

BERITA Anesthesiologi

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



**Malaysian Society
of Anaesthesiologists**



**College of Anaesthesiologists,
Academy of Medicine of Malaysia**

G-1, Medical Academies of Malaysia
210 Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia
TEL (603) 4023 4700, 4025 4700, 4025 3700
FAX (603) 4023 8100
EMAIL acadmed@po.jaring.my
WEBSITE www.msa.net.my

EDITORS Dr Shireen Jayan
Datin Dr V Sivasakthi



Message from the President of MSA

As the current President of the Malaysian Society of Anaesthesiologists (MSA), it is my privilege to write a few lines in this quarterly issue of our Berita Anesthesiologi on the activities of the Society. Before I talk about

my goals and plans for the coming year, I want to thank Assoc Prof Datin Dr Norsidah Abdul Manap for her outstanding stewardship over the past year. Taking over from Assoc Prof Datin Dr Norsidah Abdul Manap is no easy task as she is an eloquent speaker and a meticulous writer. However, I hope the years of working closely with her have rubbed off on me. I am pleased that 2010 has been an active and productive year and we (my new committee and I) hope that the following year will also continue to be so. I am proud to be elected president by my peers to serve this organization and its members. Along with the opportunities come responsibilities. Like most of you, I have a full time job and I have chosen to add the leadership of this society to my list of tasks for the coming year.

MSA

The MSA is a professional association set up to promote the art and science of anaesthesiology. We are a national body that co-ordinates the activities of anaesthesiologists practicing in Malaysia. As a representative body for anaesthesiologists, we aim to promote professionalism, cooperation and friendship amongst anaesthesiologists,

and are in liaison with similar bodies and specialties in other regions and in the international arena at large.

TRAVELLING FELLOWSHIP PROGRAMME

Bearing the above objectives in mind, one of our projects this year is to explore a "Travelling Fellowship Programme" whereby we invite two anaesthetists from the ASEAN countries to Malaysia, to share their practice and experiences in anaesthesia with us. On the other hand, we too, would like to send our anaesthetists to countries that welcome and require our experience. However, it does not seem as easy as it sounds... we contacted our colleagues from Thailand and though they were keen, we have not progressed to more than that. I will leave the nitty gritty out, but suffice to say we would arduously plod along on this project to make it happen!

NATIONAL ANAESTHESIA DAY

This day is celebrated on the 16th of October or at least within a week of that day. It is really encouraging to note that an increasing number of states are celebrating this day annually. As you all know, the objective of commemorating this day is to bring awareness to the general public about the multi-faceted roles of the anaesthetist. We all know that the common man is fearful of anaesthesia. On this day, we assure the public that newer and safer versions of drugs with sophisticated monitoring equipment make anaesthesia delivery safer than before. A wide range of activities have been carried out like radio shows, public forums and

continued on page 2

IN THIS ISSUE...

MESSAGE FROM THE PRESIDENT,
COLLEGE OF ANAESTHESIOLOGISTS, AMM

[PAGE 3-4]

[PAGE 12-13]

REPORT OF THE PROFESSIONAL WELLBEING
WORKING PARTY OF WFSA (PWWP)

SPEECH BY DATUK DR NOOR HISHAM ABDULLAH,
DEPUTY DIRECTOR-GENERAL OF HEALTH (MEDICAL)

[PAGE 5-7]

[PAGE 14-15]

MSF HONG KONG 3RD REGIONAL SURGICAL
ROUND TABLE CONFERENCE 2011

ANNUAL SCIENTIFIC MEETING (ASM) 2011
"BORDERLESS ANAESTHESIA: A NEW DAWN"

[PAGE 8-11]

[PAGE 16]

THE 4TH NATIONAL PERI-OPERATIVE
MORTALITY REVIEW CONFERENCE

articles in the newspapers about the scope of services provided by the anaesthetist. I leave it to the anaesthetists to evolve with more innovative ideas to celebrate this event. Our theme for this year is "YOUR SAFETY... OUR PRIORITY". My wish is that the bigger private hospitals will also take the challenge and celebrate this event ...this will portray our unified image to the public at large. The MSA has been giving MYR1000/= as a subsidy to each institution for expenses incurred and in return we would like a report for the Berita.

FEE SCHEDULE

Dr Raveenthiran and his able team have been working on this important Fee Schedule and have finalized the fees. It has been sent to KKM for approval. They are waiting for an appointment to present it to the Hon Minister of Health to seek his approval before it is submitted to the AG's Chambers for their approval. There is a general 14.4% increase across the board but however for certain procedures the increase is tremendous. Generally, our fees are 35% of the surgeons' fees and the fees for anaesthesia, intensive care and pain medicine have been included in this schedule.

K INBASEGARAN FUND FOR RESEARCH

A study that has received approval for funding is

"Optimal relaxation with rocuronium infusion followed by rapid reliable reversal with sugammadex: A comparison with conventional practice". We will await eagerly the results of the study by Dr Maria Hooi.

MOPS

This programme will go on for the time being. We want to do a survey through the MSA mail list to ascertain how many members are still using the MOPS programme. This will enable us to determine whether we should still continue with this for the sake of our members in the private sector who need to keep track of their CPD points and until My CPD becomes available to all.

MSA AGM 2012

We are indeed pleased to announce that the MSA AGM will be held in the Zenith Hotel, Kuantan from 19th – 22nd April 2012. Dr Asmarawati is the organizing chairperson and Dr Mohd Rohisham Zainal Abidin is the scientific chairperson. It is imperative that you mark your calendar early as your presence and participation is valuable to us.

12TH ASIAN OCEANIA SOCIETY OF REGIONAL ANAESTHESIA-PAIN MEDICINE CONGRESS, 2013

We are very happy to announce that Malaysia won the bid to host this event in 2013. It is an international event and a prestigious one and we are proud to have won the

bid. This will be jointly hosted by the MSA, the College of Anaesthesiologists and the Malaysian Association for the Study of Pain. Details will follow in the next newsletter.

CPD ACTIVITIES

There is a subsidy of MYR 4000/= per regional zone every year to enhance CPD activities. Please do take this opportunity and organize activities for your zone. The money given is to subsidize the travel and accommodation of the speakers only.

One of the main activities is our existing continuing professional development (CPD), which includes the Klang Valley CPD activities. It is a full day or half day session held at least four times a year. The main hospitals involved are UMMC, HUKM, IJN and HKL. Members can attend this activity free of charge, but non-members will be charged RM20 per person per session.

