



# PMPS News

FOR MEMBERS ONLY

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Dr Kamalanathan A G Raju

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(Membership Drive)

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@ Ting Sea Leong (Tours)

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Newsletter)

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Dato' Dr Gurdeep Perkash Singh  
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## Editor's Request

Members who are interested to have their article, thoughts, dreams, suggestions, pleasure, agitation, anger or dissatisfaction to be included in future newsletters, kindly e-mail: [pmps.secretariat@gmail.com](mailto:pmps.secretariat@gmail.com) or fax: 05-2426549 or post to the PMPS Secretariat: Ipoh Specialist Hospital, 26 Jalan Raja DiHilir, 30350 Ipoh

Letters to the Editor/President/Committee members may be published in the Newsletter and in abbreviated form at the Editor's discretion. If the writer does not wish his name to be published he/she must specifically so state.



## Greetings.

## FROM YOUR PRESIDENT

It seemed as though it was just yesterday, but 7 months have already gone by since assuming the role of President and two months after being officially installed as President of PMPS.

Though on the surface it looks easy but it is a tough job, with numerous dinners and invitations for attending CME talks. Decisions have to be made and I am thankful to Dr Ting Sea Leong, our Immediate Past President, in giving me a patient ear and good advice.

Hot on the heels of our Federation President Dr Steven Chow's public address about discouraging his grandchildren from taking up medicine as a career due to the uncertainty of opportunities for future doctors, the National President of MMA Dato' Dr Tharmaseelan Sinnadurai has launched a blistering attack on the Government's policy of producing too many doctors without sufficient infrastructure and training facilities. It was headlined as "No jobs for Doctors in Government from as early as next year". It is happening in Australia so it won't be a surprise if it happens here also. Pity the parents who have to spend a fortune to send their children to private medical colleges and universities with no work upon graduation.

The future already looks bleak for General Practitioners and with the separation of pharmacy and introduction of 1Care in the near future, it's going to be tougher, what with increasing prices of essential goods, petrol, electricity and increasing prices of medicines. With rentals and overheads going up every year, it really is a great challenge to be a GP. Ever since the elections, businesses including clinics are already experiencing a downturn. All prices are going up except for GP fees.

*continue in page 2*

## Message from the

President Federation of Private Medical Practitioners' Associations Malaysia, Dr Steven Chow  
at our recent Annual Dinner on 8th September 2013

# Private Medical Practice in Malaysia — State of Health 2013

*from page 1*

We, GPs, need to be UNITED to face the future. We cannot be contented to be solo practitioners but should be united to face any challenges in the near future. We have a good Federation President and a very strong and articulate National MMA President presently. We should give our wholehearted support to them.

PMPS since the last few months have taken part in two medical camps. One was in Batu 7 Tapah organised by MMA together with UPM on 28 September 2013, while the other was organised by NGO Sri Sathya Sai Baba Centres of Perak in Columbia Estate Air Tawar on 6 October 2013.

A Public Forum was held in Sitiawan on 13 October 2013, in the evening, at Pioneer Methodist Church and later at night at the Senior Citizen's Club. Talk was on Osteoporosis and was given by Dr Goh Dar Wen of Perak Community Specialist Hospital. Dr and Mrs Ting Sea Leong were the perfect hosts for the dinner that followed.

*Dr Kamalanathan A G Raju*

*President & Fellow Members of our Fraternity,*

As you wine and dine to celebrate this happy occasion, I have been asked by your Organising Committee to present you with a situation report of the various issues currently confronting our members now and in years to come.

### **1: Amendments to Regulations PHFSA**

Amendments to the Regulations were promised to us in 2006 by the then Minister of Health. Today, as I talk about this is the year 2013.

On 24.4.2006 at the launch of the Regulations of the PHFSA, the Minister of Health clearly stated that the letter and spirit of PHFSA is not intended to criminalise the private practitioner but to ensure that medical care of patients remain in the hands of registered medical practitioners. He also said, that the enforcement of the regulations the public will be assured that their health and safety will be protected from abuse by unqualified persons, entities and companies offering unproven treatments and healthcare. It was also meant to regulate the "business of medicine".

From the outset, the Federation had expressed strong misgiving about this and had feared for the worse for the private medical practitioner. The Federation together with other medical NGOs participated in the Amendment Committee set up by the Ministry to propose a comprehensive set of proposed amendments which was accepted and further refined over a period of two years. To date, we are yet to see these amendments passed and gazetted. Thus the original promise in 2006 by the then Minister that the amendments would be passed within a year was never fulfilled.

