



# PMPs News

FOR MEMBERS ONLY

APRIL 2020

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& Public Forum)

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## Editor's Request

Members who are interested to write articles for the Newsletter kindly email: [pmps.secretariat@gmail.com](mailto:pmps.secretariat@gmail.com)  
or fax: 05-2426549  
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Letters to the Editor / President / Committee may be published in the Newsletter in full or in abbreviated form at the Editor's discretion. If the writer does not wish her/his name to be published she/he must specifically state so.

## From the President's Desk



**It** is nearly a year since I took up this office as President of PMPs from Dr Yee Meng Kheong. But I still remain uncrowned due initially to my health problems which coincidentally began on the day of last year's AGM and later the Covid-19 pandemic. Thanks to IJN and my faith in God I am quite well now except for the tiredness.

But God willing, I aim to finish my term with the help of my dear Committee especially Dr Yee, Dr Jeyam, Dr Loke, Dr Liew and all my committee members. A thousand thanks to them all and Ms Wendy.

As a result of the ongoing Covid-19 pandemic our country and in particular our front liners, the GPs and private specialists, have been put in a difficult position without adequate support from MOH and from suppliers of face masks, hand sanitisers, protective suits and test kits for confirming the viral infection.

The MOH, too, is feeling the strain as increasing number of cases are detected daily.

Let us all pray for the safety of the front liners in private practice and MOH who are really sacrificing their life for the well-being of the rakyat, including my son who is working at the very centre of care, namely Sungai Buloh Hospital as an anaesthetist.

This pandemic has also thrown the spanner into our forthcoming CME, AGM, and Informal Dinner supposedly to be held on 29 March 2020. As ROS has decided to cancel all AGMs, it has saved us the problem of having to write for rescheduling of our AGM. We also value our members' safety and health in reconsidering keeping 29 March as the date for our AGM and Informal Dinner. I am supposed to be installed and sports prizes are to be given out that day. It is now postponed until further notice.

*continue in page 2*

We are doing a tally of who (our members) need how many masks, sanitisers, PPE suits, test kits, and so forth. Please reply to Ms Wendy of our secretariat. As soon as we get the quote from a supplier Ms Wendy will blast it to our members.

There is no tour in the pipeline but Sri Lanka and Kerala are in our mind. Let us hope the Covid-19 pandemic goes off completely like how Wuhan has successfully overcome its local epidemic.

A new members' directory is going to be published. So new members and old members with any changes in their addresses, telephone numbers, hand phone numbers, and email addresses please notify Ms Wendy ASAP.

Before I end, please, all our members play safe by adhering to our national official advice. While ours is essential service, most of us are over 60 years and maybe with a few comorbidities. Prevention is better now especially when we are facing shortages of masks, hand sanitisers and protective suits.

Now is the time to spend some quality time with our wives, children and grand-children. Stay at home and be safe. Eat more often at home and be healthy. Be careful at your workplace, wash hands after every procedure, and look after your clinic nurses' welfare too. In God we place our faith, trust and our welfare.

*Thank You.*  
*Dr Kamalanathan*  
*AG Raju*

## REMINDER

The usual reminder to support your society:

1. pay your subscriptions
  2. check that your latest details are recorded.
- Please inform your secretariat.

### **Bank details:**

Account name:

THE PERAK MEDICAL PRACTITIONERS' SOCIETY

Bank: Public Bank Berhad • Account number: 3072790829

### **Send to:**

The Perak Medical Practitioners' Society  
c/o KPJ Ipoh Specialist Hospital  
26 Jalan Raja Dihilir, 30350 Ipoh



## TO KEEP YOU CONTINUOUSLY INFORMED AND UPDATED

### **PMPS WhatsApp groups:**

1. **PMPS Broadcast:**  
The Secretariat handled by Wendy uses this one-way avenue to inform members of relevant issues.
2. **PMPS Members Forum:**  
This has become a very vibrant forum. Members are urged to be prudent in using this Forum and avoid inadvertently sending unauthenticated information.

# TIPS FOR A SUCCESSFUL MENTOR-MENTEE RELATIONSHIP

Dr Amarjeet Kaur (Co-ordinator, Mentor-Mentee Programme, PMPS)

The Perak Medical Practitioners' Society (PMPS) has successfully carried out five sessions of the Mentor-Mentee Program over the last two years or so. This program was initiated by the FPMPAM to engage graduate doctors who were waiting for their houseman posting to provide some sort of voluntary guidance to them. Based on feedback, almost all of our mentees have expressed their satisfaction and have benefitted from this program. We are ever grateful to the mentors that have come forward to volunteer to mentor these graduate doctors as they wait patiently for their posting.

## The Mentors' Role

Mentors are role models who contribute their precious time and energy acting as guides to further the mentee's personal and professional development and give them a feel of real doctoring. For ages mentors have been instrumental in conveying explicit academic and clinical knowledge onto the next generation of doctors. Importantly, they impart knowledge about the "hidden curriculum" of professionalism, ethics, values, and the art of medicine not learned from texts. Mentors are also in a position to provide emotional support and encouragement to these newbies in the fields of their interest

## To Be an Effective Mentor

To be an effective mentor, one must engage in ongoing learning in order to keep up with the latest practices in medicine. One also needs to cultivate mentoring skills. An outstanding mentor has effective listening and communication skills. The mentor needs to study his / her mentee to understand the strengths and shortcomings of the mentee. The mentor needs

to not only improve on the academic knowledge of the mentee but also helps build character and confidence in the individual. A mentor can use his or her own experiences, successes and failures to guide the mentee.

Effective mentors also exhibit important relational characteristics, including being accessible and able to identify and support the development of potential strengths and skills in their mentees. Mentees need to be in an environment where they feel safe and welcome. Thus a mentor should maintain exemplary personal characteristics, interpersonal abilities, professional status and be a person of good moral standing.

