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MALAYSIAN SOCIETY
OF ANESTHESIOLOGISTS



COLLEGE OF
ANAESTHESIOLOGISTS
AMM



Joy!

Message from the PRESIDENT OF THE MSA

Dato' Dr Yong Chow Yen



Greetings. I hope this issue of the Berita Anesthesiologi finds our members well and in good health. I started to write this message in the midst of ushering in the year of the dragon in the Lunar calendar. However, by the time the Berita was due for printing in March 2024, the message I had written seemed grossly inadequate due to recent events that have shaken our fraternity at its core. Hence, I had to rewrite the message as the landscape of our professional practice has changed drastically.

Joy at Work

For the initial message which I wrote, I reflected on the theme chosen for this issue of Berita, 'Joy at Work'. As I enjoyed extended leave to spend Chinese New Year with my family which I did not have the chance before, I wanted to share that festivals are occasions to look forward to as they bring families and friends together. On these occasions, beneath the guise of good food and rites of tradition is the centuries-old wisdom that our well-being for the rest of the year is determined by how purposeful we are in starting it off well. Going along this sentiment, the Society felt an issue of the Berita that focusses on joy at work, specifically anaesthesia workforce finding joy at work, is the best focus for the first issue of Berita in 2024.

Some of you may be aware that the World Federation of Societies of Anaesthesiologists (WFSA) has begun to adopt annual themes. The inaugural 2023 theme was Anaesthesia and Cancer Care, and the 2024 theme is Workforce Well-Being.

Our well-being is fundamental for us to be able to perform well at work. It is not something we should only think about when we no longer have it. Difficult cases, extremely ill patients, physical exhaustion, conflicts at work and demands by administrators, among a myriad of challenges that we have chosen as part of our professional lives,

do not mean that we do not find joy in working. Often, after successfully managing a difficult case, we feel alive and fulfilled. We experience joy in our hearts and gladness for the patient's survival, not to mention relief.

What makes you look forward to go to work when you wake up in the morning? What fills you with dread? What gives you a sense of achievement during a stressful day? Do you feel appreciated?

A well-planned operation theatre list? A friendly surgeon? No one called in sick? A smile from your normally grouchy not-so-morning-person colleague? An anaesthesia machine that does not leak? Drugs you need are all available on your tray? Got your TIVA pump without having to fight for it? A cup of cappuccino from your consultant? Got your childcare sorted out after the nanny called in sick? You got a nod to scoot off for a tutorial?

Big or small, each of these matters. We wanted this issue of Berita to stimulate open discussion and generate positive actions on issues affecting anaesthesia workforce well-being and ideas that came to our minds range from yoga to coffee clubs.

However, as events in the past few weeks unfolded, the Society is compelled, rightly so, to address and bring to the fore-front serious and certainly less light-hearted issues that have left meteorite-size impact on our professional and personal well-being.

Attacks of Hospitals and Healthcare Workers in Conflict Zones

I would like to refer you to an article in the British Medical Journal published on 16th November 2023 (BMJ2023;383:p2681) titled "Morality of convenience: The ongoing failure to protect hospitals and health workers in conflict zones". The Editor-in-Chief of BMJ, Dr Kamran Abbasi, has written and

collected a long list of references of where and alluded to the reasons why the international order has failed, consistently, to safeguard vulnerable people in conflict zones - not just in Gaza but many other places. One of the reasons mentioned is because leaders of national medical associations and professional societies and colleges remain silent or hesitate to speak.

As we read and watch in horror of attacks of hospitals, of children and the injured undergoing surgery without anaesthetics and of obstruction to delivery of life saving and pain-relieving medical supplies and equipment, our Society feels that it is immoral for us to remain silent.

MSA is a member society of WFSA and upholds the vision and mission of WFSA. The WFSA's vision is Universal Access to Safe Anaesthesia, and the mission is Uniting and Empowering Anaesthesiologists Around the World to Improve Patient Care. Reflecting on these vision and mission statements, MSA feels that WFSA has a unique role in protecting the well-being of anaesthesiologists which it represents worldwide. WFSA has a responsibility to exert its influence on the issue of attacks of hospitals and anaesthesia healthcare workers, and the obstruction to safe anaesthesia care in conflict zones.

Hence, we wrote to the President of WFSA to appeal that the WFSA does not remain silent on this matter. In reply, the President invited MSA to propose a working group to address the issue at the General Assembly held during the recently concluded World Congress of Anaesthesiologists in Singapore. I reproduce the letter to the WFSA President, the reply and the address MSA made at the General Assembly at the end of this message for your information.

MSA was represented by me as the President, Associate Professor Dr

Azarinah Izaham as Honorary Secretary, and Dr Hasmizy Muhammad as President-Elect in the General Assembly. We were truly encouraged and amazed by the resounding claps of support given to MSA, and handshakes and hugs that poured forth after my brief address. A representative from Sudan came forward to thank us for speaking up, a representative from Turkey said the issue was an elephant in the room that we had the courage to point out and a representative from German Red Cross expressed deep appreciation to MSA for the proposal. These were just a few of the many responses we received.

Following the General Assembly, the newly elected WFSA Council held its first meeting on 7th March 2024 and we, and many other member societies which supported the proposal unanimously, were assured that the proposal would be an important agenda to be tabled at the meeting.

Federal Court written Judgement on Siow Ching Yee vs Columbia Asia Sdn Bhd

A brief mention here is insufficient to describe the shock, disbelief and subsequent realisation of the impact of this judgement on our fraternity. The Society must tread carefully in expressing its opinion on the judgement and refrain from public discourse on the case but has a duty to protect the interests of its members.

After a series of urgent meetings which we held immediately after the Federal Court judgement was made public, MSA and College of Anaesthesiologists (COA), Academy of Medicine of Malaysia have decided to concentrate on how to move forward and reach out to our members to safe guard our professional and personal well-being.

The article 'Anaesthesiologists in the Firing Line' by Dr Gunalan Palari in this issue will attempt to address our naivety in medicolegal implications of our everyday professional behaviour that may return to haunt us. It is imperative that we take ownership of our behaviour which include proper documentation of clinical notes, consent taking, open disclosure to patients, keeping up-to-date with medical knowledge and maintaining skills. We have, at all

times, highlighted these and provide learning opportunities in our Society's activities in one form or other.

However, our actions and reactions when we are faced with uncommon real-life critical events may be circumstantial and may require modification of textbook drills we learnt. If having given our very best, to the extent that we knowingly risked our physical and professional safety, the outcome is not what we desired, the sense of dread is only comprehensible by another one of us. Many a time, we kept the feeling of doom to ourselves. The article on 'Second Victim' will highlight the importance of not facing the entire burden on our own. MSA and COA hope to provide support and guidance for anaesthesia departments to initiate Second Victim programmes in their hospitals.

During a symposium on 'Airway Management: The Law Related to Airway Management Incidents' during the WCA 2024, a Malaysian delegate asked a question on what was a fair expert witness system and the role of anaesthesia societies in recommending expert witnesses to the court to ensure impartiality. In our series of urgent meetings as mentioned earlier, we discussed and were enlightened on arbitration, judge appointed expert witness and several other systems or methods where a medicolegal or potentially medicolegal case can be managed. The Malaysian Medical Association in the recent past has reached out to the judiciary and is engaging a discussion on this, which we hope to be a part of. We will keep you updated on this.

Should you have an adverse event that has potential medicolegal implication, do reach out to the Society or College; we can direct you to available help. Call our office or one of us, and we will connect with you. We also appeal to members of our fraternity to come forward to be trained as expert witnesses so we can have a bigger pool to tap on when help is required.

As we are all heading to our insurance companies to increase our indemnity cover, I can't end this section without a mention on eFONA, i.e. emergency front

of neck access. MSA and COA have made it our top priority to facilitate learning and provide training for our members.

To ensure joy at work we need to address issues mentioned above that weigh in heavily on us. As individuals, colleagues and decision-makers, we must be aware that workforce well-being is not only linked to our personal physical and mental health but also to patient safety.

Now for some updates on happenings since our last communication.

MyAnaesthesia 2024, 2nd to 4th August 2024, Kuala Lumpur

The announcement and call for abstract for MyAnaesthesia 2024, the Annual Scientific Congress of the MSA and CoA, which will be held at Shangri-La Kuala Lumpur, are out. I call upon MSA and CoA members and the anaesthesia community in the country to fully support this event which is ours, organised for us and by us. The theme is 'MyAnaesthesia 2024: Where Science Meets Arts'. The Scientific Committee is in the midst of planning a programme that will cover a range of topics in breadth and depth to meet your needs.

Enjoy early bird registration by visiting <https://www.msa.asm.org.my>.

Increase in MSA Award Prizes

The MSA Executive Committee has deliberated and voted to increase the MSA Awards to three prizes, and to open the competition to both Malaysian and overseas participants. This aims to encourage more submissions and elevate the award's competitive edge through international participation. We are fully confident you will take up the challenge.

18th World Congress of Anaesthesiologists (WCA), 3rd to 7th March 2024, Singapore

The officers and members of the Society participated in various capacities at the recent WCA.

The General Assembly of WFSA was held during the Congress. For the younger members of the Society, it may be an interesting fact that MSA has been a member-society of WFSA since 1968. I

have mentioned above on our address to the assembly on attacks of hospitals and healthcare workers in conflict zones.

The Confederation of ASEAN Societies of Anaesthesiologists (CASA) celebrated its 50th Anniversary at the WCA. The video made up of several Tiktok videos by CASA member-societies is available on our Facebook page. There was a CASA Presidents' Round Table discussion in which we agreed to adopt a joint statement on the use of neuromuscular monitoring during anaesthesia.

We set up a physical booth at the Global Anaesthesia Village in which we, like other participating WFSA member-societies, showcase our activities, establish contacts and network. We were especially overjoyed as the MSA booth became a focal point of gathering for delegates from Malaysia and Malaysians from all over the world. I would like to thank Dr Haslan Ghazali for contributing his time, talent and creativity in designing the booth backdrop, setting up a hologram display showcasing our activities and making the CASA Tiktok videos.

The Asia Australasian Regional Section (AARS) of WFSA held its Board Meeting at the WCA 2024 too. A proposal was made to kick start a virtual AARS Continuous Development Programme which includes a Youth AARS Conclave to promote regional cooperation in CME activities. WFSA has proposed that the WFSA platform be used for technical assistance and that a wider international collaboration of member-societies be included, which will be extended to include South Korea, Japan, China and several other countries. We will keep you updated

on further development on this collaborative effort.

We are happy to announce that MSA provided a financial subsidy to 10 members to attend WCA 2024 with most of them presenting posters. Within its financial capability, MSA will continue to support our young members to present papers at designated regional and international conferences. The terms and conditions for application are available on the MSA website at www.msa.net.my.

National Anaesthesia Day (NAD) 2024, 12th October 2024, Kuala Terengganu

The 2024 NAD will be held in the East Coast of Peninsula Malaysia for the first time. The organisation of the event will be entrusted to the Department of Anaesthesiology and Intensive Care, Hospital Sultanah Nur Zahirah, Kuala Terengganu under the capable leadership of Dato' Dr Ridhwan Noor. We wish to record our sincere appreciation to Dato' Dr Ridhwan for accepting this huge responsibility to lead us in the commemoration of the first public demonstration of anaesthesia. The theme will follow the annual WFSA theme - 'Workforce Well-Being'.

We encourage each state as well as both government and private hospitals to continue to celebrate NAD at their local level. Unleash your creativity to create a better workplace for us. However, please be reminded that the application for grant of RM1,000.00 per institution towards expenses incurred must be made before the event, latest by 31st August 2024. The terms and conditions for application are available on MSA website at www.msa.net.my.

Online Journals

Please continue to make use of this facility made available for you. The subscription cost is rising every year. We take cognizant of the fact that it is the wish of members for the Society to continue the subscription as it remains a vital resource for many members, especially for practitioners not attached to teaching institutions. Members are advised to obtain their username and password from the Secretariat.

Malaysian Journal of Anaesthesiology (MyJA)

As you may know, MyJA is the official journal of MSA and COA. It is a peer-reviewed online journal. Submission of articles are accepted from members and non-members, Malaysians and non-Malaysians. We encourage you to read the articles which are reflective of anaesthesia practices in local settings. We also welcome you to contribute to the scientific content to increase publications with Malaysian data. The publication cost is fully borne by MSA; hence we would like to realise its benefit for our members. Together we can bring it to greater heights. It is freely accessible at www.myja.pub.

Membership

As of 29th February 2024, our membership stands at 652 life members, with 130 ordinary members, and 60 associate members of good standing. It is our pleasure to share that all 10 successful applicants for WCA sponsorship are life members.

To our dearest Muslim friends and members, we wish you a blessed Ramadhan and Selamat Hari Raya Aidil Fitri.

I wish you happy reading.

DISCLAIMER

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Unit 1.6, Level 1, Hive 4, Mranti Park, Jalan Inovasi 1, Bukit Jalil, 57000 Kuala Lumpur, Malaysia
Tel: (603) 8996 0700, 8996 1700, 8996 2700 Email: secretariat@msa.net.my

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Message from the EDITOR-IN-CHIEF

Dr Anand Kamalanathan



Editors

Dr Anand Kamalanathan (Editor-in-Chief)
Dr Shahridan Mohd Fathil
Dr Sivaraj Chandran
Dr Ivy Sim Chui Geok
Dr Samuel Tsan Ern Hung
Dr Shairil Rahayu Ruslan
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Dearest readers,
Ramadan Kareem to our cherished readers whose support and engagement continue to inspire us in our mission to inform, educate, and unite our Malaysian community of anaesthesiologists. May this sacred time be filled with blessings, forgiveness and compassion for all beings enjoying the satays, chicken rendang and bazaar delicacies consumed during iftar. For this March edition, we have procured delicious articles to whet your intellectual appetite, with news about our fraternity making headlines nationwide and around the globe.

Joy at Work

As we navigate through the tumultuous currents of 2024, we witness both triumphs and tribulations that have left an indelible mark on our collective consciousness. Let us start with some

positive news as we introduce our "Joy at Work" series of articles, specially curated for you in accordance with WFSA's Annual theme for 2024, Workforce Well-Being. WHO also recognises that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Enjoy reading as authors divulge beautiful tales of how joy can be obtained in all forms of anaesthetic practice; from private, academia or at the Ministry of Health. Dr Haslan Ghazali, our creative genius, has designed a beautiful front cover that perfectly encapsulates the essence of joy for your eyes to feast upon.

Anaesthetists under fire in courts!

Onto the current debacle plaguing the fraternity, wreaking havoc on even the calmest and mild-mannered

anaesthesiologist, are the growing concerns of litigation following the recent High Court decision on a colleague. We begin this segment with a joint official statement by MSA, COA and Malaysian Society of Intensive Care on this matter. Next up, Dr Gunalan Palari, our medicolegal lead, shares a poignant reminder on what to do when trouble brews, vital tips, and essential pointers when medicolegal letters end up on your doorsteps. We conclude with an article on Second Victims by Dr Samuel Tsan addressing the psychological distress and challenges doctors face post-safety mishaps and support systems on offer, including those from MSA.

Healthcare workers under fire in conflict zones

In war-torn zones, the targeting of healthcare workers is a tragically recurring strategy that humanity must

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unequivocally disown. We mourn the loss of innocent lives and condemn the targeting of healthcare providers in these conflict zones that contravenes the Geneva Convention. Our hero and a frequent contributor to the Berita, Dr Mafeitzeral Mamat, currently serves in Kuwaiti Specialist Hospital, Rafah. Our prayers go out to Dr Mafeitz, and we wish him a safe journey home.

To address this, we have included the complete written statement from the MSA directed at WFSA, along with a reply from the President of WFSA. On the 4th March 2024, our beloved MSA

President, Dato' Dr Yong, strongly voiced our concerns during the WFSA General Assembly in Singapore, receiving thunderous applause from the fully packed multinational hall for her rousing speech. Truly an inspiring moment for all Malaysians, as the MSA refuses to stay silent amidst this tragedy of the human race. This speech, in its entirety, is also shared for your perusal.

In memory of Emeritus Professor Dato' Dr Alex Delilkan

With profound sadness, we wish to convey our deepest condolences to the family of the late Professor Dato' Dr Alex

Delilkan, who passed away last February. We reflect on the profound impact Professor Delilkan has had on the landscape of anaesthesia in Malaysia. His dedication, passion, and unwavering commitment to excellence have shaped the field and touched the lives of countless patients and practitioners alike. As we honour his memory, let us not only remember Professor Delilkan for his unparalleled expertise but also for his kindness, generosity, and unwavering support for those he mentored. May his soul rest in peace, knowing that his contributions to the field of anaesthesia will never be forgotten.



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"Auld Lang Syne"

Amid this sombre reflection, we also bid farewell (albeit in retirement) to our esteemed former Chief Editor - Dr Shahridan Fathil, as he embarks on a well-deserved rest away from the high-pressured cauldron of the Berita. Dr Shahridan's leadership and dedication since 2019 have been instrumental in shaping Berita into a beacon of knowledge and a voice for the people within our fraternity. His presence will be

sorely missed, especially by me, since he invited me to the editorial Board three years ago. Throughout the years, he has been a pillar of support, always leading by example and providing invaluable guidance, especially when we are at wit's end during 'editorial crises'. His parting words read - "To all my fellow editors, past and present, the Berita has come a long way from a compilation of activity reports to a vibrant platform for

the members to express themselves, share their thoughts and influence the fraternity. Thank you Anand for agreeing to take over the role and the team led by your good self has done excellent work. Make Berita the Greatest!"

The greatest we shall strive to be, Sir. An advanced Selamat Hari Raya to all Malaysians, until we meet you again in June !



Remembering the Life and Times of PROFESSOR DATUK DR ALEX DELILKAN



by **Dato' Dr Anselm Suresh Rao**

Gleneagles Hospital Kuala Lumpur
Kuala Lumpur, Malaysia



On 19th February 2024, the anaesthetic fraternity of Malaysia mourned the loss of one of its pillars, a distinguished and beloved member of our community, at the age of 90 years, leaving behind his wife Datin Prabha and their four children Anne, Sharu, Rienzie and Melani.

Professor Emeritus Datuk Dr Alexius Ernald Delilkan was born in Singapore on 12th February 1934. He graduated as a doctor from the University of Malaya, Singapore in 1960. After completing his housemanship at Penang General Hospital, he was a medical officer in the anaesthetic department from February 1962 until May 1965.

In June 1965, he joined the Department of Anaesthesiology, Faculty of Medicine, University of Malaya in Kuala Lumpur. He then went to the United Kingdom in October 1965 for his postgraduate fellowship training. Upon his return in May 1967, he spearheaded the establishment of the first Intensive Care Unit at the University of Malaya, in what was also the first university teaching hospital in the country.

From a humble start as a Senior Lecturer in 1970, Dr Delilkan rose quickly to the position of Associate Professor in 1974 and succeeded to the Chair in Anaesthesiology in July 1978, simultaneously acquiring the leadership role and responsibilities as Head of the Department from 1979 to 2000.

In a string of firsts for the country, Professor Datuk Dr Delilkan was instrumental in starting up the first Peri-operative Care and Accident &

Emergency facilities both in July 1967, Intensive Care Unit (1968-1969), Chronic Pain Clinic (1988) and Acute Pain Services in 1992-1993.