I sincerely hope that State representatives of regional zones like Johor, Penang and East Malaysia can take up the challenge of organizing similar ongoing activities for the trainees. The MSA encourages and supports these activities.

CPD EVENTS THAT WE COMPLETED

The Critical Care Workshop on 25th and 26th June 2011 that was held at the Skills Centre in University of Malaya.

The Fluid Therapy Workshop which was held on the 25th and 26th June 2011 at the One World Hotel, Petaling Jaya, sponsored by B Braun Medical Supplies.

For CPD events are coming up... do check the website!

Well, if you have reached this far whilst reading this, then I am indeed happy that you will surely be an active participant in our activities.

Like any successful organization, we must remain focused on our core purpose, while constantly searching for new and better ways to achieve our objectives. I look forward to a year aimed at increasing MSA membership and building an even stronger, more effective Society to address the needs of anaesthesiologists in our country. With your help we can make it happen.

We are always open to comments and suggestions and I look forward to hearing from you.

"You only live once, but if you work it right, once is enough".

I would like to wish all my Muslims colleagues "Selamat Berpuasa dan Selamat Hari Raya Aidil Fitri"!!

Datin Dr V Sivasakthi





MESSAGE FROM THE PRESIDENT COLLEGE OF ANAESTHESIOLOGISTS, AMM

After writing front page messages in six issues of the *Berita Anesthesiologi* in my capacity as the President of the MSA, I now shift direction and focus on the College of Anaesthesiologists, Academy of Medicine of Malaysia (CoA, AMM). I thank you for putting me here and I assure you that the 16th College Council members (2011-2012) will continue to serve its members and meet our objectives.

Unlike the surgeons, physicians, pathologists and radiologists in Malaysia who only have their Colleges, the anaesthetic fraternity, like the O & G and Paediatrics specialty, has the option to join both the Society (MSA) and the College. As you may know, we have chosen to remain separate, each with our own roles and objectives but at the same time share some responsibilities such as the CPD programmes and Fee Schedule issues. This allows us to be more focussed and devoted to our specifically assigned duties while sharing certain bonds and interests. As we are all mostly busy working people, this actually works better for us!

History involving the College and the AMM

The College of Anaesthesiologists is one of the nine Colleges under the umbrella of the Academy of Medicine of Malaysia (AMM) which was formed in 1966. We began as the Faculty of Anaesthesiologists in the College of Surgeons of Malaysia in the 1960's and were then inaugurated as the Chapter of Anaesthesiologists on December 1995 when the College of Surgeons joined the AMM. In the year 1999, we were accorded the College status by the Council of the Academy of Medicine.

As part of the AMM, our website is at www.acadmed.org.my where the common membership form (either fellow or ordinary/associate/candidate) can be downloaded.

As with other Colleges, ordinary members are entitled to use the letters A.M. and fellows F.A.M.M after their names. Hence, the CoA not only has ties with fellow anaesthetists in the MSA, the Malaysian Association for the Study of Pain and the Malaysian Society for Intensive Care, but as part of the AMM, we are often linked with various specialties in national and international meetings or congresses such as the yearly MOH-AMM Scientific Meetings and the biennial Malaysia-Singapore Congress of Medicine. The President of every College also sits on the Academy Council; hence, we participate and are informed in matters of the AMM.

Let me reiterate and update you on some of the important responsibilities of the CoA, AMM.

Credentialing and the National Specialist Register (NSR)

The CoA nominates four of its members and together with three from the Ministry of Health Malaysia forms the Specialty Subcommittee for the discipline of 'Anaesthesiology and Critical Care' of the NSR. The CoA nominates the Chairperson from amongst its four nominees. The registration of specialists will ensure that doctors designated as specialists are appropriately trained and fully competent to practise the expected higher level of care in the chosen specialty while at the same time, it protects and safeguards the public. The amended 1971 Medical Act is expected to be passed and implemented by the end of this 2011; so to be recognised as an anaesthetic specialist you need to be registered with the NSR. Currently, 330 applications by anaesthesiologists have been approved but several have yet to be registered because of incomplete documentation. The process may take some time, so do register at www.nsr.org.my early. The registration fees are RM1000 for members and specialists in MOH and non-members RM1500 (hence be a member!) for a period of five years commencing from the date the Medical Act is passed.

For CoA members who want to replace their NSR 'Anaesthesiology' certificate with the new 'Anaesthesiology and Critical Care' certificate, we will reimburse you the RM50 which is charged for the reissuance

of the certificate. The deadline is 31st December 2011; so please register and beat this deadline.

Continuous Professional Development (CPD) and Special Interest Groups (SIGs)

The CoA promotes, supports and participates in CPD programs, often in collaboration with the MSA. Together, we hold the yearly Annual Scientific Meetings and most recently we won our bid (with MSA and MASP) to host the 12th Asian Oceania Society of Regional Anaesthesia-Pain Medicine Congress to be held in June 2013 in Kuching, Sarawak.

To go one step further as an 'academic arm' of anaesthesiologists in the country, the CoA, AMM has a number of SIGs to give emphasis and focus on specific interests in our practice of Anaesthesiology and Critical Care. In this way, we help promote, maintain and develop the various interests of our members and fraternity. For each SIG, we allow up to RM5000 per year financial support and we appoint a convenor to lead, coordinate and expand the field. At our recent College Council meeting, we identified 11 SIGs and convenors:

- Cardiac anaesthesia
 - Dato' Dr Jahizah Hassan
- Paediatric anaesthesia
 - Dr Sushila Sivasubramaniam
- Obstetric anaesthesia
 - Dr Mohd Rohisham Zainal Abidin
- Regional anaesthesia
 - Dr Shahridan Mohd Fathil
- Pain medicine
 - Prof Dr Marzida Mansor
- Airway
 - Dr Muhammad Maaya
- Simulation
 - Dr Rajeswary Kanapathipilli
- Day care anaesthesia
 - Dr Kavita Bhojwani
- Well being
 - Prof Dr Chan Yoo Kuen
- Obstructive sleep apnoea
 - Prof Dato' Dr Wang Chew Yin
- Anaesthesia pharmacology
 - Prof Dr Lim Thiam Aun

continued on page 4

As you can see, we have the usual specialised anaesthesia groups as well as have introduced newer groups, to cater for all. We want to recruit interested members into the various SIGs, and of course, each member can register in more than one SIG. This is to facilitate future meetings, updates and group support. Please send in your name, SIG(s) of choice, contact no. and email address to acadmed@po.jaring.my.