Now, more than six years since that date, we are amazed with the recent confession from the Ministry that the PHFSA only have the power to act against registered doctors. Indeed, Dr. Basmullah, a bona-fide private practitioner became the first doctor to be severely punished and sent to jail for the simple administrative failure of registering his clinic in time.

It is fair for the profession and the public to ask for a detailed report on how the PHFSA have been used to prosecute those illegally providing private healthcare services like quacks, charlatans, direct selling practitioners etc and to regulate the "business of medicine" as was stated in 2006 by the MOH.

## **2: Amendments to Certificate of Registration of Clinics**

Among the many administrative problems posed by the PHFSA and Regulations was the issue of registration of clinics and amendments to the Certificate of Registration. The original promise from the Ministry was that all approvals or otherwise would be within two weeks upon receipt of the application. The Director-General of Health in 2006 had also agreed that registered clinics moving premises within the same vicinity would only need to send in their Certificate of Registration for amendment and not go through the whole process of reapplying for a new registration. The succeeding DG had also confirmed and reaffirmed that this would be so. The Federation continues to receive reports from its members that such has not been honored. Doctors relocating their practices even within the same shopping complex and office building have been asked to reapply all over again for their Certificate of Registration. Thus another promise not kept.

We wonder why what was agreed at the Ministerial level is often completely ignored by “little Napoleons” who now have the power to interpret the letter of the Law as they see fit, much to the distress of the poor private practitioner who has no recourse except to close shop or to comply.

## **3: Revision to Doctors' Professional Fees**

The Fees Schedule in the Regulation 2006 was based on rates that were in operation since the year 2000. It was agreed that the Fees Schedule would be revised every three years in tandem with the increase in cost of living and inflation. The Minister of Health himself in 2011 suggested a proposed increase of 30%. After an exhaustive series of meetings and workshops involving all the disciplines, what was finally announced was a trimmed down increase of 14.4%. With an original fee schedule that is by now more than 13 years behind time, this increase works out to 1.2% per year.

As expected, there was much public hue and cry. Another round of doctor-bashing in the media followed. This has conveniently delayed the gazetting of this new fee schedule and the delay is not to the long- term betterment of patient care.

Sadly, the profession will have to endure once again this predictable outcry every time doctors' fees are discussed in public. There are sufficient examples of unprofessional doctors and their unprofessional acts to justify this. No one will ever admit that the majority of doctors do work very hard for their living and deserve to be re-numerated accordingly.

## **4: Dichotomy of prescription and dispensing (DUNAS-Dasar Ubat Nasional)**

The original policy of DUNAS is to eventually dichotomise the act of prescription and dispensing. The stand of the Federation is that this policy will increase cost and cause additional inconvenience to patients compared to the present 1-stop system in private clinics. We have repeatedly stated that it is the undeniable right of the patient to choose where he/she wants to get her medications. The option of choice is basic to the right of good medical care. This policy of separation will create additional burden to the rakyat and should be reviewed.

The Federation shall re-affirm its view in the Workshop for Master Plan for the roll-out of DUNAS

## **5: Default of payment by MCOs/Third Party Payors – Regulations for MCOs/TPPs**

This is becoming a recurrent issue and is disrupting continuity of patient care. Doctors providing care and treatment are under constant worry that they may not be paid at the end of the day. MCOs come and go and when they are ready to go, some have left without paying. Doctors, hospitals and patients are then left hanging high and dry. Recourse to legal action is futile as it would be years before the matter can be heard and settled.

This is the real “business of medicine” which the PHFSA was supposed to regulate but in practice has been unable to do so. Where indeed are the regulations for MCOs within the PHFSA? We are now told that the PHFSA has no specific provisions to regulate MCOs. How did this come about?

Malaysia is indeed becoming a Kingdom of Middlemen, unlike China which was once called the Middle Kingdom. For patients to see a doctor they must go through a middle man and for the doctors to see the patient, they also have to go through middle

man. How on earth will this middle-men system be able to control cost of healthcare?

Calling for the drafting of a new MCO Bill is also a non-starter as it will be years before the new bill can be enacted and enforced. By the time the new act is ready, many of the guilty parties would have lone gone and the damage to the healthcare system will be irreparable.

Of late, our GP members in the Malaysian Primary Care Network have complained that a certain MCO have not been paying their bills for as long as two years. When they chased for payment, their contract with the MCO was terminated. What can we do as a profession?

It does look like the only recourse for doctors to protect themselves against all the unfair trade practices of MCOs is to call for concerted nationwide action.

The Federation will fully support such a move undertaken by any of its sister societies including the MPCN. It will provide an Action Committee to specifically help implement this action using our financial and manpower resources.