In 1978, inspired while being an external examiner for the Australian Fellowship Examination in Anaesthesiology held in Kuala Lumpur, he became instrumental

with the Law Faculty, University of Malaya to establish the National Transplantation Programme in 1998.

Professor Datuk Dr Delilkan was the founding President of the Malaysian Association for the Study of Pain (MASP) and was also past president of the Medico-legal Society Malaysia and



Professor Delilkan with the first batch of Master in Anaesthesiology graduates in 1991

in designing and writing the blueprint for postgraduate training and certification in Anaesthesiology in Malaysia - the Masters in Anaesthesiology programme. This gave birth to the Masters in Anaesthesiology programme in Malaysia!

Always a leader in the medical field, Professor Datuk Dr Delilkan was part of the team involved in the first successful separation of conjoint twins in 1981 and also the first successful delivery of quintuplets in 1986 in Malaysia. He introduced the concept of Brain Death in the Intensive Care Unit setting in Malaysia in 1980 and undertook a revision of the Human Tissue Act 1974

the Malaysian Society of Anaesthesiologists (MSA).

As an anaesthesiologist, Professor Datuk Dr Delilkan was never lured away to the more lucrative private practice. He retired at the age of 55 years old only to be reappointed the next day as the Professor of Excellence for 12 years and subsequently, sat on the Preliminary Investigation Committee (PIC) of the Malaysian Medical Council and was a Steering Committee Member of the Malaysian Chapter Bioethics Centre, Asia-Pacific Region of UNESCO.

Professor Datuk Dr Delilkan was conferred the Fellowship of the

Academy of Medicine of Malaysia in 1997 and in 2004 he became the third Professor Emeritus from University of Malaya's Faculty of Medicine, after Professor David Mekie (1955) and Professor Tan Sri Dr T J Danaraj (1975). In 1998 he was awarded the title Panglima Jasa Negara (PJN) by the King of Malaya which carried the title 'Datuk'.

On top of being one of the leaders in the fraternity of anaesthesiology, he was also the author of 17 books, in relation to anaesthesiology and critical care. Apart from this, he has also published 106 papers in both national and international medical journals. He also went on a crusade to change the name and concept of "Anaesthesia" to "Anaesthesiology and Critical Care" in the undergraduate and postgraduate medical curriculum. This is because he strongly felt that the field of anaesthesiology should also include critical care in its curriculum.

Even at 84 years old, he still taught anaesthesiology and critical care to medical undergraduates at four universities - International Medical University, University Technology Mara, School of Medicine Taylor's College and MAHSA University. Until two years ago at

the age of 88, he was still providing consulting services for medico-legal cases in the country. He was also a man of wit, and I always remember, as a medical student, the first teaching ward rounds with him, when he told us with a straight face. "There were two great contributions to anaesthesiology in the year 1934; the first one being the discovery of the anaesthetic drug sodium thiopentone; and the second one being the birth of Alex Delilkan!"

Professor Datuk Dr Delilkan was not only an icon in the medical field but a legendary athlete. A national cricketer from 1955 to 1972, and the national cricket captain from 1959 to 1972, he became well known as a great all-rounder who excelled in every department of the game he played. He will always be remembered as the Malaysian player who bowled out the legendary Sir Garfield Sobers first ball, at Dataran Merdeka in 1962, in what Sir Gary Sobers described as the perfect leg break ball he had ever faced. In the year 2010, he was inducted into the Olympic Council of Malaysia Hall of Fame, for his contributions to the country as a cricketer and national cricket captain.

A true and well-loved teacher who has taught numerous students, medical doctors and well known anaesthesiologist throughout the country, he achieved his wealth in the pride and joy of nurturing and seeing his students succeed and shine. He always used to say "There is nothing to beat the joy of nurturing other and the immense satisfaction in seeing your students succeed, particularly in caring for the critically ill...that to me is enough, I do feel like a millionaire."

As a frequent expert witness in court in medico-legal cases, he always believed that his opinion in the court of law was not to take sides but to provide an unbiased medical opinion. He always said that when called to the court, his opening statement to the judge would always be this "My Lord, I have come to your court to present my unbiased expert opinion, hopefully to help you come to a just decision".

As we mourn the loss of someone who has contributed so much to the field of anaesthesiology, let us also remember to celebrate all his accomplishments and hope that all his achievements will not be forgotten by his students, peers and the community.

<https://youtu.be/NFISyMGdi8Q?si=Rmh0tDO8DV3YoFgg>



Professor Delilkan with his students at a dinner celebrating 50 years of his academic career in 2015

PRESS STATEMENT

13th March 2024



Malaysian Society
of Anaesthesiologists



College of
Anaesthesiologists, AMM



Malaysian Society of Intensive Care

Response to the Federal Court Majority Judgement on Siow Ching Yee vs Columbia Asia Sdn Bhd

We, representing the following organisations, (1) Malaysian Society of Anaesthesiologists, (2) College of Anaesthesiologists, Academy of Medicine of Malaysia and (3) Malaysian Society of Intensive Care, would like to issue this statement following the decisions made by the High Court, the Court of Appeal and subsequently the Federal Court in March of 2024. We fully respect the decisions made by the learned judges and the processes that were undertaken before such a verdict was passed. We understand the need to have an impartial system that can address the rights of patients seeking legal recourse.

Nevertheless, we do need to express some concerns with regards to the rising trend of medicolegal cases in the country. The resultant practice of defensive medicine inevitably adds to maldistribution of workload between the public and private sector. Many anaesthesiologists and intensivists are finding it a challenge to manage patients with complex medical and surgical conditions, especially when they are seen at the private sector, leading to a reluctance in performing potential life-saving procedures and transferring the patients to an overworked public healthcare system, all because of the fear of a potential litigation in the event an undesirable outcome occurs despite all best intentions and preparations.

Another worrying aspect of the rising trend of medicolegal cases is the impact it has on the cost of healthcare. As of 2020, our medical inflation rate is amongst the highest in the region, averaging close to 8% to 9% per annum.¹ With various internal and external factors adding challenges to the economy, we expect this figure to remain at the same levels thus increasing pressures on the general population's accessibility to healthcare services. Adding to this are the financial challenges that doctors are now facing from a medicolegal point of view. These costs, especially when the indemnity fees or premiums go up, will inevitably be passed on to the patients seeking care at our healthcare facilities, thus potentially reducing access to healthcare to a certain segment of the population. In some cases, the indemnity costs are so high that doctors in certain high-risk fields have slowly withdrawn from performing such work just to avoid being pulled into a potential medicolegal suit.

Our three organisations view these trends seriously and hope that all stakeholders can come together to address these challenges in a holistic manner. Embarking on an open transparent dialogue between physicians, hospital management and the aggrieved family as a first step towards mending any form of discord and disagreement could further improve the manner in which such disputes are addressed.

Alternative dispute resolution in some of these cases utilising approaches such as mediation before proceeding to litigation may also potentially reduce the unnecessary resources and time spent in coming to an amicable solution for all parties concerned.

The fraternity is also keen to embark on establishing a pool of expert witnesses capable of responding to different needs and contexts of the increasingly specialized and complex practice of medicine. These groups of experts could potentially offer an impartial view to the judges, thus reducing the adversarial nature of some of these proceedings when they appear in the courts.

Lastly, as the steps above will take some time to come to fruition, members of the three associations are strongly encouraged to speak to their indemnity providers and understand their policy terms and conditions as well as their coverage better. Where necessary and relevant to the nature and complexities of their work, members are advised to ensure adequate coverage is obtained in view of the rising damages that are being awarded to the patients by the courts of late.

References

1. The Insurance and Takaful Industry Medical Cost Containment Task Force Study on the Drivers of Medical Costs and Medical Insurance Premium Inflation 2020 https://drive.google.com/drive/folders/1SCtnXGV8k28JknoGCJGg8wUTJcfxg-nq?usp=drive_link

Professor Dr Ina Ismiarti Shariffuddin
President
College of Anaesthesiologists
Academy of Medicine of Malaysia

Dato' Dr Yong Chow Yen
President
Malaysian Society of Anaesthesiologists

Professor Dr Nor'azim Mohd Yunos
President
Malaysian Society of Intensive Care



Anaesthesiologists in the FIRING LINE



by Dr Gunalan Palari Arumugam

Subang Jaya Medical Centre
Selangor, Malaysia

In reference to the recent Federal Court written judgement dated 23rd February 2024, anaesthesiologists have found themselves in a rather unwanted spotlight with the resultant media and public scrutiny. As expected, there has been an outpouring of emotions centred around the decision of the Federal Court and the subsequent issues that have surfaced as a result of the judgement. Nevertheless, this article is not about the judgement as it has been decided as such by the wisdom of the judiciary. This article aims to explore what the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists, Academy of Medicine of Malaysia intend to do moving forward. To that end, we are sincerely reaching out to our members to help us safeguard the well-being of our members who are more family than colleagues.

What we, as a fraternity, are more concerned is the rather inadequate knowledge of our members who are still somewhat ignorant and naive on the development of the medicolegal laws of the country. We have at all times highlighted the various medicolegal development affecting medical practice in general and anaesthesiologists specifically. Every year, without fail, these topics are touched upon in our Annual Scientific Congress as well as other seminars and

meetings. Sadly, more often than not, these topics such as consent taking and proper documentation of clinical notes are considered least important in our clinical practice as they may not be scientific in nature. That is until you are in the firing line of a plaintiff lawyer who had been engaged to pursue a case against an alleged negligence in your clinical management of the patient.

On the sidelines of the recently concluded World Congress of Anaesthesiologists in Singapore, we discussed in detail about some of the

steps that we can potentially take in the next few months. Hopefully these strategies will help to guide members as they deal with a potential issue at work.

First of all, we realise that many members may not have the experience to deal with a potential bad outcome at work and how to deal with the aftermath of such incidents in a controlled manner. We are now looking at establishing a point of contact within the Society where members can immediately reach out and seek some guidance. So, if at all, they are to face such a situation, the



first party that they would inform is the medical indemnity providers followed by the Society contact person. The aim is to give some form of guidance to navigate the first few days after the event, guide you on how to best document the events in your case notes and prepare medical reports that can be used by your lawyers for the purpose of handling the case at a later date. At the very least, you have someone that you can speak to.

Secondly, we are also aware that apart from the regular sessions that we have held over the years, we may also need to guide a group of senior doctors in our fraternity who can act as expert witnesses. These witnesses are to prepare reports and be the friends of the court without any biasedness while at the same time being fair to all parties involved. To this end, these expert witnesses may also be called upon to help either the plaintiff or the defence lawyers. From my conversations with close lawyer friends, they are finding it very difficult to identify the doctors who are willing to take on such work. Having done a few cases so far, it can only be

described as a painful and tedious process especially when we are trying to piece the story together on what could have happened. Nevertheless, for the interest of our fraternity, we urge interested colleagues who can offer their time for this work to reach out to us as we face potential decisions that may affect the way we practice.

On behalf of the fraternity, I have engaged on many discussions with senior colleagues at the Malaysian Medical Association, the Medicolegal Society of Malaysia, the Judiciary, Bar Council, Association of Private Hospitals Malaysia, and our main Indemnity Providers. There is a taskforce that meets on a regular basis to highlight certain issues, find common grounds, and help solve the potential problems at an early stage. These discussions do take time to get the desired outcome, nevertheless we have to start the conversation going. I am more than happy to take some of your pain points in dealing with medicolegal issues to these bodies. But I can only do that if I'm made aware of the issues.

The paradigm for clinical management of patients has dramatically shifted. It is no longer doctors know best, but what your patients, their family members, lawyers, hospital administrators and indemnity providers are equally knowing as well. They are no longer a passive participant but rather an active one. And trust me, they know the current landscape all too well, in fact even better than most doctors. To be emotional and angry about the current predicament is normal, however how we respond to it in a matured and responsible manner will determine the way forward. Whether we like it or not, being ignorant of these trends will only put your clinical practice at risk. Despite the best of preparations and intent, there are times when things do not and will not go according to plan. To be prepared for any eventuality from a legal point of view is prudent. In summary, whenever you are medically managing a patient, do not forget to put on a small little legal hat as well especially when you have a strong gut feeling that the particular case will come back to haunt you.



SUPPORT IN CRISIS:

Ensuring Well-Being for the Second Victim in Adverse Events

Introduction

The term 'second victim' was first coined in 2000 to refer to doctors involved in medical errors. It refers to the psychological distress and myriad of challenges that doctors face after being involved in adverse events or safety incidents. The world of medicine may be unforgiving when an error occurs. Doctors involved often face the judgmental eyes of the public, amplification of errors by mass media and receive silent treatment or criticism by their own fraternity. Although patients are the first victims of medical misadventures, healthcare workers involved are wounded by the same errors. Healthcare professionals at all levels are potential second victims in these situations. The level of emotional injury becomes exponential in the event of medicolegal suits or disciplinary hearings.

Psychological injury of disciplinary hearings and lawsuits on healthcare professionals

The stress of a medicolegal case is beyond comprehension for the doctors involved. For some, it rivals the stress of facing the death of a loved one. It has been shown that doctors who face complaints have around double the risk of developing moderate to severe depression, anxiety, or suicidal thoughts versus those with no complaints.¹ The emotional trauma that comes with a lawsuit lasts even after the lawsuit has concluded, irrespective of the

outcome. It has been associated with burnout, defensive practice in medicine and doctors leaving the profession. These experiences have also been shown to affect the doctors' personal, family, social and professional lives. A case in point is the data from Australia revealing that between 2018 and 2021, 16 health practitioners died by suicide after being the subject of complaints. Understanding these implications, support measures for the second victims become even more imperative. In this article, I have divided these measures into four levels: personal, organisational, social, and regulatory.

Personal level: seeking help

Doctors are often 'silent' patients, prone to underestimating the seriousness of a condition when it affects him or her. This is even truer when a doctor is faced with a mental health crisis. Coupled with the potential stigma and fear of loss of status that comes with being branded emotionally unable to cope and being not strong enough to face the vigorousness of an investigation, most doctors with mental health problems do not seek help. However, recognising the problem is the first step in rectifying it. If a doctor facing a malpractice claim suspects that his personal wellbeing and professional judgement are affected by his mental health, there is a need to seek help by consulting a suitably qualified colleague (e.g., a psychiatrist).

Sometimes, the presence of an expert listening ear is all that is needed to navigate the stress of medicolegal challenges. When professional judgement is compromised, medical practices may need to be adapted so as not to compromise patient safety. This will invariably require a supportive working environment for a period of time. The practice of self-prescribing for symptom alleviation (e.g., anxiety, depression) should also be avoided.

Organisational level

At the organisational level, peer support's importance cannot be over emphasised. Organisational leaders (e.g., in the department or the hospital) should facilitate an environment that promotes compassion and a sense of belonging among health practitioners. When a colleague faces a lawsuit, fellow doctors must offer support, which enables the sharing of emotional burdens and makes the litigation process less frightening. Support comes in many forms, and the purpose is not to sweep the problem under the carpet but to find a path forward. The critical thing to avoid is the isolation of the doctor involved, which will exacerbate the mental stress and lead to more damaging issues. An example of a tiered organisational support programme by the University of Missouri Health Care System is shown in Table 1.



by Dr Samuel Tsan

Director of Member Affairs
Malaysian Society of Anaesthesiologists

Co-author

Dato' Dr Yong Chow Yen

President
Malaysian Society of Anaesthesiologists

Table 1: Example of a tiered support system (adapted from The Scott Three-Tiered Interventional Model of Second Victim Support, from <https://www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou>, assessed 8/3/2024)

Tier 1
(basic, immediate emotional support provided by supervisors/colleagues within the same department as the affected individual)

- Promptly check on potential second victims to assess their well-being immediately following a critical clinical event.
- Conduct basic awareness training for unit leaders and colleagues, equipping them with essential knowledge on actions to take post-event.

Tier 2
(guidance and support for second victims by colleagues with specialized training in the second victim experience)

- Incorporate peer supporters with specialized training into departments facing elevated clinical risks.
- Guide second victims to internal resources, such as patient safety experts, when necessary for assistance.
- Extend support for legal issues if needed.
- Conduct group debriefings when the entire team is impacted.

Tier 3
(guarantee timely availability and accessibility to professional counselling and guidance)

- Facilitate expedited referrals to individuals specially trained in crisis intervention, if required.
- Grant access to supplementary hospital resources, including religious support, social workers, and clinical psychologists, if the need arises.

Reference

1. Bourne T, Wynants L, Peters M, Van Audenhove C, Timmerman D, Van Calster B, Jalmbrant M. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey. *BMJ Open*. 2015 Jan 1;**5**(1):e006687

Roles of MSA

With the widespread concerns over the recent Federal Court case on Siow Ching Yee v Colombia Asia Sdn Bhd involving a fellow anaesthesiologist who was judged to be negligent, the Malaysian Society of Anaesthesiologists (MSA) has stepped up to address the concerns of members of the Society. First, fraternity members who may be involved in medicolegal challenges are advised to contact the Director of Member Affairs of the MSA via the secretariat email or phone number. This officer will serve as a point of contact for the society to provide guidance and support in a time of need. In addition, the MSA will endeavour to enlarge the available pool of expert witnesses capable of responding to the increasingly complex and different contexts where errors are deemed to have occurred. More are discussed in the 'Anaesthesiologists in the Firing Line' article in this edition of *Berita Anestesiologi*. Again, knowing that you are not alone if you are involved in a potential patient complaint or medicolegal suit is essential.

Regulatory reforms

Moving forward, MSA and the broader medical fraternity, under the umbrella of the Malaysian Medical Association, aim to champion regulatory reforms to reduce the harms of prolonged and traumatic medicolegal processes. Conversations have been started to encourage doctors involved in medicolegal cases to seek mediation instead of going through a protracted and damaging court hearing.

