

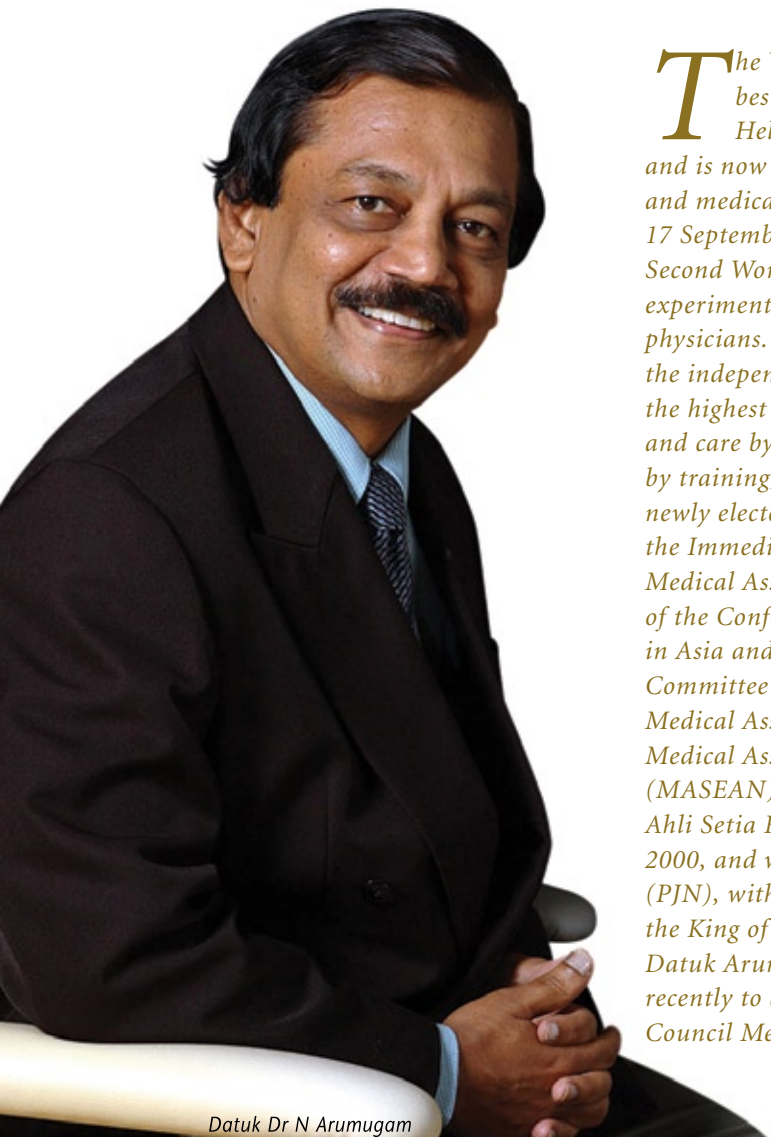


# SMA NEWS

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## Interview with DATUK DR ARUMUGAM PRESIDENT OF THE WORLD MEDICAL ASSOCIATION

By Dr Jeremy Lim, Editorial Board Member



Datuk Dr N Arumugam

*The World Medical Association is perhaps best known for the Declaration of Helsinki, which it adopted in 1964 and is now de rigor reading for all physicians and medical researchers. It was founded on 17 September 1947, in the aftermath of the Second World War and the knowledge of medical experimentation carried out during the war by physicians. The organisation was created to ensure the independence of physicians, and to work for the highest possible standards of ethical behaviour and care by physicians, at all times. A cardiologist by training, **DATUK DR N ARUMUGAM** is the newly elected President of the association and the Immediate Past President of the Malaysian Medical Association. He was also a board member of the Confederation of Medical Associations in Asia and Oceania (CMAAO), an Executive Committee member of the Commonwealth Medical Association and Vice-President of the Medical Association of South East Asian Nations (MASEAN). Dr Arumugam was awarded the Ahli Setia Kelantan by the Sultan of Kelantan in 2000, and was awarded the Panglima Jasa Negara (PJN), with the title Datuk, in 2005 by the Agung, the King of Malaysia. SMA News caught up with Datuk Arumugam when he was in Singapore recently to attend the 42<sup>nd</sup> CMAAO Mid-Term Council Meeting.*



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**JL:** Datuk Arumugam, can you tell us something about the work you do in the World Medical Association (WMA)?