Practice Guidelines and Recommendations

The CoA plays a role in developing and producing Practice Guidelines or Recommendations pertaining to our specialty. At present, the 'Recommendations on Sedation by Non-Anaesthesiologists' is being finalized by Dr Lilian Oh. The final draft is being circulated to various relevant bodies, Colleges and anaesthesiologists (in the private practice, universities and MOH). Our next project will be on 'Infection Control in OT' by Dr Kavita Bhojwani and Dr Mohd Rohisham and the revision of our 'Recommendations on Pre-Anaesthetic Assessment' which was done in 1998.

For your information, our guidelines can be downloaded from the AMM website or MSA website and these include:

- i. Recommendations for Safety Standards and Monitoring during Anaesthesia and Recovery (2008)
- ii. Guidelines on Preoperative Fasting (2008)
- iii. Consensus Statement on Infection Control Measures in the Intensive Care Unit (2009)

The CoA, AMM as an 'Academic arm'

Unlike the Royal Colleges in the United Kingdom, Australia and Canada, or the Academy of Medicine, Singapore, the Academy of Medicine of Malaysia is not directly responsible for the anaesthetic postgraduate courses, the conduct of examinations or the award of degrees or diplomas. The local Masters programme which began in 1985 has evolved into an almost totally conjoint anaesthetic exams by the three Universities (UKM, UM and

USM). The CoA, AMM is however, slowly but surely getting more involved in the growth and expansion of this academic process. There is a lot more to elaborate but I will keep it for next time.

Currently, the CoA, AMM has two representatives in the Anaesthetic Specialty Subcommittee of the Conjoint Board, together with two representatives from each University and the Ministry of Health. We work towards the unification and maintenance of standards of the postgraduate course conducted by the three Universities. The CoA, AMM, also offers support in various ways such as the printing of the common log books for trainees and nomination as well as sponsorship of local examiners for the M.Med (Anaesthesiology) examinations. The Council of the College has earlier looked into the teaching and training aspects of the program.

Postgraduate Training Board

The Academy of Medicine is in the midst of organising a national workshop to look into the establishment of an entity to regulate postgraduate training in view of future accreditation purposes. The Conjoint Board has been overseeing the specialty training but, at the moment, there is no regulation of the subspecialty exit exams. In anaesthesia, the two subspecialty exit examinations that would be involved are the Intensive Care and Pain Medicine examinations.

The first exit examination for Pain Medicine was held on 25th May 2011. Four candidates from the Ministry of Health who had completed the required training rotations, sat for the two-table viva examination and passed. We congratulate Dr Shireen Sree Jayan (Hospital Melaka), Dr Usha Rajah (Hospital Penang), Dr Ng Kim Swan (Hospital Selayang) and Dr Seet Sok Noi (Sungai Buloh Hospital). The CoA, AMM, partially sponsored the expense incurred by the external examiner Dr Khor Kok Eng from Prince of Wales Hospital, Sydney, Australia.

The Intensive Care subspecialty exit examination was held in Hospital Kuala Lumpur on 7th June 2011. The CoA, AMM, sponsored airfare in bringing in the external examiner, Professor Bala

Venkatesh from Brisbane. We congratulate the sole candidate Dr Lee See Pheng.

Credentialing of Anaesthesia Subspecialties

At an earlier Academy Council meeting, our proposal for inclusion of Pain Medicine as a subspecialty of Anaesthesiology and Critical Care was turned down, on the basis that it was multidisciplinary and should not be subclassified under Anaesthesiology. We will continue to discuss this especially with our Pain specialists and take it up further.

The CoA, AMM, now has the responsibility of setting the reference criteria for specialised anaesthesia which are for now not registrable on the NSR, such as Cardiac Anaesthesia, Paediatric Anaesthesia, etc. This role is given to the College (from the Anaesthesiology Specialty Credentialing Subcommittee) as per instructions from the NSR. The CoA, AMM, also has the task of setting the criteria for specialised procedures which are not required for the core competency of anaesthesiologists registered on the NSR, e.g. percutaneous tracheostomy, TEE, etc. As such, we will require the specific SIGs to give feedback and be involved. It is therefore, important that you be a part of the SIG that you would like to have a voice in.

I can foresee a busy year ahead, so the College Council will need your support. We welcome your views and suggestions, so feel free to write in. Also, do sign up to be inducted as a College fraternity!

Salam Aidilfitri and Selamat Hari Merdeka!

Assoc Prof Datin Dr Norsidah Abdul Manap
President

College of Anaesthesiologists, AMM
nmanap@ppukm.ukm.my



Speech by

DATUK DR NOOR HISHAM ABDULLAH
DEPUTY DIRECTOR-GENERAL OF HEALTH (MEDICAL)

at the

OPENING CEREMONY OF THE MSA / COLLEGE ANNUAL SCIENTIFIC MEETING

on

22ND APRIL 2011



First, I would like to thank the Malaysian Society of Anaesthesiologists and College of Anaesthesiologists, Academy of Medicine of Malaysia, for inviting me to join all of you at your Annual Scientific Meeting 2011. I am very happy to be here and to have this opportunity to interact with all good friends and colleagues. The theme chosen for this year's meeting is "Borderless Anaesthesia: A New Dawn"; very apt indeed as we prepare ourselves for the transformation of the Malaysian Health Care towards 2020.

Our Honorable Minister once said that *"Malaysian Healthcare is now at cross-roads. While maintaining focus towards providing for the health and well-being of Malaysians, we also realise the unlimited economic potential of this sector."*

We are aware that the healthcare sector is also a wealth creator. Beyond just the organic growth in services, pharmaceuticals and medical devices, we will explore new horizons in services, clinical research, health travel, and generic pharmaceuticals manufacturing.

In this journey, we aspire to contribute USD10.4b to GNI by 2020. To achieve this, I seek the support of all health care providers, corporations and organizations."

The global healthcare industry is among the most dynamic and rapidly growing industries in the world economy and you can observe similar scenarios in Malaysia too. Spurred by demographic shifts such as extended longevity and a rise in lifestyle diseases such as hypertension and cardiovascular ailments, cancer and diabetes, national healthcare costs are increasing dramatically. At the same time, the health industry has become a powerful

engine of economic growth. Malaysia's record of healthcare expenditures is no exception to the rule. At 4.8 percent of GDP, our spending on healthcare is above our regional peers and public spending is a disproportionate contributor to healthcare costs. The burden on public spending is even more pronounced when compared to countries in the upper-middle to high-income brackets.