## **6: Medical Practice Agreements between doctors, MCOs, Hospitals and other private healthcare facilities**

There are agreements between MCOs and private healthcare facilities that are clearly in breach of PHFSA and the Code of Professional Conduct of the MMC. Many times, doctors are party to these agreements without their knowledge. Often they are arm-twisted to sign in agreement or face termination as has happened in a number of occasions across the country.

The PHFSA and Regulations require that all a copy of agreements between private healthcare facilities be lodged with the Ministry of Health. We wonder if this is done in practice. We are of the view that all these agreements be vetted by the legal officer of the Medical Practice Division and monitored to ensure that patient's rights, safety and quality of care will not be compromised.

## **7: Fee splitting**

The extraction of discounts from the professional fees of doctors by MCOs and insurance companies in order that doctors can receive or continue to receive patients from these entities has been determined administratively by the Ministry of Health and ethically by the Malaysian Medical Council as a form of fees splitting and thus is illegal. The DG of Health in 2007, had issued two press statements on this following the Federations' action against a multi-national insurance company. I would like to remind our members, that following the DG's press statement, the offending insurance company had subsequently issued a press statement that it would return back to the doctors the money that they had taken as discounts. It is only proper for our members to check if this has been done.

From the point of professional ethics, this form of fee-splitting has also been determined as unethical by the Guidelines on MCOs issued by the Malaysian Medical Council. Doctors signing such contracts are exposing themselves to action by the MMC. Despite this, many MCOs and Insurance companies have continued to extract discounts from doctors. Doctors who refused have been terminated from panels of such companies and also from the hospitals.

One such case occurred in Seremban in 2006. The doctor, a pioneer consultant in a private hospital refused to sign a new contract which required him to give discount. The hospital terminated his services. The doctor then took the hospital to court for wrongful dismissal. As the Federation president, I testified in court to present evidence in support of the doctor and the background of our class-action against the above-mentioned insurance company on fees-splitting. Eventually the hospital backed off and the case was settled by consent judgment in favour of the doctor. This particular case confirms that there are firm grounds to have this issue tested in court. The time is right for our members to take up the call individually and collectively.

The Federation urges all doctors who feel strongly aggrieved that a portion of their hard-earned professional fees have been unfairly taken away should take similar action to stop this unfair practice and to recover their monies. We estimate that this will collectively come up to hundreds of millions of ringgit. There will be many good legal firms who will be happy to be part of this action. Indeed

the Federation via its Joint Integrated Healthcare Committee(JIHC) is ready to provide the supportive background resources for this action on behalf of its members.

### **8: GP with XR facilities – requirement for radiographer**

The Federation took on this issue with a written memorandum to the Director-General of Health highlighting that this requirement will increase cost as well as cause inconvenience to the patient. To provide for the cost of complying with this requirement, the Federation asked the MOH to immediately approve an increase in GP XR fees. It was pointed out that our GPs provided this as a public service for the convenience of the patients without which they would be clogging up hospitals' XR departments.

The Federation's team represented by Deputy-President Dato' Dr Lim Boon Sho and Dr G Shanmuganathan had an uphill task at the meeting with the Ministry of Health. All our requests were denied. We believe that the existence of about 3000 unemployed radiographers in the country had a bearing on this issue.

An appeal letter was sent to the DG by the President requesting that the implementation be deferred to allow the details to be worked out. The latest development is that the implementation of the requirement will be deferred for a year with effect from 31st August 2013. Our view is that doctors who find it unviable to maintain such a facility should decommission their machines

### **9: Inspection of bona fide private clinics**

We continue to receive reports from our members, who are bona fide registered medical practitioners about the actions of over-zealous enforcement officers. Doctors who have been harassed are advised to bring the matter up with their sister societies who then will forward the complaint to the Federation. The Federation has on many occasions represented the doctor in dealing with these complaints at the Ministry level. Members are reminded that there are records of SOPs agreed upon by previous DGs which they can rely on to mitigate their cases.

### **10: The Pathology Laboratory Act 2007**

It is now 6 years since the passage of the Act. The Regulations to enforce this Act are still nowhere in sight. Private laboratories and similar related entities continue to offer health care and health screening services of all forms. The Federation is of the view that they should all also come under regulation by the PHFSA. The Ministry of Health has confirmed this in writing in a previous letter in reply to the Federation on this issue. This delay in implementation does open the door to a lot of unanswered questions.

Consequent to this we now have an explosion of pharmacies, pharmacists, direct-marketing companies and other healthcare providing companies blatantly breaching the provisions of the PHFSA and Regulations. The Federation urges the Ministry to act firmly to protect the public and to ensure that medical care of patients shall remain in the hands of registered medical practitioners.

