

BERITA Anesthesiologi

Newsletter of the • Malaysian Society of Anaesthesiologists
• College of Anaesthesiologists, Academy of Medicine of Malaysia



**Malaysian Society
of Anaesthesiologists**



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In this Issue...

- PG 3** Message from the President of the College of Anaesthesiologists, AMM
- PG 5** Anaesthesiology vs Anaesthesia
- PG 8** K Inbasegaran Research Fund
- PG 9** Change of Name of the Specialty
- PG 11** Report on MSA/ College ASM 2008
- PG 13** The 14th World Congress of Anaesthesiologists
- PG 14** Obituaries
& 16

Message from the President of MSA

We have just completed our 13th Annual Scientific Meeting (ASM) and 44th Annual General Meeting (AGM) in Langkawi. I believe it was a great success and I would like to thank Dr Mortadza Ramli, Organizing Chairman of the ASM / AGM 2008, Assoc Prof Jaafar Md Zain and Dr Felicia Lim, co-chairpersons of the Scientific Committee, and their respective committees for working hard to put together a great scientific and social program that all of us enjoyed.

As usual, the ASM/AGM was organized jointly with the College of Anaesthesiologists, as we have done for the past few years. The MSA and College have been working as partners in many activities and I hope that we will continue to do so for the benefit of the anaesthetic fraternity.



Issues discussed at the Annual General Meetings (AGM)

The Annual General Meetings of the Malaysian Society of Anaesthesiologists, the Intensive Care Section and the College, held in conjunction with the Annual Scientific Meeting, were very lively with many issues hotly debated. Some of these issues included the National Specialist Register (NSR), the name of our specialty (Anaesthesia vs Anaesthesiology), the proposal to dissolve the Intensive Care Section (ICS) in the MSA after the establishment of a Society of Intensive Care Medicine and the question of whether the Society and College should merge into a single body.

After much discussion, members at the AGM decided to request a change in the name of the specialty in the NSR to "Anaesthesiology and Intensive Care" to reflect the practice of the majority of anaesthesiologists who work both in the operating theater as well as in ICU. This "name change" would have to be taken up with the Academy of Medicine of Malaysia and we will keep you informed on the progress in due course. At the same time, Intensive Care Medicine (ICM) will be registered as a subspecialty of anaesthesiology with a "grandfather" clause to include all anaesthesiologists who have had ICU training as part of their basic specialty training; and those non-anaesthesiologists who have trained in intensive care will also be eligible for registration under the ICM subspecialty.

To merge or not to merge?

There was insufficient time at this AGM to debate the very important issue of merging the MSA and the College. Furthermore, I feel we should give the opportunity to all our members to express their views on this issue - therefore, I propose to get members to discuss this through the Berita over the next few months. We are, thus, inviting members to write in and we will publish your thoughts in the Berita. To this end, we have put an announcement in this issue of the Berita and we hope to hear from many of you - although one-liners ("We MUST merge!" Or "DO NOT merge at all costs!") may be accepted, it is more important for you to put down your arguments for or against a merger so that others may respond accordingly and a more meaningful discussion ensues.

Continuing Professional Development(CPD)

As usual, the MSA will continue to be active in organizing CPD activities - this year we would like to focus on regional activities, similar to the "Klang Valley CPD program" which was started two years ago and has provided a good opportunity for members in the Klang Valley to showcase their work and share their experiences with their colleagues. We would like to encourage other

regions to organize similar sessions utilizing local speakers rather than overseas or outstation speakers. We will also continue to organize CPD programs on various clinical topics and updates on the latest developments in the specialty as well as more general topics like research methodology and evidence based medicine. CPD has already been made compulsory for Ministry of Health doctors and will soon be compulsory for renewal of our Annual Practicing Certificate; thus, the MSA would like to continue to provide opportunities so that our members will have no trouble accumulating the required points.

MSA Yearbook

I am happy to announce that the 2nd issue of the MSA Yearbook is finally out, thanks to the hard work of all the authors and the editor, Dr Thong Chwee Ling. I hope all of you will benefit from reading the Yearbook which we are planning to produce annually.

Upcoming conferences

As usual, the Intensive Care Section has organized the NCIC in July this year. In 2009, the MSA will be organizing the 16th ASEAN Congress of Anaesthesiologists (ACA) in Kota Kinabalu, Sabah; the 7th NCIC will also be held in conjunction with the 16th ACA. Prof Dato' C Y Wang (scientific chairperson) and her team have already got commitments from an impressive faculty and will be finalizing the scientific program soon. We are also planning an exciting social program – do watch out for updates in each Berita and block these dates, 2nd – 5th July 2009.

Research

The MSA will continue to support research at the local level with the K Inbasegaran Research fund. I am happy that Dr Tan Mee Yee, a trainee from UMMC who received this award in 2007, also won the MSA award at the recent ASM when she presented the findings of her study.

Anaesthetic Fees, MCOs and Other Issues

The role of the MSA is not just in CPD and over the past year we have addressed a number of issues that are important to our specialty including the anaesthetic fee schedule and pressure from the MCO's for across-the-board discounts. I am happy to announce that the Ministry of Health has clearly stated that there should be no negotiation on professional fees as this is tantamount to fee splitting and contravenes the Private Healthcare Facilities and Services Act 1998. The 5th edition of the MMA schedule of fees, updating the list of procedures done under anaesthesia and the recommended charges, is in the final stages of completion and will be released soon. I would like to thank Dr Raveenthiran and his team who worked hard to ensure that the anaesthetic component of the 5th Schedule of fees is a just reflection of our professional work.

Health, Welfare and Personal Development

I believe that apart from CPD we should also be looking after our own health and welfare and developing personal skills, for example communication and presentation skills. As doctors, we are always looking after patients but often neglect ourselves and we must remember that to be more effective, we must stay healthy both in mind and body. The MSA will be looking into organizing more activities related to self development and in our own welfare and welcome suggestions as to what you as members would be interested in.

History of the MSA

Whilst keeping up to date and looking into the future is important, I believe it is also important to look back at our history. There are many prominent anaesthetists who have helped build up anaesthesia in this country to the specialty it is today and I wish to acknowledge all their contributions. For the younger generation, I believe it is important to have some sense of history and roots. Therefore, the MSA is planning to write the History of the Malaysian Society of Anaesthesiologists by putting together stories of our senior members; at the same time, we will also compile the thoughts and aspirations of our younger colleagues for the future. Dato' Dr Jenagaratnam, the current Chairman of the MSA, has agreed to oversee this project, which I hope will be completed in shortly over a year. Those interested in contributing please contact me (mary.cardosa@gmail.com) or the MSA secretariat (acadmed@po.jaring.my).