## Benefits to Mentors

The mentor also gains in the process of guiding a mentee. The mentor gets an opportunity to reflect and change his or her way of doing things for the better. Mentorship is considered by some to be not a one-way but a two-way relationship. While it is true that mentorship may begin with the mentor driving the discussions and advice, over time this relationship may evolve to the mentee also providing information, assistance, or other guidance to the mentor.

As a welcomed side benefit, the (generally older) mentor, having the company of the infectious energetic and enthusiastic younger mentee, is provided with the spark of youthfulness, rejuvenation and enthusiasm. Some of us may also have a great passion for teaching and it is a great way to fulfill this desire and to share our experience to benefit the budding medicos.

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## The Mentees — Responsibility and Benefits

The mentee too, on the other hand, has important commitment towards this arrangement. The mentee should be able to recognise and take advantage of opportunities that are presented to him / her. The mentee needs to take responsibility for the relationship, letting the mentor know what he or she needs. A mentee must know his or her objectives, and sets and sticks to a goal and schedule. This makes it easier for mentors to help a mentee, and it makes the relationship more satisfying and more successful for both parties. Mentees should be open to feedback and be active listeners with a learning attitude. They should grab this time to read up and improve their theoretical knowledge and take initiatives to have discussions with their mentors. A mentee showing interest motivates the mentor in the process.

Mentees need to recognize and should be respectful of their mentor's input and time in trying their best to help them at their own expense despite their busy practice and social commitments. A mentee should be punctual, avoid absenteeism and be prepared for the sessions. Mentees should make sure to read up cases of interest seen at the practice and be actively involved in discussions. Mentees should also avail themselves the opportunity and exposure to clinical procedures and treatments.

One of the greatest values in the mentor-mentee program is having the chance to improve and practise their communication skills. Most “shy” mentees ‘break the ice’ in this area as they interact with the patients on a daily basis. There is no better opportunity to learn communication skills than watching your mentor's approach and bedside manners with their patients in private practice.

## Conclusion

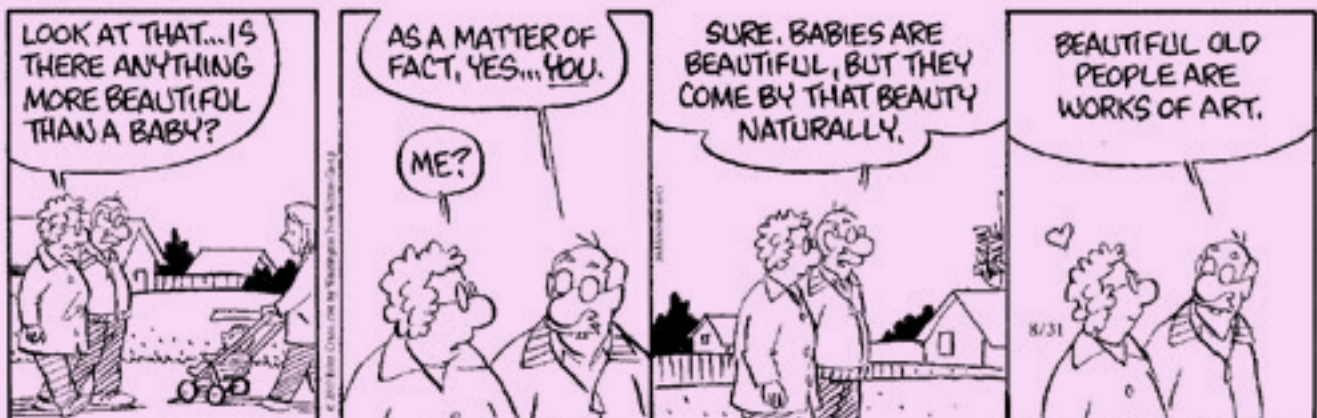
In conclusion I would say the process of mentoring and menteeing can be a very satisfying and rewarding experience to both mentees and mentors if done correctly. It helps the mentors to keep in touch with a passion of teaching, with the latest advances in medicine, to constantly appraise their own practice and to have the satisfaction of having returned something back to the profession.

It provides the mentees emotional and academic support, exposure to a doctor-patient relationship and preparedness to a more realistic approach to their profession and career expectation. Ultimately, it is the satisfaction of this evolving, maturing and fulfilling partnership between the mentors and mentees that often keeps mentors driven to continue to work with mentees.

To all the mentors I would like to say, carry on with the good work and to the mentees, to make the most of the opportunity and enjoy this beautiful relationship.

## Fun CORNER Beautiful Old People are Works of Art

Pickles By Brian Crane





# THE SENIORS OF PMPS — HEALTH, GROWTH, HAPPINESS, OTHERS

by Dr Yap Foo Ngan

**IN PERAK** the seniors with age more than 65 forms 10.6% of its total population. This is significantly more than the 6.7% for Malaysia. Among PMPS members this age group forms 59.0% of its total membership. See Table 1. Tables 2 and 3 give further breakdown for PMPS and Perak.

**Table 1: Percentage (%) of Population More Than 65-Year Old in 2019<sup>1</sup>**

	% > 65 in Age
Perak	10.6
Malaysia	6.7
<b>PMPS</b>	<b>59.0</b>

**Table 2: Percentage (%) of PMPS Members by Age Group in 2019**

Age	Female	Male	Total
34 or less	0	0	0.0
35 - 44	0.3	2.7	2.9
45 - 64	5.0	33.0	38.1
65 - 79	7.7	45.7	53.4
80 and above	0.9	4.7	5.6
<b>Total</b>	<b>13.9</b>	<b>86.1</b>	<b>100.0</b>

**Table 3: Percentage (%) of Population by Age Group in Perak, 2019**

Age	Female	Male	Total
34 or less			57.6
35 - 44			11.1
45 - 64			20.7
65 - 79			8.6
> 80			2.0
<b>Total</b>	<b>49.5</b>	<b>51.5</b>	<b>100.0</b>

By definitions PMPS can be considered as a “super-aged society” and the Perak population is an “aging society”. See Table 4 below.