**DR ARUMUGAM:** WMA, which is currently made up of more than 80 national medical associations, was first formed immediately after the Second World War. It was initiated by 27 national associations to address the concerns of the profession on the treatment of patients and experimentations carried out during the war. Though these acts were carried out during the Nazi rule under explicit orders, they constituted ethical violations unacceptable to medical practice.

Since its formation, WMA has provided the opportunity and impetus for doctors to debate and discuss complex and complicated ethical issues faced by the profession and communities around the world. On numerous occasions, it has taken much time and effort to reach understanding and consensus on some of the intricate and difficult ethical issues, faced not only in special situations like wars and conflicts but also in the daily practice of medicine.

WMA, as the first international medical association, has also over the years given advice and support to national medical associations and its leaders when they have been confronted with crisis in their countries. It also plays a major role in helping to address and coordinate health-related policies with other medical groups like the dentists, nurses and pharmacists.

**JL:** Can you tell us how you got involved in WMA and how you were elected President? Was there any particular platform that you stood on or stood for?

**DR ARUMUGAM:** During my tenure as President of the Malaysian Medical Association, I attended a couple of the General Assemblies of WMA. At these forums, I found the topics of discussion pertinent to our association and current challenges faced by the profession, and felt that we would benefit from greater participation. As you may be aware, for smaller members to succeed, it takes greater commitment, because like most international associations, the bigger members with larger memberships, financial

strength, and organisational capacity tend to lead the activities.

The WMA Council members are elected according to the different regions by the national medical associations and the number of votes each association is entitled to depends on the number of members the association subscribes for.

The President of WMA is elected by delegates from the various countries at the General Assembly. In my manifesto to the Assembly, I stressed the need for the participation of the smaller nations in WMA and the necessity for the national medical associations to incorporate the activities of WMA into their programmes and raise the profile of WMA. I also said that the smaller nations like ours might be able to bring a new perspective to WMA.

The election was a three-cornered race and I was elected after two rounds of voting. My win surprised many because the other candidates have been involved with WMA for some time. My win demonstrates that the process of direct election gives an opportunity to all to participate irrespective of the size of their country.

**JL:** How does WMA equip itself for its role providing moral leadership and what are your hopes for the direction of the association?

**DR ARUMUGAM:** The Helsinki declaration from WMA has laid the foundations for ethical medical research thus providing the guiding principle to researchers, and protection for the subjects from overenthusiastic uncontrolled research. I am sure that not only doctors but all individuals interested in ethics and medical research have heard and are familiar with the Helsinki declaration.

Increasing use of technology has raised a host of ethical issues for the practising doctors. WMA through its committees, forums and ethics unit, and with the help of experienced national medical associations has drawn up guidelines and declarations on numerous issues to guide doctors in their work.

Medicine in the last half century has seen astounding discoveries in many fields and

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has been able to offer miraculous cures for diseases which were untreatable in the past. The training and practices of doctors has been centred on science and results and less on communication and caring. All this unbridled emphasis on science has led to a gradual loss of the close bond between the doctor and the patient which has existed for centuries. WMA noting this deterioration in the doctor-patient relationship has over the last two years promoted the caring physician concept. WMA and I will be highlighting the importance of communication and caring to the doctors.

**JL:** It is a great honour for you, somebody coming from a relatively small country to be voted in as the President. What do you hope to see as the role of Malaysia or more generally, Southeast Asia in promoting the aspirations of WMA?