I look forward to another active year for the MSA.

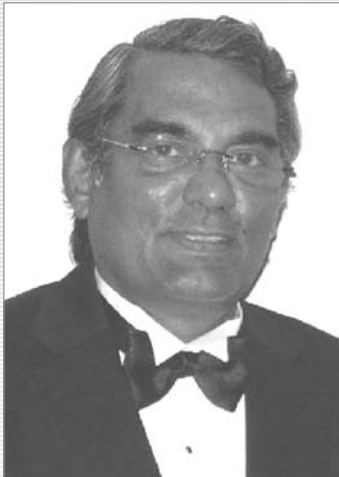
Mary Cardosa

President MSA (2007/2009)

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Message from the President of the College of Anaesthesiologists, AMM

Mohamed Namazie Ibrahim



After having a very busy year with organizing and implementing some of the activities and amidst some controversies regarding the name change for the specialty in the National Specialist Register and also the registration of specialists in the subspecialty of intensive care, the College had its joint Annual Scientific Meeting and the Annual General Meeting in Pulau Langkawi in April 2008 and it was a resounding success with good participation. The scientific programme was well thought of and organized. For the first time, the College was given two slots to highlight some of the activities of the College. Two issues that are currently the buzzwords in the profession, namely the continuing professional development and the National Specialist Register were the two topics that the College presented. The College also released two updates on clinical practice guidelines namely the Recommendations for Safety Standards and Monitoring in Anaesthesia and the Recovery and the Guidelines on Preoperative Fasting during the meeting. Dr Mortadza Ramli and the hard working members of his organizing committee and the scientific committee must be

congratulated for the success of the meeting and I would like to personally thank them for the wonderful time and the fellowship accorded to the members.

I must once again thank the members of the College for electing me as President for another term and I am eagerly looking forward to this year to finish or at least to bring to near completion some of the projects that were started last year. The issues that need attention urgently include continuing professional development and the scoring system for CPD, name change for the specialty and registration criteria for intensive care practitioners. Another issue that needs to be addressed is the unity of the anaesthetic community and fortification of the specialty as a strong body to be reckoned with.

Change of Name of the Specialty in the National Specialist Register

The National Specialist Register has Anaesthesiology as our basic specialty and Intensive Care as a subspecialty. The few specialists who have had higher training in intensive care have indicated that they wish to be called Intensivists and have drawn up the criteria for registration of intensivists. These criteria would exclude many of us who are currently practising intensive care albeit at a lower level than the intensivist. However, the training of anaesthetists in Malaysia include a fair amount of intensive care and therefore all anaesthetists should be allowed to practise intensive care to a level they have been trained if they choose to do so. There are anaesthetists who may choose not to practise intensive care and this must be respected as well. Furthermore, we must also recognize the aspirations of those who want to be intensivists and who have undergone higher training. Many members of the anaesthesia fraternity have voiced their concern about registering only as an anaesthetist as provided for in the National Specialist Register. They have requested a name change to include intensive care as part of the name of the basic specialty to overcome any medico-legal problems that may arise if they are only registered as anaesthetists. The Subspecialty Committee for Anaesthesiology deliberated on this and proposed the following changes:

1. Anaesthesiology to **Anaesthesiology and Intensive Care** (Basic specialty)
2. Intensive Care to **Intensive Care Medicine** (Subspecialty)

A request to change the name was made to the National Credentialing Committee which then forwarded the request to the Council of the Academy of Medicine for discussion. The Academy Council rejected this request at the first instance. An appeal was made to the Academy Council which then heard the arguments put forward by representatives from the Specialty Subcommittee, the MSA and I as the College President. After much discussion the Academy Council felt that the term intensive care be replaced by another suitable term to distinguish it from the intensive care subspecialty. The Specialty Subcommittee met again on 13th June 2008 and deliberated on this matter. The following proposals were suggested and

Continued on page 4

I would like the members of the anaesthetic community to give their feedback following which a new request would be forwarded to the NCC via the Academy Council. The proposals are as follows:

- 1 a) Basic Specialty: Anaesthesiology and General Intensive Care
b) Subspecialty: Advanced Intensive Care Medicine
- 2 a) Basic Specialty: Anaesthesiology and Critical Care
b) Subspecialty: Intensive Care Medicine
- 3 a) Basic Specialty: Anaesthesiology and Intensive Care
b) Subspecialty: Critical Care Medicine

I would like the members to give me some feedback and their choice for the name change. Please write to me at namazie@streamyx.com or mnamazie@gmail.com

Your feedback is important for the College and the Specialty Subcommittee to act upon. I sincerely hope that we have as many responses as possible.

Membership Drive

The College has slightly over one hundred members at the moment and is the College with the least members in the Academy of Medicine. Since the College is under the umbrella of the Academy of Medicine of Malaysia which is gaining in strength in representing the various medical disciplines it is important that our College has a strong membership to represent the anaesthetists in the country. I would like to request all anaesthetists who are not members of the College to kindly consider applying for membership. The process of joining as ordinary member of the College has been simplified and you do not need to have published papers in journals for ordinary membership as was required before. The membership forms are available from the Academy secretariat.

The ordinary members who wish to become Fellows could check their eligibility with the secretariat. I would like to request all senior members to consider applying for Fellowship.

Scoring System for Continuing Professional Development

The Ministry of Health has formulated a proforma for the scoring system for CPD. This proforma is generic and the different specialties have to use this and develop their own scoring system. The College Council had appointed Prof Ramani Vijayan as Chairperson to develop our own scoring system for anaesthesiologists. What is now required is to identify core subjects and non core subjects and to include these in the scoring system. The core subjects would carry higher weightage than the non core subjects. If any of the members have any opinions on this please write to me and I would pass it on to the Chairperson. It must be emphasized that CPD would be required in the future for the issue of the annual practicing certificate and the maintenance of one's name in the Specialist Register.

Fee Splitting and the Code of Professional Conduct

Recently the President of the Malaysian Medical Council and the Director-General of Health, Tan Sri Dato' (Dr) Mohd Ismail Merican, has clarified and warned that giving discounts from professional fees to corporate bodies like the managed care organizations and insurance companies in return for referral of patients is deemed to be fee splitting and is prohibited under the Code of Professional Conduct of the Malaysian Medical Council as well as the Private Health Care Facilities and Services Act (1998). Any one found practising fee splitting can be charged under these two Acts. I would like to advice all the anaesthetists doing private practice to be aware of this and take appropriate action lest you fall foul of the law.