**Table 4: Aging Rate of PMPS and Perak**

Population	Aging rate i.e. % > 65 in Age	Type in term of aging rate
PMPS	> 21	Super-aged society
Perak	> 7	Aging society

Note: Aging rate is the proportion of a society’s population that is aged 65 or older. An aged society is when its aging rate is more than 14%.

## Ageism

Ageism is the stereotyping and discrimination against individuals or groups on the basis of their age, resulting in prejudicial attitudes, discriminatory practices, institutional policies and practices that perpetuate stereotypical beliefs or other behaviours<sup>2</sup>.

Ageism about the elderly is common. Countering this, Dr Margaret Chan (born 1947), Director-

General of World Health Organization (2006-2016) said “... evidence shows, the loss of ability typically associated with ageing is only loosely related to a person’s chronological age. There is no ‘typical’ older person” (Preface, World Report on Ageing and Health 2015<sup>2</sup>). She further asserted that “with the right policies and services in place, population ageing can be viewed as a rich new opportunity for both individuals and societies.”

Indeed Global Strategy and Action Plan on Ageing and Health<sup>3</sup> states “Longer lives are an incredibly valuable resource, both for each of us as individuals and for society more broadly. Older people participate in, and contribute to, society in many ways, including as mentors, caregivers, artists, consumers, innovators, entrepreneurs and members of the workforce.”

The PMPs Mentor-Mentee Programme speaks volumes in support of the above statement.

## Health and Healthcare

A longevity revolution is occurring worldwide. Population ageing is actually a human success story covering the fields of public health, medical, as well as economic and social development. With wise policies in place it may actually rally macroeconomic advancement<sup>4</sup>.

Healthy ageing is the process of developing and maintaining the functional ability that enables well-being in older age. Most conditions resulting in frailty in the elderly are preventable. Effective preventive healthcare requires wise policies and practices both at the individual level as well as the community level.

WHO lamented that existing healthcare systems are more oriented towards curing acute conditions, and tend to manage health issues in fragmented ways. It exhorted the importance of comprehensive primary healthcare measures to ensure health ageing. To maintain successful longevity revolution hopefully there will be a successful healthcare system revolution.

## Fake News / Misinformation

Medical curricula at both undergraduate and postgraduate levels emphasise the importance of being evidence-based in medical and health measures. But among the rampaging social media messages fake news both health-related and otherwise abound. The longevity revolution unfortunately coincides with the era of fake news. We shall briefly look at whether the seniors are more prone to spreading fake news.

## Health-related misinformation<sup>5</sup>

Health-related misinformation swarming the internet is unfortunately often more popular than accurate information. Much of this has been found to be about infectious disease, in particular newly emerging virus infections such as Ebola and Zika viruses. We currently see history repeating itself with Covid-19. Hopefully when the next emerging infection occurs, history be well-remembered to guide us. Other victims of misinformation are nutrition, cancer, fluoridation of water and smoking.

Misinformation about MMR vaccine causing autism continue to be rampant on social media. The anti-vaccination movement that has thus arisen has been shown to be profoundly detrimental to healthcare.

The medical profession has compulsory continuous professional development in place to upkeep evidence-based practice, something to take pride for.

## Political fake news<sup>6</sup>

Like health misinformation political fake news seem to be more popular than accurate news and are potentially destructive to proper governance. The role of fake news in influencing Trump's 2016 presidential election has been much studied. A study examining the individual-level characteristics associated with sharing false articles during his election campaign revealed a finding of interest to seniors. Holding constant ideology and party identification, respondents in each more senior age category shared more fake news than respondents in the next less senior group (above 65, 44-65, 30-44, 18-29). On the average respondents aged over 65 shared nearly seven times as many fake news articles as the youngest age group. The study suggests that memory could deteriorate with age in a way that particularly undermines resistance to “illusions of truth” but this requires further research.

Our vibrant PMPs Forum WhatsApp group has seen many fake news. The statistical finding that the elderly are more likely to share fake news does not apply individually most of the times. The likelihood of becoming part of the statistic can be avoided by an intelligent quest that messages to be evidence-based especially if they are sensational.

## Happiness

World Happiness Report 2019<sup>7</sup> devotes Chapter 3 wholly to “Happiness and Voting Behaviour”. While happy people are more likely to engage in politics, unhappy people have the least faith in their country and have the tendency to vote for populist leaders in many nations. In the USA 2016 presidential election less happy people as measured by Cantril Scale were found to be significantly more likely to vote for Trump.

How to be happy? The Harvard Study of Adult Development ongoing since 1938 identified seven major factors that predict healthy aging (physically and psychologically): Employing mature adaptations, education, stable marriage / close relationship, not smoking, not abusing alcohol, some exercise, and healthy weight<sup>8</sup>.

## Growth

World Report on Ageing and Health 2015 states that it is good to get old and that society is better off for having older populations. This phase of life can be a period of personal growth, creativity and productivity.

### Physical Growth

The following two stories may give good incentive for seniors to strive on physical strength and fitness.

*82-year-old American bodybuilder Willie Murphy vanquished a drunk intruder. She began powerlifting in her mid-70s so she could stay fit and independent. (<https://www.washingtonpost.com/sports>, 26/11/19)*

*Hidekichi Miyazaki, 105-year-old, set a 100-metre world record in the over-105 age category in Kyoto in 2015. He took up running in his early 90s (<https://www.malaymail.com>, 25/1/19)*

Strength training<sup>9</sup> in seniors above 60 years old can reverse age and inactivity-related sarcopenia, increasing muscle mass hence strength and muscular coordination. It also strengthens the tendons, reduce bone density loss, improve postural control and prevent falls. This is in addition to reducing risk for cardiovascular disorders, cancer and diabetes. From personal observation it has impressive positive effects on posture, physical look, mental alertness, confidence and also mental outlook.

