely with the College of Surgeons in this matter. Through these two senior members, MSA will continue to work with the relevant professional bodies to protect the interest of the anaesthetists in this matter.

Maintenance of Professional Standards (MOPS)

Since the launch of the MOPS website last September, the number of members who have logged on to the programme has increased steadily. However, it is still underutilised. One of the reasons could be that members are not aware of its usefulness. I personally found it to be useful. The free text column allows me to annotate cases and the learning points discussed in the mortality and morbidity meetings. Being web-based, one can access it via the internet anywhere, anytime and there is no danger that you may lose it someday! (this is something that is likely to happen in keeping a paper based logbook). Recently, the MOPS software was demonstrated to the Ministry of Health officials and it is likely that the Ministry may consider adopting a similar approach under its continuous professional development programme. I urge you to give MOPS a try and I assure you its user-friendliness and that you will find it useful. (www.msa-mops.org.my)

continued on page 2

In this Issue ...

- Credentialing Of Specialists And Subspecialities – A Plea For Rational Thinking – pg 3 to 4
- Report on the ASM 2005 – pg 5 to 6
- Anaesthesia Family Day – pg 6
- Report on the Surviving Sepsis Campaign Roadshow – pg 8


Intensifying CME Activities

I would like to see MSA play a greater role in promoting continuous medical education and a greater involvement of local speakers in such activities. We have among us some talented speakers and MSA will sponsor them to deliver evening lectures at major hospitals. We should not be dependent on the occasional foreign speakers that come by under the industrial sponsorships. Instead, we should plan a series of lectures or workshops by our very own local experts on a regular basis. To complement the College, MSA will focus mainly on non-clinical topics such as OT / department management, welfare of doctors, work-related issues etc. Foreign speakers notably those from Australia may be invited from time to time. We shall place more emphasis on the contents of the lectures and less emphasis on food or hotel venues. Eventually, MSA hopes to establish a self-reliant local CME programme that is of high standard and sustainable on a long term.

Annual Scientific Meeting

The March ASM held in Penang was a resounding success. It was also a testament that members were willing to take

time off to attend AGMs / ASMs held outside the Klang Valley. The format of having multiple concurrent symposia of diverse themes seemed to be well-received and was able to cater to the different needs of the participants. With the ASM gradually evolving into a general scientific meeting of a national scale, members are now assured of two local meetings every year – an anaesthesia based meeting in March and an intensive care conference in September / October. In the light of the escalating cost involved in travelling overseas to attend conferences, these two local meetings will assume increasingly important roles and I am confident that they will eventually provide the necessary platform to update the practicing anaesthetists in Malaysia.

Before signing off, I want to ask each of you reading this newsletter to think about what new offerings you would like to see from the society, and to contact me directly with those ideas at ngshhkl@yahoo.com so that they can be brought up for discussion and possible implementation. Let's work together for a better MSA. 



Write In

LETTER TO THE EDITOR

19 Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia

Email : acadmed@po.jaring.my

All letters must be accompanied by full name and contact address.

A pseudonym may be included.

Dear Editor,

The just concluded Annual Scientific Meeting of Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists in Penang, the first ever to be held outside the traditional venue of Klang Valley, was a huge success. I was privileged to be one of the participants who have enjoyed the event tremendously. There was never a lacklustre moment during the meeting for the participants and their families. I would like to congratulate and praise the Organising Committee, under the leadership of Dato' Dr Jahizah, for a memorable, fun-filled, historic event. The organisers had arranged a very comprehensive scientific programme. Appropriate to this year's theme of "An Update in Anaesthesiology and Intensive Care", the lectures encompassed an array of topics from airway management to transoesophageal echocardiography, ambulatory to cardiothoracic anaesthesia and trauma to intensive care updates. The organisers had brought together prominent speakers from abroad and from our own shores. I am sure all the participants had gained valuable knowledge from the lectures in one way or another.