Conclusion

Recognising the immense stress of every medicolegal case, it is vital to know that one can find many avenues of support. The process starts with one's own recognition that help is needed and a willingness to seek that help. From there, organisations and MSA can provide support and guidance to navigate a court case's psychological and material complexities. Finally, remember that this saying always holds true: "You will never walk alone".

eFONA airway card with scalpel-bougie technique

Based on DAS Guideline and endorsed by Airway SIG Malaysia



MALAYSIAN SOCIETY
OF ANAESTHESIOLOGISTS



COLLEGE OF
ANAESTHESIOLOGISTS
AMM

CHECKLIST

1. Sterile Set
2. Size 10 scalpel
3. Lubricant
4. Bougie
5. Size 6 ETT
6. 10cc syringe
7. Suture / tie string

1 Identify

CRICOTHYROID MEMBRANE
(NON-DOMINANT HAND)

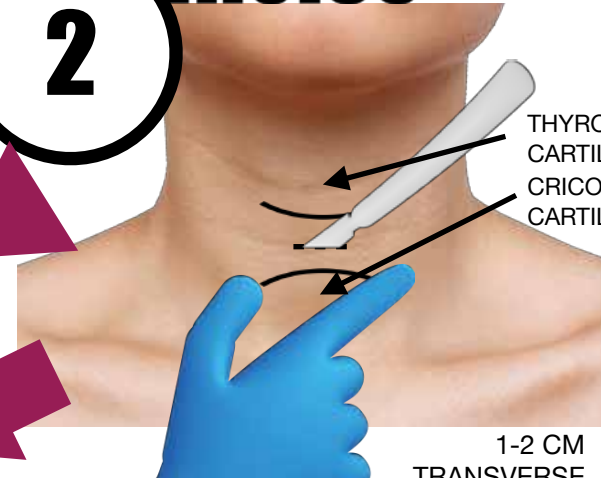
LARYNGEAL
HANDSHAKE



STRETCH SKIN AND
FIX TRACHEA

2 Incise

2



THYROID
CARTILAGE
CRICOID
CARTILAGE

1-2 CM
TRANSVERSE
INCISION

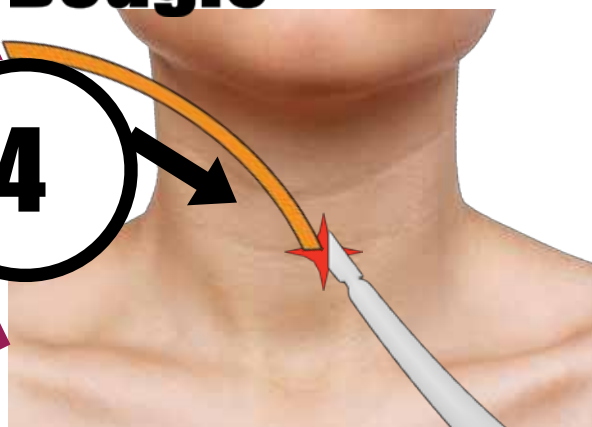
3

ROTATE SCALPEL
90 DEGREES
TO WIDEN THE
INCISION
(SHARP EDGE
DOWNSWARDS)



Bougie

4

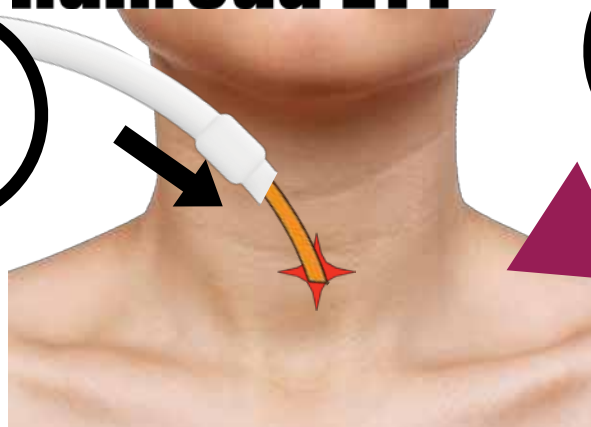


INSERT BOUGIE DOWNWARD
THROUGH INCISION

Railroad ETT

5

INSERT
LUBRICATED
SIZE 6 ETT
TUBE VIA
BOUGIE



6 Check & Secure

6



CHECK PLACEMENT VIA :

1. VENTILATION WAVEFORM
 2. etCO₂ (CAPNOGRAPHY)
 3. TUBE DEPTH (AUSCULTATION)
- SECURE WITH TIE/SUTURE

IF TRACHEAL RINGS ARE'NT FELT, IT MAY BE DUE TO :
A. PARATRACHEAL (HOLD-UP AT STERNAL NOTCH)
B. OESOPHAGEAL (NO HOLD-UP)

**FAILURE
SUCCESS**

- CONVERT TO SCALPEL FINGER BOUGIE TECHNIQUE
OXYGENATE AND STABILIZE. CONSIDER POSTOPERATIVE CARE
A. POSTPONE SURGERY UNLESS LIFE THREATENING
B. URGENT SURGICAL REVIEW OF CRICOTHYROIDOTOMY SITE
C. DOCUMENT AND FOLLOW-UP



DAS guideline home

SCAN QR
FOR
MORE INFO



FONA training video



JOY
IN
WORK



by Dr Chris Bowden
Deputy Director, Department of Anaesthetics
Gold Coast University Hospital
GC, Queensland Australia



Warm greetings to the Malaysian Society of Anaesthesiologists. My name is Chris Bowden, and I am a consultant anaesthetist working in the Gold Coast in Queensland, Australia. I have been in practice in Anaesthesia in Australia and the Pacific region for over 20 years. I am also a Council member of the World Federation of Societies of Anaesthesiologists (WFSA), and the current Chair of the Asian Australasian Regional Section (AARS) of WFSA.

I have developed an interest in Clinical Leadership and Wellbeing over the last few years, especially since we were all profoundly impacted by the recent global Covid-19 Pandemic. I had the privilege of visiting Kuching in 2023 and convening a Leadership course with MSA and the College of Anaesthesiologists executive team, and I have been asked to write a piece about finding 'Joy in Work' after talking about some of my own challenges with wellbeing (or lack of it) and burnout towards the end of 2022 and the Covid health crisis in Australia.

I write this as a personal reflective piece without an extensive reference to the published literature on wellbeing and burnout.

As health care professionals and Anaesthesiologists, we have all gravitated towards a field of medicine that can be challenging and stressful. Stress can be beneficial for short periods of time, focussing our minds on the tasks ahead of us and the patients who we care for.

Cumulative stress and anxiety however can become detrimental, and burnout has become a significant challenge for many clinicians during (and after) the Covid pandemic. Burnout has been a longstanding issue in many Low- and Middle-Income Countries (LMIC) as limited workforce capacity has resulted in work practices, by necessity, that have involved long hours (over years) with limited access to breaks and the respite necessary to rest and recover, both mentally and physically. Constant physical exhaustion, often accompanied by mental anxiety and

stress may progress to burnout if not recognised, managed appropriately and ultimately reversed. One of the cardinal signs of burnout is disengagement and a loss of enjoyment of work: emotions are blunted, often leading to feelings of hopelessness and helplessness, and we lose motivation to perform at work. We may become detached and depressed, and the primary damage we suffer is emotional.

I refer to the importance of recognition, because this is often a major issue for us as health care workers and highly performing clinicians: we are often taught (or made to feel) that we are better and mentally stronger than others, and invulnerable to the results of long hours in stressful environments. I learned the hard way that this is not the case.

As anaesthetists we are at risk of mental health issues for several reasons: we are often isolated in our work practices, we work in a high-risk profession and often for long hours with stress and fatigue an integral part of working life. For those of us who work in Leadership roles, some of these precipitating factors can be magnified and, in some ways, we can be at greater risk.

Just prior to the Covid pandemic my professional life was settled and stable: I had been Clinical Director of a highly functional Anaesthetic Department in a large teaching hospital in Melbourne, Australia. This all changed in early 2020 as globally we were faced with immense uncertainty as Covid-19 swept around the world. Life for us as anaesthetists change rapidly: our roles changed to emergency care providers and substitute critical care physicians as we tried to navigate rapidly evolving and changing clinical dilemmas. Personal safety and access to PPE was a new stressor for us, and many of our health care systems became overwhelmed.

In the midst of all of this change we remained as committed individuals trying to do our best for large numbers of acutely unwell patients. As a clinical leader, I worked up to 100 hours a week

trying to navigate the constantly changing workplace environment - I was separated from my young family (who had relocated to another city in Australia), and we all became physically and socially isolated as Governments tried to minimise the spread of a highly contagious virus in our communities. In my leadership role, I focussed on the physical and mental wellbeing of everyone except for myself, thinking I was resilient and indestructible: it took me many months to finally realise that I was truly burnt out and I had lost the Joy for Work.

I finally realized this when my behaviour changed and I became impatient, intolerant, irritable and much less able and effective as a clinical leader. This was towards the end of 2022: we had all endured nearly two years coping in the face of an evolving and truly Global Pandemic.

How did I rekindle my Joy for Work? Firstly, I recognised that I had a problem (a friend and close colleague asked me if I was ok - the answer, finally, was no).

Next was reversal over a period of a few months, I rejoined life with my family, stood down as Director, moved my practice to a new hospital close to home and enjoyed a return to my 'grass roots' - life as a clinical anaesthetist. I spent time away from work exercising and regaining a degree of physical and mental fitness that I had lost during the Pandemic (picture attached - my new Sunday morning ritual). And most importantly, I reflected on the last two years and have spent time talking to others about the importance of wellbeing, self-care, and care for others that we work with.

I have always been resilient, but now I better understand that we are all human beings, and that none of us are perfect. It is recognising and understanding our imperfections that allows us to better look after ourselves and recognise when we need to take a step back and recharge our batteries.

Then we may return refreshed and continue our Joy for Work.

Joy in Work in a PRIVATE HOSPITAL



by Dr Shahridan Mohd Fathil

Gleneagles Hospital Medini Johor
Malaysia

Introduction

The welfare of healthcare professionals is a crucial concern in the operation and efficacy of healthcare institutions. Although the "Triple Aim", which focuses on improving patient experience, boosting population health, and reducing healthcare costs, has led to reforms in health systems globally, experts argue that there is a need for a fourth aim to enhance the professional well-being of healthcare workers (HCWs).¹ The private healthcare industry comprises both for-profit and not-for-profit organisations with either philanthropic or commercial aims respectively.² The overwhelming majority of private hospitals in Malaysia are managed by for-profit organisations. Enhancing the well-being of HCWs facilitates increased work commitment, job satisfaction and talent retention, and safeguards against burnout among HCWs; which are consequently crucial in ensuring the quality and safety of healthcare systems.³ Anaesthesiologists operate in demanding environments namely the operating theatre and the intensive care unit, often in emergencies, which has been associated with elevated stress levels and reduced satisfaction.⁴

To promote well-being and restore joy among HCWs, the Institute of Healthcare Improvement (IHI) published the IHI Framework for Improving Joy in Work in 2017. This IHI White Paper provides a comprehensive overview of a substantial body of literature that examines several elements, including management behaviours, system designs, communication patterns, operating values, and technical supports. These factors have been found to have a significant impact on the levels of morale, burnout, and job satisfaction in the workplace.⁵

In a preliminary attempt to embrace the IHI White Paper, the seven members of the Anaesthesia Department of Gleneagles Hospital Medini Johor were

asked "What brings you Joy in Work?" as an alternative to the suggested original question "What matters to you?".

The answers and elaborations will be listed according to the nine critical components of the IHI Framework for Improving Joy in Work wherever applicable. (Figure 1)

Physical and Psychological Safety

"I am able to communicate well with most Surgeons and Physicians".

Psychological safety refers to an environment where individuals feel secure and able to adapt, communications are professional and respectful, and people feel comfortable questioning, seeking feedback, admitting mistakes, and proposing ideas.

It is widely acknowledged that providing safe, high-quality perioperative care requires teamwork. The bond between each surgeon and anaesthesiologist pair is arguably the most crucial factor in determining the overall effectiveness of the team. An optimally

functioning relationship promotes secure and efficient care. An unhealthy relationship might create an environment that is not safe and lead to a negative result. However, evidence is scarce about this correlation, specifically in terms of effective strategies and potential optimisations.⁶

Meaning and Purpose

"We are able to adopt some aspects of the evidence-based quality initiatives such as Enhanced Recovery after Surgery (ERAS), Patient Blood Management (PBM), Total Intravenous Anaesthesia (TIVA)".

"I can continue to perform Regional Anaesthesia (RA). In fact most of our surgeons will demand RA for specific groups of patients".

In the healthcare industry, discovering meaning and purpose is easier with quality initiatives as these have been proven to improve patient outcomes.

ERAS has been proven to shorten the length of stay and reduce complications,⁷ PBM has been shown to reduce unnecessary blood transfusion resulting in



Figure 1: IHI Framework for Improving Joy in Work⁵

improved morbidity and mortality⁸ and TIVA improves patient experience⁹ and reduces the environmental impact of anaesthesia.¹⁰

The use of RA leads to increased patient satisfaction due to improved pain relief after surgery. This is related to lower scores on visual analogue scales, which in turn is linked to greater scores on postoperative satisfaction scales when compared to the use of general anaesthesia and systemic opioids.¹¹

Choice and Autonomy

"We decide on the anaesthesia technique."

We are free to decide on our anaesthetic techniques, based on the most current evidence, without much external pressure. The management has been supportive of our effort to adopt new equipment and technology.

Recognition and Rewards

"Some of us get invited to give talks".

"We publish our case series".

The sensation of meaningfulness arises when HCWs perceive that they are well suited for their job or are fulfilling their several callings through their work, including their role as healers, educators, researchers, and opinion leaders in their respective fields.¹²

A case series of a minor daycare urology procedure performed safely under caudal epidural block was published by the department.¹³ This demonstrated the ability of private practitioners to continue to contribute to anaesthesia research, albeit on a small scale.

Camaraderie and Teamwork

"We have great intra and inter-department teamwork".

"Colleagues with various training backgrounds contributing new ideas and practices to the Department".

We often assist each other in performing new RA techniques and managing difficult airways.

An anaesthesiologist must possess a high degree of competence in order to effectively care for patients and provide

exceptional service. Deliberate practice entails the systematic repetition of particular tasks until achieving mastery, preferably with the guidance of a mentor who can offer constructive feedback.¹⁴

Wellness and Resilience

"Colleagues treating to a meal or coffee from time to time".

Informal communication (over a cuppa or meal) is a crucial tool in healthcare, serving to facilitate collaboration and coordination of tasks, as well as to identify and assemble the necessary resources, both material and human, for patient care.¹⁵

Conclusion

The fact that a significant lack of joy in work may be present in a noble field like healthcare has always seemed paradoxical. The work in healthcare embodies the loftiest ideals of a caring society. In our work as perioperative physicians, joy is not just a compassionate sentiment, but also instrumental. Joy is possible!

References

1. Sikka R, Morath JM, Leape L. The Quadruple Aim: care, health, cost and meaning in work. *BMJ Qual Saf.* 2015 Oct;**24**(10):608-10. doi: 10.1136/bmjqs-2015-004160
2. The Private Health Sector: An Operational Definition World Health Organization <https://www.who.int/docs/default-source/health-system-governance/private-health-sector-an-operational-definition.pdf> accessed on 12 Feb 2024
3. National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being. Washington (DC): National Academies Press (US); 2019 Oct 23. PMID: 31940160
4. Rama-Maceiras, Pablo; Parente, Suzana; Kranke, Peter. Job satisfaction, stress and burnout in anaesthesia: relevant topics for anaesthesiologists and healthcare managers?. *European Journal of Anaesthesiology* 29(7):p 311-319, July 2012. | DOI: 10.1097/EJA.0b013e328352816d
5. Perlo J, Balik B, Swensen S, et al. IHI framework for improving joy in work. Institute for Healthcare Improvement, 2017.

<https://www.ihl.org/resources/white-papers/ihl-framework-improving-joy-work#downloads> accessed on 12 Feb 2024

6. Jeffrey B. Cooper; Critical Role of the Surgeon-Anesthesiologist Relationship for Patient Safety. *Anesthesiology* 2018; 129:402-405 doi: <https://doi.org/10.1097/ALN.0000000000002324>
7. Joliat, GR., Ljungqvist, O., Wasylak, T. et al. Beyond surgery: clinical and economic impact of Enhanced Recovery After Surgery programs. *BMC Health Serv Res* 18, 1008 (2018). <https://doi.org/10.1186/s12913-018-3824-0>
8. Murphy MF, Palmer A. Patient blood management as the standard of care. *Hematology Am Soc Hematol Educ Program.* 2019 Dec **6**:2019(1):583-589. doi: 10.1182/hematology.2019000063. PMID: 31808828
9. Uitenbosch G, Sng D, Carvalho HN, Cata JP, De Boer HD, Erdoes G, Heytens L, Lois FJ, Rousseau AF, Pelosi P, Forget P, Nesvadba D. Expert Multinational Consensus Statement for Total Intravenous Anaesthesia (TIVA) Using the Delphi Method. *J Clin Med.* 2022 Jun **17**;11(12):3486. doi: 10.3390/jcm11123486
10. Varughese S, Ahmed R. Environmental and Occupational Considerations of Anesthesia: A Narrative Review and Update. *Anesth Analg.* 2021 Oct **1**:133(4):826-835. doi: 10.1213/ANE.0000000000005504
11. Wu CL, Naqibuddin M, Fleisher LA. Measurement of patient satisfaction as an outcome of regional anesthesia and analgesia: a systematic review. *Reg Anesth Pain Med.* 2001 May-Jun;**26**(3):196-208. doi: 10.1053/rapm.2001.22257
12. Shanafelt T, Chung H, White H, Lyckholm LJ. Shaping your career to maximize personal satisfaction in the practice of oncology. *J Clin Oncol.* 2006 Aug **20**;24(24):4020-6. doi: 10.1200/JCO.2006.05.8248
13. Mohd Yusof, M. A. ., Mamat, M., Ismail, I. H., Shuratman, N., Musa, I., Ng, C. H., & Mohd Fathil, S. (2022). Ultrasound-guided caudal epidural anaesthesia for MRI-targeted transperineal prostate biopsy. *Malaysian Journal of Anaesthesiology*, 1(2), 113-123. <https://doi.org/10.35119/myja.v1i2.14>
14. Hastings, Randolph H. MD, PhD*; Rickard, Timothy C. PhD†. Deliberate Practice for Achieving and Maintaining Expertise in Anesthesiology. *Anesthesia & Analgesia* 120(2):p 449-459, February 2015. | DOI: 10.1213/ANE.0000000000000526
15. Mejia DA, Favela J, Morán AL. Understanding and supporting lightweight communication in hospital work. *IEEE Trans Inf Technol Biomed.* 2010 Jan;**14**(1):140-6. doi: 10.1109/TITB.2009.2033384

Joy in the Ministry of Health WHEREVER THE WIND BLOWS....

*We do not create
our own paths.
Our paths make us.*



by Dr Priscilla Manymuthu

Hospital Tawau
Sabah, Malaysia

Not too long ago, I was on a flight to the land below the wind for my specialist posting in Tawau, Sabah. I was 600 kilometres away from the comfort of home. A part of me felt a huge burden lifted off my shoulders when I had cleared the final examinations. Yet, I was in fear of the unknown. Being a doctor in the Ministry of Health of Malaysia, I had learned to accept that service needs to take precedence when it came to placements.

Taiping hospital is famed as the first hospital established in the nation. For me, it was the first hospital that shaped my career. I heard on the grapevine that the training in Taiping was arduous with a high extension rate. The endless negativity that I received on the housemanship journey made me feel defeated. If I could travel through time, I would have assured my younger self that what I chose to believe about my training would determine my experience. In retrospect, the intense training in Taiping set the ground for me to decide on the type of doctor I was going to be in the years to come. I was fatigued mentally and physically on most days, but I had found comfort in exercising at the Lake Gardens on my off days. As with most things in life, the not-so-good always came with the good. I was away from my family, so I made family out of a close knit of friends within the hospital, and outside the hospital.

My beginning in Taiping led me to a relatively long service as a medical officer (MO) in Hospital Sultan Idris Shah, Serdang. I earned the non-glamorous title of being a 'chronic medical officer' as I entered the postgraduate programme later than the usual waiting period. But would you believe me if I told you that those were the best years of my life? Despite the wait, I kept learning and growing in anaesthesia, even if my pace differed from others. I also learnt about life from conversations I had with my patients who were mostly of middle class or urban poor backgrounds. I learnt to deal with conflicts at work. It helped me to better navigate my personal and professional relationships. I learnt that every failure was a stepping stone to success. I was not my 'own

boss' but I was part of a bigger team, and this came with its own perks. With careful planning, I had approved leave to create memories with those I loved. In the process of waiting for my postgraduate training, I endured the chiselling that made me a better person. Prior to entering university, I was given the opportunity to co-organize events and develop leadership skills. I could also attend conferences and also submit case presentations for the Australian Scientific Meeting - ANZCA, Malaysian Society of Anaesthesiologists (MSA) and Annual Scientific Meeting of Intensive Care (ASMIC). I was elated and humbled when I received the service award (Anugerah Perkhidmatan Cemerlang). I felt affirmed and encouraged by my superiors.