## Psychosocial Development

With age cynicism may creep in to overwhelm the idealism of youth. Medical researchers from University of East Finland reported in 2014 that those with the highest level of cynical distrust had higher risk of dementia after adjusting for confounders. They suggest that psychosocial as well as lifestyle-related risk factors are both modifiable targets to prevent dementia<sup>10</sup>.

While the Harvard Study of Adult Development finds relationship to be the main key to elderly wellbeing, it also highlighted mature adaptation with life's challenges<sup>11</sup>. Individuals in wrecks in earlier part of their life managed to evolve into marvelous octogenarians. At advanced age personal development does continue and tends to focus on rediscovering one's past to find clues for positive growth.

## Conclusion

History teaches good lessons. Seniors not getting stuck at a certain developmental phase and strive to develop continuously have a lot of history with them to guide themselves and others. “Beautiful young people are accidents of nature, but beautiful old people are works of art” ~ Unknown. We are our own artists.

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# THE MEDICAL RESEARCH MAVERICKS OF MALAYSIA – THE UNSUNG HEROES

## (PART I)

by Dr Avinder Singh HS

As we are now in desperation awaiting the discovery of a medical cure for the COVID-19 pandemic, it has gotten me to think how much Malaysians have contributed to the research world.

Unfortunately, these individuals have not been given the accolades that they so well deserve. I have attempted to obtain as much information as possible on them. I have made a succinct description of them in the hope to bring to light their immense contribution towards the world of medicine.

### **Dr Wu Lien-Teh (1879- 1960)**



Wu Lien-Teh, or known in Minnan dialect as Goh Lean Tuck, or Ng Lean Tuck in Cantonese, was born in Penang. He studied in Penang Free School and earned the Queen's scholarship (the first non-British scholar) to study medicine at the prestigious University of Cambridge. He later continued his postgraduate study in bacteriology at the same institute and then continued his work/research in France, in all working under three Nobel Prize winners. Upon his return to Malaya as a qualified doctor, he was not allowed to practice since non-

British were not allowed into the medical register then. He then joined the Institute of Medical Research in Kuala Lumpur to research on beri-beri.

He later opened his private practice in Penang and founded the Anti-Opium Association. This stepped on a lot of toes and that led to him being wrongfully charged for possessing opium (one which was left behind in a cupboard by the former owner of the clinic). Distraught for being wrongfully accused, in 1908 he decided to accept an offer as the Vice-Director in the Imperial Army College in Tianjin, China.

In 1910, he was called upon by the government of China to help combat a plague which was quickly wiping out the population in northern China. Known as the pneumonic plague, it spurred Wu to create a facemask known as the Wu mask (a gauze and cotton make), conduct the first documented post-mortem in China and the first mass cremation in China. With his diligence and intelligence, he wiped out the epidemic plague and the last recorded case was in 1911, reducing the plague to a seven-month epidemic limited within China. His services led China to adopt western public health methods in order to improve the health of the people.

In 1937 when Japanese invaded China he left for Malaya. One of Wu's lasting legacies was his research work, which he was able to leave behind for other researchers to build upon. His research and papers presented in overseas conferences were published in national and international journals, including the National Medical Journal of China's National Medical Association and Lancet. In all, he published over 92 papers, including 31 on the plague, and numerous papers on other infectious diseases, public health, narcotics and medical history. Wu was also the co-

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author of the massive History of Chinese Medicine, which was published in China in 1932. Interestingly enough, his last place of practice was Ipoh - Brewster road to be exact. He passed away in 1960 after suffering from a cerebrovascular accident.

Dubbed “The Plague Fighter” his contribution to the medical research in China, Malaysia and the rest of the world is something we can all be very proud of. His experience of struggles at the beginning of his career and being unnecessarily accused just because he was exceptional at his work, is something we can all take inspiration from. There is a society in Penang today, headed by his grand-daughter, which continues to fund medical research related events / prizes/initiatives in Malaysia.

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4. <https://www.worldofbuzz.com/7-amazing-malaysians-who-made-us-proud-by-achieving-an-international-award/>

## Editor's Note:

1. This article is in two parts. This is Part I. Part II will be published in the next issue.
2. Dr Arvinder Singh HS, MBBS (AIMST, Mal), MSc Health Research (RCSI, UK), OHD (NIOSH), Diploma in Football Medicine (FIFA), Certificate in Advanced Shockwave Therapy, is the first Gold Medal Recipient of Dr Wu Lien-Teh Research Award — Malaysian Young Investigator's Award given at the National Conference for Clinical Research 2015 in Penang.

The COVID-19 pandemic has highlighted the then 32-year old Dr Wu's successful measures in containment of the Harbin plague. This was reported in a news article written by the son of Ipoh-born Dr Charles Toh, 89, who taught my class ECG in University of Singapore in 1971. <https://www.scmp.com/week-asia/health-environment/article/3048461/how-malaysian-plague-fighter-wu-lien-teh-laid-down>

# WHY JOIN PMPS?

The membership of PMPS is open to registered medical practitioners and dental surgeons resident in Perak. It has been established to help contribute to the well-being of its members as well as the public through the following objectives as stated in its constitution.



## OBJECTIVES

- a) To encourage and foster friendship amongst its members.
- b) To encourage the further development of medical science whenever possible.
- c) To protect and promote the professional interests of its members.
- d) To promote and maintain professional ethics.
- e) To enlighten the public on matters of health.
- f) To carry out community services to the Malaysian public.