The social events that had been organised throughout the ASM in Penang were very comprehensive too. The organisers had made the commendable effort to entertain not only the participants but also their families. Outstandingly, the dinners were scrumptious and culturally engaging. Who can forget those eccentric entertainers at the BBQ dinner? I have no doubt that the international delegates enjoyed it as much as I did. This is a good way of promoting Malaysia as a venue for future international conferences and as a tourist destination.

The sporting activities, such as the beach run and volleyball were good ways of shaking off those extra calories from those delicious feasts. There was also an event to amuse the children as well as adults with the Children's Magic Show and Balloon Magic Creation. The representations from the medical industries were also encouraging. The rows of trade exhibition booths had kept the participants occupied and captivated with lots of freebies and lucky draws. I was not one of the lucky ones though! Of worthy note was the Pfizer hospitality suite which provided a cosy place to wind down from the lectures with ice creams, newspapers and even internet.

Dato' Dr Jahizah and the Penang Organising Committee have certainly set a new standard for future meetings. Her laudable endeavour to host this historic ASM in Penang should be admired. Penang was an excellent choice. It is undeniably true that "there are no shortage of talents and suitable venues outside Klang Valley and that more conferences should be hosted in this way" (Datuk Dr Abdul Ghani Mohammed Din). Bravo! Penang Boleh! Malaysia Boleh!

Dr Norezalee Ahmad

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CREDENTIALING OF SPECIALISTS AND SUBSPECIALITIES

A PLEA FOR RATIONAL THINKING

by Dato' Dr K Inbasegaran

INTRODUCTION

This paper is written with the aim of clarifying some of the developments that has led to credentialing specialists who are in practice in Malaysia. As this was an activity that was carried out by the College of Anaesthesiologists as well as the other sister Colleges it has widespread ramifications to all specialists in practice especially as many specialists are not members of the Academy.

There were several factors that led to the concept of credentialing of specialists and subspecialists, but the main one was the proposed creation of a specialist register. The specialist register was to be maintained by the Malaysian Medical Council or the Academy of Medicine of Malaysia representing all the specialities in Medicine. The specialist register was to allow only those who are properly qualified i.e. with recognized qualifications in that field of speciality to have their names listed on that register. The long term objective of a specialist register was to ensure the interests of the community at large in terms safety specifically in the provision of specialist services and procedures.

The Ministry of Health together with the Academy of Medicine then decided to jointly establish a credentialing process. Following this the various Colleges including the College of Anaesthesiologists and the senior specialists of the Ministry of Health reviewed the process and made its recommendations. The first meeting was held on the 22 February 2003 and the College was represented by Associate Prof T A Lim and Prof Y K Chan and the MOH was represented by Dato' Dr Jahizah Hasan, Dato' Dr Subramaniam Balan and Dato' Dr K Inbasegaran. The meeting was chaired by Dr Ng Siew Hian. Among its recommendations were the following;

1. All qualified and practicing anaesthesiologists will be eligible for registration as Anaesthesiologists as a single discipline.
2. For purposes of specialized training some subspecialities of anaesthesia were identified and these were cardiac, paediatric, neurosurgical, obstetric, ambulatory, intensive care medicine and pain medicine.
3. Both intensive care and pain medicine have certification by way of examination available and will be recognized as a registrable subspeciality of anaesthesia. It is also known that other disciplines than anaesthesiology may be interested as well as eligible in obtaining training in intensive care or pain medicine and may want to also obtain subspeciality registration.
4. The committee also identified the core competency skills necessary for credentialing as anaesthesiologists and some of the more specialized procedures required for clinical privileging in subspecialities.

Since this meeting there has been a few more meetings and some discussions amongst members of the College as well as MOH and some minor modifications were proposed especially with regards to the training required for some of the specialized procedures. The essential point to note is all decisions regarding the Specialist register is vested in the

Colleges executive council by the Ministry of Health. Other professional bodies and societies such as the MSA can give their input but the College alone is empowered to give its final recommendations to the Academy and the Ministry of Health.

There appears to be a lot of questions amongst MSA members and also some confusion as to what this means to them in terms of their practice.