The healthcare industry can be a robust economic engine and one that indirectly creates a significant social impact. Higher value jobs can be created, infrastructure can be upgraded and both specialist skill-sets and technology can be harnessed to improve the quality of care for patients. When examined from a profitability and growth lens, the Malaysian health sector opportunity looks extremely attractive despite its modest beginnings.

As proven elsewhere, our expectations that focus on the largest economic engines will directly impact the healthcare infrastructure and indirectly result in better quality care for the rakyat. For example, the increase in hospital beds, doctors and nurses as a result of the growth in the healthcare industry should reduce waiting times for patients, shorten the turnaround time on diagnostic lab results and improve the quality of patient outcomes through access to more specialist care. With 1.9 beds per thousand and 0.8 doctors per thousand as of 2008, Malaysia has a solid foundation to build on. In addition, the high incidence of lifestyle diseases and experiences with quality assurance permits Malaysia to be a credible R&D and clinical trial destination for the pharmaceutical and medical technology industries. Our goal is to migrate from primarily a lower-value product strategy to a more comprehensive product,

services and asset strategy that better leverages our competencies. And definitely anaesthesiology is such an important and vital service which has great future in our health care system despite being labeled as one of the highest budget consumer in Ministry of Health.

This is the time for actions and Johann Von Goethe once said succinctly that; "Knowing is not enough; we must apply. Willing is not enough; we must do."

Obviously our actions have to be rational and evidence-based and nowadays, there is the pressing need to do all that we can to justify the increasing costs and efforts expended to implement new drugs, technologies, and techniques into practice. On the other hand, we need to respect that we cannot (and should not) "do it all", especially if the new techniques or technologies will achieve only marginal benefits at best and at greater risk and cost compared with the existing status quo. There is a limit in terms of available resources: money, space, human resources, time, and effort. And I must admit that the anaesthesiologists' have been a major advocator for evidence-based practices.

I would like to reiterate that even before my appointment as the Deputy Director-General of Health, I have always appreciated the critical role of the anaesthesiologist as a member of the team in the operating theatre due to the fact that I am a surgeon. The anaesthesiologists have never failed us before as they are constantly and consistently expanding their scope of services more outside the coldness of the operating theatre, to become actively involved not just in intensive care, which has always been the domain of the anaesthesiologist, but also in the

continued on page 6

management of acute and chronic pain, poly-trauma and emergency medicine; to name a few.

The anaesthesiologists have also played an important part in the improvement of operative services for patients by setting up anaesthetic clinics for preoperative assessment as well as Day Care Surgery services. One of the perennial challenges facing us is the shortage of anaesthesiologists. In the recent survey 2009, there were about 620 anaesthesiologists in the country, giving us a ratio of 1 anaesthesiologist to a 50,000 population, which is way below a developed country norm of 1: 10,000. Another very obvious fact is the prevailing ratio of anaesthesiologists to surgeons which is about 1:4 compared to 1:2 in developed countries. The problem of this mal-distribution of specialists is very apparent in Klang Valley where we see a disproportionately high number of private anaesthesiologists. I presume that the similar picture holds true for other disciplines. As eluded just now, in advanced countries, the ratio is one anaesthetist to 10,000 populations, and I believe that in Malaysia we should strive towards that figure, although our target is more modest, at 1 in 30,000 to start with. We will need to almost double the number of anaesthesiologists in order to achieve the said target, which I hope we can do within the next 10 years.

The shortage of anaesthetic Medical Officers (M.O) is more pressing than the shortage of anaesthesiologists currently in Sabah and Sarawak, where we have to rely heavily on trained paramedics to provide anaesthesiology services in the operating theatres. We were assured that the shortage of M.O's will be fairly non-existent within the next 2-3 years. However, currently this results in insufficient operating time and hence long waiting lists for surgery, particularly in the government hospitals. In spite of a steady increase in the number of anaesthetics administered which is about 5% per year; a recent survey in 2008 showed that the mean waiting time was 32 weeks compared to Ministry of Health's standards of 12 weeks. As one of the short term measures, doctors are allowed to run elective lists on Saturdays which was implemented in 2008 and we have seen an increase in the OT time

and a further reduction in the waiting time for elective surgery. This initiative has been approved through a cabinet decision in 2008 and the response has been overwhelming due to high incentives. To date, 32 hospitals have been given the green-light to do so. Extended business hours of OT during weekdays in the hospitals have been implemented as well, especially in hospitals with inadequate number of Operating Rooms. For more efficient and effective management of OT, several OT Managers have been appointed and trained, particularly to reduce the cancellation rate of elective surgery, which is one of the Key Performance Indicator (KPI) for the honourable Health Minister. To enlighten the burden of the medical officers, starting from the last quarter of 2010, housemen have been allowed to be trained in the department. And the move has been well-received by them in contrast to the move to engage private anaesthesiologists in providing sessional services in our government hospitals; citing unattractive incentives as the pushing factor.

On a long term basis, the Ministry of Health has increased the intake of anaesthetic trainees significantly for the Masters programme; each year the Ministry tries to allocate a number to anaesthesiology which is one third of the total number of the surgical intake. In 2012, University Putra Malaysia will start its own Masters Program in addition to the existing program by University Kebangsaan Malaysia, University Malaya and University Sains Malaysia.

We hope that by increasing the output of anaesthetists, not only will there be sufficient anaesthesiologists to provide adequate operating time, but there will also be sufficient anaesthesiologists to specialise in the various subspecialty areas such as cardiac anaesthesiology and perfusion, neuro - anaesthesiology, obstetric and paediatric anaesthesiology as well as in intensive care and pain management. The need for pain specialists is greater now than ever as pain is being recognised as the 5th vital sign since 2008 and the pilot project for Pain Free Hospitals will be implemented very soon in three hospitals which are

Hospital Putrajaya, Hospital Permaisuri Bainun, Ipoh and Hospital Selayang. A large budget allocation has been approved to ensure the success in implementation of this project.