## BENEFITS TO MEMBERS

- a) **Continuous Professional Development (CPD)** — PMPS is a registered CPD provider. It regularly holds CPD sessions for its members together with other medical organisations.
- b) **Discount of registration fee for PMPS' 2-yearly Congress On Primary Health Care.** E.g. the registration fee for PMPS members for the 11h Conference in Jun 2019 was RM300 compared to RM400 for non-member doctors. Note that this discount is equal to twice the annual subscription of RM50.
- c) **Others** — these are evident when you go through this PMPS News, which also keeps you informed of issues relevant to you and which you receive free.



# MYANMAR TOUR WITH THE PERAK MEDICAL PRACTITIONERS' SOCIETY (01-07 NOVEMBER 2019) (PART I)

by Mrs Shanti Kumar

On the 1st of November a group of doctors, their families and friends gathered to fly to Myanmar on a 7-day-6-night tour organized by Perak Medical Practitioners Society. Some of us knew each other and others were new faces. But what each and everyone of us had in our hearts was a spirit of adventure to explore a land we have heard about but somewhat shrouded in mystery. We knew it was once the jewel of Asia famed for its grand monarchy, of the fall of its monarchy to British colonial rule, of its long running civil wars after independence, of the excesses of military rule which brought financial ruin and tethered freedom, of the beacon of hope in the person of Aung San Suu Kyi who put Myanmar on the world stage as a symbol of resistance to corruption, and of her spectacular fall from grace in recent years from a world which once showered her with accolades. We were eager to see for ourselves this land with its checkered history and hear from the Burmese people.

## Day 1 – Yangon (1 November 2019)

We were greeted at Yangon International Airport by our local guide Mr Aung Nya and as it was difficult for us to pronounce he asked us to call him Andrew. Andrew proved to be a delightful, affable and helpful guide. He soon became the tour favorite with his quirky greetings and respectful manner.



We checked into the Taw Win Garden Hotel in Yangon greeted by the sweet sounds of traditional musical instruments like the Pattalar a bamboo xylophone.

Our first stop on our city tour was the Independence Monument and colonial buildings in downtown Yangon. The monument was located in a public park called the Maha Bandula Park. The park was filled with families enjoying the evening. The area is packed with a myriad of important buildings like

the Yangon City Hall, the High Court and significant places of worship of all faiths.

We also paid a quick visit to the Yangon River Jetty to see daily life on the river in Yangon. It is a bustling vibrant area with locals being ferried across the river to townships across the river in small boats and a departure point for larger vessels for sunset cruises on the Yangon river. If so inclined for a snack there are also many small stalls on the banks serving local cuisine.

Our next stop was the Bogyoke Aung San Market, the largest market in Yangon boasting a staggering 2000 stalls! This major bazaar with its colonial architecture and inner cobblestone streets is a major tourist attraction. It is brimming with antiques, Burmese handicrafts, art galleries, clothing and

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jewellery shops. Sadly with an allocated one hour only to explore we saw less than the tip of this retail iceberg.

The highlight of Yangon was indisputably the Swedagon Pagoda. We visited the Swedagon Pagoda Yangon's most iconic landmark at night and the feel was mystical. The 99-metre high gold plated Pagoda sat on a hill called Singuttara and was said to have been built in the sixth century.

The complex was replete with beautiful Buddhas in various styles and colours, installed in elaborate structures surrounding the main Pagoda. The night air was also filled with the soothing chanting of devotees seated in ornate structures surrounding the magnificent octagonal based Pagoda. It was an uplifting experience to see the faithful sitting and chanting verses from the Buddhist sutras.

The complex also housed a museum with detailed descriptions of the history of the complex and a pictorial history of every stage of its building process. Photos of what adorned the top of the Swedagon Pagoda could be seen at the complex. The top of the gold plated Swedagon Pagoda was encrusted with over 5000 diamonds, 4000 rubies and a massive 76-carat diamond!

## Day 2 – Yangon-Bago-Golden Rock

En route to Bago we stopped at the Hitaunk Kyaunt War Memorial in Taukkyan. The War Memorial commemorates the sacrifices of 30000 British Commonwealth soldiers who died in Burma during the Second World War. The beautiful lawns with well-kept beds of blooms at the memorial site is the final resting grounds of over 6,000 World War Two

soldiers and over 50 from World War One. A further 27,000 names of fallen soldiers with no grave are engraved on sombre plaques.

Next stop was the Kanbawzathadi Palace in Bago which was built by King Bayinnaung in the 16th century. The original palace with its magnificent teak floors was burned down and the current palace is a reconstruction. On display were some of the original massive teak pillars that held up this magnificent palace in its glory days and other artifacts like ancient coins, jars and weaponry.



The other place of interest in Bago is the Shwemawdaw Pagoda. It is also referred to as the Golden God Temple and is the tallest pagoda in all Myanmar. Built around the 10th century it was destroyed several times by earthquakes. Portions of the fallen structure can still be seen as you circumambulate the pagoda. It is one of the most sacred and precious temples in Myanmar as it houses the hair and tooth relics of the Buddha.



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Next on our itinerary was the Golden Rock Pagoda. To make this journey we clambered aboard an open truck - a first for many of us! Golden Rock Pagoda perched on Mount Kyauktiyo is the third most important pilgrimage place in Burma. After a certain point the traffic is one way due to the narrowness of the roads. At this point locals from the vicinity peddle food, water and handicrafts to tourists in the truck.

Once on the Mount Kyatyiyo one was besieged by all manners of transport offered for weary legs - deck chairs attached to bamboo poles and human porters to carry you further up the Mount. A deluge of food at roadside stalls were also available for the hungry.

After checking in at the Kyaik Hto Hotel we made our way to the famed Golden Rock Pagoda. The Golden Rock Pagoda is built on top of a granite rock. The granite has been covered by gold leaves pasted on by male devotees. Female devotees cannot participate in this ritual. The gravity defying Golden Rock Pagoda on Mount Khaiktiyo is a



sacred place of prayer and solace for many pilgrims. It is believed that a single strand of hair from the Buddha encapsulated here has protected this sacred spot through the passage of time and the vagaries of nature.