I will try to highlight some of these issues in particular the subspecialities and the rationale as to why some of these decisions were taken by the College. It is important to firstly reassure all qualified anaesthetists that they will be able to practice all fields of anaesthesia including intensive care and perioperative pain management as long as they have received sufficient training and are currently practicing these in their institutions.

Subspecialty training and subspecialities – As alluded earlier the College recognizes and encourages anaesthesiologists to develop areas of interest in the different fields of anaesthesia including intensive care and pain management. The development of areas of interest will include further training locally or abroad in accredited centers, spending a larger portion of their clinical time in chosen areas of interest, teaching and training others in the subspeciality. It is also expected that anaesthesiologists who develop subspeciality interest will contribute to research as well as publications in these fields. The recognition of one as an expert in that subspecialty will come from peers, institutional recognition as an expert and recognition from professional bodies.

Being a specialist having a special interest and expertise in an area of anaesthesia will not and should not preclude one from practicing in other areas of anaesthesia. An anaesthetist trained in cardiac anaesthesia can give anaesthesia for general cases or ambulatory surgery and likewise an anaesthetist with paediatric anaesthesia training should be allowed to anaesthetize adults as well. The core competency skills of the anaesthesiologist will enable him or her to work outside his special areas of interests. Restricting practice to only the subspeciality is certainly not in our best interests in the long term. I am sure that our colleagues in the private sector do not restrict themselves to only their areas of interest as it would be detrimental to the institution and most certainly to their income!

Certification as a subspecialist – If one follows the above argument then it is not necessary to have some form of "official" certification as a subspecialist. By this one means having a separate register within the Specialist register stating that one is a subspecialist. It becomes an exercise in futility as the final recognition of the expertise is by peers and the institution.

THE POSITION OF INTENSIVE CARE MEDICINE AND PAIN MEDICINE

Intensive care medicine has evolved along different pathways. In the developed world with the exception of the United States intensive care development has always been led by anaesthesiologists and the same situation prevails in Malaysia

continued on page 4

as well as in Singapore. However we also recognize that other specialities such as paediatrics, adult internal medicine as well as surgery are also getting increasingly involved in intensive care and in many cases do manage their own intensive care units. However we should preserve and enhance our contribution to intensive care and ensure that anaesthesiologists play a leading role in intensive care provision and development. We are not going to get involved in a turf war with others but instead welcome other specialities to also contribute if they have the interest and inclination. The second issue here is that intensive care medicine in some places (mainly developed countries) is a stand alone speciality with certification available and if we follow again the trends in these countries many anaesthesiologists and others like surgeons and medical internists have become full time intensivists. In Malaysia it will take some a long time to achieve that critical mass of intensivists and maybe in the future we may have a register of intensive care specialists (not as a subspeciality but as a stand alone speciality) drawn from different disciplines and who have paper qualifications. Pain medicine has a much shorter history but then again the knowledge and techniques for management of both acute and chronic pain has grown exponentially drawing interest mostly from anaesthesiologists and a few from other disciplines. In Australia and the US certification is now available and some anaesthesiologists who are certified practice exclusively pain medicine. In our local context in both intensive care and pain medicine will remain as subspecialities of anaesthesia with the majority of practitioners opting to do some anaesthetics as well. If we are to ensure the appropriate training and expertise for pain management and adult intensive care are to be directed and led by anaesthetists it is in our interests to put both these as a subspecialities of anaesthesia. Specialists from other disciplines are welcome to participate provided they are willing to follow the training requirements set by anaesthesiologists.

Role of generalists – Most of us will continue to be generalists in the sense that we may have not received further formal or structured training in specialized fields following acquisition of the basic specialist degree. But most of us would have received some training in many the subspeciality fields during the 4 – 5 year period of postgraduate education and by practice would have continued to enhance our skills in these fields including intensive care and acute pain management. Logically we should be able to provide for a full range of services in anaesthesia except those who may require a higher level of expertise. Restricting generalists in their practice will be create a major problem as services in most hospitals will be dependent on generalists for a very long time to come. The only hospitals which will probably have a total subspeciality practice will be those in which it is dedicated to patient subsets e.g paediatric cardiac or women's hospitals. In the basic training of specialists in anaesthesia the curriculum includes all branches of anaesthesia, intensive care and acute pain management. This gives the anaesthetist the unique ability of being a perioperative physician rather than an anaesthetist confined to operating room activities only. We need to preserve this and expand on it during the years following postgraduate training.