The Ministry of Health has long emphasised the importance of Continuing Professional Development (CPD) among doctors and allied health personnel; in fact all MOH staff. The history has been charted where from 2008, the Ministry has started our e-CPD project – this is evidence of our commitment to CPD; we are also very happy that the JPA has agreed to allow doctors to accumulate CPD points in place of PTK requirements. In the pipeline for implementation, a minimum number of CPD points will also be required for the renewal of APC. Further more, for the promotion of doctors, the CPD points have been heavily used in the past and will continue to be used in the future.

The Ministry has always encouraged professional societies to organise annual conferences and other CPD activities to provide opportunities for your members to update themselves with the latest developments in your field. I am impressed by the active role played by MSA in promoting CPD among its members; besides holding two major conferences each year, there are many courses and workshops being conducted e.g. BASIC, Pain Workshops, CPR training and ATLS courses where the anaesthesiologists have begun taking part as participants, thus as potential instructors too.

The Ministry will continue to support the development of anaesthesiology and intensive care services in the country. A substantial amount of funding has been allocated every year for the continuing progress of the service. And I must say anaesthesia and intensive care services are one of the medical services that have received the most substantial allocation.

Apart from human capital development, the Ministry has allocated;

- RM 57.32 million for the operating budget 2011 (20000 series) which is about 13.7% more than the previous year.

continued on page 7

The expansion of the scope of services has been underway continuously in order to provide the most comprehensive peri operative care, for example, the anaesthetic clinics to assess patients, are now a routine procedure. To add value, some anaesthetic clinics also introduce risk reduction strategies to improve the surgical outcome. To cite an example, Hospital Kuala Lumpur recently has started prescribing beta blockers and statins for high risk patients to reduce cardiovascular complications. I urge other hospitals to emulate this excellent practice for the common goal of benefitting MOH patients.

Apart from the infrastructure and human capital development, it is essential to ensure our work processes and systems in delivering medical services are coordinated, efficient and of high quality. For these reasons, the Ministry is advocating all clinical disciplines to review, standardise and document their respective operational policy so as to promote optimal utilisation of resources, strengthening departmental organisation, better inter departmental collaborations, evidence-based medicine and outcome orientated services.

I therefore, would like to commend the anaesthesiology and intensive care fraternity for being the first

clinical service to have produced the Operational Policy for Anaesthesia and Intensive Care Service for the Ministry of Health hospitals in February 2008. The book is comprehensive and covers a wide range of issues such as organisation, manpower requirement, policies and procedures, quality and audit. It is a useful guide for both health care providers and managers in the provision, planning and development of anaesthesia and intensive care services for MOH hospitals.

We have to prepare for the future, and 1Care is very much a part of our future, which is again, a part of the transformation of the Malaysian health care. Essentially, it will be a regional autonomy for clusters of government hospitals to compete with the private sectors and augment health tourism; the private and government will share one single fee schedule and the national health financing is via general taxation and insurance schemes. The expected outcomes will be higher productivity and better quality of care with much improved efficiency levels. Better pay for the doctors too!

From now on, we have to start thinking of how to be more patient centred in parallel to many strategies to decongest hospitals. Day care services have to be strengthened together with

day of surgery admission combined with minimally invasive surgery/ regional anaesthetic techniques, multi-disciplinary approach to pain control and complementary medicine where the role of the anaesthetic department is central to the success.

A better fee schedule is vital and currently, MOH is revising the fee schedule for professional fees which includes consultation fees, procedure fees, surgical and anaesthetic fees and we are looking forward to the outcome of the revision exercise. In short, we have a lot in store for us; very exciting and slightly frightening I must admit.

Finally, once again, thank you for your kind invitation. I hope that my presence here will emphasise to you the recognition that the Ministry gives to your specialty and I look forward to continuing this very special relationship, and that together, we will strive to bring anaesthesiology and surgical services in Malaysia to greater heights.

On that note, it is my pleasure to declare Malaysian Society of Anaesthesiologists (MSA) Annual General Meeting (AGM)/ Annual Scientific Meeting (ASM) 2011 open.

Thank you.



CONGRATULATIONS!

List of Successful Candidates For Final MMED ANAESTHESIOLOGY 2011

USM

Abdul Aziz bin Jusoh
Khairul bin Hashim
Laila binti Ab Mukmin
Lim Teng Tek
Muzaffar bin Mohamad
Nagarajan Nagalingam
Najwa binti Mansor
Norliza binti Yasin
Rozaimah binti Jamiran
Suryani Mohd Zaid
Yip Kin Soon

UNIVERSITI MALAYA

Rajeswari a/p Rajamanickam
Anand a/l Chandrasegaran
Carolyn Yim Chue Wai
Khairul Azman bin Ibrahim
Kyaw Thura @ Ebrahim Bham
Nadia binti Mohd Arifin
Sukcharanjit Singh Bakshi S
Tan Ann Jee
Arun Ilanthirayan a/l Kaniappan
Norhasayani binti Tahir
Cindy a/p Thomas Joseph
Lee Yan Wei

UKM

Suhaimi bin Jaffar
Lenie Suryani binti Yahya
Mohamad Aswad bin Abu
Nadia Hanom binti Ishak
Neoh Eu Bryan
Wirzafeldi bin Sawir
Wong Kep Kee @ Jeffry Paul
Khor Cheng Hoon
Nazatul Shahnaz binti Mohd Nazri
Sabariah binti Mahmud
Darlina binti Mohd Dhari
Emilia binti Mohtar Rasali

MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS & COLLEGE OF ANAESTHESIOLOGISTS

ANNUAL SCIENTIFIC MEETING (ASM) 2011

“Borderless Anaesthesia: A New Dawn”

By Dr Suhaimi Amir

Words aren't enough to describe this year's event! Lots of hard work, but yet, very fulfilling at the end. Right from the word go, the organizing committee comprising members of the Malaysian Society of Anaesthesiologists and the College of Anaesthesiologists sat through numerous preliminary meetings to organize this much anticipated event, from selecting the venue, contacting the speakers, acquiring support from the biomedical industry and sorting out the little issues that would culminate in the success of the event.

Initially, we wanted to look for different venue to host this function. Unfortunately, due to various logistic and financial constraints, the Shangri-La Hotel, Kuala Lumpur, was again selected for this annual event which was held from 21st to 24th April 2011.

This year, “Borderless Anaesthesia: A New Dawn” was unanimously coined as the theme for this meet. It's a very catchy phrase, which truly reflects the new changes and developments in the field of anaesthesia, critical care and pain medicine globally. This prompted us to bring in numerous eminent international speakers from Canada, Europe, South Africa, Turkey, Hong Kong, Singapore and Australia, along with our local prominent speakers who together, covered an extensive scope of topics such as regional and general anaesthesia, paediatrics, obstetrics, transplant anaesthesia, critical care, pain medicine as well as on the well being of anaesthetists.