Dr Mohamed Namazie Ibrahim

June 2008

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ANAESTHESIOLOGY vs ANAESTHESIA

By Dato' Dr Lim Say Wan

History

As in most things, scientific and otherwise, the English (or British) claim first base.

Thus the name or title "ANAESTHESIA" was first used by them. However because of the significance of Ether (16th October 1846) and its administrator, Dr William Thomas Green MORTON, generally acknowledged as the Father of Anaesthesia, the Americans were not far behind.

By the time the Anaesthetists and their national societies of Anaesthetists organised the very first World Congress of Anaesthesiologists (WCA) in 1955 and thus founded the World Federation of Societies of Anaesthesiologists (WFSA), the name and title of "Anaesthesia" (including the accompanying term "Anaesthetist") had become history!! The old terminology had been consigned to history because the vast majority of medical doctors and their national societies had chosen to adopt the terminology "Anaesthesiology" to identify their specialty and "Anaesthesiologists" to identify themselves.

The Malaysian Society of Anaesthetists (original name of MSA) joined the WFSA in 1968 and thereby became acquainted with the prevailing points of the arguments between "Anaesthesiology vs Anaesthesia" and by the early 1970s had opted to use the more universal name or title of "Anaesthesiology" (and the accompanying "Anaesthesiologist").

Thus, any attempt to revert to the use of the names and titles of "Anaesthesia" and "Anaesthetist" would be retrogressive or a retrograde step and take Anaesthesiologists in Malaysia back to square one. Let us not forget that our specialty is, by comparison, a young one and our pioneers struggled for years to gain recognition for our specialty among doctors in the more established disciplines and among the public at large.

Arguments

a) The terms "Anaesthesia" and "Anaesthetist" are purely historical and do NOT reflect the professional duties as well as the terms "Anaesthesiology" and its corollary term (or derivative) "Anaesthesiologist". [Note that the Americans favour the easier-to-spell terms "Anesthesiology and Anesthesiologists" as they have had enough of English tongue-twisters and spelling anomalies.]

What are the professional duties of Anaesthesiologists?

- i) Patient care in the administration of anaesthetics (general, regional or local) in the pre-anaesthetic, anaesthetic and post-anaesthetic periods
- ii) Similar patient care in Intensive Care Therapy, Pain Relief Medicine and Resuscitative Medicine

- iii) Research in the pharmacology and use of anaesthetic drugs and drugs used in Intensive Care and related disciplines
- iv) Research in anaesthetic techniques and management
- v) Research in the technology of anaesthetic and monitoring equipment and its uses
- vi) Similar practice and research (as above) in providing Safety in Anaesthesiology for patients including the increase in simulation methods to ensure safety (considered a necessity in the training of pilots in the Aerospace Industry).

Bear in mind that the historical term "Anaesthesia" came into being because of the PRACTICE of Anaesthesia. As the range of interests and duties increased in the practice of "Anaesthesia" and many doctors became increasingly involved in research in a manner akin to researchers in the Pure Sciences, the practice of Anaesthesia, of necessity, evolved with the passing years and became in many respects more of a Science. In this evolution of the medical physician from the practice of Anaesthesia into the Science and Practice of Anaesthesia, in fairness, the North Americans led the way as the Britishers (or English) were still indulging themselves in just the practice of Anaesthesia. If one refers to North American and British Journals in Anaesthesia from the 1930s onwards, the North Americans were way ahead in the scientific aspects of their research, as evidenced by the increasing number of discoveries of drugs and techniques. From the 1940s, the pre-dominant British interest was in General Anaesthesia while the North Americans explored General, Regional and Local Anaesthesia, the whole gamut in the delivery of anaesthesia services. Britain had isolated centers that favoured regional or local anaesthesia e.g. Oxford and Southend-on-Sea.

- b) Scientists prefer the more professional and scientific term ending in "logy" e.g. Physiology, Pharmacology, etc. implying a scientific profession (and by extension, a scientific professional).
- c) From the 1800s, USA expanded in population and use of its land mass. This expansion created shortages of manpower in all the medical disciplines in the 20th Century. USA resorted to the Scandinavian experience and utilized Nurse Anaesthetists (i.e. nurses who had been specially trained in the administration of General Anaesthesia) to overcome the shortage of medical doctors available to provide General Anaesthesia for patients. The differences between Doctors and Nurses are too obvious to need any elaboration here.

With the advent of Nurse Anaesthetists, it became imperative for the Physician Anaesthetists to define their identity so as not to be lumped together with the group called Nurse Anaesthetists. Is it thus any wonder that the Physicians or Medical Doctors

Continued on page 6

whose professional livelihood is involved in the provision of anaesthesia services (pre-, anaesthetic and post-anaesthetic care of patients requiring general, regional and local anaesthesia for operations, diagnostic procedures, etc.) chose to call themselves ANAESTHESIOLOGISTS or ANESTHESIOLOGISTS ??

d) In the early 1950s, Anaesthesia was considered a young specialty compared to the well-established specialties of Internal Medicine, Surgery and Obstetrics and Gynaecology which had had their Colleges, their traditions, training courses and recognised qualifications for a few centuries already. As with these older specialties, the emphasis in Britain was more on the Art or Practice of the specialty rather than the Science of the specialty. Britain then had two known designated anaesthesia training centers – in Oxford and Liverpool (Cardiff came next later). Research was then not part of the curriculum and other than Oxford initiating a Nurse Anaesthetic Training Programme, anaesthesia services in Britain and other parts of the British Commonwealth were provided by Doctors. Thus, Britain and the British Commonwealth countries were happily ensconced in using the terms "Anaesthesia" and "Anaesthetist". It is because of our British heritage that Malaysia used similar terminology until the early 1970s.

In Britain, there was another factor at work. It took a long, long time for an independent College of Anaesthetists to be formed. Ever since the Diploma in Anaesthesia (DA) exam was instituted in the mid-1930s to enable British Anaesthetists to be recognized as trained specialists (and eventually the FFARCS exams in 1948), this group of recognized specialists in Britain chose to take refuge as a Faculty of Anaesthetists in the Royal College of Surgeons of Britain. There was, I believe, then a wide spread belief among the British Anaesthetists themselves, until dispelled in the late 1970s, that as a specialty group they were not viable unless they enjoyed the patronage of the Royal College of Surgeons. Contrast this attitude of British Anaesthetists with British Psychiatrists who organized themselves into a recognized body much later than the Anaesthetists and yet, from the word go, had no hesitation in founding their very own College of Psychiatrists in the late 1960s. The British Psychiatrists who came later than the British Anaesthetists (30 years later) thus instituted an independent College for their specialty much earlier than the timid British Anaesthetists. In fact, many British Anaesthetists believe that the bold Psychiatrists provided the final impetus for them to pursue their independence from their surgical counterparts in the Royal College of Surgeons of England.