### **11: Evidence-based medicine/CME/CPD**

The Federation finds it difficult to understand how the MOH can so strongly advocate for EBM whilst at the same time promoting and allowing non-EB treatment modalities in hospitals. We feel that the same rigorous standards should apply across the board for the sake of patient safety.

In keeping with the Ministry objective, the Federation and its sister societies have been running sustainable CME/CPD programs. For this we have asked the Ministry to formally recognize and partially fund CME/CPD activities of Federation and similar NGOs.

### **12: Private Hospitals' outreach clinics/ 1 Malaysia Clinics**

Though it has been the position of the Ministry not to allow private hospitals to have outreach clinics, it has not been able to stop this from happening. It is clear that this matter has not been adequately addressed in the PHFS Act and will continue to have an adverse effect on our private primary care system operated by independent practitioners.

At the same time, more and more 1 Malaysia clinics are now located into areas that are already adequately served by our general practitioners. The Federation had proposed that all future 1M clinics

be located in areas that are under-served by private clinics so as to improve accessibility and coverage.

All these adverse factors will eventually see the demise of the independent private primary care practitioners. The trend is for badly affected clinics to close down and for GPs to opt for alternative non-core, non-medical related practices like aesthetic procedures and treatment. Outpatient clinical medicine will take a back seat.

At the end of the day, the once robust private primary care system of the country which in the past catered for about 60% of the nation's primary care needs will eventually demise. This will be detrimental to the entire healthcare system of the future.

### **13: Over-production of doctors**

In the near future too we will be producing up to 8000 doctors every year from local as well as from foreign medical schools. The production from foreign schools has overshoot local production and seems to be unstoppable. We already have more than 33 medical schools in active production locally. This will be compounded by the free-flow of medical professionals from the region in 2015 with the full roll-out of AFAS and the MRA.

At this present moment, our public hospitals are barely able to provide sufficient training posts for housemen and newly qualified medical officers. This is the stark reality confronting the new doctors of today and tomorrow. The private sector will also be similarly affected. We should not be surprised that in the near future, you will find doctors driving taxis like in some neighbouring countries.

### **Conclusion**

Fellow doctors, in ending, it is my observation that the golden age of the solo independent private general practitioner is clearly over. Large GP chain practice owned by businessmen and corporations will dominate the field. A doctor wishing to practice good medicine will be merely their workhorse. We are now seeing the dawn of commercialization of medicine.

In fact, I have advised my children and shall likewise, will advise my grand children not to take up medicine. I believe many of you feel the same.

It is also our duty to inform our patients and the public of the sad state of health that will confront them if all these unhealthy trends of commercialization of medical education and medical care is left unchecked.

Thank you.

**Steven KW Chow**  
**President FPMPAM**

## **Announcements**

### **MALAYSIAN GURDWARA COUNSEL** **"Isteri Satsang" ~ Annual Sangam**

*Date:* 7 - 8 December 2013

*Venue:* Gurdwara Sahib Pusing

*Events:*

- 1) Medical Talk
- 2) General Health Screening For Women  
*Dr Amarjeet Kaur, President*  
*MGC "Isteri Satsang"*

### **MEDICAL SCREENING**

PMPS with Sri Sathya Sai Baba Centres of Perak and Jabatan Kesihatan Negeri Perak will be holding a medical screening, blood and organ donation campaign as follows:

*Date:* 16 January 2014

*Time:* 2:00 - 8:00 pm

*Date:* 17 January 2014

*Time:* 9 am - 8 pm

*Venue:* Sri Kallumalai Subramaniam  
Temple Wedding Hall,  
Jalan Raja Musa Aziz, Ipoh

PMPS members are requested to volunteer for both days.

**16 Jan 2014 time slots:**

2 - 5 pm / 5 - 8 pm

**17 Jan 2014 time slots:**

9 am - 12 noon / 12 noon - 5 pm / 5 - 8 pm

Please contact PMPS Secretariat,  
05-2426549 or email:  
pmps.secretariat@gmail.com

### **PMPS ANNUAL GAMES**

*Date:* 23 February 2014

*Venue:* Ipoh Swimming Club  
(Badminton, Table-Tennis, Squash)  
DBI Complex (Tennis)

### **PMPS AGM-CME / FPMPAM** **AGM & INFORMAL NITE**

*Date:* 9 March 2013

*Venue:* Symphony Suites  
Jalan Lapangan Symphony, Ipoh

### **PMPS GOLF TOURNAMENT**

*Date:* 22 June 2014

*Venue:* Royal Perak Golf Club

## Mr Chakr Sri na Nagara (President 1980)

“ Looking back, and really way back 33 years ago when I was the President, I find that the PMPS has changed substantially over the years, while at the same time paradoxically, subtly, if we look at it year on year.