Like some of you, I followed with keen interest on the overdue salary revision of doctors. My salary was a good way to learn financial management. I count myself blessed that I was able to purchase a car, I qualified for a housing loan with a stable income and I could afford to broaden my geographical horizons with time. It was not a lot but it was sufficient. Personally, the salary was not a dealbreaker for me because the meaning and purpose in my day-to-day work was far more rewarding. It is hard

to tip-toe around the subject of 'due returns' as we can all agree that our expectations and lifestyle choices varies. In the grand scheme of things, I made a choice to stay after enquiring with peers who chose alternative paths. I felt every route had its fair set of challenges, and we needed to choose our own 'green pastures'.

In Sabah, my patient demographics have changed quite a bit. We regularly manage undocumented patients,

severe post-partum hemorrhage, airway related complexities or complications of untreated medical illnesses. It may get challenging to work around available resources while still making a sound clinical judgement and honouring the Hippocratic oath. Yet I have very little to complain about as I have an excellent team to work with. As the African proverb goes "*if you want to go fast, go alone; if you want to go far, go together*". Apart from fellow colleagues, even the medical assistants (affectionately known as AMOs in Sabah) and the nurses have helped me adapt and feel belonged. Did you know that in Tawau, every food item on the pantry table is for everyone to share?

I also observe that the MOs enjoy a healthy relationship with their superiors, having the opportunity to learn and discuss during scheduled classes and informally during patient encounters. The ability to invest into the next generation happens daily in the government hospitals with specialists. For many of us, we are determined to change some of the archaic practices of yesteryears while creating a conducive learning environment.

You may wonder if I have carefully disguised my frustrations and pain with half-truths. I continue to believe that how I perceive a situation will have an impact on my experiences. Yes, I could do with more money. Yes, I would love the familiarity of a known place. There are days when I would trade the tranquillity of a small town with the bumper-to-bumper traffic jams just to be home. Nevertheless, I believe limitations become fertile soil for progress and innovation. I may not live to see all the changes I would like to see in the Malaysian healthcare system, but I can be part of the ripple effect of change. My reward may certainly look a little different from others, but it is not less fulfilling. It is just, *different*.



Finding **IKIGAI** *in Academia*



by Dr Shairil Rahayu Ruslan

Faculty of Medicine
Universiti Malaya
Kuala Lumpur
Malaysia



I was asked to consolidate all my social media postings (the public, work-related ones) and compile it into a piece of writing to convey what looks to be like "Joy in Academia" (and by extension, "in Research" as well). My first reaction to that was a mixture of confusion and wonder - as I pondered on how my writings could be perceived as an acceptable generalisation to the above agenda.

As I gave it a little bit more thought, I realized that in a few atypical ways, there is joy in what I am currently doing, but to say that my thoughts represent the veterans in academia would be a misrepresentation. Thus, I would like to disclaim early on that the writings here reflect my own impressions and opinions, and do not make common to what my seniors and colleagues feel when it comes to describing the joys of working in an academic setting; but I would like to explain how I try to turn these aspects of my work into something that I find meaningful and of value.

"To teach is to learn twice over" - Joseph Joubert

The stereotypical angle of the work in a university-teaching. It is expected of us and, often, the demands from this part of the job can be more, compared to the clinical service to the hospital that we think we are obligated to. Of course, as medical doctors, we are always teaching our juniors even in a non-academic setting, as apart from evidence-based medicine and textbook knowledge, anecdotal and experiential teaching is also an essential form of learning that has not grown out of fashion. Certainly, our young ones listen to us better when we describe previous cases' management or examination tips as compared to just simply poring over thick books. The rewards that one reaps from this do not only appear in the form of trainees passing their examinations - it may also



appear as sustained good relationships with students and trainees that leave you feeling, "hey... I must have taught/said/done something right for them to keep me in their good books".

"Research is what I'm doing when I don't know what I'm doing" - Werner von Braun

Ah, research. I for one would not say I am a very prolific writer, nor am I a very illustrious researcher. This bit of the job requires a certain discipline and creativity that I struggle with daily. I may write well enough when it comes to storytelling or narrative reports but to come up with good, research-worthy projects is not something that comes very easily. I do have a few senior professors and colleagues who I look up to and I have always admired them. I am a long way from joining these

esteemed figures, but I certainly aspire to learn from them. When it comes to learning about research, I spent the first year of my doctorate just learning and reading about everything and anything there is to know about the methods and approaches to research - and the more I learnt, the more intrigued I became. My eyes were opened, so to speak. (Speaking of doctorate, I am at that stage where it feels a lot like a persistent stalker who wouldn't quit).

"The currency of real networking is not greed but generosity" - Keith Ferrazzi

The networking in academia goes along a different path than the ones we are used to in clinical service, where the discussions would revolve around curriculum revamps, trainee remedial plans and external assessor evaluations, among others. I had a few opportunities where I met peers and colleagues from different institutions from other states, even so far as from different countries... and the experience has been interesting. The over-riding kindness of the different people I met stood out the most, and this seemed to me to be a very helpful factor in making the job more manageable.



The trouble with doing something right the first time is that nobody appreciates how difficult it was. - Walter J. West

This quote refers to joy related to administrative work... I know, that sounds like such an odd subtopic. For me, being immersed in the university side of things meant a very steep learning curve... but this learning curve was something I was willing to experience. From very early on, I made a conscious decision to keep an open mind and take everything positively - no matter how alien a concept appeared to me, or how troublesome a work seemed to be - so that I could get through it and perform modestly without disappointing too many people. It is my

humble wish that I contribute to the smooth workings of the faculty and obtain positive learning points in the process.

At the end of the day, joy could be found and had if one keeps an open mind and a willing spirit to learn. Back that up with a good support system in both the working and home environment, one could find success and happiness in it. Compared to my peers, I consider myself a late bloomer and my discovery of what gives me joy in work is still a work in progress. You could say that I am still looking to confirm what gives me the motivation to go on - "*ikigai*", if I had to use a term to describe it - but I'd like to think that I am

in a good place to discover it. Hopefully the answers will be revealed to me in due time. To others who are in the same boat or a parallel form of transport, I pray for all of us to find our answers and way, *Insyallah*.



FAKULTI PERUBATAN

FACULTY OF MEDICINE





Malaysian Society of Anaesthesiologists

27th February 2024

Dr Wayne Morriss
President
World Federation of Societies of Anaesthesiologists
London, UK

Dear Dr Wayne Morriss,

The Malaysian Society of Anaesthesiologists (MSA) would like to voice its deep concern on the on-going conflict in Gaza and Palestine, in general, and on anaesthesia-related issues in the healthcare facilities within the region, in particular. Being the largest and most influential federation of societies of anaesthesiologists representing 136 societies over 140 countries globally, we believe that WFSA is in a unique position to exercise its influence on the grave issues concerning Gaza and Palestine mentioned above consistent with its vision of ensuring universal access to safe anaesthesia and its mission of empowering anaesthesiologists around the world to improve patient care.

MSA is fully aware that WFSA has been actively involved in addressing our fraternity's issue through various initiatives, such as the Global Anaesthesia Workforce Map, the SAFE (Safer Anaesthesia from Education) courses, the Global Mentoring Programme, and the WFSA Fellowships. As a member-society we are indeed proud of WFSA's efforts and achievements in improving anaesthesia capacity and quality especially in low-resource settings.

The anaesthesia-related issues that we are referring to is the severe shortage of anaesthesia workforce and resources in Palestine, particularly in Gaza, which hinders, if not prevents in totally, the delivery of safe and effective anaesthesia and surgical care. We learnt from UNICEF that some 1,000 Palestinian children have had limbs amputated without anaesthesia due to the lack of basic medical resources. There is lack of trained and qualified anaesthesia providers simply because it is not safe to work in Gaza hospitals. The horror of suffering these children and patients of all ages is experiencing is in direct contradiction to our vision of universal access to safe anaesthesia and our mission of empowering anaesthesiologists around the world to improve patient care. We are simply powerless unless we take affirmative actions.

In the war-torn region of Palestine, and in any place on earth, hospitals should be sanctuaries of safety for both patients and doctors amid the surrounding turmoil. In the midst of conflict, medical facilities should stand as beacons of hope, providing crucial refuge for those in need of medical attention and for healthcare professionals to work in safe environments to save lives.

We acknowledge that, even in places spared the ravages of war, we still have a long way to go to achieve our goal of universal access to safe anaesthesia and surgery for all. However, right now, we know and can see on daily basis on media the unimaginable pain and sufferings of the people of Gaza and Palestine. As member-societies of WFSA, we hail ourselves as a global alliance of anaesthesiologists, the specialist physicians dedicated to the total care of patients before, during and after surgery. Is it right for us to remain silent?

Hospital walls in Gaza bear witness to the resilience of the human spirit, as they echo with the stories of doctors and healthcare professionals navigating through the chaos to deliver care. We see the extreme conditions faced by our colleagues who are still working there. As world community we need to reflect on their commitment to humanity. How do we advocate Workforce Well-being as the 2024 WFSA annual theme without thinking of and acting for them?

Therefore, we urge the WFSA to use the platform of the World Congress of Anaesthesiologists (WCA) to raise awareness and advocate the anaesthesia-related issues in Gaza and Palestine. It is imperative for our organization leverage its influence and expertise to advocate for the protection of anaesthesiologists, access to essential medical supplies, and the unimpeded delivery of anaesthesia care to those in need. By actively engaging in the discourse surrounding healthcare in Palestine, the WFSA can contribute to the global dialogue on human rights, healthcare access, and medical ethics. In doing so, the WFSA will demonstrate its commitment to upholding the principles of compassion, solidarity, and the universal right to adequate healthcare, reinforcing the importance of addressing anaesthesia-related issues in regions affected by conflict.

We understand that efforts to seek peace and for any disagreements to be solved with complete adherence to international laws are beyond us. However, we would like to urge the WFSA to express its stand and act on this pressing issue during the WCA 2024 in Singapore.

Thank you very much.

Yours sincerely,

Dato' Dr Yong Chow Yen
President
Malaysian Society of Anaesthesiologists



Dato' Dr Yong Chow Yen
President
Malaysian Society of Anaesthesiologists
Via email: secretariat@msa-net.my

28th February 2024

Dear Dr Yong Chow Yen,

RE: Anaesthesia-related issues in Palestine.

Many thanks for your letter dated 21st February 2024 highlighting the situation in Palestine.

WFSA is deeply concerned about the impact of acts of violence and conflict worldwide - including death and injury - as well as the psychological distress and displacement suffered by all populations in areas of conflict.

As a medical professional organisation, we commend the work of anaesthesiologists and other healthcare workers who are working to treat the injured and alleviate suffering in these areas. It is key that the well-being of anaesthesiologists and other healthcare workers are protected.

We believe that it is imperative for victims of violence and conflict to have access to safe and timely anaesthesia. This entails anaesthesiologists and other healthcare workers being safe in their place of work.

WFSA does not currently have a position statement or set of principles relating to provision of anaesthesia and surgical care in conflict zones. Your letter highlights many of the key points and a valuable approach could be for the MSA to propose the formation of a working group to develop such a position statement. An appropriate time to do this may be during the Open Forum section of the General Assembly in Singapore.

We would value your thoughts on this suggestion and look forward to seeing you at WCA2024.

Yours sincerely

Dr Wayne Morriss
WFSA President

Address on Anaesthesia-Related Issues in Conflict Zones at the General Assembly of the World Federation of Societies of Anaesthesiologists

3rd March 2024

- Delivered by the MSA President

The Malaysian Society of Anaesthesiologists would like to voice its deep concern on the ongoing human rights issues in healthcare facilities of war-torn regions in the world today. In particular, as this is an assembly of the WFSA, we are referring to the lack of access to safe anaesthesia care for patients undergoing surgery in these regions.

Attacks on hospitals and their staff are now common place in conflict zones. Examples include Syria, Sudan, Ukraine, and most recently Gaza. We learned from UNICEF that some 1,000 Palestinian children have had limbs amputated without anaesthesia due to the lack of basic medical resources. There is a lack of trained and qualified anaesthesia providers simply because it is not safe to work in hospitals.

In war-torn regions, hospitals should be sanctuaries of safety for both patients and doctors. Healthcare professionals, medical facilities, humanitarian workers, and civilians should be protected by the fourth Geneva Convention, one of the universally agreed standards for humanitarian treatment at war.

Bearing in mind the Federation's vision and mission, as we adopt Workforce Well-being as the 2024 WFSA annual theme, we must leverage our influence to advocate for the protection of anaesthesiology professionals, access to essential medical supplies, and the

unimpeded delivery of anaesthesia care to those in need.

The MSA, therefore, humbly proposes that the WFSA convene a working group to come up with a position statement and set of principles, in accordance with the Geneva Convention, on universal access to safe anaesthesia and empowering anaesthesiologists to provide anaesthesia care in places of conflict.

We propose that these statements be universal statements that we can use as our moral compass to exert our influence in all places of conflicts, current or future.

We propose that the statements should include:

1. We advocate peaceful solutions to conflicts.
2. Patients should have access to safe anaesthesia and surgical care in areas of conflict.
3. Anaesthesiology professionals should have access to safe working place to provide anaesthesia care in areas of conflict.



Dato' Dr Yong Chow Yen

President
Malaysian Society of Anaesthesiologists



By actively engaging in this discourse, the WFSA, as a global alliance of anaesthesiology leaders, can contribute to the global dialogue on human rights and healthcare access in conflict zones.

Thank you very much for your kind attention.

18th

WORLD CONGRESS OF ANAESTHESIOLOGISTS IN SINGAPORE

4th to 7th March 2024

The 18th World Congress of Anaesthesiologists (WCA), a biennial and premier global event for anaesthesia professionals, was convened on 4th to 7th March 2024 at the Suntec Convention Centre in vibrant Singapore. This international event was hosted by the World Federation of Societies of Anaesthesiologists (WFSA) and the Singapore Society of Anaesthesiologists (SSA) sharing a commitment to planetary health and an understanding of the impact the practice of anaesthesia has on our natural environment. After eight years without a face-to-face World Congress, it was time for the global anaesthesiology community to meet in person once again. This was critical for networking, sharing of experiences and learning. This year's congress welcomed over 5,044 participants in person and 563 online from 142 countries.

The Organising Committee was led by the President of WFSA, Dr Wayne Morris (New Zealand), and Associate Professor Dr Chan Yew Weng (Singapore) as the Co-Chair. The Organising Committee was capably assisted by various Sub-Committees with representatives from SSA and WFSA responsible for developing scientific content, communicating with speakers, reviewing abstracts, securing sponsorships and coordinating exhibition, organising workshops, networking, tours, registration, venues, logistics, financial management and governance as well as promotions and publicity.



Under the theme “Anaesthesia for a Sustainable Future”, the scientific programme featured innovative research, best practice updates, and thought-provoking discussions centred on advancing anaesthesia care worldwide in an equitable and environmentally conscious manner. A total of 189 sessions lectures, 126 e-posters sessions, 72 workshops and 32 problem-based learning discussions were well run during the Congress. Although English was the official language, simultaneous interpretation from English to French, Spanish, and Mandarin was available for the sessions scheduled in Hall 406 and this included live streaming.



by Associate Professor Dr Azarinah Izaham

Honorary Secretary
Malaysian Society of Anaesthesiologists

With Singapore being a neighboring country, the Congress provided an excellent opportunity for Malaysian anaesthesiologists to attend a premier global event close to home. The Malaysian Society of Anaesthesiologists (MSA) and College of Anaesthesiologists (CoA) leveraged this proximity to send a large contingent of delegates.

The MSA President, Dato' Dr Yong Chow Yen and the CoA President, Professor Dr Ina Ismiarti Shariffuddin led a delegation of over 200 MSA members and fellows from across Malaysia's public hospitals, private hospitals, and academic institutions. This robust attendance highlighted Malaysia's commitment to



staying abreast of the latest anaesthesia advances. In addition to the official MSA representatives at the General Assembly, many Malaysian anaesthesiologists actively participated in the scientific program in which over 50 abstracts and case studies were presented by Malaysian researchers across tracks like patient safety, perioperative medicine, and regional anaesthesia. Renowned Malaysian faculty served as invited speakers and panellists for sessions on specialised topics like difficult airway management and low-resource anaesthesia care. Workshops on point-of-care ultrasound

and crisis resource management were led by Malaysian experts, drawing participants from around the world. The Congress also provided Malaysian trainees a valuable opportunity to network with peers from other countries and explore potential fellowship opportunities abroad. With Southeast Asia's healthcare landscape rapidly evolving, MSA and CoA members took full advantage of this Congress to share best practices, learn about cutting-edge innovations first-hand, and represent Malaysia's anaesthesiology community on the global stage.

A key highlight was the WFSA General Assembly on 3rd March 2024 attended by official representatives from 80 member anaesthesia societies. The MSA was represented by Dato' Dr Yong Chow Yen, President; Dr Hasmizy Muhammad, President-Elect and Associate Professor Dr Azarinah Izaham, Honorary Secretary. The Assembly witnessed a historic leadership transition, with the handover of the WFSA presidency from Dr Wayne Morris to Professor Dr Daniela Filipescu of Romania. Dr Carolina Haylock Loo from Honduras were elected as President-Elect and a new WFSA Board as well as Council members were elected to represent different global

regions. Notably during the assembly, Dato' Dr Yong proposed a position statement of principles on managing anaesthesia care in conflict zones - an issue which resonated well with many attendees.

The Congress opened in spectacular fashion with a modern, futuristic ceremony featuring artificial intelligence (AI) elements; immersive digital displays and projection mapping which transformed the venue, AI-generated visual art and soundscapes set the tone, a virtual reality experience showcased anaesthesia innovations and robot-assisted dancers performed alongside human artistes. This tech-forward ceremony paid tribute to anaesthesiology's innovative spirit while retaining traditional Singaporean cultural elements like the lion dance.

The plenary sessions covered global workforce models, technology integration, planetary health, and ethics in anaesthesia practice. A panel on crisis preparedness examined anaesthesia's humanitarian role in conflict zones and disasters. The symposium parallel sessions spanned 15 specialized tracks including patient safety, obstetric anaesthesia, regional techniques, perioperative medicine, trauma/critical



care, paediatrics, and pain management. Hands-on workshops enabled skills training. Dedicated global health sessions explored task-sharing models, sustainable education solutions, mobile technologies and context-specific guidelines to expand safe anaesthesia worldwide. Opportunities for bidirectional learning were highlighted.

With over 1200 abstracts presented, the Congress served as a premier platform to showcase the latest breakthroughs and innovations in anaesthesia research from around the world. Key highlights included: Anaesthetic Agents, Monitoring Technologies, Simulation and Training, Care Delivery Innovations, Global Health Research and other aspects in anaesthesia. With presentations from high, middle and low-income countries, the research showcased anaesthesia's collaborative efforts towards safer, more accessible and sustainable perioperative care worldwide. Many abstracts sparked insightful discussions on adoption, scalability and future directions.