**DR ARUMUGAM:** It is indeed an honour to be elected the President of WMA and I am looking forward to working with the Council of WMA and the member countries to enhance the image and ideals of WMA. During the presidency of the Malaysian Medical Association, I have worked closely with the regional organisations of MASEAN and CMAAO and will build on this relationship to enhance the activities of these regional organisations with WMA. The national medical associations of the region have been actively addressing local issues which affect the doctors directly. As the practice of medicine is becoming more internationalised and more interdependent, it is now time for more active participation with associations of other regions and to address issues which affect the profession universally.

**JL:** What do you find most interesting about your work in the WMA?

**DR ARUMUGAM:** The involvement with WMA has opened up a new window to the complexities of world medicine. I would say the most interesting part of being in WMA is the interaction between doctors from different countries of the world, and to learn how one deals with various issues which confront them. Talking to international colleagues, one notices that situations are not isolated but quite similar in many parts of the world. This was reaffirmed after my inaugural address to the Assembly when a German delegate met me and

said: “I am not very familiar with the health system in Malaysia but what you highlighted in your speech is very relevant to what is happening in my country and many countries in Europe.”

**JL:** What do you feel is the biggest challenge facing the doctors today?

**DR ARUMUGAM:** The unique personal relationship and trust between the physician and the patient has been the foundation of medical practice. Over the years, there has been a gradual erosion of this special and confidential relationship. Among the many factors which have contributed to this change, the main ones probably are the changing systems of healthcare delivery and mode of payment. Centralised healthcare systems run by governments, managed care organisations, insurances and third party payers demand detailed information regarding the patient’s illness before sanctioning treatment or paying for it. Though these systems have been developed for efficiency and cost containment, they are making the practice of medicine increasingly difficult, ill-tempered and impersonal.

Personal and medical history, including some very private details is demanded by these various organisations. The duty of collecting and submitting these details are often the responsibility of the doctor. This role of data collection and submission is viewed by many patients with suspicion and puts the doctors in an unenviable position.

The almost unrestricted availability of personal medical information to anyone in authority is a source of concern that personal privacy will be compromised. Previously, the doctor advises the patient about his health status and the patient decides who he will share this information with, thus giving the patient control of what he wants to do. As the choice is now taken away from him, he becomes suspicious and does not totally trust the system most times including the doctors.

**JL:** Are you concerned about the issues of migration of healthcare workers that was highlighted in this year’s World Health Report? Are you concerned about the ethical issues when doctors move from relatively poor countries for greater opportunities in





Delegates at the WMA Annual General Assembly from 11 to 14 October 2006 in Sun City, South Africa.

rich countries and the people in these poor countries become even more underserved?

**DR ARUMUGAM:** The concern you raised is in a way perplexing. Are you saying it is unethical for a doctor to look after himself and his family? Any doctor trained by a country has an obligation to work and serve in that country which paid for his training. After working for a specified period of time for the country, it is the right of any person including healthcare workers to look after their own interests.

There was a heated debate in the General Assembly of WMA on the movement of healthcare workers and no easy solutions were offered. In this age of globalisation, easy access to information, increasing world trade and service-related activities, it is unrealistic to prevent the movement of any kind of workers. The only way to retain workers will be by offering the opportunities.

**JL:** What is your advice to young doctors who have just finished medical school and are about to embark on a long career in medicine?

**DR ARUMUGAM:** I think it is important to advise aspiring medical students that the position of doctors in society and their working conditions are changing. Students wanting to do medicine must be made

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aware of realities of working in a modern healthcare environment so that they will not be disappointed in the future.

Newly qualified doctors interested in certain specialities of medicine or wanting to work in particular hospitals must be willing to adjust and take the opportunities which come their way. It is important to constantly remember that even in this age of technology, where knowledge and skills are important, that caring and ethical practices are vital.

**JL:** Thank you very much for your time.

**Editorial Note:**

**More information about the World Medical Association can be found on their website <http://www.wma.net>. ■**