Developments in other countries – There has been a profusion of special interest groups and professional bodies in paediatric, cardiac, neuroanesthesia, obstetric, regional and

ambulatory anaesthesia as well as intensive care. Some of them even have associations for nursing professionals for e.g associations for critical care nursing in the US. These developments have been very positive for anaesthesiology as a whole in terms of the scientific advancement and patient benefits. However it is also interesting to note that in all cases there has been no move to have a separate certification for anaesthetic subspecialities except for intensive care and recently in pain medicine. There is only a single Board certification for anaesthetists (equivalent to a general specialist register) in the US. The same situation applies for Australia, the UK and the EU countries. It is for a good reason they have not done so and we have to take note of that. Only intensive care appears to have some form of separate certification in Europe, the US and in Australia. Pain management has certification in Australia and the US but not in Europe.

Other specialities – Some branches of medicine like nephrology, cardiology and nuclear medicine have developed into stand alone specialities while others like gastro enterology have remained within the general internal medicine umbrella. In surgery perhaps there are more stand alone specialities like cardiac surgery, paediatric surgery, plastic and reconstructive surgery, urology etc. Many of them have done away with a basic general surgical qualification and have opted for direct entry into the specialized area of surgery. Others like vascular surgery and hepatobiliary surgery have tended to develop as areas of interest rather than stand alone specialities. In ObGyn they have just like anaesthesiology developed areas of interest rather than stand alone specialities. A key point to note is that stand alone specialities seem to develop when the core knowledge and expertise required is extensive and this is often matched by a large population at risk.

PROCESS OF APPLYING TO BE REGISTERED IN THE NATIONAL SPECIALIST REGISTER OF MALAYSIA

All specialists who wish to be included in the Register will be required to fill a specific form(which can be downloaded from the Academy website) and sent to the Secretariat. The form will require among others the specialty and subspeciality (if applicable) the doctor wants to be registered in, appropriate documents such as certificates, log books, supervisors reports of core clinical competency, portfolios and copies of your degrees. For senior specialists(more than 10 years in practice) these are not necessary but are instead required to produce the names of two referees who can attest to their competency as a specialist. The Secretariat will forward all applications to the Credentialing committee (most of whom will be drawn from the Colleges) for further action.

CONCLUSION

In summary we should preserve anaesthesiology as a single entity with diverse interests. We should strongly encourage all practicing specialists to develop special interest areas so that they can contribute positively to advancement of the discipline and give better education to our trainees. Developed countries with huge numbers of trained anaesthesiologists seem to have taken this approach. Malaysia has a miniscule number of anaesthesiologists which does not even approach the minimum norm as set by MOH as one per 30,000 population. It will do us well to concentrate on increasing the numbers and developing lots of anaesthetists with specialized skills and yet able to provide a wide range of services for total perioperative care. **e**

Report on the Annual Scientific Meeting 2005

By Dato' Dr Jahizah bin Hj Hassan
Organising Chairperson

The Annual Scientific Meeting of the Society and College of Anaesthesiologists 2005 was successfully held in Penang from 18 to 20 March 2005 at The Bayview Beach Hotel, Batu Ferringhi, Penang Island.

The ASM 2005 in Penang was a first in many aspects:

1. It was the first ever meeting held outside The Klang Valley.
2. It was the first meeting to pack in a lot of social and fun events which attracted a tremendous response from the delegates and their families.
3. The turn-out at the ASM was the largest ever in the history of MSA. There were 610 registered participants, not including accompanying spouses and family members.
4. Many local speakers were given ample opportunities to present.

The programme started off on the evening of 17 March; with a preconference dinner and a lecture on New volume therapy by Professor Emeritus Hengo Haljamie from Sweden.