Andrew our guide related the story of Golden Rock Pagoda. It was said a female dragon fell in love with the legendary alchemist, an important religious figure in Myanmar. She took a human form and had a human child with the alchemist. On discovery of her true identity the alchemist abandoned her and the broken hearted dragon left too. The abandoned child was taken care by a wandering monk who had been gifted with a strand of hair from the Buddha which he kept tied into a knot on the top of his head. When the child grew to be a man he asked for the strand of hair to better his fortunes. The hermit promised him the hair if he managed to find a rock that resembled a human head. Golden Rock was that granite rock whose shape pleased the hermit finally. The young man went on to be king the story goes.

Editor's Note: This heart-warming and well-researched narrative of the Myanmar Tour is written by Mrs Kumar. The beautiful photographs are supplied by her - not all are used because of limited space. It is being published in three parts - in PMPs News Issues 24, 25 and 26. This is Part I.



# COVID-19 PANDEMIC

## PERAK DOCTORS' AND PMPS' INITIATIVES

by Dr Yap Foo Ngan

The first COVID-19 patient had his onset of illness on 01 Dec 2019, in Wuhan, China<sup>1</sup>. WHO declared it a Public Health Emergency of International Concern (PHEIC) in accordance to the International Health Regulations (IHR, 2005) on 30 Jan 2020, named the new infection “COVID-19” on 11 Feb and declared it a Pandemic on 11 Mar 2020.

Malaysia confirmed her first three patients on 25 Jan and first death on 17 Mar. The Malaysian epidemic escalated alarmingly. On 16 Mar, Movement Control Order was declared covering 18 Mar till 31 Mar, later extended to 14 Apr.

The first COVID-19 case not imported from China occurred on 26 Feb in USA<sup>2</sup>. By 31 Mar USA has topped the world with nearly 165,000 cases.

Healthcare providers (HCPs) and researchers are tirelessly working to tackle and contain this unprecedentedly ferocious pandemic.

### EMERGING AND RE-EMERGING INFECTIONS

(Source: Wikipedia)

Emerging and re-emerging infections have been discussed in medical conferences for years, e.g. the annual International Conference on Tropical Medicine and Infectious Diseases organised by UniKL-RCMP since 2014. The recent viral examples beside Influenza A, Dengue and Chikungunya are:

- Ebola: Filovirus, started in Sudan — 1976, occurring periodically mainly in Sub-Saharan Africa, with the WHO declaring the Ebola outbreak as PHEIC on a few occasions, last being on 17 July 2019.
- Nipah virus: Paramyxovirus, first outbreak in Malaysia 1998-1999, subsequently in Bangladesh and India, latest in Kerala 2018.
- SARS: Coronavirus, started in south China — 2002 to 2004

- Zika: Flavivirus, originated in Uganda — 1952 from serological survey, first outbreak in Island of Yap, Micronesia — 2007, subsequent outbreaks in Oceania — 2013 to 2014, in Americas beginning in Brazil — 2015 to 2016.
- MERS-CoV: Coronavirus, started in Saudi Arabia — 2012, outbreaks yearly to 2019 affecting other countries as well.

### WARNINGS FOR THE FUTURE

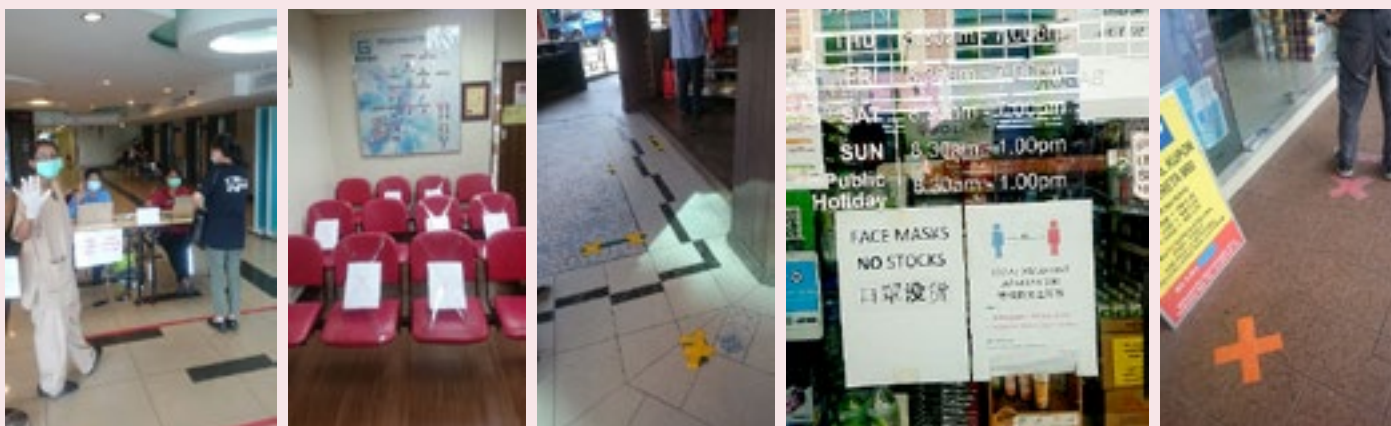
Inspired by the 2002-2004 SARS outbreak and the 2009 flu pandemic American filmmaker Steven Soderbergh produced the film “**Contagion**” in 2011. His screenwriter Scott Z. Burns consulted with WHO and other medical experts including epidemiologists in making the film.

The Western African Ebola virus epidemic (2013-2016) killed at least 11,323 people including a number of healthcare workers. In 2015, **Bill Gates**, deeply concerned about the global unpreparedness, proposed a global warning and response system for potentially more infectious hence more disastrous future viral outbreaks<sup>3</sup>. He published his proposal in New England Journal of Medicine and gave a TED talk on this. Remarkably he also said “The more I learn about what it takes to respond to an epidemic, the more impressed I am by the health workers who have been risking their lives to care for the sick.”