The Global Anaesthesia Village (GAV) was likely an initiative or dedicated area at the 18th WCA that highlighted anaesthesia societies' efforts in global health and humanitarian outreach. The purpose of the Global GAV was to provide a platform to showcase the global health programmes, initiatives and achievements of national anaesthesia societies worldwide and foster networking and collaboration between societies engaged in low-resource settings, conflict zones, or disaster response efforts. The GAV also raised awareness about the challenges of providing safe anaesthesia care in underserved regions.

The features exhibits/booths hosted by anaesthesia societies detailed their global outreach projects, partnerships,

training programmes and many others. The photos and video displays documented the societies' medical missions and humanitarian activities globally. Product demos of portable, low-cost anaesthesia equipment suitable for austere environments were also available at the village. Presentations were made by society representatives on best practices, lessons learned in global health initiatives. Many meetings and discussions were held on developing context-specific clinical guidelines for low-resource anaesthesia care.

The participating societies from high-income countries like USA, Canada, UK, Australia shared their global partnerships. The low and middle-income country societies had highlighted domestic efforts to improve anaesthesia access. The regional society groups like SACA, CASA, ESA had joint exhibits on multi-national collaborations. The GAV aimed to inspire knowledge-sharing, foster new organizational linkages, and raise the profile of anaesthesiology's role in achieving health equity worldwide through sustainable, ethical global health initiatives.

The massive exhibition hall was a hub of activity, featuring 63 exhibitors showcasing the latest products and technologies for the anaesthesia field: leading pharmaceutical companies highlighted new anaesthetic and analgesic drugs; medical device manufacturers displayed cutting-edge anaesthesia machines, monitors, and airway equipment; health information technology companies demonstrated electronic health records, decision support tools, and data analytics platforms; live demonstrations and hands-on product trials drew crowds at many booths and startups in the anaesthesia space pitched novel



innovations to potential investors and partners. The informal meetings between clinicians and industry representatives facilitated valuable knowledge exchange on product development, implementation, and emerging clinical needs. In addition to the exhibition, various social programmes created opportunities for international networking such as the Welcome Reception which allowed attendees to mingle and make connections over local cuisine; morning yoga and evening workout sessions promoted wellness while networking; cultural Immersion Tracks included excursions to experience Singapore's diverse attraction and Interest Group Meetups convened attendees with

shared specialties like obstetrics or global health.

The marquee social event was the Congress Gala Dinner, held at the Marina Sands Bay Convention Centre. A dazzling production showcased Singapore's kaleidoscope of cultures through dance and music: WFSA leadership and major Congress sponsors/supporters were recognized and the Confederation of ASEAN Societies of Anaesthesiologists (CASA) celebrated its 50th anniversary with a special tribute. The Gala provided an elegant atmosphere for international attendees to forge new collaborations while enjoying Singapore's hospitality.

As the Congress drew to a close, the closing ceremony mood was one of celebration and inspiration for the future of the anaesthesia field with video highlights recapped pivotal Congress moments; WFSA awards for leadership, education and philanthropy were

presented and the Societe Marocaine d'Anesthesie, d'Analgesie et de Reanimation provided a glimpse into the 19th WCA 2026 to be held in Marrakesh, Morocco. In his closing address, WFSA President, Dr Wayne Morris extolled the Congress theme of 'Sustainable Anaesthesia for a Sustainable Future'. The ceremonial passing of the WFSA flag to the

Moroccan team officially set the stage for a blazing 19th WCA.

Overall, this truly global Congress exemplified anaesthesiology's commitment to sustainable, ethical, team-based perioperative care for patients worldwide, leaving participants inspired and better equipped to elevate practice in their respective settings.



1st World Day of Regional Anaesthesia & Pain Medicine



by Dr Iskandar Bin Khalid

Hospital Canselor Tuanku Muhriz UKM
Kuala Lumpur
Malaysia

Co-author

Dr Wan Nabilah Binti Nik Nabil

Hospital Kuala Lumpur
Kuala Lumpur, Malaysia

Pain, “the 5th vital sign”, continues to be a prevailing problem in clinical practice and perioperative care. Moreover, the provision of effective and personalised pain management remains a privilege not afforded to all. Anaesthesiologists with subspecialty training in regional anaesthesia (i.e. regionalists) and pain medicine play a pivotal role in transforming lives, offering relief, comfort, and providing hope to those in need, pioneering a future where one’s journey through life and surgery is no longer marked by poorly managed pain.

(RA) and chronic pain practitioners in more than 130 cities, 59 countries and across 5 continents gathered, united by a common scientific programme, to share, discuss and debate the latest developments and updates in RA and pain medicine under the inspiring theme ‘Joining Hands for a Pain Free Future Worldwide’.

The 1st World Day of RAPM also marked a milestone for MySORA, being the first official event organised by the Society, formally established in September 2023. True to the spirit of cooperation and



Bhd, with substantial contributions from Gemilang Asia Technology Sdn Bhd, Konica-Minolta, Pajunk, Medic Edge Sdn Bhd, Mediwide Sdn Bhd, Aspen Malaysia Sdn Bhd, B. Braun Sdn Bhd and Vygon. The Connexion Conference & Event Centre (CCEC) Bangsar South City, Kuala Lumpur was the chosen venue for the day with close to 60 enthusiastic delegates from across Malaysia in attendance.

The proceedings begin with heartfelt welcome addresses from Dr Shahridan and the incumbent ESRA President, Dr Eleni Moka, as well as speeches from the respective presidents of various RA sister societies. The group photo session was then followed by a virtual podcast from the RAPM editor-in-chief, Dr Brian Sites, who spoke about future directions and impactful articles in RA and pain medicine. Session 2 consisted of lectures appraising the latest journal articles in the areas of RA, point-of-care ultrasonography (POCUS) and chronic pain, followed by a stimulating Q&A session with four esteemed speakers, Drs Shahridan, Mafeitzeral Mamat, Ahmad Afifi Mohd Arshad and Khoo Eng Lea, under the watchful eye and direction of Dr Amiruddin Nik Mohamed Kamil who acted as the session moderator.

Next on the agenda was session 3 which placed a spotlight on RA for shoulder surgery, an area which has seen a surge of interest at home and abroad. Dr Shahridan as moderator set the stage for lectures by Dr Afiq Syahmi who gave



Saturday 27th January 2024 marked the 1st World Day of Regional Anaesthesia & Pain Medicine (RAPM), a global movement newly launched and initiated by the European Society of Regional Anaesthesia (ESRA) in collaboration with the Malaysian Society of Regional Anaesthesia (MySORA) and its sister societies worldwide, including the African Society of Regional Anaesthesia (AFSRA), American Society of Regional Anaesthesia (ASRA), Asian & Oceanic Society of Regional Anaesthesia (AOSRA) and the Latin American Society of Regional Anaesthesia (LASRA). On this monumental day, regional anaesthesia

collaboration, the event’s faculty composed of Regionalists and Pain Specialists from across Malaysia, with representatives from hospitals under the Ministry of Health, Ministry of Higher Education and the private sector. The decisive leadership of Dr Shahridan Mohd Fathil, organizing chairperson of the event and vice-president of the MySORA as well as the dedicated work of committee members, Drs Mohd Afiq Syahmi Ramli, Wan Nabilah Nik Nabil, Iskandar Khalid, Chan Weng Ken, Tan Lin Jun, Muhammad Amir Ayub and Tan Boey Warn, it is also crucial to the day’s success was the main sponsor and industrial partner, GE Healthcare Sdn



a concise but comprehensive talk on shoulder anatomy, and Dr Murni Mansor who shared the latest insights on RA for shoulder surgery. The session concluded with fascinating and inspiring videos on shoulder surgery pathways shared from across the globe. Session 4, aptly titled 'Ribs, Hips and Knees' was moderated by Dr Ahmad Afifi and featured three absorbing lectures: 'Improving outcomes in rib fractures' by Dr Tan Lin Jun, 'The Malaysian experience in hip fracture pathways' by Dr Mohd Fakhzan Hassan, and 'Enhancing recovery after major knee surgery with RA' by Dr Michael Beh Zhi Yuen.

After a break for lunch and a chance to visit the various industry booths on show, the event proceeded with the hands-on scanning session where participants were given the opportunity to perform ultrasound scanning on simulated patients under the keen guidance of our local RA experts. The hands-on



session which revolved around procedure-specific stations such as RA for shoulder surgery and hip fractures was well-received by participants, with many later highlighting and commending the ample time provided for each participant to have a go at scanning the models. Complementing the stations were the meticulously designed infographics on display, each depicting the salient points and relevant sonographic images for performance of a specific block. Alas, as all good things must come to an end, the delegates gathered a final time for closing remarks by Dr Shahridan.

All in all, the event was a huge success as evidenced by the overwhelmingly positive feedback from participants and faculty alike, with many praising the food, venue, hands-on session as well as the content and quality of lectures. Most importantly, the 1st World Day of RAPM sets a precedent; a celebration of collaboration and collective commitment to partnerships between

MySORA, ESRA and RA sister societies worldwide. Together, we can advance research, share best practices, make a positive impact and enhance patients' care towards a world where effective pain management is not just a privilege but a universal reality.

Joining hands for a pain free future worldwide!



A part from aviation, anaesthesia exemplifies the saying “hours of boredom punctuated by moments of terror”. The unexpected moment of a life-threatening anaesthetic crisis requires life-saving interventions besides having multiple tasks to be carried out simultaneously. Appropriate decisions and effective communication are pertinent to achieve better outcomes during a dynamic situation. Simulations can be productive to rehearse these technical and non-technical skills. Hence, we organised a simulation workshop that will be effective and reproducible in future using our local setting to benefit more medical personnel.

On 22nd and 23rd July 2023, the Society of Anaesthesia Seberang Jaya Hospital organised the 1st Northern Region Simulation in Anaesthetic Crisis Workshop. Our programme had been graced by four facilitators from Universiti Malaya (UM), Universiti Malaya Medical Centre (UMMC) and Hospital Kuala Lumpur (HKL). They were Professor Dr Rafidah, Associate Professor Dr Noorjahan (UM), Dr Ronny (UMMC) and Dr Imaan (HKL).

The first day of the workshop was about training of the trainers. The participants were specialists from various hospitals in the northern region who went through an ice-breaking session before the interactive lectures were carried out. We were starstruck to learn about Professor Dr Rafidah's vast experience in medical education as she imparted knowledge on how to reproduce a meaningful learning experience while keeping in check participants' psychological safety. The tips on debriefing helped enhance our soft skills in providing feedback. The lecture on scenario design by Associate Professor Dr Noorjahan helped create scenarios to achieve the learning outcome. Our first day ended with exhilarating sessions



by Dr Loo Kar Yee

Hospital Kepala Batas
Pulau Pinang
Malaysia

SIMULATED STIMULATION



Welcoming address given by Dr Norashekeen, chairperson of the workshop

of test runs on all the simulation stations, with each station completed with a debriefing session.

The second day of the workshop was on crisis simulation, joined by participants from various backgrounds and experience in anaesthesia. The

participants were briefed on crisis management principles, followed by an ice-breaking session. All participants were divided into three groups and rotated to all stations.

We were glad that all participants enjoyed engaging in the crisis simulation



Training session by Professor Dr Rafidah

stations. This was reflected in the post-event feedback form. The respondents found the workshop beneficial, and some requested that more simulation workshops be carried out in the future. Besides, we have seen tremendous improvement, especially in the non-technical aspects of crisis management.

As the saying goes, "There's a difference between knowing the path and walking the path". The crisis algorithm is not the same when applied realistically. Both the trainers and participants learnt and fine-tuned their skills from each scenario. After all, the simulation is not a test but a rehearsal.

Special thanks to the College of Anaesthesiologists, Laerdal Malaysia Sdn Bhd and Ambu Sales & Services Sdn Bhd who supported the event. Our learning experience was enhanced with a borrowed high-fidelity manikin for the difficult airway station. Similarly, our low-fidelity manikins were aptly used to achieve the learning objectives in each station. We hope to reproduce similar crisis simulation workshops at our centres to improve crisis management.



High fidelity manikin SimMan 3G prepped for difficult airway station



Low fidelity adult manikin prepped for anaesthetic crisis station



Makeup of manikin for paediatric crisis simulation station



Memorable group photo at the end of the workshop

TIVA-UKM

Symposium & Workshop 2023

'Green Anaesthesia: Now or Never', the slogan of National Anaesthesia Day 2023 was the culmination of the Malaysian Society of Anaesthesiologists (MSA) and the College of Anaesthesiologists (CoA) sustainability campaign aiming to promote greener and sustainable choices in anaesthetic practice in the wake of an imminent global climate emergency. Whilst anaesthetic practice continues to evolve, total intravenous anaesthesia (TIVA) has been pushed to the forefront as a more ecologically friendly and sustainable alternative to inhalational anaesthetics.

With the goals of promoting sustainability, patient safety and safe practice of TIVA, the TIVA-UKM symposium was held at Komune Living & Wellness Kuala Lumpur on 10th to 11th December 2023 with the theme *"Tailored, Individualised and Versatile Anaesthesia"*. Organized by the Department of Anaesthesiology and Intensive Care, Hospital Canselor Tuanku Muhriz Universiti Kebangsaan Malaysia (UKM) in a collaboration with MSA, CoA and Malaysian Society of Paediatric Anaesthesiologists (MSPA), this symposium featured a diverse and esteemed line-up of international and local experts in the field. Crucially, the event received extensive support from industry partners, namely Fresenius Kabi Malaysia, Aspen Medical Products, Oneheart Medic, Schmidt BioMedTech, Hospimetrix, Atalis Healthcare, B. Braun Medical Industries, Medtronic Malaysia, and Primed Medical. It was remarkable



to witness more than 200 participants, comprising consultants, specialists, medical officers, and healthcare administrators of seven nationalities (Hong Kong, India, Indonesia, the People's Republic of China, Singapore, United Kingdom, and Malaysia) congregating physically and virtually to attend the symposium on a fine Sunday.

The event began with welcoming speeches from the head of the Department of Anaesthesiology & Intensive Care UKM, Associate Professor Dr Azarinah Izaham, and the organising chairperson, Associate Professor Dr Muhammad Maaya. Following this, the first symposium titled *'Back to the Basics'* was held, with lectures on the *'PK/PD aspects of TIVA'*, *'TCI models from Marsh to Eleveld'*, as well as *'Troubleshooting TIVA'* by Professor Dr Lim Thiam Aun, Dr Sanah Mohtar, and Dr Isqandar Adnan, respectively.

After morning tea, delegates were treated to the second symposium which focused on the monitoring aspects of TIVA. Dr Tan Wei Keang delivered a lecture on *'Introduction to processed EEG'*, followed by Dato' Dr Mohamed Hassan Ariff who spoke on the *'Medicolegal aspects of accidental awareness under anaesthesia.'* Both lectures aligned with the safe practice of TIVA by the Association of Anaesthetists, UK, that **"Anaesthetists should be familiar with the principles, interpretation and limitations of processed EEG monitoring"**. Professor Dr G D Puri from India then capped the second symposium by sharing his extensive experience on the application of closed-loop anaesthesia delivery systems (CLADS) in the practice of TIVA. The third symposium of the day featured a "potpourri" of TIVA topics starting with an enlightening lecture on *'TIVA & Green Anaesthesia'* by Dr Iskandar



by Dr Iskandar Bin Khalid

Hospital Canselor Tuanku Muhriz UKM
Kuala Lumpur
Malaysia

Co-author

Dr Priscilla A/P Manymuthu

Hospital Tawau
Sabah, Malaysia



Khalid, followed by a talk on the role of TIVA in non-operating room anaesthesia (NORA) by Associate Professor Dr Rufinah Teo and ending with an excellent demonstration on the art and science of mixology in TIVA by Dr Chan Weng Ken.

Post-lunch, a live debate took place between Dr Shahridan Mohd Fathil and Dr Mafeitzeral Mamat titled *"Is it time for TIVA to be the first choice for GA?"* A thoroughly entertaining and heated argument ensued, with a touch of humour entwined with well-presented facts, leaving the audience not only educated, but also wanting more. At the debate's conclusion, an audience vote resulted in a draw and a unanimous consensus for a rematch in the near future. Next on the agenda was the keynote lecture, where delegates were privileged to have

Professor Dr Michael Irwin from Hong Kong, a world-renowned expert in the field, who shed light on the common misconceptions and controversies in the practice of TIVA.

Thereafter, the symposium diverged into adult and paediatric tracks to cater to the specific interests of participants. The adult track featured talks on TIVA in the obese, pregnant, and ill and the role of TIVA in the difficult airway and airway surgery by Associate Professor Dr Muhammad Maaya and Associate Professor Dr Nadia Md Nor respectively. Concluding the adult track was an eye-opening lecture on TIVA in cardiac anaesthesia by Dr Jon Smith from Newcastle, UK. Meanwhile in the paediatric track titled *'TIVA for tots'*, the audience enjoyed the first-hand experience of Dr Teo Shu Ching who spoke on *'Paediatrics and neonatal*

TIVA', followed by talks on *'Tips and tricks to optimize TIVA infusion in paediatrics'* by Dr Phang Ye Yun and *'Neurodevelopmental effects of IV anaesthetics'* by Dr Wong Sze Meng. Wrapping up the proceedings was a rapid-fire TIVA quiz by Dr Iskandar Khalid, culminating in a prize-giving ceremony for the quiz winners.

The following day, a group of participants further consolidated the knowledge obtained during the symposium by attending the TIVA-UKM workshop which was held simultaneously at Hospital Pakar Kanak-Kanak (HPKK) and Hospital Canselor Tuanku Muhriz (HCTM) UKM. This hands-on session focused on the practical application of TIVA in both adult and paediatric patients in a variety of surgeries. Participants were able to observe first-hand the process of



induction, maintenance, and reversal of TIVA under the guidance of the experienced faculty. A series of case discussions and a question and answer session marked the afternoon's programme before the workshop wrapped up with afternoon tea.

At the event's conclusion, participant feedback was largely positive with many praising the content and conduct of the symposium. Encouragingly, several participants have expressed a desire to use TIVA more often in their daily practice as the symposium had addressed many of their prior uncertainties such as the overall costs, time to recovery, risks of over-dosing and under-dosing and inadequate monitoring. Nevertheless, some feedback also highlighted limitations and areas for improvement, which will prove beneficial in the organization of future events.

The TIVA-UKM symposium and workshop 2023 was a meaningful way to wrap up our year. We gleaned knowledge from international and local experts, cleared up many festering doubts, and warmed towards adopting and adapting newer techniques. The event also set the stage for anaesthesia providers to rub shoulders and collaborate with allied health professionals, healthcare administrators and industry

representatives towards sustainability, patient safety and safe practice of TIVA. Our earnest desire is to have a well-informed fraternity that remains progressive and committed to learning and self-improvement. Change is the inevitable constant in life; thus, we invite all readers to boldly walk down the path of using TIVA in your anaesthetic practice.



ADAPTIVE SUPPORT VENTILATION (ASV) MODE MECHANICAL VENTILATION WORKSHOP 2024

in Hospital Al-Sultan Abdullah, UiTM



The Department of Anaesthesiology and Intensive Care Unit, UiTM conducted the first one-day workshop on 'Adaptive Support Ventilation (ASV) Mode Mechanical Ventilation Workshop 2024' on 28th January 2024. The workshop was organized in collaboration with Star Medik Sdn Bhd at the Faculty of Medicine UiTM, Sg Buloh.