On the contrary, the North Americans, the South Americans and the Europeans suffered no such inferiority complex and never had the privilege of being under the yoke of the surgical or any other medical discipline. Is it surprising that in choosing the name to identify themselves, Anaesthesiologists in the rest of the developed world chose different terminology from the body of Anaesthetists of Britain??

e) At the end of the First World Congress of Anaesthesiologists in Scheveningen, The Netherlands, on 9th September 1955, the World Federation of Societies of Anaesthesiologists (WFSA) was

founded by the representatives of 26 national societies of Anaesthesia. Dr Harold Randall GRIFFITH of Canada was elected the first President and Dr Geoffrey Stephen William ORGANE (later Sir Geoffrey) of Britain was elected the first Secretary / Treasurer. At this Inaugural Congress, the Association of Anaesthetists of Great Britain was represented by its "most powerful advocates" in the persons of Dr R W P Shackleton, Prof T Cecil Gray, Dr W A Low, Dr J Gillies and Dr Geoffrey Organe. The other British Commonwealth national societies present at this historic founding meeting were Australia, Canada, India and South Africa and observers from Egypt and New Zealand. Note that despite the participation of Dr Harold Griffith of Canada as Founding President, Dr Geoffrey Organe as Founding Secretary/Treasurer and top tier anaesthetists from Britain and 6 other British Commonwealth countries, this world body opted for the terms "Anaesthesiology and Anaesthesiologists"?? To prevent any possible misunderstanding, the American Society of Anesthesiologists (ASA) was NOT a Founder member society of the WFSA and was only represented in 1955 by an observer who was not an official in the ASA. Thus, the Americans had nothing to do with the choice of terminology in identifying our specialty in the world body.

Malaysia's stand

After becoming a member of the WFSA in 1968, the terminology was discussed at various meetings of the Executive Committee of the Malaysian Society of Anaesthetists (MSA). By 1971 a decision was arrived at to keep in line with the rest of the world and adopt the terminology used by the world body, WFSA. Thus, the terminology change of MSA to the Malaysian Society of Anaesthesiologists is a fait accompli. Similarly, when the College of Anaesthesiologists and its predecessor, the Faculty of Anaesthesiologists in the College of Surgeons of Malaysia, was founded subsequently, the term "Anaesthesiologists" to define the body of medical physicians engaged in the practice and science of Anaesthesia was the preferred terminology. Has anything happened in the last ten years or more recently to warrant Malaysian Anaesthesiologists choosing to use the "ancient" British terminology of "Anaesthesia" and "Anaesthetists"?? Are we really enhancing our specialty by re-introducing ourselves as "Anaesthetists" and our specialty as "Anaesthesia"?? What benefits are Malaysian Anaesthesiologists going to derive by any decision to stand shoulder-to-shoulder in terminology to identify themselves with their British counterparts (or their Australian ones)?? After 50 years of Independence of our country, Malaysia, and after 37 years of MSA deciding on following the majority of national societies in the world body, WFSA, in using the terminology of "Anaesthesiology", why are we going back in time to cling to the coat-tails of the British and the Australians who are in the minority in the world body of Anaesthesiologists?? Should not the MSA be thinking of more integration with the majority in the WFSA?? No national society in ASEAN, our own geographical region, and our immediate neighbours uses the British terminology. Why at this moment in time are members of the MSA thinking of being different from our ASEAN compatriots??

Continued on page 7

As an aside, allow me to mention that our Australian colleagues acted as catalysts in the development of our specialty in Malaysia in the 1970s. But, by the time we reached the Asian Australasian Congress (AACA) in Bangkok in 1990, many in the AARS had wondered about agreeing to the request from Australian and New Zealand colleagues to break away from the AARS to form their own Australasian Section. The views of two well-known Australian Premiers were read out as they had argued that Australia was distinctly different from Asia. Despite these convincing arguments, the proposed breakaway was abandoned and the AARS continues as before to this day. This anecdote is mentioned en passant to demonstrate that Malaysia has no valid reason to copy Australian and New Zealand colleagues who choose to retain the old British traditional names of "Anaesthesia" and "Anaesthetists" as our reasons are not the same as theirs nor our family (or blood) ties to Britain.

Conclusion

Kindly allow me to humbly appeal that the reasons and possible benefits, if any, of a name change back to "Anaesthetists" for us and "Anaesthesia" for our specialty must be overwhelmingly compelling for us to consider the change. Otherwise, why shortchange ourselves by choosing to use terminology we have already grown out of, for good reasons. Let us therefore not shoot ourselves "in the foot" by any name change from the universally accepted one!!

References: World Federation of Societies of Anaesthesiology - 50 Years, 2004, Springer Minutes of Executive Committee Meetings and AGMs of the MSA (1970s) **E**

Congratulations

The Malaysian Society of Anaesthesiologists would like to congratulate the following candidates (names in alphabetical order) for passing the recent examinations.

UNIVERSITY MALAYA

PRIMARY EXAMINATION

1. Dr Sherliza Binti Wahab
2. Dr Suana Binti Mohamad Kushairi
3. Dr Zesy Lina Binti Osman

FINAL EXAMINATION

1. Azmiza Binti Maharani
2. Dr Nora Azura Binti Dintan
3. Dr Lee Soon Kiat
4. Dr Noorulhana Sukarnakadi Binti Hadzarami
5. Dr Rohayu Binti Othman
6. Dr Tan Siew Boon

UNIVERSITY SAINS MALAYSIA

PHASE I (FIRST YEAR)

1. Dr Abdul Aziz Bin Jusoh
2. Dr Ahmad Nizam B Ismail @ Mustafa
3. Dr Khairul Has Bin Hashim
4. Dr Laila Binti Ab Mukmin
5. Dr Lim Teng Teik
6. Dr Mohd Rosdie Bin Mat Jahaya
7. Dr Muzaffar Bin Mohamad
8. Dr Nagarajan Nagalingam
9. Dr Najwa Binti Mansor
10. Dr Nor Azizah Binti Khazizi
11. Dr Rozaimah Binti Jamiran
12. Dr Suryani Bin Mohd Zaid
13. Dr Yip Kin Soon
14. Dr Mohamad Ibaryiah Iberahim