The ASM was then officiated by the honourable Deputy Director General of Health, Dato' Abdul Gani who also delivered a speech touching on the "Level of Anaesthetic Care" in the country.

The theme of the ASM was "Update on Anaesthesia and Intensive Care". The next 2 days were filled with a variety of symposium topics, plenary lectures and workshops. 3 other foreign speakers were invited – Dr Ross Wallace (RPAH Sydney), Prof Brimacombe (Brisbane) and Dr James Lynch (Mayo Clinic, Minnesota). Papers for the Young Investigator's award and the MSA award were presented and the awards went to Dr Shamsulkamaruljian and Dr Awisul-Islah respectively, both from the Universiti Sains Malaysia, Kubang Kerian, Kelantan.

The AGM of the Society and the College of Anaesthesiologists were respectively held in the evenings of 18th and 19th. The no. of members who attended the AGMs were more than 60. The results of the election saw Dr Mary Cardosa elected as the President-elect of MSA, whilst Dr Ng Siew Hian took over the helm as President of MSA 2005–2006. Prof Y K Chan was elected as the President of the College of Anaesthesiologists. Congratulations is in order here to all three ladies for their dedication to the Society and College, in whose hands, we are sure to further advance by leaps and bounds!

On the social front, there were exciting and entertaining dinners held on the 18th and 19th. The Gala Dinner was held at Eden Seafood Restaurant situated nearby whilst the BBQ dinner was at the Hotel beach front. The highlights of these social events were the cultural performances and the lucky draws, apart from the abundance of delicious foods and the atmosphere of camaraderie.



Organising Committee & MSA Presidents (Past, Present & Elect)

Then, there were the games and sport events which were successfully implemented despite a tight schedule. The responses were most encouraging with plenty of instant sportsmen and sportswomen taking home big hampers or cash plus trophies.



Big smiles on happy faces.

The Garden volleyball game was fought by teams of eight each, on a knockout system. The tug-of-war was keenly fought between four teams of 15 each. All the teams were mixed gendered. Everybody had a thoroughly good time during these games, although some complained of bodyaches and pain afterwards.



VIPs at the Opening Ceremony



Participants enjoying an exciting game of volleyball.

continued on page 6




'Heave-Ho' Participants during the tug-of-war.

The children of participants were also entertained by a special Magic Fun programme, apart from just enjoying themselves in the swimming pool or playing by the seaside.

People of the medical industries also deserved to be thanked as their eager and enthusiastic participation enabled this programme to continue.



Some great moves during a MJ imitation contest...

The ASM 2005 was closed by a short speech by Dr Ng Siew Hian as the new President of MSA on the 20 March. She congratulated the Organising Committee for hosting a very 'different' ASM in Penang and promised that the next ASM will be held outside the Klang Valley too. 

Anaesthesia Family Day

19 February 2005

Report by Dr Sidney Saw

Department of Anaesthesia and Intensive Care, Hospital Kuala Lumpur

It was a bright sunny morning when we set out for Riverstone Eco Resort. Everyone was excited. This was to be our first family day in 3 years. Some of us took the bus whereas some decided to drive there themselves.

The trip was to be a scenic one as we drove past a few rustic villages and the beautiful Sungai Batu Reservoir. Who would have thought that a place of such beauty lay within minutes of the city. On arrival we were all famished and were treated to a delicious breakfast of fried noodles and hot tea. As everyone tucked in, they also had a chance to admire the beauty of the surroundings and the 'back to nature' feeling that one hardly experiences back in the city.

After breakfast, the games then commenced with several "telematch" type games... Kicking off was "Find your Family" where a member of the team was supposed to find the rest of his team while blindfolded based on call by the team members.

After that the children's games began. It was obvious from the smiles on the faces of the kids that they were thoroughly enjoying themselves. They then had a chance to show off their creative talents in the colouring contest. They were given a drawing and allowed an hour to let their creative juices flow.

The telematch games then continued with the men and women pitting their brains and brawn against each other. The men won two of the events and the women, three. The winning teams for each event were rewarded with hampers. It was truly fun as everyone let down their guard and played their best. The most enjoyable game was the one in which both teams had to create the longest unbroken line with whatever they had, laces, belts, shoes... with the guys only winning by a small margin after literally stripping the shirts off their backs as a last ditch effort to extend the line.




