

Leaders of ASEAN Medical Profession Meet in Cambodia

Reported by A/Prof Cheong Pak Yean

The 10th Conference of the Medical Association of South East Asian Nations (MASEAN) was held from 15 to 18 November 2001 at the Hotel Cambodiana, Phnom Penh, Cambodia. In his opening speech, the Prime Minister of Cambodia, Samdech Hun Sen said that ASEAN's health system is in transition, and affected both by the financial turmoil in 1997 and the tragic events of September 2001 in the USA. New health challenges also need to be confronted, such as HIV, AIDS and TB.

At the national level, Cambodia has embarked on a far-reaching health sector reform, including the introduction of fiscal decentralisation to improve health delivery at the grassroots level. He was proud that Cambodia has made significant success in some areas, such as a steady decline of the prevalence of HIV/AIDS among adults from 3.9% in 1997 to 2.8% in 2001. He was very pleased to note that the conference has focused on important healthcare issues and wished the conference every success.

Medical leaders of nine ASEAN countries (except the Philippines) attended this conference. The Singapore Medical Association (SMA) delegation comprised Dr Wong Chiang Yin, Dr Yue Wai Mun,

Dr Tan Sze Wee and Dr T Thirumoorthy. The MASEAN Secretariat hosted by SMA was represented by A/Prof Cheong Pak Yean, MASEAN Secretary General and Ms Regina Chin, its information executive officer.

SYMPOSIUMS

Four symposiums were carried out with the active participation of all countries viz. "Integration & Harmonisation of the Medical Organisations", "Telehealth", "Medical Ethics & Professionalism" and "Continuing Medical Education".

Prof F A Moeloek, President of the Indonesian Medical Association and past Minister for Health presented the keynote of the first symposium. The second symposium on "Telehealth" was presented by Dr Davaraj Balasingh of Malaysia and Dr Wong Chiang Yin.

Dr T Thirumoorthy gave the keynote presentation on "Medical Ethics & Professionalism" followed by speakers from Cambodia, Thailand, Vietnam, Indonesia and Myanmar.

Prof Kyaw Myint Naing, Vice President from the Myanmar Medical Association, gave the keynote address. This was followed by other presentations and a vigorous discussion. The question of who has the authority of awarding CME points was

raised. Both Thailand and Singapore said that their national medical councils are the authorities. Malaysia at present issues its own CME points though CME is not compulsory. When it becomes compulsory, it would ask the government to allow it to issue CME points. The Indonesia Medical Association issues the CME points, which are needed for Indonesian doctors to get re-registration.

CLOSING CEREMONY

SMA was affirmed as the host for the Mid-Term Meeting in 2002. The meeting resolved to organise seminars during the Singapore meeting on the theme of "Ethics and Professionalism". It also directed that in future MASEAN conferences, a meeting of Chairman and Members of Ethics Committees of member associations for exchange of experience in resolving ethical dilemmas be institutionalised. The Indonesian Medical Association was affirmed as the host of the 11th MASEAN Conference in 2003 and the theme would be the training, financing system and delivery structure of Family Medicine and primary care in the context of the whole healthcare system.

The Chairman of MASEAN 2001-2003, Prof Sokkhonn of the Cambodia Medical Association thanked all the participants for contributing to the successful conference and read out the MASEAN resolutions for affirmation. Though the different countries may be in different stages of economic and healthcare development, this MASEAN Conference provided yet another forum for leaders of the medical profession of ASEAN to network and to learn about the development and perspective of each other.



Delegates at the 10th MASEAN Conference.

HIGHLIGHTS FROM COUNTRY REPORTS

CAMBODIA:

The Medical Council of Cambodia was established on 6 July 2001 with the active participation of the Cambodian Medical Association.

INDONESIA:

A national conference was held in November 2000 to restructure the Indonesian Medical Association. At the central level, aside from the central executive board, there are two other structures, namely the Academy of Medicine and the Honorary Board of Medical Ethics. A task force for Family Medicine was formed and a new website www.idionline.org was launched on 24 August 2001. IMA has also collaborated with the Ministry of Health in a draft for establishing a National Medical Council which will oversee good medical practices in Indonesia.

LAOS:

Laos is still in the process of forming a national medical association for doctors. In 1999, experts from Vietnam assisted in the formulation of a document for setting up the Laos Medical Association.

MALAYSIA:

The Malaysian Medical Association (MMA) has negotiated with the British Medical Association to provide a free student edition of BMJ to student members. It has also liaised with

government agencies on various programmes, such as an equitable managed care system.

Issues of concern include the advertisement of traditional medicine in the media. The health of foreign medical workers is also of concern and medical examinations done by doctors (FOMEMA) for M\$60 are mandatory. An online system of reporting and monitoring these examinations has been set up and a diploma of occupational safety and health has been started.

Private hospitals have been active in promoting “medical tourism” and the number of foreigners treated has increased from 33,000 (1993) to 70,000 (2000). The MMA stand is that such hospitals while providing specialist and in-patient services should not also provide primary healthcare to compete with general practitioners.

Regular meetings with pharmaceutical trades about the escalating cost of medicine have been started. Schemes for government doctors to have limited private practice would be brought up with the government.

As to the issue of compulsory HIV testing for young adults applying for marriage licences, which was advocated by a Muslim group, the MMA supported by the Malaysian AIDS Council, successfully opposed that on ethical and professional grounds.

MYANMAR:

Projects with NGO such as UNICEF, UNDP-UNFPA and Family Planning Assistance (USA) have been carried out.

SINGAPORE:

SMA's Centre for Medical Ethics and Professionalism organised the Annual Ethics Convention in November 2001 to discuss maid employment, the *Bolam* test and ethical issues regarding informed consent. Other educational activities are monthly sessions on bioethics and health law, and practice management issues.

At the national level, Singapore introduced the Faculty Practice Plan which allows public sector doctors to do some private practice. The scheme also allows private doctors to work part-time in the public system. Two statutory boards, the Health Promotion Board and the Health Science Authorities were also set up. The Traditional Chinese Medicine Practitioner Act 2000 was passed which provided for the eventual registration of all such practitioners starting with acupuncturists.

THAILAND:

The Thai Medical Association (MAT) organised a review course in basic medical science and clinical practice for graduates from abroad who are preparing for the medical licence examinations. Scholarships and awards were given for Thai doctors to extend their studies abroad and in Thailand.

VIETNAM:

The Vietnam General Association of Medicine and Pharmacy (VGAMP) has developed good working relationships with many national medical associations such as those in Malaysia, Myanmar, Singapore and Thailand. ■