PHASE II (FINAL YEAR)

1. Dr Azarina Zakaria
2. Dr Foong Kit Weng
3. Dr Mohd Fahmi Lukman
4. Dr Samantha Rampal A/P Hardy Rampal
5. Dr Muhammad Nahar Bin Md Shahid

UNIVERSITY KEBANGSAAN MALAYSIA

PRIMARY EXAMINATION

1. Dr Nazatul Shanaz bt Mohd Nazri
2. Dr Wan Salwanis bt Wan Ismail
3. Dr Harriszal bin Amiruddin
4. Dr Maseeda bt Mohamed Yusof
5. Dr Nazarudin bin Bunasir

FINAL EXAMINATION

1. Dr Siti Salmah bt Ghazali
2. Dr Puhalanthy a/l Pandian
3. Dr Abdul Jalil bin Ahmad
4. Dr Anizah binti Bin Yamin
5. Dr Azmil Farid Zabir
6. Dr Huwaida bt Abdul Halim
7. Dr Mohamed Asri Kader Ibrahim
8. Dr Nahla Irtiza Ismail
9. Dr Zarina Mahmood
10. Dr Tengku Alini Tengku Lih
11. Dr Mona Anggeraini bt Khalid
12. Dr Nazreen Ali bt Mohamed Ali Jinnah
13. Dr Omar bin Loman @ Abdul Rahman
14. Dr Ali Mohamed Alabyad
15. Dr Robii'ah Hussain @ Hasan
16. Dr Hasbe Zuraina Abu Bakar

K Inbasegaran

RESEARCH FUND

The K Inbasegaran Research Fund is for the purpose of supporting one or more research projects in the study of anaesthesia, intensive care, pain medicine and related sciences and branches of medicine. It is valued up to RM10,000 per year.

The Research Committee of the MSA shall administer this Fund.

1. Eligibility

- 1.1 The purpose of the grant is to wholly or partially fund research by Members of MSA who are in good standing.
- 1.2 Funding is available for research conducted wholly in Malaysia.
- 1.3 The Principal Investigator must be a member of MSA and at least one of the investigators must be an Ordinary Member of MSA.

2. Application Process

- 2.1 An individual may only be named as Principal Investigator on a maximum of one (1) application in any one year.
- 2.2 Applications must be made on the prescribed forms and must adhere to the application guidelines.
- 2.3 The forms will be made available on the MSA website.
- 2.4 The closing date for applications each year will be 31st December. No late submissions will be accepted.
- 2.5 The applicant must submit ALL the material requested by the Committee by the deadline (i.e. four hard copies and one soft copy). If all the material requested is not submitted by the deadline, the application will be rejected.
- 2.6 The Committee may reject applications that do not comply with the Application Guidelines (e.g. with respect to eligibility, or completeness or correctness of the application form). These applications will not be reviewed.
- 2.7 Applications for supplementary funding for existing project grants will not be accepted. The applicants must make a new, full project grant application in which progress with the project and the reasons for the need for supplementary funding are fully disclosed. The application will compete in open competition with the other applicants.
- 2.8 The application process is confidential. Information will not be released other than in compliance with any waiver or consent given by the applicant.

3. Conditions of MSA Research Fund

- 3.1 All payments will be awarded and made in Malaysian Ringgit. Progressive payments will be made in accordance to invoices and statements.
- 3.2 The decision made by the MSA Executive Committee shall be final.
- 3.3 The applicant must abide by these rules and regulations. The MSA Research Fund Committee must be informed if there is a change in the principal investigator.
- 3.4 Reporting obligations are as follows:
 - 3.4.1 A progress report must be made on the prescribed form and be submitted every three months while the project is ongoing and a final report submitted when the project is completed.
 - 3.4.2 Reports will be considered and approved by the Chairman. If necessary, the Chairman may ask other members of the Committee, the full Committee or EXCO of MSA to consider reports.
 - 3.4.3 The Society requires that its contribution to be acknowledged in all publications and presentations of the research project. Reprints of all publications should be sent to the Society.
- 3.5 The Society requires that a presentation relating to the project be made at a major Society or College meeting in Malaysia or meetings affiliated to MSA such as ASEAN, WCA or AACA.
- 3.6 An award will also be terminated if the principal investigator leaves the institution or study research before the expiry of the award, unless other arrangements satisfactory to Society are made.
- 3.7 Applicants must declare any other support that is received from the time the application is made until completion of the project.

CONTACT INFORMATION

Research Committee

CHAIRMAN	Professor Dato' Wang Chew Yin
COMMITTEE MEMBERS	Associate Professor Jaafar Md Zain
	Professor Nik Abdullah Nik Mohd
	Dr Lim Wee Leong
	Dr Ng Siew Hian

Malaysian Society of Anaesthesiologists

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ANAESTHESIOLOGY SPECIALTY SUBCOMMITTEE

National Specialist Register

Change of Name of the Specialty

Prof Lim Thiam Aun
Chairman, Specialty Subcommittee for Anaesthesiology

The proposed implementation of the National Specialist Register (NSR) had stirred up quite a bit of anxiety among the anaesthesiology fraternity in the country. There appears to be some confusion with regards the status of the anaesthesiologist as a specialist providing Intensive Care services.

The subcommittee wishes to inform all anaesthesiologists that:

1. The current list of separately registrable specialties / subspecialties on the NSR include
 - a. Anaesthesiology
 - b. Intensive Care
2. Registration in the “Intensive Care” field is **NOT AUTOMATIC** for all registered anaesthesiologists
3. Registration under “Intensive Care” is not required in order to manage patients in the Intensive Care Unit (ICU). The Anaesthesiology Subcommittee, together with its parent committee (the National Credentialing Committee), recognise that all anaesthesiologists are competent ICU practitioners.