Then it was time to enjoy the cool waters of Sungai Batu that meanders alongside the resort. Almost everyone went into the river with the waters offering a cool respite from the heat of the midday sun. The crystal clear water with the many rocks and boulders offered a playground like no other. The kids loved it most and many were unwilling to leave the waters even when lunch was called.



After lunch, many opted to return to the water and just waded and soaked in the ambience of the surroundings. It was really therapeutic and relaxing. The stress of work simply melted away as the cool waters massaged away all aches and the sounds of nature helped unwind all the tight nerves.

The grand finale was when the lucky draw commenced. Many walked away with something but only five lucky persons walked away with a hamper each. The prize winners of the colouring contest were also announced. It was really a great end to a great day.

Kudos to the organising committee especially Dr Ng, Dr Maznah, Hj Yusop, and all those involved in planning and making the Anaesthesia Family Day a reality. We also would like to thank the numerous sponsors for their kind support and gifts, without which the family day would not have been a success. 



Dr Ong-Yeoh Cheang Huat

1936 – 2005

OBITUARY

Dr Ong-Yeoh Cheang Huat died on March 27, 2005 at the Institut Jantung Negara, Kuala Lumpur. He was 68 years old.

He was born in Penang on November 5, 1936 and was the only child of his parents. At the age of nine, he lost his father and was subsequently brought up by his mother and uncles. He completed his secondary and pre-university education at the Penang Free School and proceeded to Singapore where he was admitted to the King Edward VII College of Medicine, University of Malaya, Singapore. He graduated in 1960.

He commenced employment in Penang and remained in the state for several years during which period he married Julie. In 1968, he went to the United Kingdom for Anaesthesia training on Federal Government scholarship. Upon his return, he was posted to Johore, then to Ipoh, and later as a specialist to Taiping. Thereafter, he was appointed as a consultant and transferred to Terengganu and subsequently to Kedah. His final Government posting was in 1983 as the Deputy Director of Anaesthesia at the General Hospital, Kuala Lumpur. He retired in 1991. During his service with the Government, he was conferred the awards of AMP and KMN.

After retirement from Government service, Ong-Yeoh continued to work as an Anaesthetist in the private sector until 2004. He was a keen member of the Malaysian Society of Anaesthesiologists and was frequently present at its lectures and other professional activities and kept himself updated in the field.

As a member of the Royal Lake Club, he was active in swimming, ballroom dancing, tai chi and yoga. He is particularly remembered for his Chinese sword dance, which he performed with his wife, accompanied by the Dharma orchestra, on the annual tai chi night.

I met Ong-Yeoh during our college days at the King Edward VII College of Medicine. He was always a kind and lively person capable of humorous cracks at the slightest opportunity. In Kuala Lumpur, where we worked together at the same hospital, I found him to be a good administrator and trustworthy confidant and we enjoyed a pleasant working relationship. With his demise, I have lost a good friend.

During his final year as a medical student in Singapore, Ong-Yeoh found that he had cardiomyopathy. With treatment he kept it under control. His disorder started to deteriorate during his last three years. In 2005, his condition worsened and he was hospitalised for much of his last three months. He passed away on March 27 in the presence of his wife and children.

Our condolences go out to his wife, Julie, his sons, David and Damien and daughter, Jamie.

Dato' Dr Radha Krishna Sabapathy

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Report on the Surviving Sepsis Campaign Roadshow

1. 26 February 2005 at Selayang Hospital

2. 9 April 2005 at Ipoh Hospital

Dr Anselm Suresh Rao

Malaysian Surviving Sepsis Working Group (MSSWG), ICMS, MSA

The Surviving Sepsis Campaign (SSC) is a global collaborative initiative to help meet the challenges of sepsis and to improve its management, diagnosis and treatment. One of the main goals of the SSC is to reduce the incidence of sepsis mortality by 25% within 5 years. The mission of SSC is to change physician behavior related to the identification and management of patients with sepsis. Evidence-based guidelines have been developed for the diagnosis and management of sepsis. These guidelines called "Surviving Sepsis Campaign Guidelines for the Management of Severe Sepsis and Septic Shock" has appeared in the March 2004 issue of **Critical Care Medicine** and the April 2004 issue of **Intensive Care Medicine**.