The workshop was conducted to teach healthcare providers in-depth knowledge and understanding of the use of the latest mechanical ventilator mode in critically ill patients in the ICU



by Dr Rusnaini Mustapha Kamar

Universiti Teknologi MARA
Selangor
Malaysia

Co-author

Dr Fauziah Ahmad

Universiti Teknologi MARA
Selangor, Malaysia

and emergency department. A total of 26 participants joined the course including nurses and medical assistants from various universities and MOH Hospitals.

ASV is one of the relatively new advances and innovations utilizing artificial intelligence. It combines adaptive pressure-controlled ventilation for passive patients, and adaptive pressure support ventilation for spontaneously breathing patients. This mode has the advantages of optimizing the patient's work and force of breathing, shortening the duration of mechanical ventilation thus supporting weaning, and finally, reducing the workload of ICU staff while improving patient safety and comfort.

The lecture topics covered in the programme included respiratory mechanics, introduction and start-up of ASV, algorithm, and weaning. The renowned speakers included Consultant Cardiothoracic Anaesthetist and Intensive Care, Dr Isqandar Adnan, who is a certified ASV ventilator trainer together with Dr Muhammad Helmy Abdullah, a clinical application specialist for Hamilton Medical Ventilator from Star Medik Sdn Bhd.



Apart from dedicated lectures on mechanical ventilation, participants were also given hands-on experience during practical sessions where they were taught practical-related issues to mechanical ventilation.

The first practical session dealt with PV tools followed by the Intellivent mode

demonstration during the second practical session. Discussion and demonstration of ASV in two different types of devices Hamilton-G5 and Hamilton-T1 were conducted during the third and fourth stations. At the end of the workshop, participants were given a quiz to assess their understanding and the top five participants were awarded with gifts.

Through this course, we hoped that participants would be able to master the strategy of ASV mode ventilation. The feedback received from the participants showed high satisfaction rates with the workshop and expression that the course had increased their understanding and knowledge about ASV, and was really useful for their daily practice. Elated with the response given for the workshop, we hope to conduct the next workshop annually as such training would enhance the understanding of clinical applications of mechanical ventilation.



Reference

1. <https://www.hamilton-medical.com/en/Products/Technologies/ASV.html>

Anaesthetic Support for Mechanical Thrombectomy Service in Sarawak General Hospital



by Dr Then Siaw Ling
Sarawak General Hospital
Sarawak, Malaysia

Co-author
Dr Samuel Tsan Ern Hung
Universiti Malaysia Sarawak
Sarawak, Malaysia

Acute stroke is reported as the third leading cause of death in Malaysia.² Out of 47,911 incidents reported in 2019, 19,928 deaths were recorded with 512,726 disability-adjusted life years (DALYs) lost due to stroke.³ Previously, the only option for reperfusion was intravenous (IV) thrombolysis. However, only 10% to 40% of these patients had a good clinical outcome post-IV thrombolysis as many with anterior circulation stroke had large vessel occlusions.¹ Overall, the proportion of IV thrombolysis among ischaemic stroke patients in Malaysia is deficient. A previous survey from the National Stroke Registry in 2016 showed an IV thrombolysis rate of 0.65% among ischaemic stroke patients admitted in the whole country.³ Out of this number, most of the thrombolysis were performed in urban areas. IV thrombolysis is inadequate for stroke with large vessel occlusion and studies have shown that only half had good outcomes with IV thrombolysis alone.³ As a result, IV thrombolysis followed by mechanical endovascular clot retrieval is the new standard of care in developed countries. In Malaysia however, mechanical thrombectomy (MT) is not commonly done due to high cost, limited facilities, and lack of expertise.

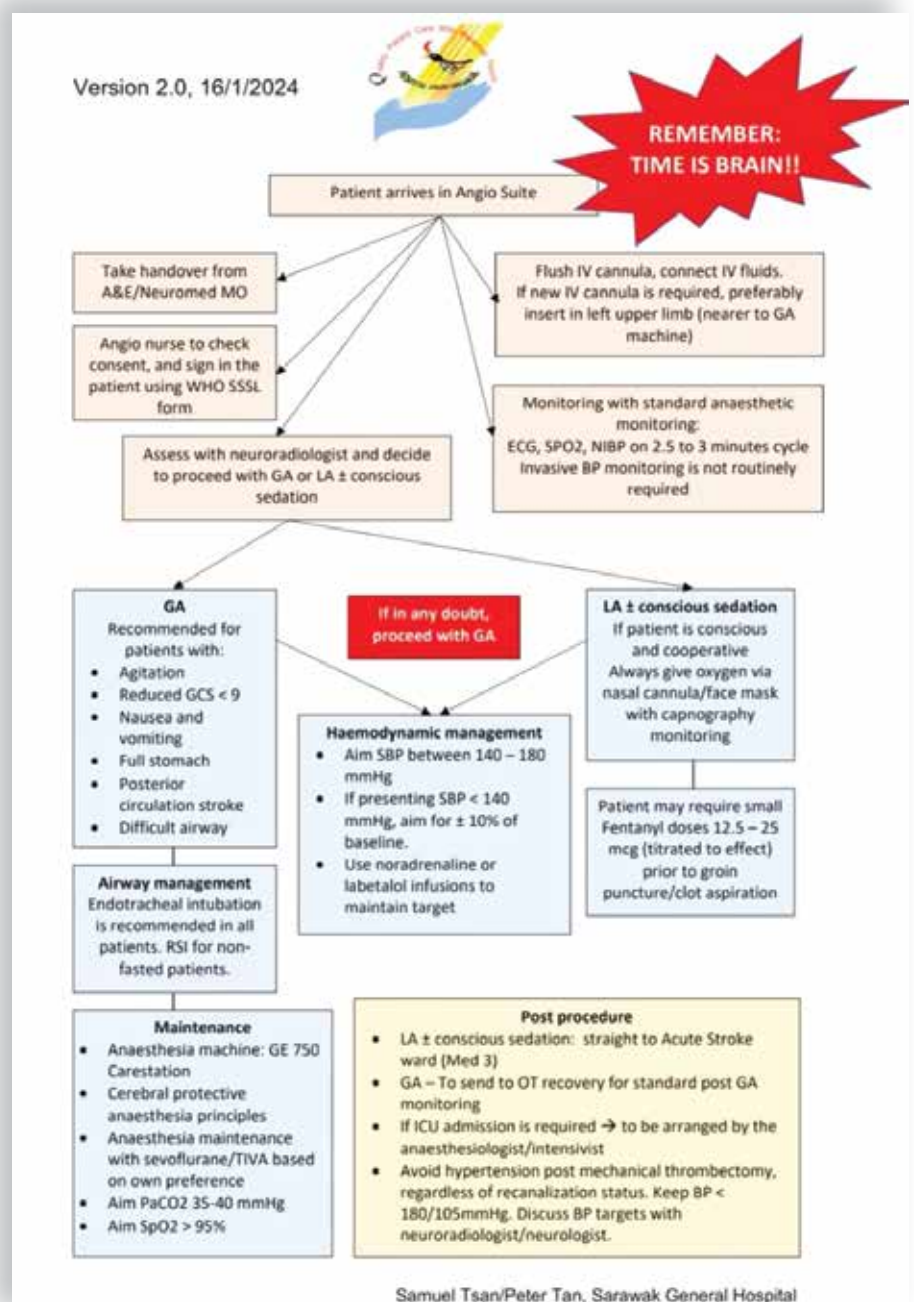


Figure 1: Anaesthetic workflow for thrombectomy call

Initiation of anaesthesia service in MT in SGH

Multiple studies have shown strong evidence supporting the efficacy of MT in ischaemic stroke. Knowing the catastrophic consequences of ischemic stroke and considering the positive outcomes following endovascular thrombectomy, the Neuroanaesthesia Unit in Sarawak General Hospital (SGH) initiated a new service to support the thrombectomy service offered by the new neurointerventional radiologist in SGH, starting from November 2023. Figure 1 is the guideline for the mechanical thrombectomy service in SGH.

Case reports of MT done in SGH

We report two successful cases that were done in SGH. The first MT was done under GA. Patient A was a 66-year-old lady who presented with left hemiplegia power 0/5, altered GCS (E3VIM6), and a NIHSS score of 19. She was given IV thrombolysis over 1 hour, however, the subsequent diagnostic CT angiogram showed persistent occlusion of blood flow in the basilar artery. A decision for MT under GA was made, and the clot was successfully aspirated, with restored perfusion of mTICI 3 (Figure 2A). CT brain post-MT showed no intracranial bleed. The patient was extubated well post-procedure in the fluoroscopy suite and discharged to the acute stroke ward for further care after observation in PACU. After receiving MT, her GCS recovered to E4V5M6 and her NIHSS score reduced to 5. She was subsequently discharged home well with dual anticoagulants and a rehabilitation appointment.

Patient B was a 62-year-old, ASA 2 lady with underlying hypertension and dyslipidemia, who presented to the emergency department with left-sided body weakness (power 0), left-sided facial asymmetry, and headache. Otherwise, her GCS was full (E4V5M6),

and her NIHSS score was 20. She was diagnosed as having a right middle cerebral artery (MCA) infarction and given IV thrombolysis. Post thrombolysis, the decision for MT was made following a CT angiogram which showed proximal right MCA occlusion. The procedure was done under local anaesthesia (LA) and monitored sedation with TCI propofol. The clot was successfully aspirated, and complete recanalization of right MCA circulation with mTICI score 2b was seen post-MT (Figure 2B). The patient was subsequently discharged well to the acute stroke ward. Post MT, her NIHSS score reduced to 3 and her left-sided weakness recovered (Power 4/5) prior to discharge.

feasible in view of the urgency of thrombectomy

- Inadequate fasting time
- Inadequate manpower
- Higher risk of peri-procedural complications in cases done under MAC due to moving patients

Anaesthetic management in MT

The choice of optimal anaesthesia in MT remains controversial. There are both advantages and disadvantages for both techniques. Henceforth, choices of anaesthetic management should be tailored to individual patients and different clinical conditions. Nonetheless, the decision needs to be made quickly, often at the same time as

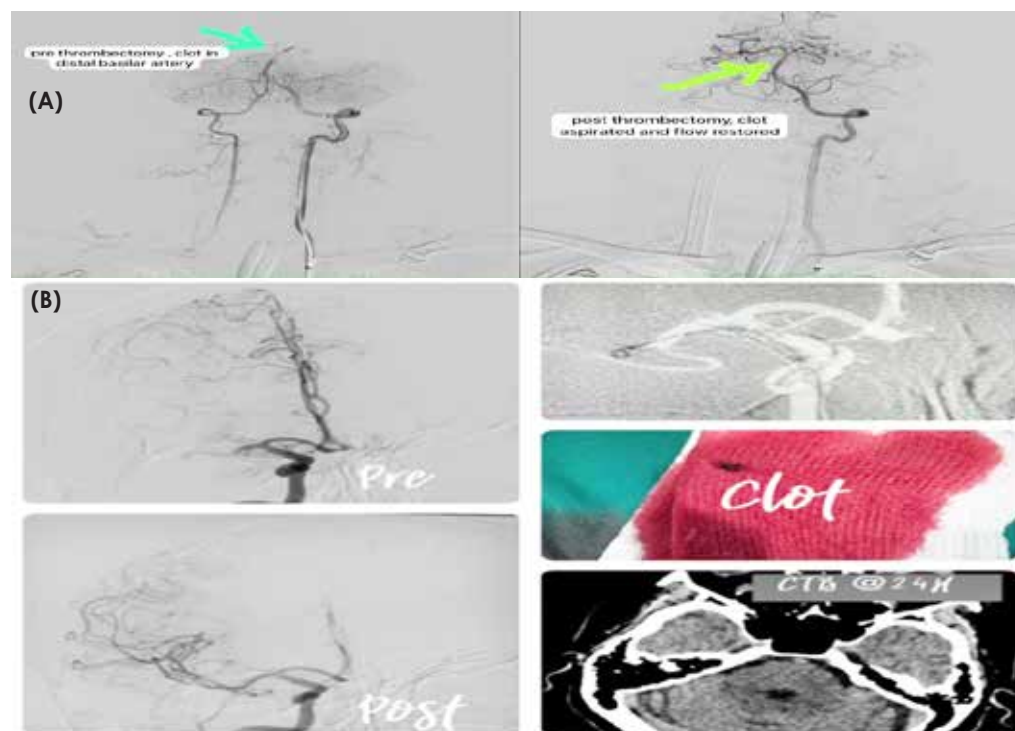


Figure 2: (A) The pre- and post- thrombectomy CTA of Patient A. (B) Patient B: The following collage showing pre- and post-thrombectomy CTA; The clots retrieved is seen on the gauze; A 24-hour post MT CT brain showing no intracranial bleed

Limitations

The following limitations were identified from the cases done in SGH:

- Time constraints for anaesthetic preparation upon activation
- Possible difficult airway or high-risk cases with poorly controlled comorbidities in which early preoperative optimisation is not

taking the referral from the primary team while preparing the GA machine, diluting the drugs, transferring the patient, and putting on the monitoring. Irrespective of anaesthetic technique, priorities include minimising time delay and good haemodynamic control. Other recommended physiologic control includes oxygen saturation of

>94%, PaCO₂ between 30 to 35mmhg, normoglycemia (7.8-10 mmol/l) as well as normothermia.⁶

Local anaesthesia (LA) and conscious sedation

If the patient is conscious and cooperative, LA +/- monitored sedation can be considered. Groin puncture, contrast injection and clot retrieval can be painful. Therefore, analgesia such as fentanyl boluses, remifentanyl infusion as well as paracetamol can be given on top of the titratable sedation. Potential communication difficulties, combined with the likelihood of further deterioration in neurology and limited access to the patient warrant extra precautions during monitored sedation. Short-acting agents are preferred. End tidal capnograph monitoring can be used to monitor for apnoea, enabling the titration of the anaesthetic agents to be done safely. Approximately 1 in 10 patients may require intraprocedural conversion to GA which may be associated with a worse outcome.⁵ Often, the failure of thrombectomy under LA and monitored sedation is due to anxious and uncooperative patients.⁶

General Anaesthesia (GA)

GA is recommended for patients with:⁴

- Agitation
- Reduced GCS <9
- Nausea and vomiting
- Full stomach (Rapid sequence induction in non-fasted patient)
- Posterior circulation stroke
- Difficult airway

Currently, there is no evidence suggesting any extra benefits for any particular drugs. Both inhalational or intravenous drugs can be used. When there is doubt over the patient's fasting status, GA with rapid sequence induction is preferable.

In summary, endovascular therapy has been shown to be one of the most significant medical discoveries in recent times and has been adapted as the standard of care in acute stroke in developed countries. With SGH starting to provide MT service, we are looking forward to producing better outcomes for stroke patients in Sarawak. Nonetheless, the first 6 hours from the stroke onset are golden hours and

hence, public awareness on early visitation to hospital upon stroke symptoms is equally crucial to allow for early interventions. Finally, although the best choice on mode of anaesthesia remains debatable, the anaesthesiologist must tailor the anaesthetic management to the individual patient and the circumstances.

Table 1: Advantages and disadvantages of general anaesthesia versus conscious sedation for MT. (Adapted from Dinsmore and Tan 2022)⁵

ANAESTHETIC TECHNIQUE	ADVANTAGES	DISADVANTAGES
GA	<ul style="list-style-type: none">- Reduce aspiration risk- Immobile patient: reduce the risk of complications and shorter time to recanalisation- Continuous monitoring and ability to manipulate physiological parameters	<ul style="list-style-type: none">- Longer door-to-groin puncture time: delay- Greater potential for hypotension- Inability to assess changes in patient neurology- Greater manpower requirements- Greater potential for post-op delirium
Conscious Sedation	<ul style="list-style-type: none">- Shorter door-to-groin time- Less haemodynamic instability- Ability to continuously assess neurology	<ul style="list-style-type: none">- Patient discomfort- Patient movement: potential to increase procedural complications- Risk of aspiration, hypoxia, airway obstruction with sedation

References

1. GBD 2019 Stroke Collaborators Global, regional, and national burden of stroke and its risk factors, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet Neurol.* 2021Oct;**20**(10): 795-820

2. Department of Statistics Malaysia. Available from: <http://www.dosm.gov.my> (accessed January 18, 2024)

3. Tan KS, Venketasubramanian N. Stroke Burden in Malaysia. *Cerebrovasc Dis Extra.* 2022;**12**(2):58-62. doi:10.1159/000524271. Epub 2022 Mar 24. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9149343/> (assessed January 20, 2024)

4. J. Dinsmore, M. Elwishi, P. Kailainathan. Anaesthesia for endovascular thrombectomy. *BJA Education* 2018.07.001. Available from: [https://www.bjaed.org/article/S2058-5349\(18\)30085-4/fulltext](https://www.bjaed.org/article/S2058-5349(18)30085-4/fulltext) (Assessed january 21, 2024)

5. J. E. Dinsmore, A. Tan. Anaesthesia for mechanical thrombectomy: a narrative Review. *Anaesthesia* 2022;**77**(Suppl. 1),59-68

6. Axelle M, Francois E, Thomas R et al. General Anesthesia versus Sedation, Both with Hemodynamic Control, during Intraarterial Treatment for Stroke: The GASS Randomized Trial. *Anesthesiology* 2022;**136**:567-76

A Comprehensive Course for PRIMARY & MCAI EXAMINATION

Refresher means reviewing or updating previous studies or training connected to one's profession. Hospital Ampang Anaesthesia and Intensive Care (HASAIC) has taken an initiative to organise a course in conjunction with the primary exam to be held in April 2024. We saw the participation of both Masters of Anaesthesiology and the Membership of the College of Anaesthesiologists of Ireland (MCAI) candidates. Our refresher course was held at Auditorium Hospital Ampang on 18th to 19th December 2023 and was also virtually conducted via zoom platform.

The inauguration ceremony was graced by Dr Mohd Sany bin Shoib, Head of Anaesthesiology Department, Hospital Ampang, in which he gave words of encouragement to the future primary examination candidates. This was our first time organising a course via a hybrid platform that saw a total of 140 participants attending both physical and virtually. Majority of our participants were from the Klang Valley but there were some who came all the way from East Malaysia!

The first day of the course was graced by non other than the honourable and highly experienced Associate Professor Dr Mah Kin Keong from Universiti Kuala Lumpur (UniKL) covering the topic of Pharmacology. A succinct and rapid revision on the pharmacokinetics and pharmacodynamics of drugs,



by Dr Nur Amiza Zulaikha Binti Zawawi
Hospital Ampang, Selangor, Malaysia





inhalational agents, and muscle relaxants was done. The first day concluded successfully, leaving the attendees enriched with invaluable knowledge.

The next day started bright and early with our speaker, Dr Kauthar binti Md Rashid from Hospital Serdang, who offered valuable insights into the physiology of respiratory and cardiovascular systems.