True to Bill Gates' concern the newly emerged COVID-19 pandemic is unprecedented in its extensive global scale.

Ipoh-based **Dr Amar HSS** has written a number of mass media articles on Malaysian COVID-19 scene since January 2020. He forewarned on 30 Mar “We are actually just beginning with this outbreak, in the early stages of this epidemic.” To avoid catastrophic death toll he advocates to stringently limit physical contact and practise physical distancing at all times outside home. Other measures include frequent

continue in page 14



Social distancing (SD) and face masks in Hospital Fatimah – at the front entrance and the lab. 27 Mar 2020.

SD at dim-sum outlet and pharmacy; note the sign “FACE MASK NO STOCKS”, hand sanitisers and thermometers also “no stock”. 27 Mar 2020.

cleansing of hands and surfaces, increased use of masks, mass testing especially for frontline HCPs, contact tracking using hand-phone based technology, aggressive contact tracing and rapid effective quarantine. Even with these Covid-19 may be around for a long time, with many cycles of outbreaks<sup>4</sup>.

## PERAK DOCTORS' INITIATIVES

### Agent of Shield HRPB

Soon after declaration of MCO. Former Deputy Minister of Health, PMPS Past President (2003-2004) and current member Dr Lee Boon Chye formed Agent of Shield Hospital Raja Permaisuri Bainun (AOS-HRPB) on 23 Mar to support our frontline HCPs and other workers mainly in HRPB. The first 33 members were recruited from our PMPS Forum Whatsapp group. To date it has 84 volunteers from a diverse background besides medical specialists from different disciplines in both government and private hospitals. They are motivated to support HRPB personnel who are performing duties potentially life-threatening to themselves as well as requiring long hours (12-hour shifts for HCPs).



Achievements within a week:

🌀 Brainstorm in AOS-HRPB WhatsApp on works needed, planning and execution of tasks

🌀 Source, supply and transport:

- Food for HCPs (supplementary to the main meals provided by Government), their families, and other front-liners, thus relieving them of the associated tasks, time and financial burden
- Personal protective equipment (PPEs) to bridge the logistic gaps with governmental supplies
- Personal care items – hand sanitisers, diapers (HCPs have to be on protective wear all the time during duty), shower gels, hair shampoos (HCPs have to bath often during duty e.g. after procedures, etc.)
- Instruments – digital BP sets, stethoscopes, oximeters (one set per bed needed to prevent sharing between patients and reduce HCPs' exposure and workload of cleansing shared instruments) and non-touch thermometers
- Others: e.g. tables and chairs for entity needing them to carry out their epidemic related tasks

🌀 Raise fund by

- Personally donating
- Sourcing for donations from others (many donated needed items directly)

AOS-HRPB is fortunate to be offered use of the account of **Ipoh Cardiovascular Disease Society Perak** (President – Dr Choong Choon Hooi) and the invaluable service of its treasurer for the fund, Mr Liew. To date about RM100,000 has been raised and half has been used.

Dr Lee has also formed **AOS Hospital Teluk Intan** and **AOS University Malaya Medical Centre**.

## CLINICAL NOTES ON COVID-19 FOR GENERAL PRACTICE 1, 2, 5

### TRANSMISSION

(WHO Scientific Brief, 29 Mar 2020<sup>6</sup>)

- Respiratory droplets: The droplets are >5 to 10 micrometer in diameter. Droplet transmission can occur with an infected person coughing or sneezing within 1 M. The routes of entry are mucosae in mouth, nose and eyes (conjunctiva). An analysis of 75,465 COVID-19 cases in China did not find airborne transmission from symptomatic patients.
- Surfaces:
  - o direct contact with infected people
  - o indirect contact with surfaces in the immediate environment of an infected person
  - o objects used on the infected person (stethoscope, thermometer etc.)
- HCPs especially when involved in ICU can be infected by airborne aerosols generated from patients during many respiratory procedures and even cardiopulmonary resuscitation. Aerosol is a suspension of droplets < 1 micrometer in diameter.
- To date there has been no report of faecal-oral transmission. Nevertheless it is possible for faeces to be a fomite.

### INCUBATION PERIOD<sup>2</sup>

Generally 3 to 7 days, longest being 12.5 days. Hence 14-day quarantine is sufficient.

### PROGNOSIS

- 80% do well
- 15% need admission and oxygen support (i.e. 150 patients and associated HCP personnel with 1,000 cases)
- 5% need ICU care and ventilation (i.e. need for 50 ventilators and associated HCP personnel with 1,000 cases)
- 1% death, assuming presence of excellent care

### PREVENTION

Basic reproduction number ( $R_0$ ) is the expected number of cases directly infected by one case. Assuming a  $R_0$  of 2.2 and an incubation period of 5 days for COVID-19 infection, in the absence of intervention, the number of patients will jump by 2.2 times every 5 days, leading to above 50 patients in 20 days from a single patient. Asymptomatic undiagnosed patients may be around. It is hence vitally important to adopt preventive measures to suppress such explosive exponential spread to avoid overwhelming healthcare capacity hence compromising patient care.

- Clean hands regularly with soap and water, or alcohol-based hand sanitiser
- Avoid touching face (mouth, nose, eyes)
- Cover mouth and nose when coughing or sneezing with one's own elbow
- Maintain at least 1 m distance between persons especially when someone is coughing
- Social distancing (avoid gathering and unnecessary travel)
- Stay home if unwell
- Avoid smoking
- Wear medical masks especially for HCPs; add other personal protective equipment (eye protection, gloves, gowns) where appropriate
- Cleanse affected inert surfaces with alcohol or soap and water
- Testing
- Vaccination when available (unlikely in one year)

### COMMON SYMPTOMS

- Fever (mild usually, in 98% of patients)
- Tiredness
- Dry cough

### OTHER SYMPTOMS

- Shortness of breath (respiratory rate >24/min in 62% of ICU patients, 14% of non-ICU patients)
- Aches and pains
- Sore throat
- Diarrhoea, nausea, runny nose — uncommon
- Anosmia — The evidence for anosmia as a symptom is not yet conclusive<sup>7,8</sup>.