I am indeed touched by being asked to pen a few words for publication in the PMPS news letter. Let us look way back. It is no coincidence that the venerable Dr Tan Chee Khoon sent a message to the PMPS some issues ago. If memory serves me right, it was a small group of medical stalwarts [including my late Godfather, Dato' Dr A W E Moriera], who got together to form the PMPS, the oldest medical fraternity in the country [older than the MMA] to fight for equal pay for local doctors at the time that the British masters practice blatant apartheid by paying locals [i.e. non-white doctors] lower salaries. This itself would serve well to make members of PMPS proud. We were, then actively fighting for legitimate rights of our fraternity.

Then as years went by, we moved towards a more social body, leaving the MMA, the new kid in the block, to fight our battles.

Unfortunately, as touched upon by our previous Presidents, we are now facing threats to our profession again, and we need the combined energies of all in our profession, all [medical] professional bodies, to act in unison, to overcome these threats. These threats include some of the odd [??] requirements in the Private Healthcare and Services Act, 1-Malaysia Clinics, Third party payers [MCOs, Health Insurers, etc], ever escalating professional indemnity insurers, flooding of poorly trained and even more poorly screened medical students “graduating in the thousands with hardly any housemanship places, and a host of other problems which we as practising clinicians in private practice face day in and day out.

Yes this a bad time to be a doctor, and one wonders why parents spend their hard earned savings sending their children to medical schools. This then is the problem we are facing and I must apologise for bearing bad news to the fraternity, but I also wish to ask all of our members to hark back to the good old days when the PMPS founders fought the White Rajas, and won!!!

Thank you for the opportunity to say a few [hopefully not too many] words.”

## Membership

Presently, we have **435** members, consisting of:

Life members	57
Ordinary members	357
Honorary members	8
Associate members	3
Exempt members	10

### **New members recently joined:**

Dr Sureshan Sivananthan  
(Life Member)  
Dr Yip Kin Soon  
(Ordinary Member)

We have a new category of members (as approved in the last AGM) i.e. any member of good standing of 25 years or more, and served at least 1 term in the committee of PMPS can apply for exempt membership. This application has to be approved by the Committee. Once approved, exempt members will have future membership fees waived. They will continue to enjoy all privileges due to ordinary members.

### **Our second batch of EXEMPT MEMBERS:**

- Dato' Dr Chin Gan Ghee
- Dr Ong Chew Wui

Any member who are eligible for this privilege are requested to write in to our Secretariat.



# MEDICO LEGAL ISSUES...

## AN **ALTERNATIVE** DISPUTE RESOLUTION

Just attended two medico legal conferences, one in August in Seremban by MMA and another in November by Federation in KL.

As the MMA President put it... “quite a lot of doctors have gone bankrupt from paying large awards which run into 5 to 6 figures, while some even if found innocent of negligence have to give up their practice due to stress, spoilt reputations and social standings. Though many cases have been settled out of court the spotlight during the course of the case is very damaging to our doctors”.

All these have led to increasing subscriptions for medical malpractice insurance premiums which together with the costs awarded are all passed on to patients, with O & G specialists having to pay as much as RM62,000.00 as premiums. This in turn leads to defensive medicine and patient cost increases without being necessarily beneficial.

Thus it is now advocated that Patient Grievance Procedure and mechanism be established in each private healthcare facility so that all grievances of patients can be amicably resolved therein itself (under PHFSA rules).

The grievance submitted by patient orally or in writing to any staff of clinic or doctor.

Staff to document all complaints received and forward to doctor or person-in-charge (PIC) by next working day.

Doctor or PIC to start investigation and provide reply to complainant within 14 days of Complaint received. Reply to contain result of investigation and if dissatisfied may refer to DG.

DG shall confirm receipt of complaint to complainant and Doctor/PIC and shall give in writing his findings or any recommendations. If still dissatisfied, complainant can proceed to litigation.

But under new Grievance procedures, if the complainant is dissatisfied with the reply from the Doctor/PIC, then complainant can ask or commence mediation or arbitration by the KL Regional Centre for Arbitration (KLRCA). If this fails, he can then proceed to DG or litigation.

Under mediation upon request for mediation a common mediator can be chosen by both the parties or be appointed by KLRCA. Discussions of possible solutions upon presentation of facts by both parties. If not resolved by 30 days from date of request or if then mediation is terminated, or if resolved written argument and solution closed, given and mediation.

### **Advantages of Mediation Process**

#### **Patient or Complainant:**

- Effective communication, patient has some control in the decision making process.
- Most of the time patients want an explanation of what and how it had happened, a simple apology and regards to costs of care or hospitalisation.
- Able to settle disputes without putting an end to their rights in seeking redress in courts.