The MSSWG was set up in July 2004 as a national collaborative group that would champion this global effort to improve outcome in severe sepsis in Malaysia. This group comprises of doctors from Ministry of Health hospitals, UKM and UMMC with experience in looking after intensive care patients. The Malaysian Surviving Sepsis Campaign was launched during the 2nd National Conference on Intensive Care in September 2004. The main part of the campaign would consist of a series of road shows to be held throughout the country, aiming to increase awareness and to educate medical personnel on recent advances in the management of sepsis.

The 1st Surviving Sepsis Campaign Roadshow was held on the 26 February 2005 at Selayang Hospital to cater for doctors in the Klang Valley. A total of 135 nurses and doctors comprising of medical officers and specialists from Selayang Hospital, Kuala Lumpur Hospital, Tengku Ampuan Rahimah Hospital Klang, Putrajaya Hospital, Kajang Hospital, Hospital UKM, University Malaya Medical Centre and Seremban Hospital attended the roadshow. This roadshow was launched by the Timbalan Pengarah of Selayang Hospital, Dr Nor Akma Yusuf and was also attended by Dr Ng Siew Hian, the Chairman of the MSSWG.

The roadshow comprised of a series of lectures with topics ranging from the definition and epidemiology of sepsis to a discussion on new concepts in the treatment of sepsis. There was also an interactive case discussion on the management of a patient with sepsis in the intensive care unit. Finally, the Malaysian Guidelines for Management of Severe Sepsis and Septic Shock was presented to the audience.

Posters and pocket guides on these Malaysian guidelines were distributed to the audience with the aim of further disseminating awareness of these guidelines. The MSSWG was also pleased to get some publicity in the press regarding the Surviving Sepsis Campaign with a full page article in the 27 February issue of the New Sunday Times with the title "Sepsis – so common yet so hard to pin down".

The 2nd Surviving Sepsis Roadshow was held on the 9 April 2005 at Ipoh Hospital to cater for doctors and nurses from Perak. There were a total of 187 participants, which included about 40 nurses. Among the 147 doctors who attended the sessions were doctors from various specialties and seniority ranging from house officers to senior consultants. There was good participation from doctors from the private sector as well.

The MSSWG would like to acknowledge the contribution of Eli Lilly in printing the posters and pocket guides on the Malaysian guidelines that were distributed to the participants of the roadshow as well as sponsoring the tea and lunch breaks. The MSSWG would also like to thank the Department of Anaesthesiology and Intensive Care of Hospital Ipoh for organising the logistics of the roadshow.

The 3rd SSC Roadshow will be held in Hospital Sultanah Aminah Johor Bahru on the 13 August 2005 and aims to cater for doctors from the Southern Region of Malaysia.

Members of the MSSWG comprise the following:

1. Dr Ng Siew Hian – Hospital Kuala Lumpur (*Chairperson*)
2. Dr Tai Li Ling – Hospital Kuala Lumpur
3. Dr Shanti Rudra Deva – Hospital Kuala Lumpur
4. Dr Jenny Tong May Geok – Hospital Seremban
5. Dr Tan Cheng Cheng – Hospital Sultanah Aminah Johor Bahru
6. Prof Gracie Ong – University Malaya Medical Centre
7. Prof Patrick Tan – University Malaya Medical Centre
8. Dr Nor'azim Mohd Yunus – University Malaya Medical Centre
9. Dr Ahmad Shaltut – Hospital Alor Setar
10. Assoc Prof Syed Rozaidi Syed Wafa – Hospital Universiti Kebangsaan Malaysia
11. Dr Anselm Suresh Rao – Hospital Selayang
12. Mr Lee Kee Leng – Eli Lilly