In order to resolve this issue, MSA has suggested that the name of the specialty be changed to reflect the role played by anaesthesiologists. The subcommittee subsequently compiled a list of arguments received:

Reasons for changing to “Anaesthesiology and Intensive Care” or equivalent	Reasons for maintaining the name of the specialty as “Anaesthesiology”
Anaesthesiologists practice both “Anaesthesiology” and “Intensive Care”, and so are properly specialists in “Anaesthesiology and Intensive Care”.	Using the terms “Anaesthesiology and Intensive Care” and “Intensive Care Medicine” cannot permit the public to differentiate between the former being a basic specialist and the latter being a subspecialist. It is not correct to give the impression to the public that the basic specialist in “Anaesthesiology and Intensive Care” is able to treat the patient as well as a subspecialist in “Intensive Care Medicine”.
Anaesthesiologists are trained in both the subjects, and this is reflected in the training and examination requirements of the specialty.	It is foreseen that Intensive Care will someday become a specialty in its own right. It may then demand training requirements beyond what is required for Anaesthesiology.
As it is accepted by the National Specialist Register that an anaesthesiologist is competent in the management of patients requiring Intensive Care, this should be reflected in the name of the specialty.	It is a well accepted practice in the developed countries that anaesthesiologists are allowed to practice Intensive Care, so there is no need for the specialty name to be different in Malaysia.
It may be a medico-legal issue when an anaesthesiologist is not allowed to treat patients in Intensive Care as anaesthesiologists are not registered under this category.	Anaesthesiologists are the basic specialists who treat patients in the ICU. However, if it cannot be differentiated between a basic specialist and a subspecialist, in a medico-legal matter, the basic specialist will be judged at the same level as a subspecialist. Normally, a basic specialist will not be expected to provide a standard of care at the same level as a subspecialist.
It may be a financial issue when an anaesthesiologist cannot charge specialist fees for treatment of patients in Intensive Care as anaesthesiologists are not registered as specialists in Intensive Care and thus can only charge generalist fees.	

Continued on page 10

In view of the above, the subcommittee proposes three possible ways in which the basic specialty and the Intensive Care subspecialty may be named. In order of priority, these are:

NAME OF BASIC SPECIALTY

- 1 Anaesthesiology and General Intensive Care
- 2 Anaesthesiology and Critical Care
- 3 Anaesthesiology and Intensive Care

NAME OF SUBSPECIALTY

- 1 Advanced Intensive Care Medicine
- 2 Intensive Care Medicine
- 3 Critical Care Medicine

The first option is the best suited as it truthfully describes the situation, i.e. both basic anaesthesiologists and subspecialty trained Intensivists are involved in almost the same scope of ICU work. The main difference is in the degree of skill and competence of the two. This differentiation is described by the adjective "General" vs. "Advanced".

Members of the fraternity are requested to provide feedback on this matter by sending a named response by electronic mail, fax or surface mail to the President of the MSA, President of the College or Chairman of the Subcommittee. Members may also suggest alternative names for the specialty and subspecialty. Contact details are given below.

Dr Mary Cardosa, President, MSA

mary.cardosa@gmail.com

Dr Mohd Namazie Ibrahim, President, College of Anaesthesiologists

namazie@streamyx.com

Prof Lim Thiam Aun, Chairman, Anaesthesiology Subcommittee

limta@hotmail.com

Fax: 03-2093 0900 (National Specialist Register Secretariat)

Postal address: c/o National Specialist Register Secretariat

19 Jalan Folly Barat

50480 Kuala Lumpur

MSA Membership Database

The MSA has engaged Ms Wong Peck Lin to update the MSA database. MSA members are kindly requested to provide the following details to **pecklin601@gmail.com** and **acadmed@po.jaring.my**. The information required are:

- | | | | |
|--------------|---|--------------------------|--------------------|
| • Title | • Place of Birth | • Correspondence Address | • Home phone |
| • Name | • Nationality | • Work Address | • Mobile Number |
| • NRIC (New) | • Gender | • Home Address | • Email |
| • NRIC (Old) | • Mailing Type (work address or home address) | • Telephone No. (O) | • Practice Status |
| • Race | | • Fax No. (O) | • Special Interest |

The MSA has been saving money and trees by sending out notices via email and it is therefore very important for us to have your current email address – so please take a few minutes out of your busy schedule to do this. If we do not hear from you Ms Wong Peck Lin will be calling you at your workplace to get your email address. I hope you don't mind – better still though, to avoid the inconvenience of attending to a phone call at work, all you have to do is answer this announcement.

If you know anyone who is a member of the MSA but has not heard from us, please ask him / her to send an email to **acadmed@po.jaring.my** and c.c. to me **mary.cardosa@gmail.com** with their current email address so that he / she will not miss out on the notices sent out by the MSA.

Last but not least, if you have any friends who are anaesthetists and not yet members of the MSA, please urge them to join the society.

Go to **http://www.msa.net.my/index.cfm?menuid = 12&parentid = 2** for the application form.

Thanks and I hope to get a response from everyone soon.

Mary Cardosa
President



Laporan Annual Scientific Meeting, Malaysian Society of Anaesthesiologists 2008

by Dr Fithriah Mahdzir

Pada tahun ini, *Annual Scientific Meeting* kali yang ke-15 telah berjaya dianjurkan di luar Kuala Lumpur di mana acara tahunan terbesar MSA kali ini telah mengambil inisiatif untuk mempromosikan Pulau Langkawi sebagai pulau perlancongan terkenal di Malaysia. Acara yang berlangsung dari 25 hingga 27 April 2008 ini mengambil tempat di *AWANA Porto Malai, Pulau Langkawi* dan telah dirasmikan oleh Pengarah Kesihatan Negeri Kedah, Dato' Dr Hasnah Ismail. Perjumpaan kali ini telah berjaya menarik lebih kurang 600 para peserta bukan sahaja dari sektor awam malah dari sektor swasta termasuk para pakar, pegawai perubatan, pelatih dan staf paramedik yang tidak mahu melepaskan peluang untuk menimba pengetahuan terbaru dan terkini dalam bidang anestesia khususnya. Kerjasama antara "*Malaysian Society of Anaesthesiologists*" dan "*College of Anaesthesiologists*", "*Academy of Medicine of Malaysia*" dalam penganjuran kali ini telah mengambil langkah yang mantap dengan mengumpulkan barisan panel penceramah yang terkemuka dari dalam dan luar negara termasuk Australia, Hong Kong dan Singapura.

"*Safety in Anaesthesia*" merupakan tunjang perbincangan topik ASM kali ini. Simposium-simposium yang telah disusun amat bersesuaian dengan kepentingan bidang anestesia pada alaf ini khususnya dalam penemuan dan pengetahuan terkini. Antara simposium yang menjadi tumpuan adalah simposium yang mendebatkan isu-isu obstetric, pediatrik, trauma dan neuroanestesia. Di samping itu, masa depan kerjaya pakar anestesia serta sistem latihan anestesia turut diberi penekanan.

Perjumpaan kali ini dimeriahkan lagi dengan penglibatan syarikat-syarikat farmasi dalam pameran perubatan. *Abbott Laboratories* merupakan penaja terbesar ASM tahun ini. Antara syarikat lain yang mengambil bahagian adalah *Hospira, BBraun, Laerdal, Hospiline, Fresenius Kabi* dan banyak syarikat-syarikat lain yang mempamerkan alatan terbaru yang berteknologi canggih disamping ubatan terbaru yang berkaitan.