#### **For Doctors:**

- Matters are kept off the public records and certainly not in newspapers.
- Mediation takes place between the parties and encourages direct communication in the form Q & A.
- Help resolve at an early stage and avoid frustration in waiting sense of neutrality and no bias.
- Thus, mediation with proper education and direction can remove the stigma of litigation process in cases of medical negligence. It is a fast and cost efficient alternative to litigation. Mediation is done in the “shadow of law” with no untoward publicity.

The KLRCA is looking for doctors to be trained as mediators so any doctor willing can write to them where they will have to attend a course in mediation. Soon to be realised with the help of Academy/Federation. Mediation fees is RM3,500.00 per day or 450.00 per hour.

# Meeting with Pengarah Kesihatan Negeri Perak

Date: 14th August 2013

Time: 8:30 am

Place: Pejabat Pengarah Kesihatan, JKN Perak

Attendees: Dr Yek Sing Chee

Dr Harbinder Kaur

Dr Kamalanathan AG Raju

Dato' Dr Hjh Nordiyana bt Hj Hassan

After the introduction and exchange of pleasantries we sat down to discuss on:

## 1. Inspection by Pharmacy and UKAPS officers of clinics

Have asked Dato' to let us have prior intimation of their visits so that any unpleasant incidents can be avoided. Always to have a Doctor in the team of UKAPS inspection.

Dato' has said that in cases of 'raid' then their visits will be unannounced (due to complaints received against them). Otherwise for normal inspections they will try to inform the clinics of the impending visits and to find out best time to visit.

## 2. 1 Malaysia Clinics

Because of the disadvantages to the nearby clinics, we asked Dato' whether it is possible not to have 1 Malaysia clinics in urban areas but in semi-urban or rural areas.

Dato' said that JKN does not choose the locations but politicians. Dato' agrees it is a step going backwards in healthcare and is mostly under-utilised.

## 3. Security of Clinics

We informed Dato' of the worrying trend of clinics being robbed very frequently nowadays, and the trend for doctors to close early now, especially the 24-hour Clinics. We have asked Dato' to liaise with the Police Department for better protection of clinics.

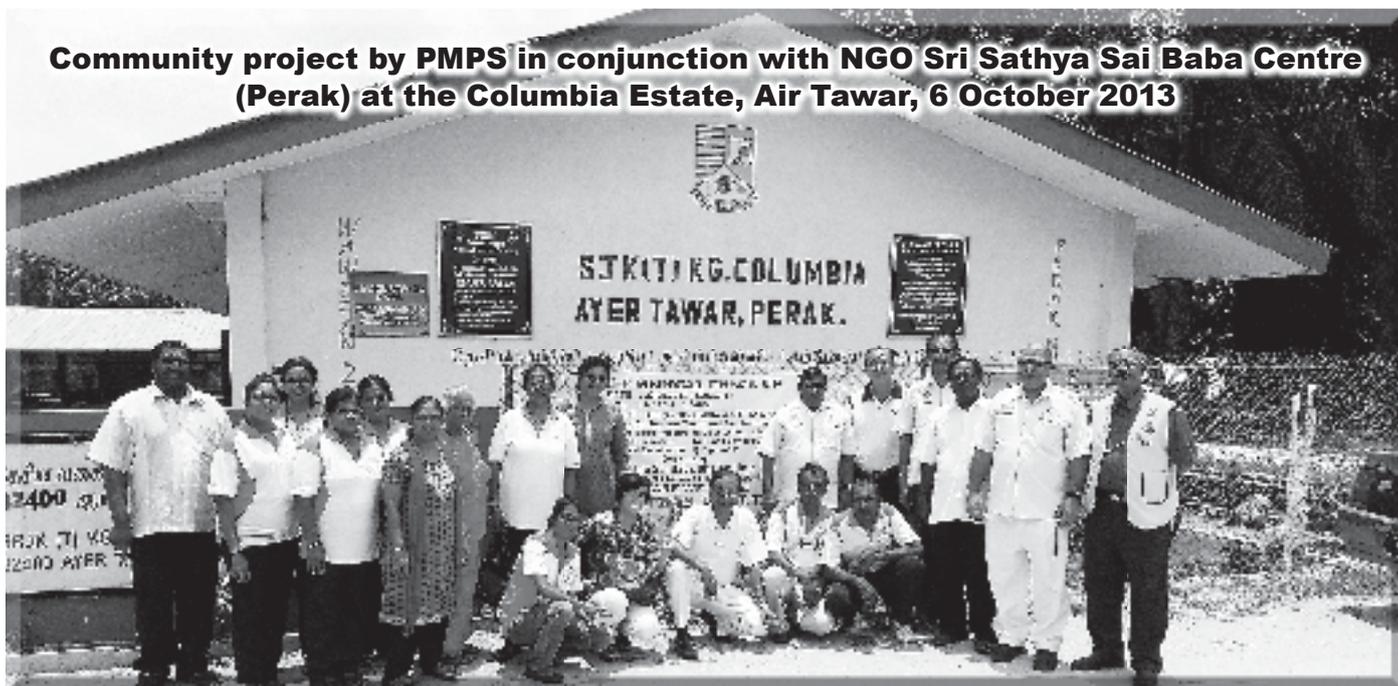
Dato' said it is a worrying trend also. Government doctors are also being robbed in their houses. Dato' advised doctors to be vigilant and not to do anything rash to endanger their lives.