We were indeed honored to have the Deputy Director-General of Health (Medical), Datuk Dr Noor Hisham Abdullah, to officiate the opening of the ASM. In his speech, he commented that the theme, “Borderless Anaesthesia: A New Dawn” was apt as we prepare ourselves for the transformation of Malaysia Health Care towards 2020.

At the opening ceremony, the Malaysian Society of Anaesthesiologists conferred the Honorary Membership on Dato' Dr Arumugam Ganendran for his illustrious contribution to anaesthesia.


This year's ASM had an attendance of 832 delegates. There were four well-attended pre-congress workshops that focused on ultrasound in regional anaesthesia with a hands-on workshop held in the general operating theaters of Kuala Lumpur Hospital, ultrasound in critical care, simulation for both the adult and the paediatric patient as

well as the Well-being and Work-life Balance in Anaesthesia workshop. There was a total 5 plenaries and 14 symposia during the actual meeting itself.

For the first time, the ASM had six 'Meet the Expert' sessions that were restricted to 30-40 participants. It was refreshing to note the overwhelming response for these early morning sessions. The delegates had the opportunity to participate in active discussions with the authorities of their respective fields.

The AGM for the College of Anaesthesiologists was held on the evening of Friday, 22nd April 2011. Assoc Prof Datin Dr Norsidah Abdul Manap was elected as President of the College of Anaesthesiologists. The AGM for the Malaysian Society of Anaesthesiologists (MSA) was held the next day (Saturday, 23rd April 2011) and Datin Dr V Sivasakthi was elected as the new President of the MSA.

Apart from the lectures and symposia, we also had an enjoyable evening at the Annual Dinner which was themed the 'Batik Night'. Speaking and thinking of this would definitely bring smiles to all of us. The participants flocked in as early as 7.00pm and it was indeed a pleasure to see most of the delegates if not all, conforming to the theme of the night mingling and meeting their old friends. The focal attraction of the night was Atilia who belted out some beautiful songs accompanied on stage by our very own backup dancers in the faces of Dato' Dr Subrahmanyam Balan and Datuk Dr V Kathiresan. What a lovely sight it was... The night also saw the winners of the MSA-AZ Young Investigator's Award, the MSA Award and the best poster presentation receiving their awards.

In summary, the 48th Annual General Meeting / Annual Scientific Meeting 2011 was a memorable event. Thanks to the delegates for making this meeting a success. We would like to acknowledge the organizing committee headed by Dr Sushila Sivasubramaniam, the Scientific Committee headed by Dr Sharidan Mohd Fathil, the facilitators of the pre-congress workshops, and our secretariat, in particular, Ms Kong, for a job well done. Words aren't enough to describe our sincere gratitude and appreciation to our President, Assoc Prof Datin Dr Norsidah Abdul Manap, for her guidance and support. Also not forgetting, the biomedical industry that came forth with overwhelming support for our yearly continuing medical education, we thank you. Overall, the ASM 2011 was a huge success! 



Participants engrossed in the conference programme



MSA President delivering her speech at the Opening Ceremony



Official Launch of the MSA ASM by the Guest of Honour



Organising Committee with the MSA presidents of the past, present and future



Tour around the trade exhibition



Deputy DG enjoying a discussion over tea break with Dato' Dr A Ganendran



Proud poster presenters



Organising Committee and senior members of the profession with Deputy Director-General of Health



Dr Mary Cardosa and Dr Kathi... all smiles



All dressed up for the Batik Night



Key Organising Committee members with Datuk Dr Noor Hisham Abdullah, Deputy Director-General of Health



Re-acquainting with old friends



Chief national transplant coordinator, Datin Dr Lela Yasmin Mansor, exchanging views with liver transplantation expert from Australia, Dr Peter Moran



Enlightened participants on the last day of the conference



Excited participants eagerly waiting to go on stage



The chosen ones



Wellbeing – Work Life Balance workshop participants relaxed after a refreshing session with eminent speaker, Dr Diana Khursandi



Dear Assoc Prof Datin Dr Norsidah Abdul Manap,

Thanks to you and all your team for the most enjoyable meeting and all your hospitality. You can be very proud of the quality of the meeting. I am confident that the people of Malaysia are proud of you all and will benefit from this educational event in the future.

Please do not hesitate to call me should you or any member of your team visits Brisbane in the future.

Dr Peter Moran
Director of Anaesthesia
Princess Alexandra Hospital



LUNCH SYMPOSIUM

STRIKING A BALANCE! CURRENT TRENDS IN FLUID THERAPY: WHAT IS NEW?

Report by DR SUSHILA SIVASUBRAMANIAM



On 25th June 2011, as part of the Klang Valley CPD, the Malaysian Society of Anaesthesiologists co-organized with B Braun Malaysia, a lunch symposium on recent advances in fluid therapy at the One World Hotel, Petaling Jaya. The speaker, Professor Kai D Zacharowski, Director of Anaesthesia and Intensive Care, University Hospital, Frankfurt, Germany, spoke on the current trends in fluid therapy. He shared his experience in using balanced solutions of colloid and crystalloid in treating his critical ill patients in the intensive care unit as well as the choice of fluids in the operating theatre. The event was well-received, attracting a total of 50 participants, comprising government and private doctors and allied healthcare personnel from all over Peninsular Malaysia.



©

WFSA NEWSLETTER

Spring 2011

Report of the Professional Wellbeing Working Party of WFSA (PWWP):

It is time to reflect on, and do something about,
the anesthesiologist's occupational health



Members of the PWWP

Francis Bonet (France)
Steve Howard (USA)
Pratyush Gupta (India)
Olli Meretoja (Finland)

Roger Moore (USA)
Max-André Doppia (França)
Gastão F. Duval Neto (Brasil) Chair

Occupational wellbeing is a reflection of job satisfaction, leading to enrichment in our entire life. Finding a healthy way to integrate work into our life in such a way that provides balance and personal satisfaction will lead to enhanced overall wellbeing. "The Professional Wellbeing Work Party" at WFSA aims to promote the wellbeing of anesthesiologists around the world, mainly by encouraging research, recommendations and awareness in this subject.