## PMPS MEMBERS – PROTECTING OURSELVES AND PATIENTS

The PMPS Committee especially Dr Kamalanathan, Dr Amarjeet, Dr Yee and Secretariat's Ms Wendy have discussed in the Committee WhatsApp and worked hard to source for members needing PPEs (face masks, face shields, non-touch thermometers, etc.). We have also formulated the car sticker with PMPS logo to facilitate members' movement on the road during MCO period. Meanwhile **FPMPAM** is donating 200 face shields for members. Information is circulated in the WhatsApp PMPS Forum.

## PMPS MEMBERS' INVOLVEMENT IN NGOS

Many PMPS members are actively involved in NGOs. They have immediately acted to raise fund and provide aids (food, face masks, etc.) to many needy in the community.

## CONCLUSION

HCPs globally are selflessly performing a herculean task in many aspects to combat the COVID-19 pandemic. The pandemic has brought urgent attention to the value of **Public Health, Primary Health Care and Research** (hitherto variously under-appreciated, under-established, under-equipped and

under-utilised). It highlights the essentiality, hence the immense worthiness of investing in healthcare and research on a primarily humanitarian instead of monetary ground.

In difficult times many volunteers come forward to help. PMPS is also immersed in excellent works with this gargantuan crisis.

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*Editor's note:* Activities of AOS-HRPB will be reported in the next issue, including photographs when permission is obtained.

## PMPS COMMITTEE MEETINGS

The present PMPS Committee 2019-2021 was elected at the 79th PMPS AGM on 24 March 2019. It has held five meetings so far. The meetings are usually held on Sunday 3:00pm at KPJISH Meeting Room with kind permission from KPJISH. We are glad to inform that Drs Ho Koh Hauw and Goh Yong Soon from PMPS Manjung Chapter have been joining us in the meetings.

## COMMUNITY SERVICE in SITIAWAN

<b>Organisers:</b>	PMPS Manjung Chapter (Chairman Dr Ho Koh Hauw) with Wesley Methodist Church Sitiawan, Pantai Hospital Manjung and Klinik Kesihatan Sitiawan
<b>Date:</b>	17 May 2020 (May be postponed if the Malaysian Covid-19 epidemic worsens)
<b>Place:</b>	Wesley Methodist Church, Sitiawan
<b>Activities:</b>	Blood Donation, Health Screening (Hypertension, Diabetes, Bone Density) and Dengue Awareness



## ANNOUNCEMENTS

### NEW PMPS DIRECTORY OF MEMBERS

The PMPS Secretariat's Ms Wendy is busy getting this ready. Members with any changes in their addresses, telephone numbers, hand phone numbers, and email addresses please notify her ASAP.

### COVID-19 PANDEMIC – POSTPONEMENTS OF MEETINGS

The Registrar of Societies announced banning of all societies from holding any activity, including their annual general meetings (AGM) until the end of June.

**80th PMPS AGM, CME and Informal Dinner,**  
Kinta Riverfront Hotel: Postponed from 29 Mar until further notice.

**60th MMA AGM, Convention and Scientific Congress,**  
Casuarina Meru Ipoh: Postponed from 11 - 14 Jun until further notice.  
*Note that PMPS member Prof. Dato' Dr M Subramaniam is supposed to be installed as MMA President 2020 - 2021 during the AGM.*

**Academy of family Physicians Malaysia AGM,  
Annual Scientific Meeting & Convocation,**  
Sheraton PJ: Postponed from 17 - 19 Apr until further notice.

### SUARA FPMPAM February 2020 issue

This has been published after a hiatus of one year.

See <http://fmpam.org/newsletter.html>.

Dr Yek Sing Chee (PMPS President 2015-2017) has recently assumed its editorship.

PMPS Committee would like to extend  
warm greetings to members and families  
on the following occasions:

*Awal Ramadan (24 Apr 2020)*

*Labour Day (1 May 2020)*

*Wesak (7 May 2020)*

*Hari Raya Aidilfitri (24-26 May 2020)*

*Hari Raya Haji (31 May 2020)*

*Awal Muharram (20 Aug 2020)*

# Renewal

## ANNUAL PRACTISING CERTIFICATE (APC)

- Submit application **before 01 December** each year.
  - o If there is change of address, remember to notify change by completing a new Appendix A Form.
  - o Keep a copy of your application for your reference.
  - o Late application: See under “Fee”.
- **CPD Points** – with effect from APC 2020, a minimum of 20 points is compulsory for renewal.
  - o The CPD points for APC 2021 are to be obtained between 01 July 2019 and 30 June 2020.
  - o The CPD points for APC 2022 are to be obtained between 01 July 2020 and 30 June 2021.
- **Professional Indemnity Cover** – compulsory for APC 2021 onwards.
  - o **Medical Protection Society**  
<https://mma.org.my/medical-protection-society/>
  - o **MEDFEND**  
<https://mma.org.my/medefend/>
- **Fee** – With effect from 1st July 2017
  - o The APC application fee is RM100.
  - o Late application is subjected to an additional fee of RM100.
- **Enquiries**
  - o <https://mmc.gov.my/certification/#apccert>
  - o <http://meritsmmc.moh.gov.my/>
  - o Whatsapp: 016-3261751

All medical practitioners are to state their **MMC registration** number on all medical prescriptions and all other documentation and records, whether in paper or electronic format.