## 4. Community Services

Asked for continued support for our Community Service programmes as was done by previous Pengarah. Dato' has assured us of JKN's continued support.

Since Dato' had another meeting, we promised to meet Dato' again for further discussions. And maybe a dinner meeting could be arranged. Left about 9:35 am after meeting Timbalan Pengarah (Health) Datin Ranjit Kaur in her office.

**Community project by PMPS in conjunction with NGO Sri Sathya Sai Baba Centre (Perak) at the Columbia Estate, Air Tawar, 6 October 2013**



# Tour of Eastern Europe

**5 Sep 2013 to 6 Oct 2013 • 33 participants with 2 local guides**

## **25 September 2013**

Assembled at KLIA for flight to Amsterdam and onward to Munich.

## **26 September 2013 Munich**

Time difference is 6 hours. Arrived in the morning and was drizzling. Saw the iconic Welt complex- display and sales for all new BMW cars and motorcycles. Across the road is their twin tower headquarters and museum where all previous models are displayed. Behind the Welt was site of Munich Olympic games complex. Next, we went to the old town square. On the way to lunch two members got lost and the guides finally located them when lunch was almost over. We were now going to Salzburg.

## **27 September 2013 Salzburg**

Morning. Walking to the tourist area. Highlight was the birthplace of Mozart which is now a museum. Other sites include the market place, St Peter Monastery, festival hall, Catholic University, Mirabell palace and garden. After lunch we went on to Vienna.

## **28 September 2013 Vienna**

Morning. The highlight was the imposing Schönbrunn Palace. A few adjoining halls and rooms were opened to tourist and we were impressed by the décor and art. The garden was large. Next was the city tour along the Ringstrabe (circular road) and shopping for Swarovski.

## **29 September 2013 Bratislava**

Today we went to Hungary via Slovakia. Stopped at Bratislava for lunch and walked around a very quiet town with a small but beautifully decorated church. Arrived at Budapest in time for evening cruise in the Danube. No wonder Budapest is nominated the most beautiful city in Eastern Europe. The cruise revealed its beauty. Buda is joined to Pest (two towns became one – Budapest) by the Chain Bridge.

## **30 September 2013 Budapest**

Morning. Walking around the castle district. Had a glimpse of the palace and the old buildings. The highlight is the Mathias church. Magnificent! Nearby is the fishermen's bastion with panoramic view across the Danube – the Pest side. City tour along the Andrassy Avenue ended at the Hero Square.

Afternoon. Visit to the Basilica where the mummified right hand of King Saint Stephen is displayed. According to story a miracle happened. When his coffin glowed on opening up only the hand was found.

## **1 October 2013 Banska Bystrica**

Morning. On our way to Krakow, Poland. Stopped at a small town (Banska Bystrica, Slovakia) for lunch. The Bohemian countryside is (like all Eastern Europe) cultivated with maize and sunflower. Reached Krakow in time for dinner.

## **2 October 2013 Krakow**

Morning. Drove to the Wieliczka salt mine. It is now a museum. Went down and up by lift. Showed the tools and horses used in the mines. There is also a chapel and restaurant which can be used for weddings etc.

Afternoon. Drove to **Auschwitz-Birkenau** camp where 1.1 million Jews were killed by the Nazi during World War 2. It is eerie there. Individual rooms are staked with hairs of the victims, spectacles, bags, utensils and even walking aids. Went down to the underground gas chamber and crematorium.

## **3 October 2013 Olomouc**

Morning. Drove to Prague, Czech Republic. Stopped for lunch at Olomouc. Here the town centre has beautiful fountains and the Holy Trinity column. Arrived in Prague for dinner.

## **4 October 2013 Prague**

Morning. Walking to visit the castle area. St Vitus Cathedral is beautiful. The Charles bridge across the Vltava river was crowded with tourists and we ended at the Wenceslas square where the astronomical clock was sited. We were lucky to see the disciples of Jesus walk past one by one in the window at hourly interval.