The day went on with a rather energetic and refreshing revision into the physiologies of gastrointestinal tract, hepatic system, renal system, and the central nervous system by Dr Vimal Varma from Universiti Teknologi MARA (UiTM). After a short lunch and prayer break the course continued with an intense viva session with Dr Ray Joshua Ryan from Hospital Sungai Buloh. There was a mix of questions

covering single-best-answer (SBA) and short-answer-questions (SAQ) and on how to correctly answer those questions. The microphone was passed to each participant so that everyone had a chance to participate. We concluded our day with all the participants feeling satisfied, inspired, confident and ready to take on the Primary and MCAl examinations in 2024.

The resounding success of our course was met with joy from the dedicated organising team who worked tirelessly throughout this period. Positive responses came from all the participants, however we noted there was room for improvement on the virtual side of the course. As the curtain falls, ending our year with the great success of the refresher course, we hope to see everyone again at our next revision class!



WISAC 2023

Scripting a New Chapter in Anaesthesia Excellence

The inaugural Wilayah and Selangor Anaesthesia Conference 2023 (WISAC) unfolded as a groundbreaking endeavor by the Hospital Ampang Society of Anaesthesia and Intensive Care (HASAIC). Chaired by the visionary Dr Khairul Idzam Bin Muslim, WISAC made its mark at the Everly Hotel, Putrajaya, on 18th - 19th November 2023, setting a new standard for medical conferences.

The initial idea, conceived earlier in the year, stirred a cascade of emotions within the committee, from overwhelming excitement to meticulous preparation for the event. Amidst the delicate balance of work responsibilities and patient care, the organizing committee, fueled by Dr Khairul Idzam bin Muslim's leadership, successfully orchestrated the event. A special nod goes to the technical virtuosos, Dr Mohd Sany Bin Shoib, Head of Department of Hospital Ampang, and Dr Amir Ayub, Hospital Malacca, for transforming the virtual platform into a resounding success.

The grand inauguration, graced by Dr Zalina binti Abd Razak, National Head of Services set the tone for a collaborative and insightful gathering. WISAC transcended the boundaries of specializations, drawing anaesthetists, medical officers, staff nurses, and medical assistants from across Malaysia.

"Leading the New Era" was not just a theme but a rallying call for a paradigm shift. Green anesthesia took center stage, emphasizing environmentally conscious practices within the medical community.



by Dr Shaminees Wary Tharma Lingam

Hospital Ampang, Selangor, Malaysia

The symposia, a kaleidoscope of knowledge, covered regional anaesthesia, paediatrics, transplant, obstetrics, point-of-care ultrasound (POCUS), and airway management. Lunch talks delved into 'Apnea Ventilation' and 'Respiratory Monitoring Electrical Impedance Tomography', offering insights crucial to daily medical practices. Renowned anaesthetists, both national stalwarts and international luminary Dr Paolo and Emergency Consultants, led discussions, leaving attendees enriched with invaluable knowledge.

Booth exhibition and a lively lucky draw session added a dynamic dimension, showcasing the collective eagerness of participants to engage beyond the conference sessions.

Post-conference, a three-day Post Congress Airway & POCUS workshop ignited further enthusiasm at Hospital Ampang, accompanied by a parallel Regional Workshop at Hospital Kuala Lumpur. Reflecting on the inception of the idea earlier in the year, the committee experienced a rollercoaster

of emotions, from overwhelming excitement to meticulous preparation for the event.

The resounding success of both the conference and post-congress events was met with joy by the organizing team. Positive responses poured in from both physical and virtual participants, affirming the impact of WISAC. As the curtain descended on this remarkable

chapter, the team expressed a hopeful vision - that the legacy of WISAC would endure, evolving to cater to an even broader audience.

In the spirit of shared progress, let these words guide us. In unity, we find strength. In knowledge, we find progress. WISAC 2023 stands as a testament to the power of collaboration, knowledge-sharing, and a commitment to advancing the future of anesthesia.







- POCUS - WISAC
WILAYAH & SELANGOR
Assessment Conference



Regional Workshop



EMRAS 2.0

Emergency Regional Anaesthesia Symposium 2023



by Dr Suhanya Vijayaraj

Hospital Ampang
Selangor, Malaysia

The start of October 2023 highlighted a very interesting collaboration between two well-established fraternities, the Anaesthesiology and Emergency Medicine departments, as the EMRAS 2.0 (Emergency Regional Anaesthesia Symposium 2023) was successfully held. It was a collaboration between the HASAIC (Hospital Ampang Society of Anaesthesia and Intensive Care) and the Emergency and Trauma departments of Hospital Kuala Lumpur (HKL) and Hospital Ampang.

The first EMRAS was held in the year 2022. Due to the overwhelming response in 2022, EMRAS 2.0 was held in 2023. This was carried out in collaboration with the Special Interest Group for Regional Anaesthesia (SIGRA) of the College of Anaesthesiologists, AMM.

The symposium saw 84 participants who joined the physical workshop from 1st to 2nd October 2023. There were an additional 45 participants who joined virtually. For the post-congress workshop in Hospital Ampang on 3rd October 2023, there were a total of 20 participants, including 3 overseas delegates from Indonesia. Twenty-four participants joined the HKL workshop on 6th October while 32 others joined JEDRA (Johor ED RA) at Millesime Hotel, Johor Bahru on 10th October 2023.

Participants were exposed to live lectures during the symposium on topics such as the anatomy of different regions, ultrasound knobology, and



needling techniques followed by live demonstrations by the facilitators.

One of the key highlights during the symposium was the debate and discussion session - where emergency physicians shared their experiences on

performing regional anaesthesia in the emergency settings for pain-control.

The event was made possible with the effort of the organizing committee, with the presence of Dr Zalina binti Abd Razak (National Head of Anaesthesia



Services) and Dr Ridzuan bin Mohd Isa, Head of Emergency Medicine for Selangor State, officiating the event.

The post-congress workshop provided participants with hands-on sessions so that they could practise the knowledge gained. In fact, 80% of the participants gave feedback that the best part of the whole symposium was the hands-on and practical sessions.

All-in-all, EMRAS 2.0 was indeed a success with positive responses from the participants. Most of the feedback obtained proved that the symposium content and flow matched expectations and we were able to deliver useful knowledge and skills to our healthcare workers. Thus, to aid in improving patient care and in providing the best comfort care to patients, we aim to organize more courses in the near future.



FICA 2024

A Milestone on the Road to Victory



by Dr Putri Jasmine Filza Firdaus

Universiti Malaya Medical Centre
Kuala Lumpur, Malaysia

Co-author

Dr Mayura Hanis Ahmad Damanhuri

Universiti Malaya Medical Centre
Kuala Lumpur, Malaysia

In the final stretch of our aspiring specialists' academic journey, the two-week Final Intensive Course Anaesthesia (FICA) 2024 emerged as a pivotal component of the final year curriculum. Taking place at the Faculty of Medicine, Universiti Malaya, this year's FICA ran from 22nd January to 2nd February 2024. The programme was meticulously designed to enhance participants' understanding through a thoughtfully curated schedule, which seamlessly integrated daily lectures, viva sessions, and exam drills. Expectations were high and we had a mountain of preparation ahead of us. Not only was it the first time in three years that the Intensive Course was conducted physically, we also had two public holidays scattered in between the course. Under the guidance of Dr Tan

Wei Keang, all problems encountered were quickly resolved. Registration commenced as early as November 2023, and to facilitate communication, a dedicated website for FICA was created, providing updates on announcements, schedules, directions to venues, parking facilities, and a photo gallery.

A highlight of the course was the inclusion of an international speaker, Dr Tay Kwang Hui, an anaesthesiologist from the National University Hospital, Singapore. Dr Tay's distinguished career, marked by his expertise in developing and implementing examinations, made him an ideal choice for the course. Despite giving lectures for the bulk of the week, Dr Tay's energy was endless, and it showed in his sessions. The participants

enjoyed the content of his lectures interspersed with his wit and sense of humour.

The roster of local speakers hailed from diverse backgrounds, including public institutions, university, private sector, Ministry of Defence, and the National Heart Institute. Notable among them were Dato' Dr Mohamed Hassan, Dr Premela Naidu A/P Sitaram, Associate Professor Dr Mohd Fahmi Lukman, Professor Dr Karis Misiran, Professor Dr Felicia Lim Siew Kiau, Associate Professor Dr Azarinah Izaham, Dr. Omar bin Sulaiman, Dr Amiruddin Nik Mohamed Kamil, and Dr Liu Chian Yong.

Additionally, the esteemed faculty of Universiti Malaya, comprised Professor Dato' Dr Wang Chew Yen, Professor Dr

Chan Yoo Kuen, Professor Dr Lucy Chan, Professor Dr Rafidah Atan, Professor Dr Ina Ismiarti Shariffuddin, Professor Dr Nor'azim Mohd Yunos, Associate Professor Dr Loh Pui San, Associate Professor Dr Mohd Shahnaz Hasan, Associate Professor Dr Noorjahan Haneem, Dr Jeyaganesh Veerakumaran, Dr Yap Mei Hoon, Dr Mohd Fitry Zainal Abidin, Dr Lim Siu Min, and Dr Cheong Chao Chia, generously shared their expertise.

The course fostered notable participant engagement, with interactive Q&A sessions promoting active participation. It successfully achieved its objectives by equipping participants with a comprehensive understanding of anaesthesiology and intensive care, bridging theoretical knowledge with practical applications. Though challenges like technical glitches and time constraints were encountered, promising participant feedback provided valuable insights for future enhancements. We were not surprised to see that in spite of nerve-wrecking atmosphere surrounding the viva

sessions, the participants rated them highly and deemed them most valuable.

Looking back, the intensive two-week lecture course has left an enduring impact on the final year experience. It was no easy feat, having lectures until 6pm daily and braving the Kuala Lumpur traffic after, but our participants braved it like champions. The highest of gratitude goes to the entire organising committee for their dedication, hard work and grit in withstanding all that the FICA 2024 offered. We would like to salute our team mates including Dr Liew Ken Lee, Dr Premjeet, Dr Durrah, Dr Amanda, and Dr Rayshann. We would also like to thank our esteemed invited speakers and participants, for their invaluable contributions. As the resonance of FICA 2024 continues, participants are undoubtedly better prepared for the final exams scheduled for April and October this year. Lastly we would like to wish the best of luck to all the participants for the upcoming exams, we look forward to welcoming all of you into the fraternity.



Empowering Communities

TRANSFORMING BYSTANDERS INTO LIFESAVERS



by Dr Jamaluddin Bin Sahlan

Department of Anaesthesiology
Universiti Malaya
Kuala Lumpur, Malaysia

Co-author

Dr Mayura Hanis Binti Ahmad Damanhuri

Department of Anaesthesiology
Universiti Malaya
Kuala Lumpur, Malaysia

In October 2023, the Department of Anaesthesiology, alongside with the Departments of Emergency Medicine and Nursing of Universiti Malaya Medical Centre, spearheaded a series of one-day events titled "Empowering Youths: From Bystanders to Lay Rescuers." This initiative, funded by the UMCares Community Engagement grant, aimed to engage and educate secondary school students in the Klang Valley region.

The programme, held at selected schools, centred on Basic Life Support (BLS), with a focus on teaching hands-only effective adult cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs). Five schools - Sekolah Menengah Kebangsaan (SMK) La Salle, Petaling Jaya; SMK Seri Pantai, Kuala Lumpur; SMK Taman Dato' Harun, Petaling Jaya; SMK (P) Sri Aman, Petaling Jaya; and SMK Vivekananda, Kuala Lumpur - participated on various dates throughout October 2023. Each school nominated approximately 50 students to take part, alongside three to five teachers who were trained as advocates for the cause. These teachers were sponsored by the grant to attend a BLS course at Universiti Malaya Medical Centre (UMMC). Before the instructor-led programme commenced, recruited students underwent a briefing and pre-test to evaluate their knowledge, attitude,

and practical skills regarding cardiopulmonary resuscitation.

The instructor-led programme commenced with an engaging lecture on BLS, delving into essential topics such as high-quality CPR, AED usage, and choking management, which included instruction on the Heimlich manoeuvre. Students actively participated, contributed questions and engaged in discussions with the speaker.



Following the lecture, students transitioned into practical sessions, where they were grouped in a ratio of 1 trainer to 5 & 6 students. Utilising Bluetooth-connected mannequins and a dedicated app, students received real-time feedback on their CPR techniques, thereby reinforcing their comprehension of effective CPR

parameters. A highlight of the event was the CPR competition, where groups vied for top honours based on CPR quality, with a particular emphasis on chest compressions. Students showcased their competitiveness and teamwork skills, strategising to achieve the highest score. After the competition, students underwent written and practical assessments, demonstrating enhanced knowledge, confidence, and performance. The programme culminated in a prize-giving ceremony, where the winning groups received recognition amidst enthusiastic applause.

Following the instructor-led programme, recruited students were randomly assigned to two groups - one with access to an online learning module and one without. The research team plans to conduct a second post-test in



five to six months to evaluate knowledge retention.

Both teachers and students expressed gratitude and eagerness for future awareness programmes aimed at empowering more Malaysians as lay rescuers. The vision that we have is that one day, proficiency in CPR becomes widespread among households. As anaesthesiologists, we too play a crucial role in turning this vision into reality.





by **Dr Ng Jia Hui**

Universiti Malaya Medical Centre
Kuala Lumpur, Malaysia

Co-author

Dr Jeremy Tan Sin Hun

Universiti Malaya Medical Centre
Kuala Lumpur, Malaysia

A Collaborative Endeavor between **CoA MALAYSIA AND CAI**



Anaesthetists are medical specialists who specialise in anaesthesia care, critical care and pain management. Medical officers who have special interests in Anaesthesiology and Critical Care may pursue speciality training either via the postgraduate Master's programme in specific local universities or via a parallel pathway programme. The Fellowship of the College of Anaesthesiologists of Ireland (FCAI) is a recognised parallel pathway speciality training programme for Anaesthesiology in Malaysia since 2014. Under the current leadership of Dr Hasmizy bin Muhammad, the parallel pathway programme overseen by the Ministry of Health (MoH) and the College of Anaesthesiologists (CoA), Academy of Medicine Malaysia, has provided a structured pathway for generating new anaesthetists.

At least 6 months of anaesthesiology experience post-housemanship in any anaesthesia specialist-based hospital is required before being eligible to sit for the Membership of the College of Anaesthesiologists of Ireland (MCAI) multiple choice questions (MCQ) examination. Upon passing the MCAI-MCQ examination, trainees will spend another 6 months training in a regional or accredited hospital before sitting for the MCAI-Objective Structured Clinical Examination (OSCE)/Structured Oral Examination (SOE). FCAI examination, which is further divided into written examination and clinical/SOE examination, can be taken after 36 months of training in anaesthesiology in selected hospitals.

Candidates for the OSCE/SOE examinations have the option to take

the exam either in Ireland or at local centres. Perdana University had the opportunity to organise these examinations in the pre-COVID era. Unfortunately, the pandemic struck and the examination came to a halt in 2020 due to the closing of international borders with travel restrictions. With global diligence against the pandemic, the world won the battle and people can travel internationally without curtailment, Universiti Malaya (UM) being a prestigious university in Malaysia, was elected to be the new centre for the MCAI OSCE/SOE and FCAI clinical/SOE examinations.

UM is proud to announce its inaugural collaboration between the CoA and the College of Anaesthesiologist Ireland (CAI) in organising the MCAI OSCE/SOE preparation course, MCAI OSCE/SOE

examination and FCAI clinical/SOE examination on 30th January 2024, 31st January 2024, and 1st February 2024, respectively. For the first time, Malaysia is hosting a series of prep courses followed by MCAI and FCAI examinations, all in one continuous session. The examination was led by Professor Dr George Shorten (President of CAI) and his team (Dr Deirdre McCoy, Honorary Secretary of CAI, Professor Micheal Griffin, Chair of the Examination Committee, Dr Michelle Duggan, Chair of MCAI Examination, Dr Gareth Morrison, Director of Quality Assurance, Dr Orla Murphy, Preparatory Course Coordinator and Ms Ruth Flaherty, the Floor Exam Manager) from Ireland. With the help of the local team members led by Professor Dr Ina Ismiarti Shariffuddin (President of CoA), it was a great success. The collaboration allowed the exchange of curriculum between Ireland and Malaysia, enhancing our local examination system, and broadening the horizons of the local examiners. What caught the attention of the Ireland team was the utilisation of the Front-of-neck airway (FONA) kit model, which was created via the 3D printing technology by Dr Siti Nadzrah from the UM Airway-SIG group.

The purpose of the preparation course was to simulate exam-like situations for candidates scheduled to take the MCAI examination the following day. Candidates were not only Malaysian but also those from Singapore and the Middle East. This preparation course also provided an opportunity for us to familiarise ourselves with the flow of the examination before the actual days as well as to serve as a platform to train the new local examiners as MCAI/FCAI examiners. The examiners were only exposed to their station questions in the morning on the day of the examination.

To enhance the experiences of overseas' examiners, our team led by Professor Dr Ina Ismiarti made a unique effort to bring the team to tour around our hospital while explaining the medical services provided by our

hospital, including our latest innovative addition - Centre for Image Guided and Minimally Invasive Therapy (CIGMIT). The team from Ireland was inspired by our achievements.

The Faculty Dinner, hosted by CoA, was held at De. Wan 1958 by Chef Wan (The Linc KL) served as an opportunity to bring together the members of CoA and CAI for an evening of camaraderie and collaboration. The evening was filled with good spirit, providing a platform for open dialogue and idea exchange between the two colleges. The Irish team also enjoyed the food.

The FCAI Clinical/SOE examination concluded at the end of the three-day programme. The FCAI examination is an internationally recognised high-stake assessment of anaesthetists in training knowledge. The SOE was filled with challenging questions covering the core knowledge including perioperative medicine, patient optimisation, data interpretation, all aspects of general anaesthesia & pain medicine, intensive care medicine & advanced sciences which underpin the practice of anaesthesiology. The examination was attempted by a total of 11 candidates. Gratefully, the overseas examiners were impressed with our local candidates and their capabilities.

"We were glad that the examination was held in UM and this had saved much of our travelling time. Although the examination fees were slightly more expensive than it would be if we were to take the examination in Ireland, it still saved a lot of our cost", said one of the candidates. "Taking the examination in local centres avoided the problems with jetlag and allowed us to stay focused in our examination preparation", said the other. We were glad to receive positive feedback from the candidates and the examiners alike. Yet, there were some differences in taking the examination in local centres compared to that in Ireland, including delayed reporting of the examination results and there was no guard of honour ceremony with champagne after completing the FCAI clinical/SOE examination.

The successful organisation of the examination, led by esteemed professionals from both countries, underscores the commitment to excellence in medical education and assessment. Overall, the collaboration between CAI and UM represents a commendable effort in advancing medical education and promoting international standards in anaesthesiology, ultimately contributing to the delivery of high-quality healthcare services nationwide.





Call for Article Submission:

We are delighted to announce an open invitation for article submissions to the Malaysian Journal of Anaesthesiology (MyJA), a leading platform in Malaysia dedicated to advancing the fields of anaesthesiology, critical care, and pain medicine.

We welcome submissions from researchers, clinicians, and scholars across the globe to contribute original articles (clinical trials, experimental research, meta-analysis, and systematic reviews), reviews, case reports, case series, and letters to the editor.

Why Publish with MyJA?

- i. MyJA is an official journal of the MSA and CoA, AMM.
- ii. MyJA is a **peer reviewed, open-access** journal with **no APC** charge.
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- iv. With **biannual publications**, MyJA ensures your work reach a global audience twice a year.