The nature and intensity of the work performed by anesthesiologists has been transformed dramatically over the past few decades. The advent of new technologies has expanded the surgical horizon, but has also allowed the intervention for much more challenging medical conditions. In association with more difficult case loads are the pressures of increased economic competitiveness, and the need to do more with a downsized workforce. All this transformation has impacted the occupational wellbeing of the anesthesiologist. Hence, it becomes important that anesthesiologists be informed about the aspects of their practices that produce the most stress and to provide direction as to how better working conditions can be established.

The Burnout Syndrome is a well defined medical condition, characterized by emotional exhaustion, depersonalization and diminished personal accomplishment. Emotional exhaustion represents the emotional depletion of an individual, and it is considered the syndrome's initial trait resulting mainly from excessive job demands and conflicts in interpersonal relationships, as well as from the carrying out of professional duties. Depersonalization is characterized by health care provider's emotional insensibility. The appearance of this symptom is essential to the diagnosis of the Burnout Syndrome, since the other features can be found in depressive cases in general. Ultimately, the feeling of diminished personal accomplishment (or incompetence) reveals a negative self-evaluation associated with a lack of satisfaction and unhappiness at work.

The emerging risks of acute and chronic fatigue and high levels of occupational stress, need to be highlighted during staff

anesthesiologists' clinical practice and also during residency training programs. Prof. Olli Meretoja opines that "There is a growing amount of evidence that doctors' performances are poorer if they work for over-prolonged duties or at night. These working patterns decrease the standard of care and increase health care expenses. Effective ways to reduce the overall consequences of fatigue and night work include minimizing the amount of work carried out at nighttime and setting up rules for maximal hours for each work shift".

Another issue of concern is chemical dependency among physicians, especially anesthesiologists who have more accessibility to drugs of abuse. Prof. Francis Bonnet and his colleagues have published a national survey concerning the incidence of addiction among French anesthesiologists. The substances used most frequently were alcohol (in 59%) and tranquilizers -hypnotics (in 41%). Increasing age increased the incidence of abuse. Addicted subjects reported issues in their work environment that may have contributed to the development of their pathology. Similar studies in Brazil have also shown opioids, benzodiazepines and alcohol to be the most common addictions among physicians, including anesthesiologists. There appears to be a relationship between psychogenic pathologies developed during the practice of anesthesiology (fatigue, depression, burnout, etc) and the chemical dependency syndrome.

The Brazilian Society of Anesthesiology (BSA) has shown a growing interest in anesthesiologists' occupational health since 2000. The BSA has tried to understand, to alert to, and to influence the kind of situations that have significant importance in an anesthesiologist's life. The BSA's Occupational Health Committee has undertaken epidemiological research that aims to evaluate the level of occupational stress and the degree of adaptability to the residents' work conditions and their preceptors in the BSA and Education Governing Center's Teaching and Clinical Training Program.

In spring 2010, the Professional Wellbeing Work Party of the WFSA carried out research involving 120 member societies from across the world. It involved use of a questionnaire aimed

continued on page 13

at identifying the incidence of occupational health problems amongst members of the particular society and approaches used by these Societies to address anaesthesiologists' occupational health.

The results show that more than 90% of the National Societies considered Burnout Syndrome as a causative problem but only 14% had developed any kind of coping strategy for this syndrome. The PWWP has organized a special symposium on this topic during the next World Congress of Anaesthesiologists in Buenos Aires in 2012. Important subjects related to health and well-being of anaesthesiologists will be covered by representatives of PWWP at this congress.

Further information on PWWP activities and recommended literature is available on WFSA website:

1. <http://www.anaesthesiologists.org/committees/working-parties>
2. <http://www.anaesthesiologists.org/guidelines/professional-wellbeing-recommended-reading>

Gastão F. Duval Neto (Brasil)

Chair of the Professional Wellbeing Working Party of WFSA
Member of the Executive Committee of WFSA



MALAYSIAN SOCIETY OF ANAESTHESIOLOGISTS

Executive Committee 2011/2012

President

Datin Dr V Sivasakthi

Immediate Past President

Assoc Prof Datin Dr Norsidah Abdul Manap

President-Elect

Dr Sushila Sivasubramaniam

Chairman

Prof Dr Chan Yoo Kuen

Hon Secretary

Dr R Raveenthiran

Hon Treasurer

Datuk Dr V Kathiresan

Committee Members

Dr Kok Meng Sum Dr Shahridan Mohd Fathil
Dr Mafeitzeral Mamat Dato' Dr Subrahmanyam Balan
Prof Dr Marzida Mansor Prof Dato' Dr Wang Chew Yin
Dr Shireen Jayan

COLLEGE OF ANAESTHESIOLOGISTS, ACADEMY OF MEDICINE OF MALAYSIA

Office Bearers 2011/2012

President

Assoc Prof Datin Dr Norsidah Abdul Manap

Vice President

Dr Tan Cheng Cheng

Hon Secretary

Dr Mohd Rohisham Zainal Abidin

Hon Treasurer

Prof Dato' Dr Wang Chew Yin

Council Members

Dr Kavita Bhojwani
Prof Dr Nik Abdullah Nik Mohamed
Dr Lilian Oh
Dr Raha Ab Rahman

Coopted Council Members

Dr Mary Cardosa
Prof Dr Lim Thiam Aun

SARAWAK 2013

aosra-pm

12th Asian & Oceanic Society of
Regional Anaesthesia & Pain Medicine Congress

19th to 22nd June 2013

**Kuching, Sarawak
Malaysia**

www.aosra2013.org

**MEDECINS SANS FRONTIERES \ DOCTORS WITHOUT BORDERS (MSF)
MSF HONG KONG 3RD REGIONAL SURGICAL ROUND TABLE CONFERENCE 2011
PENANG, MALAYSIA, 1ST JUNE 2011**

*Dr Sushila Sivasubramaniam
Dr Tira Aswitama, Field HK Officer, MSF HK*

BACKGROUND

This year, the meeting of MSF HK and the surgical societies in South East Asia was held in Vistana Hotel Penang, on 1st June 2011, with the theme "Increasing the contribution of Surgical Societies in Asia to the humanitarian efforts around the world". The meeting was organized by the Obstetrical & Gynaecological Society of Malaysia with MSF HK.

The meeting aimed to disseminate the MSF message to the societies with the hope and in the hope of encouraging the societies to contribute to the MSF surgical activities especially in the human resource issue.