Afternoon. Drove to Pilsner Unquell Brewery, the world's largest located at underground caves, and tasted its unique flavour

## **5 October 2013**

Free for shopping at Tesco until transfer to airport.

## **6 October 2013**

Safe arrival at KLIA.



Fisherman's Bastion, Budapest

“We missed some attractions. Maybe, additional 2 to 3 days will be adequate. Smoking is prevalent among both sexes and even the teenagers. It was cold in autumn. The historical buildings are of ancient style – Roman, baroque, Gothic, Neo-Gothic and renaissance. Many had flowers at the windows. A good destination to visit.” **Dr Ting Sea Leong.** Datin Ho Sow Ha (Dato’ Yeoh’s wife) was asked what was the most interesting itinerary in the trip, to which she replied, “I found the Wieliczka Salt Mine most interesting.”

## PMPS Committee 2013-2015



# INSTALLATION DINNER

This biannual event was held on 8th September 2013 at Impiana Hotel Ipoh, with the presence of our Chief Guest, Dr Steven Chow, President of Federation of Private Medical Practitioners Association of Malaysia and Guest of Honour, Dato' Dr Hjh Noordiyannah bt Hj Hassan, Perak State Pengarah of Health.



Others on the main table were the Deputy State Pengarah of Health, Datin Dr Ranjit Kaur and spouse Dato' Dr Suarm Singh, Past-President Dr Ting Sea Leong, President-Elect and Organising Chairman Dr Yek Sing Chee, and our President, Dr Kamalanathan and wife, Dr Poovathy.

The Invited Guests included Dr Gong Swee Kim, President of PMPASKL, Dr Satish Shukla, President of Penang Medical Practitioners' Society, Dr Rosalind Simon, MMA Perak President-Elect, Mr Vivekanandan AMS Periasamy, Chairman of Perak Bar and Mr Chan Ton Feon, Finance Manager of Ipoh Swimming Club. Present was also En. Asmadi Mohd Bakri, CEO of KPJ Ipoh Specialist Hospital and Dr Lim Chie Kien, CEO of Hospital Fatimah.

Cocktails started well before 7:00 pm till 8:00 pm when the members, spouses and invited guests trickled into the hall and began to take their seats. The Committee together with the Chief Guest and Guest of Honour soon after took their seats while the band 'Small Stones' was in attendance. The room was full and accommodated about 20 tables. As usual, PMPS subsidised the dinner and the drinks including beer, red wine and soft drinks.

The evergreen Master of Ceremony, Dato' Dr M Subramaniam kept our spirits in top gear with his free flow of jokes and stories. The free flow of drinks helped to keep the tempo up. After two courses of dinner, the Organising Chairman gave his welcome address followed later by Dr Ting Sea Leong's speech as the Outgoing President. Dr Ting spoke of his achievements and his shortcomings during his term as President. His dream of having a permanent home for PMPS could not be materialised. Dr Ting called on stage his Committee and gave them a gift each after thanking them for all their services. After another two courses of dinner, it was the turn of the Federation President to address the gathering. His slightly more than half an hour talk on Current Issues

affecting the General Practitioners was well appreciated. He was rather worried over the high production of doctors in this country without proper infrastructure for training of medical students and the lack of hospitals to be used for housemen training. He ended his speech by saying that he would personally tell

his grandchildren not to take up medicine because of these shortcomings and maybe the lack of employment for future doctors in Malaysia. This came with a big caption when reported by the Chinese press. Dr Steven Chow's speech is given in full in this issue.

The final moment, the big moment of the night, the installation of the new President for 2013-2015 came next, preceded by the introduction of the new President by our Master of Ceremony. Amidst the cheering from the members, Dr Ting placed the medal of office around the new President's neck and with a handshake and a pose for the official photograph, the ceremony was over. This handing over was witnessed by none other than our Federation President. After another two courses of dinner, the new President presented his Presidential speech. The President stressed on the need for UNITY among members of PMPS, and of doing more community services and Public forums so as to improve the image and identity of PMPS as being a caring and public service oriented organisation, instead of the public perceiving the doctors as interested in making money only. The President promised to look into any problems the members have, be of whatever nature, if brought to his attention. He will seek the help of Federation if necessary if it involves national issues. The President also spoke on the success of the 8th ASEAN Conference on Primary Healthcare which attracted more than 340 participants.

With the end of his speech, the President introduced his new Committee and their portfolios and sought their cooperation and help in carrying out his duties. After a round of photo session with his Committee and the Chief Guest, the dinner and music continued till about 11:30 pm.

by Dr Kamalanathan A G Raju