SUBMIT NOW!



Authors can submit their manuscripts electronically using this QR Code.

BASIC MECHANICAL VENTILATOR COURSE 2024

The Anaesthesia Department of Ampang Hospital successfully organized its annual Basic Mechanical Ventilator course on 5th January 2024. The four-day long course began with theoretical classes conducted physically and virtually from 2nd till 4th January and ended with a hands on session on the final day. Officiated by Dr Mohd Sany bin Hj Shoib (Head of Department of Anaesthesiology Hospital Ampang), this course was joined by Hospital Ampang's anaesthetists, medical and house officers, staff nurses and medical representatives from respective companies.

The main purpose of this course was to introduce mechanical ventilation in the department to budding medical officers and house officers. Among the topics that were covered in the four day span included: "Indications and goals of mechanical ventilation" by Dr Maz Airin binti Abdul Azis, "Modes of mechanical ventilation" by Dr Raziman bin Abdul Razak, "Ventilator care bundle" by Staff Nurse Juliana binti Ismail, "Ventilation strategies for obstructive and restrictive lung diseases" by Dr Fakhirudin bin Mohd Razali and "Weaning from mechanical ventilation" by Dr Mohamed Zahir bin Anverdeen.



by Dr Lavanya Sivaji
Hospital Ampang
Selangor, Malaysia

On the last day of the course, practical sessions were carried out where participants were divided into four teams and went through four different stations for 30 minutes in each station. Every station discussed a different mode of ventilation: "Noninvasive ventilation" by Dr Mohammad Sany and Dr Ili Syazana binti Saufian, "High flow nasal cannula ventilation" by Dr Ainun Nadwah binti Abdul Raof and Dr Jaya Seri a/p Selvarajah, "Circuits and setting a ventilator" by Dr Sri Rahayu binti Mohamed Lokman and Dr Wazir Ahmad bin Haja Sahabudeen, and "Portable ventilators" by Dr Mohamed Zahir and Dr Jalwati Amirah binti Johari. Here the participants themselves were able to handle and learn how to operate ventilators and enquire more regarding

the machines from the company representatives.

The course ended with a feedback session, with the majority of the participants feeling positive and satisfied with the course and thankful for the

knowledge and overall experience. The aim for next year is to further expand this course by increasing the number of participants and involve multiple departments to impart more knowledge about basic mechanical ventilators among healthcare staffs.





Malaysian Society of Paediatric
Anaesthesiologists (MSPA)



Asian Society of Paediatric
Anaesthesiologists

In collaboration with:



College of
Anaesthesiologists, AMM



Malaysian Society
of Anaesthesiologists

ASPA 2024

**20th Meeting of the Asian Society of
Paediatric Anaesthesiologists (ASPA 2024)**
**3rd Paediatric Anaesthesia Meeting (PAM) of
the Malaysian Society of Paediatric Anaesthesiologists (MSPA)**

SAFE: Safe & Sustainable Anaesthesia For Every Child

11-14 July 2024

Borneo Convention Centre, Kuching (BCKK)



**20 MMA/
MyCPD/
NSR
points**

For more information, please visit the website

www.aspa2024.com



WORLD ANAESTHESIA DAY 2023

Global warming is an imminent threat and disastrously impacts the environment, wildlife, and human beings. Healthcare services are resource-intensive. The acute care setting is the second most carbon-intensive sector after food service facilities. It involves using large quantities of resources, including medical devices and disposables, which use substantial energy for production. Healthcare activities alone contribute to 8% of the United States' national greenhouse gas (GHG) emissions. In particular, operating theatres consume 3-6 times more energy than hospitals as a whole. The World Federation of Societies of Anaesthesiologists also addressed this issue by identifying achievable recommendations that clinicians around the globe can adopt to reduce the environmental impact of anaesthesia services without negatively impacting patient outcomes

Hence, the Department of Anaesthesiology & Critical Care, Hospital Enche' Besar Hajjah Khalsom (HEBHK) celebrated World Anaesthesia Day on 1st November 2023 with the theme "Green Anaesthesia - Now or Never", which is in line with the global campaign towards sustainability and the government's effort for more environmentally friendly implementations. 'Green Anaesthesia' or environmentally friendly anaesthesia, is not just a slogan but a call to action.

This event was held at our hospital lobby to attract patients who came for follow-up and staff who were working. There was an exhibition to enlighten



The team members with the Hospital Director & his deputies



Dr Mohamad Nizam bin Subahir
(Director of Hospital Enche Besar
Hajjah Khalsom) officiated the
ceremony



Speech from Dr Nurul Erida binti Ismail
(Representative of Head of
Anaesthesiology & Critical Care)



From Left: Dr Sabariah (Deputy Director HEBHK),
Dr Nizam (Director HEBHK), Dr Erida (Anaesthetist),
Dr Haridass (Anaesthetist & Chairperson
Anaesthesia Day 2023)



by Dr Laila Syakirah Binti Ezuddin

Hospital Enche' Besar Hajjah Khalsom
Kluang, Johor
Malaysia

people regarding acute pain and labour epidural services and promote anaesthesia services offered in HEBHK. Moreover, during the day, we set up a booth to sell used cooking oils as an eco-friendly approach, where reducing waste reduces the environmental burden. The celebration was initiated by speeches from the Director of Hospital Enche' Besar Hajjah Khalsom, followed by an Anaesthetist as representative of the Head of Anaesthesiology and Critical Care Department & Chairperson of the Anaesthesia Day Celebration HEBHK 2023 - other than that, special events such as lucky draws and also quizzes were enjoyed by the participants.



Exhibition Booth



One of the participants join our wheel of fortune



One of used cooking oil for received for resale



Staffs with our tote bag for green anaesthesia

Celebrating The Hidden Heroes **WORLD ANAESTHESIA DAY 2023 IN HOSPITAL TELUK INTAN**



A couple of nurses in their traditional attire welcoming guests at the registration counter

Across the globe, World Anaesthesia Day, also known as Ether Day, is celebrated on the 16th of October to commemorate the world's first successful anaesthesia in the year 1846. Interestingly, the person who performed the anaesthesia was a dentist named William Morton, who used ether as an anaesthetic agent (hence the name Ether Day). With the evolution and progression of this discovery, the world of surgery has improved and advanced to where it is today. Hence, since the early 20th century, World Anaesthesia Day has been celebrated annually to commemorate this medical breakthrough. As anaesthetists' work are mostly unnoticed, World Anaesthesia Day allows us to celebrate the profession while creating and spreading awareness of anaesthesia.

Teluk Intan is a small town located in the south of Perak, famously known for its Leaning Tower. Its hospital was built in 1987 to serve the residents around the district of Hilir Perak, which covers an area of about 1,730km². As the third largest government hospital in the state, we were designated as the head of the Southern Perak cluster hospitals. This year, we celebrated Anaesthesia Day on 25th October, 2023, on the hospital grounds to attract many participants. Preparations and planning began months earlier with the theme of Green Anaesthesia in mind, in conjunction with the theme for this year's celebration by our Malaysian Society of Anaesthesiologists.

It was bright and sunny in Teluk Intan on that day, perfect weather to kickstart the morning with a short Zumba session



by Dr Kelly Ho

Hospital Teluk Intan
Perak
Malaysia

Co-author

Dr Idalina Hani

Hospital Teluk Intan
Perak, Malaysia



led by our ICU nurses. Busting some moves to upbeat music sure did help to awaken us, especially for some who had just finished working throughout the night before. After the short workout, the event continued in the hall for the official opening ceremony. Our guests include secondary school students, police, firefighters and hospital staff from other departments. Our Head of Department - Dr Kumaran A/L K Sinniah, gave a rousing welcome speech followed by officiation by our hospital deputy director.

One of the highlights later that day was that doctors pledged to be sustainable and minimize environmental impact in anaesthesiology. There was also a round

of lucky draws for the participants, where fifteen lucky winners brought home exciting prizes. Once the ceremony was done, everyone was treated to a hearty breakfast and with a filled stomach; they were then led to the exhibition booths in the foyer.

A total of nine exhibition booths were prepared. Each had its person in charge, from nurses, pharmacists, and medical officers to specialists of the Anaesthesiology Department who were eager and ready to enlighten everyone on their respective materials. It was enthralling to see members of the public learning and practising CPR on our Resus-Anne dolls, signing up to be organ donors and, impressively, some even agreed to try acupuncture at our pain service booth. There was also a booth by the ICU pharmacist, educating

people on their drugs and sharing her knowledge on medication safety.

Many participants were interested in discovering how intubation and mechanical ventilation work in general anaesthesia and were given a chance to attempt intubation (on a mannequin, of course). By the end of the day, our participants had a bag of goodies collected from every booth, a

new-found awareness, and a quick glimpse of what anaesthesia is about. Our staff, the driving force behind the event, were tired after working in a crowded place on a hot day but were nevertheless satisfied with the outcome. The day may have ended, but the spirit of Green Anaesthesia shall remain for as long as anaesthesia is practised here in Hospital Teluk Intan.



Most of the team members that ran the show at the exhibition booths at the hospital foyer

I AM A PERSON

by Dr Charlene Chew

*Sandwiched between the cap and mask,
are a pair of eyes that I need to trust.
I pray that this slumber is not my last,
although I know I am just another task.*

*My irrational mind wished for a body double,
as I lay on the unfamiliar operating table.
Wondering if it would be my final struggle,
the anxiety and fear left me vulnerable.*

*All I could hear was the hustles and bustles,
I hope someone can diminish my troubles.
with words of empathy that cost a few syllables,
a simple gesture yet it is invincible!*

*Blinking away tears to control the situation,
obediently I followed all the instructions.
I am aware and appreciative of your vocation,
If only you could see beyond the "patient".*



Humanities Competition at the World Congress of Anaesthesiology,
Singapore March 6th 2024
First prize winner - Dr Charlene Chew (Malaysia) with her poem

Message from the **PRESIDENT OF THE COLLEGE OF ANAESTHESIOLOGISTS, AMM**

Professor Dr Ina Ismiarti Shariffuddin



Dear Esteemed Colleagues,

Penning this presidential message has been challenging for me as we face an unprecedented debacle that could significantly alter the landscape of our anaesthesia practice. As doctors, we are entrusted with the sacred responsibility of healing, and our profession has historically been held in high regard by society. However, recent developments have brought grave news to the forefront, particularly for anaesthesiologists in Malaysia.

We deeply respect the court's decisions and the fair process that led to the Federal Court's verdict in March 2024 for the Siow vs Hospital Columbia Asia case. It is a story of a doctor's valiant effort to preserve life under challenging circumstances. Unfortunately, it stands as a poignant reminder of the significant consequences that can arise from a single mistake, even when every effort has been made to care for the patient to the best of one's ability, in accordance with the principles of the Hippocratic oath. The echoes of this recent verdict reverberate through our

community, casting a shadow of uncertainty over our profession's future.

In collaboration with MSA, CoA has comprehensively examined the situation from multiple angles. Our aim is clear. i.e. to engage all stakeholders and mitigate the cascading effects of this event while upholding patient safety. Moving forward, we need to prepare ourselves for the challenges that are coming. The effects of this verdict will be profound; hence, we need to be united to address these issues which are:

1. MANAGE COMPLEXITY BY BUILDING A BETTER AND SAFER HEALTH SYSTEM

The complexity of anaesthesia surpasses that of any other field, even aviation, requiring exceptional skill and expertise. However, human error is inevitable. Therefore, we acknowledge the necessity of integrating fail-safe systems into our anaesthesia practices. Professor Dr Kevin Fong, an authority in risk management, highlighted in his Harold Griffith lecture in the recent WCA 2024 the importance of focusing not only on individual performance but also on the organisational culture supporting our work. He suggested that our systems should be designed to withstand human fallibility.

The community must understand that saving a patient's life relies not on one individual but on a team. The case of Elaine Bromiley serves as a reminder of this truth. In both emergency and non-emergency scenarios, healthcare professionals' collaborative efforts are paramount to preserving life. Building and nurturing such professional relationships require deliberate effort and foresight. Thus, CoA is committed to spearheading initiatives, in partnership with relevant stakeholders, to cultivate effective teamwork in anaesthesiology.

Hospitals, especially small ones, must consider that medical care is a labour-intensive industry, and reduced staffing levels affect efficiency. All hospitals that pledge to serve emergency services, albeit small private practices, must now take responsibility for staff and equip their hospitals accordingly. Will this lead to a defensive medical practice, which in turn burdens the major government hospital? Only time will tell.

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2. UPDATE SKILLS AND KNOWLEDGE

In the ever-evolving landscape of medicine, the importance of updating our skills cannot be overstated. CoA urges members to embrace lifelong learning, recognising the dynamic changes in healthcare delivery. Attending workshops and the Annual Scientific Congress, organised by MSA and CoA, offers a crucial opportunity for upskilling. These events equip anaesthesiologists in Malaysia to navigate the complexities of modern healthcare and ensure patient safety.

With this in mind, the SIG of Difficult Airway Management (SIGDAM) and MSA plan to hold a regular workshop on the management of CICO, especially the e-FONA. Please watch this space for the upcoming available slots.

In addition, CoA and MSA are in discussion with the relevant stakeholders, to build a pool of expert witnesses from different subspecialties, that our members can utilise when they require one. However, this discussion is

really at an early stage, but it is an essential move as we can only assist the court in seeing what is happening from the eye of an anaesthesiologist. The court wouldn't understand the human factors and adrenaline rush involved while anaesthesiologists attend to the patients unless it is brought to their attention. We would not want to miss the 'golden opportunity' to represent our profession at any court hearing ever again.

3. CREATE A SAFE WORK CULTURE

The number of Anaesthesiologists contributing to the Malaysian workforce still needs to be improved. We have yet to achieve a safe ratio of anaesthesiologists to the population of 4:100,000, as recommended by WHO. To

encourage more young doctors to join our fraternity, we must ensure that our fraternity provides a safe work culture. We have to look after each other's back. CoA, with its Wellness SIG, hope to

work with the relevant stakeholders to ensure that government and private hospitals can provide a safe work culture and environment that supports wellness for anaesthesiologists.

Since my last message in Berita, CoA has involved our fraternity in several other activities.

- 1 - **The 7th National Annual Patient Safety in Anaesthesia Conference (NAPSAC) 2023.**
The College of Anaesthesiologists of Ireland hosted this hybrid event, and they offered free registration to all CoA members - sixty-five CoA members/trainees signed up for this virtual conference.

- 2 - **Parallel Pathway with College of Anaesthesiologists, Ireland (CAI)**
Since November last year, CoA has assessed our parallel pathway programme and candidates with CAI. This year, we are honoured, as Malaysia was chosen to be the only International centre outside Ireland where the MCAI and FCAI exams were held. This exam was held at the Universiti Malaya, where we also received candidates from outside of Malaysia, such as India and Saudi Arabia. It was a successful event, and CoA looks forward to having this collaboration again in the future.

Regarding the parallel pathway programme, CoA, along with all the other Colleges under AMM, issued a Statement on "Strengthening Partnerships to Unify Specialist Training in Malaysia." This statement supported the effort by all stakeholders to align all postgraduate medical degree training in Malaysia.

- 3 - **WCA 2024**
In the recent WCA, WFSA's new president, Professor Dr Daniela Filipescu, endorsed the Santa Cruz Declaration: Strengthening Patient Blood Management (PBM) Globally. MSA is one of the societies that supports this declaration. CoA echoes this move, and we urge all anaesthesiologists to embrace PBM in their daily clinical practice. To start this campaign in Malaysia, we plan to hold a Perioperative PBM webinar in May 2024 through the KITE series. Please watch this space for further updates on this webinar soon.

I also had the opportunity to represent Malaysia and share the trends of anaesthesia in Malaysia with other leaders from ASEAN countries. I am happy to say that our standard of patient care is good as a country from the upper middle-income bracket. However, there is room for improvement that I would like to highlight. Our neighbouring countries, such as Thailand, has moved in leaps and bounds in big data. The availability of this data has allowed them to plan for policies that improve their patient outcome. Hence, I encourage our fraternity to collaborate nationally and share our data to get to the crux of the matter that can guide us in improving patient outcomes.

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Webinars and workshops organised/endorsed by CoA in collaboration with other organisations

Below is the list of webinars and courses endorsed by CoA.

4 -

1.	30 th Nov 2023	Webinar on Difficult Conversations: Approaching Families for Organ Donation Organized by Med Humanity and Ethics unit and Faculty of Medicine, Universiti Malaya
2.	16 th Dec 2023	Evening Symposium on Post Operative Nausea and Vomiting (PONV) @ Le Meridien KL organized by Juniper Biologics.
3.	18 th Jan 2024	Webinar on Perioperative Critical Care Ultrasound, organized by Singapore Society of Anaesthesiologists in collaboration with College of Anaesthesiologists Singapore, MSA, CoA-AMM, Philippines Society of Anaesthesiologists and Society of Intensive Care Medicine Singapore, supported by GE Healthcare.
4.	22 nd Feb 2024	Webinar on Introduction to Evidence-Based Medicine was organised by the Department of Anaesthesia, Faculty of Medicine, Universiti Malaya.
5.	29 th Feb 2024	Basic Course in Obstetric Anaesthesia: Safe Practice Saves Lives Organized by SIG Obstetric and HTAR.
6.	8 th Mar 2024	Webinar on Debriefing the Debriefing; Unveiling the Art of Debriefing: Mastering the Debriefing Process, organized by SIG Simulation, CoA

Future and ongoing activities:

1. The Academy of Medicine Simulation Sites (ASETS)

ASETS is pioneering the AHA Advance Cardiac Life Support (ACLS) course for Malaysian healthcare providers. CoA, as one of the partners, encourages our

members to be trainers who will contribute to this activity. For that, we would like to open the opportunity for

fellow members to register as volunteers and thus enrol in the AHA ACLS Train the Trainer course.

2. Malaysian Journal of Anaesthesiology

We are now entering the third year of MYJA. We encourage all anaesthesiologists and intensivists to contribute their work experience

through case reports and research work with the world here. It is an open-access and peer-reviewed journal. I am happy to share that some of the papers

published in this journal have been a reference point for colleagues nationally and internationally.

3. Upcoming Activities

CoA is thrilled to invite all our members and fellow anaesthesia enthusiasts to attend the upcoming meetings organised/endorsed by CoA. We are putting in our best efforts to organise a conference in Malaysia that sets the global standard to ensure everyone stays informed and inspired about the latest advancements in the science and art of anaesthesia and Intensive Care.

i. **MyAnaesthesia 2024**, 2nd to 4th August 2024, Shangri-La Kuala Lumpur

ii. **ASPA 2024** (20th Meeting of the Asian Society of Paediatric Anaesthesiologists in conjunction with 3rd Paediatric Anaesthesia Meeting of the Malaysian Society of Paediatric Anaesthesiologists (MSPA), 11th to 14th July 2024, Kuching, Sarawak

iii. **RAM 2024** (Regional Airway Meeting), 27th - 29th September • Sarawak, Malaysia

Let's unite and make the above gatherings vibrant, celebrating our shared passion.

As I wrap up my message, I want to extend my warm wishes to all my Muslim friends and members, Ramadan Kareem and Selamat Hari Raya Aidilfitri, in advance! To everyone else, please take care of yourselves, and I hope you all have a "Joyous time at work."