MSF was founded in 1971 by a small group of doctors and journalists who believed that all people should have

access to emergency relief. MSF was one of the first non-governmental organizations to provide urgently needed medical assistance and to publicly bear witness to the plight of the people it helps.

Each year, MSF has around 2,000 medical and non-medical professionals volunteering in about 60 countries.

PARTICIPANTS

The MSF HK 3rd Regional Surgical Round Table Conference 2011 was attended by representatives from the surgical and anesthesia societies, i.e. orthopaedic surgeons, obstetric-gynaecologists, and anaesthesiologists from South East Asia (Philippine, Malaysia, Singapore and Indonesia), and some MSF HK field workers who had returned from their missions. There were a total of 13 participants.



The Participants of the 3rd Regional Surgical Round Table Conference, Penang, 1st June 2011

continued on page 15



Active Group discussion

PROGRAM

The conference opened with the introduction of all participants. The Director of MSF Hong Kong Field Human Resources, Dr Jaggu Singh and the speaker from Belgium, the MSF OCB, Dr Miguel Trelles, presented the MSF activities, in general, and also the surgical activities in particular. They gave clear information and a brief report which included the number of field workers from each country and the achievement from the previous 'Surgical

Round Table' meeting held in Manila last year. Dr Miguel Trelles, also presented the relevant data collection that is done, scientific publications and standards of care that MSF provides at the field.

There was also an interactive session about the ethical dilemma in the field. Further, two field workers, an orthopaedic surgeon, and an anaesthesiologist, shared their experiences with the participants concerning their MSF mission, including the required clinical skills, the type of social life and funding.

The meeting ended with an interactive group discussion that allowed the participants to raise ideas on how to contribute to MSF surgical activities. It was suggested that the societies will continue to invite MSF to presentations, help publicise in local scientific meetings, on their websites, and newsletters.

In order to increase the number of volunteers, the meeting suggested the following; MSF should:

- Lobby MOH for the approval of leave
- Lobby the key people of the societies
- Increase information dissemination in articles, newsletter, journals, website links and blogging in respected countries
- Collaborate with the Universities to send the final-year Master's training doctors as elective posting program
- Build local humanitarian group
- Establish community support for the potential volunteer, so that there will be others who will take care of his/her personal matters back home
- Put emphasis on the security guarantee

On a personal note, I was please to have met one of my previous medical officers, Dr H G See, who has gone on two missions with MSF. She is presently working in Singapore.

e

Jointly organised by



Malaysian Society of Anaesthesiologists



College of Anaesthesiologists,
Academy of Medicine of Malaysia

asm2012

annual scientific meeting



DATE
19th to 22nd April 2012

VENUE
**Zenith Hotel, Kuantan, Pahang
Malaysia**



SECRETARIAT
 G-1 Medical Academies of Malaysia, 210 Jalan Tun Razak
 50400 Kuala Lumpur, Malaysia
 TEL (603) 4023 4700, 4025 4700
 FAX (603) 4023 8100
 EMAIL secretariat@msa.asm.org.my

www.msa.asm.org.my

THE 4TH NATIONAL PERI-OPERATIVE MORTALITY REVIEW CONFERENCE

The historical city of Melaka and the scenic Mahkota Hotel, situated in the heart of the heritage zone, was the venue for the 4th National Peri-operative Mortality Review Conference, held on the 30th - 31st October 2010.



Dr Daryl Williams, Director of Anaesthesia and Pain Management, Royal Melbourne Hospital, with Dr Lim Wee Leong



Part of the efficient organizing committee for the event



Arrival of the Guest-of-Honour, Datuk Dr Noor Hisham Abdullah, Deputy Director-General of Health (Medical)

other dignitaries present were, the Pengarah Jabatan Kesihatan Melaka, Dato' Dr Haji Azmi Bin Hashim and the national P.O.M.R Chairman, Dato' Dr Abd Jamil Abdullah.

This two-day event was filled with up-to-date and informative symposia which were presented by many distinguished and experienced speakers from around the country and also from overseas. Among the invited speakers who graced this event was Dr Daryl Williams, the Director of Anaesthesia and Pain Management of the Royal Melbourne Hospital, Australia, and also Assoc Prof Dr Appasamy Vijayan from Tan Tock Seng Hospital, Singapore. On the local front, many respected speakers were also on hand to deliver topics like "Medical Referral: Value Added Service" by the

The event was jointly organized by the Department of Anaesthesiology and Intensive Care, Hospital Melaka, and the Ministry of Health.

"Nurturing Safe Surgery" was the theme, picked in line with the vision of the MOH to provide safe surgery as a key component in its perpetual endeavor to achieve the coveted status and prestige of being recognized as a high quality health care system that consistently delivers safe health care.

The event began on a beautiful and sunny Saturday morning. It started with a welcome speech by the organizing chairperson, Datin Dr V Sivasakthi and then came the official opening ceremony which was graced by Y.Bhg Datuk Dr Noor Hisham Bin Abdullah, the Deputy Director-General of Health, Malaysia. The

then MSA President, Dr Ng Siew Hian, and "Anaesthesia Isn't Risk Free" by Assoc Prof Dr Choy Yin Choy.

An interesting debate titled "Safety in the OT is the responsibility of the anaesthetist" had Dr Soon Ruey, HOD for O&G Hospital Wanita dan Kanak-Kanak Sarawak, as the proponent and Dr Lim Wee Leong, Consultant Anaesthesiologist, Hospital Sungai Buloh, as the opponent. It was a piping hot debate with the outcome being that this responsibility is everyone's to share, in line with the message conveyed by most of the speakers.

Besides the mind boggling and fact digesting symposia, the delegates were also treated to a trip to the vibrant and colorful Jonker Street, one of the most famous night markets in the country. There, the participants enjoyed all the antiques and the mouth watering street food on display.

Not to be left out, a scientific poster presentation was also held and the winning poster was "Glass particle contamination of parenteral preparations of intravenous drugs in anaesthetic practice" by the team from the Department of Anaesthesiology and Intensive Care, HUKM. Congratulations to them!

Overall, the entire event was informative and enjoyable, and the organizing committee would like to thank all those involved in making this event a memorable one.

Report prepared by
Dr Sanjit Mahalingam

Department of Anaesthesiology and Intensive Care, Hospital Melaka



The VIPs at the opening ceremony



Datuk Dr Noor Hisham Abdullah officially launching the 4th National POMR Conference, Melaka



Dr Ng Siew Hian delivering her speech



Some of the speakers at the conference