MSAASM2008



MSAASM2008

Antara aktiviti lain yang dianjurkan adalah *Astra Zeneca Young Investigator's Award* yang berjaya menonjolkan kebolehan dan keupayaan para pelajar sarjana perubatan tempatan untuk menghasilkan poster-poster penyelidikan dan juga keupayaan untuk menyampaikan hasil penyelidikan secara lisan.

ASM 2008 diwarnakan lagi dengan majlis makan malam tahunan yang diadakan di *Ballroom Awana Porto Malai* pada malam 26 April 2008. Majlis amat berbesar hati dengan kehadiran Datuk Dr Noor Hisham selaku

Continued on page 12

Timbalan Ketua Pengarah (Perubatan) Kementerian Kesihatan Malaysia ke majlis tersebut dengan mengumumkan insentif-insentif menarik kepada pegawai perubatan kerajaan amnya. Majlis yang dihadiri oleh seramai 400 orang berjaya mengumpulkan sebahagian peserta bersama para penceramah ini turut diserikan lagi dengan persembahan menarik dari kumpulan kebudayaan anak tempatan (Kumpulan Budaya Warisan Langkawi). Antara persembahan yang menarik perhatian adalah teater lagenda Mahsuri yang begitu mengasyikkan dan persembahan nyanyian dari seorang artis terkenal tempatan (Amelia AF3). Antara tarikan lain malam tersebut adalah cabutan bertuah dan sebanyak 40 hadiah telah diberikan.

Penganjuran ASM 2008 di Pulau Langkawi kali ini turut memberi peluang untuk para peserta menikmati pemandangan indah di Pulau Langkawi. Antara tempat tarikan yang dikunjungi peserta adakah *Langkawi Geopark*, *Langkawi Cable Car*, *Underwater World Langkawi* malah ada yang sempat pergi untuk "Island Hopping", "Eagle Feeding" sekitar kepulauan Pulau Langkawi. Semoga ASM 2008 berjaya meninggalkan kenangan manis kepada para peserta disamping memantapkan ilmu pengetahuan dalam bidang anestesia yang boleh dimanfaatkan dalam kerjaya kelak.



Akhir kata, tahniah kepada Jawatankuasa Penganjur Annual Scientific Meeting MSA 2008 yang telah berjaya menganjurkan acara yang begitu menarik dan informatif.

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Award winners at the MSA / College ASM 2008

MSA Award

Dr Tang Mee Yee

University Malaya Medical Centre

MSA-AZ Award

Dr Wan Daud Wan Kadir

Hospital Universiti Sains Malaysia

Best Poster Award

Dr Ahmad Jamal Bin Mokhtar

Hospital Taiping

Best Poster Award

1st Runner-up

Dr K W Foong

Hospital Universiti Sains Malaysia

Best Poster Award

2nd Runner-up

Dr Lim Teng Cheow

Hospital Melaka

A hearty congratulations to all of you!!

The 14th World Congress of Anaesthesiologists

by Dr Norezalee Ahmad



The Table Mountain viewed from Victoria & Albert Waterfront

The 14th World Congress of Anaesthesiologists was held in Cape Town, South Africa from 2nd to 7th March 2008. It was the first time that this major prestigious event in the world of anaesthesia had taken place on the African continent and it brought anaesthesiologists from all over of the world together. Over 7000 delegates converged at Cape Town, one of the most sought-after and popular tourist attractions in the world. The event was held at the Cape Town International Conference Centre (CTICC), a world-class conference facility located near the City Centre and the famous waterfront.

The Congress boasted an extensive educational programme for anaesthesiologists with over 320 lectures and discussion sessions covering a wide range of topics in anaesthesia and related medical fields as well as workshops in areas of technical expertise, such as airway (fibreoptic and non-fibreoptic techniques), perioperative echocardiography and regional anaesthesia. There were also exotic topics such as military anaesthesia, disaster management, Cauldwell Xtreme Everest high altitude field research and tropical diseases, to mention a few.

There were hundreds of posters presented during the meeting but of particular note was a poster presented by Professor Fernando Alemanno from Italy describing a methodology of middle interscalene brachial plexus block. There were also posters about Sugammadex, probably the most awaited milestone in anaesthesia this millennium, the availability of which has been delayed amid company takeover.

What made the World Congress most memorable was the venue. The city of Cape Town is rich with historical and cultural attractions such as the Bo-Kaap Malay Quarters, Victoria and Alfred Waterfront harbour, Robben Island (where Nelson Mandela was imprisoned), the South African Natural Gallery and the South African Museum. The Table Mountain is the most notable geographical landmark in Cape Town. After an exhilarating cable car ride to the top one will be rewarded with a panoramic view of the city and the harbour. For those who love nature, the Cape Point tour is a must. On the way to Cape Point and the Good Hope Nature Reserve, one will experience one of the world's most breathtaking coastal drives.

Buenos Aires, Argentina will be the next venue for the World Congress of Anesthesiologists in 2012. From the tip of the African continent to the tip of the South American continent, another chance for a unique and unforgettable experience.



The historical & colourful Bo Kaap Malay Quarters.



Picturesque view of South African countryside.



Cape Point, the southern tip of the African continent.



The view of Cape Town city from Table Mountain.



The CTICC, venue of the 14th WCA 2008



Dr Tan Bee Hooi

16th August 1971 ~ 25th March 2008

The passing away of a young and outstanding anaesthesiologist.

Dr. Tan Bee Hooi completed her MBBS degree in University of Sydney, Australia in 1997 and her housemanship in Penang Hospital in 1998. Following

that, she joined the Department of Anaesthesia and Intensive Care, Penang Hospital as a medical officer until 2001. She then took no pay leave, went to the UK following her husband who was doing his training in Obstetrics & Gynaecology. While in the UK, Dr Tan Bee Hooi managed to get a training post at Swansea NHS Trust. She proceeded to sit for her FRCA Part 1 exams in 2003. At that time she was already in late pregnancy. Dr Tan BH delivered her second baby two days after she sat for her primary FRCA MCQ papers and went on to sit for her primary OSCE/VIVA the very next day after her delivery. She passed that exam. She passed her Final Exams in 2004, obtaining both the FCARCSI (Ireland) and FRCA (London) and came back to work at the Penang Hospital in early 2005.

In the latter part of 2005, Dr Tan Bee Hooi was diagnosed to have a large and complicated arteriovenous malformation (AVM) in the right occipital region of her brain. It carries a risk of haemorrhagic complications of between 3 – 4% annually. Since surgery was not considered an option, she was offered the option of embolization of the AVM. This was done in late 2005 in Hospital Kuala Lumpur. However she developed complications after the procedure requiring prolonged ICU stay. She managed to make a full recovery and returned to work as an anaesthetic specialist at Penang Hospital.

Incredibly courageous, selfless and optimistic is the word to describe this person. Dr Tan Bee Hooi continued to be the warm, cheerful, outgoing, hardworking and dedicated doctor like she was before her illness. She was also extremely focused in her work and carried out numerous studies at Penang Hospital.

At the National Conference of Intensive Care in 2006 she presented two poster studies;

- 1) A rare case report of emphysematous pyelonephritis
- 2) A review of leptospirosis and acute renal failure at Penang Hospital.

At the Malaysian Society of Anaesthesiologists Annual Scientific Meeting in 2007, she presented two poster studies

- 1) A prospective observational study on the incidence of PONV and current practice of anti-emetic prophylaxis at Penang Hospital.
- 2) Two case reports on complication of left sided haemodialysis catheters at Penang Hospital.

She also presented a oral free paper presentation entitled a retrospective audit of CVC tip position at Penang Hospital.

She won the quality improvement initiative competition at Penang State level for her audit work on CVC tip malposition, an audit cycle that she completed.

She was given a research grant together with Dr Nurul Tan for a Randomized Controlled Trial on the efficacy of intrathecal fentanyl 50 ug vs 25ug in prolonging the duration of postoperative analgesia.

In early 2008, she had the opportunity to attend the World Congress of Anaesthesiology in South Africa and to present a poster study on "Cannulation of the

Continued on page 15

internal jugular vein: Are left sided catheters associated with more complications due to catheter tip malposition?"

A week later, Dr Tan B H was sent under JPA to the Fondation Rothschild for embolization of her AVM by Professor Jacques Moret, a world renowned interventional neuro-radiologist. The procedure which was performed on the 11th March went extremely well. She was discharged from the hospital on the 14th March and was due to fly back to Malaysia on the 16th March. Unfortunately on the eve of her return she developed an unexpected and delayed complication from the embolization. She required admission to the intensive care unit. On the 20th March she developed an intra-cerebral haemorrhage that required surgery. She then developed further complications and succumbed to further insults to her brain. On the 25th March, she was diagnosed brain dead and her family was asked if she had ever considered organ donation. Her family arrived in Paris on the 26th March and we were then informed that she had already signed up as an organ donor while in Malaysia. Her father gave consent to have her heart, liver, kidneys and corneas harvested.

The Malaysian embassy to France subsequently arranged for her remains to be brought back to Malaysia on the 29th March 2008. She was cremated on the 1st April 2008 at Mount Erskine, Penang.

Dr Tan Bee Hooi is truly the most outstanding young anaesthesiologist I have ever met and I am greatly honored to be her friend and accompanying person for her trip to Paris. **E**



Special Moments



Some of the MSA Executive Committee members visited Dato' Dr Lim Say Wan, Past President, at his residence on 24th February 2008

Announcement of next Klang Valley CPD Activity

Below are the dates for CPDA for the year 2008 – 2009:

UM	1 st June, 2008 (Saturday)	Updates in Anaesthesia
UPM	8 th August, 2008 (Saturday)	Imaging in Anaesthesia
Klang Hospital	October 2008	To be announced soon
HUKM	December 2008	To be announced soon
IJN	February 2009	To be announced soon
HKL	April 2009	To be announced soon



Colonel (Dr) Yee Chia Shao

9th July 1966 ~ 16th April 2008

It was with much sadness that the news came of the passing away of Colonel (Dr) Yee Chia Shao, who died suddenly in a motor vehicle accident on 16th April 2008.

Colonel (Dr) Yee Chia Shao was born on 9th September 1966, the eldest of three children. He was a top all round student in his younger days. He did medicine at the University Science Malaysia where he graduated as a doctor in 1991.

He was commissioned into the Armed Forces on 1st September 1992 and his first tour of duty was as a medical officer in the 10 Royal Ranger Regiment, Sarawak from 1992 to 1993. He went on from there to serve as a medical officer at the 94 Armed Forces Hospital in Terendak, Melaka from 1993 to 1994. He subsequently joined University Hospital, Kuala Lumpur in 1994 to do his Masters in Anaesthesiology there on the Armed Forces scholarship. After qualifying as an anaesthesiologist he was sent to the 96 Armed Forces Hospital in Lumut, Perak where he served as the Head of Department of Anaesthesia and Critical Care from 1999 until 2004. He was then sent to head the Department of Anaesthesia and Intensive Care at the 94 Armed Forces Hospital in Terendak from 2004 until his untimely demise.

Colonel Dr Yee was a very dedicated and hardworking anaesthesiologist. He was instrumental in the successful credentialing and accreditation of anaesthetic and intensive care services of the Armed Forces Hospital in Lumut when he worked there. In fact he was invited to be part of and was an essential member of the assessing team

visiting hospitals throughout the country and assessing hospitals for accreditation. Colonel Dr Yee was also responsible for the modernisation and bringing of state-of-the-art equipment to intensive care units at Armed Forces hospitals in the country.

Colonel Dr Yee was also very involved in continuing professional development activities. He was the brainwave and the organizing chairman for the 1st Military Operating Theatre and Critical Care Services Conference held at Melaka in the year 2004 and the 2nd Military Medical Conference "A Rendezvous with Military Medicine", also held in Melaka in 2005. He was very involved in teaching his staff, organising courses for them and even authored a handbook on basic anaesthesia for the use of anaesthetic technicians in the Armed Forces Hospitals. He was more than once offered a place in the private sector but he always declined these offers because he always felt that he needed to contribute more for the improvement of the Armed Forces medical services. For all his positive contributions, he received the Pingat Pahlawan Angkatan Tentera (PAT) in March 2008.

On a personal note, I knew Colonel Dr Yee since the time we did our Masters training together in University Hospital, Kuala Lumpur and we had always kept in touch since. He was the one who showed me where to get the best Hokkien mee at Jalan Loke Yew in KL, the best Yong Tau Foo in Ampang and even good Dim Sum in Seri Petaling. He always made it a point to come back to Kuala Lumpur during weekends to be with his parents, brother and sister and spend time with them.

On 16th April 2008, the Malaysian Armed Forces mourned the loss of a true and disciplined leader, the medical and anaesthetic community, a brilliant and upcoming anaesthesiologist and I, a good friend.