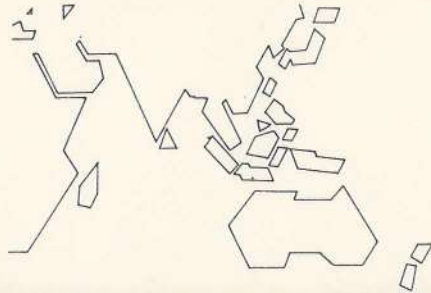


AMDA NEWSLETTER

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AMDA - JAPAN HOLDS ANNUAL MEETING IN KOBE CITY

Members of AMDA - Japan gathered in Kobe city and held the current year's annual meeting on 15th and 16th of July, 1988.



Attendants of AMDA - Japan's 1988 annual meeting in Kobe. Squatting in the front row (left to right) are: Dr. Tonai; Dr. Tohda, Regional Coordinator of AMDA-Japan; Dr. Kunii; Dr. Ogawa; Dr. Moori. Second row (kneeling, from left to right) are: Mr. Yoshioka; Dr. Hamanaka; Mr. Kurokawa; Mr. Suzuki. Standing from left to right are: Mr. Takahahi; Dr. Koike; Dr. Kobayashi (in the rearest position with spectacles); Dr. Momomura; Dr. Yasu; Dr. Suganami, President of AMDA - International; Mr. Takashima and Dr. Nishinari.

17 members including Dr. Shigeru Suganami, President of AMDA - International and Dr. Kohei Tohda, Regional Coordinator of AMDA - Japan gathered in the beautiful city of Kobe, situated in western part of Japan, for the annual meeting of year 1988.

The meeting began on 15th July and went through 16th July having discussion on several matters of importance for AMDA activities.

10th anniversary plans: In the meeting past one year's activities were reported and a detailed planning of the 10 anniversary celebrations of AMSA - AMDA was conducted. The next year's memorial conference is also going to be held in the same city of Kobe which is expected to be attended by a large number of participants from AMDA member countries. Besides that the 10 anniversary celebrations will also be attended by distinguished people from various countries of Asia. It is hoped that the Japanese participants will also turn in a big number. It is for the first time that an annual meeting is hosted in Japan ever since the AMSA - AMDA have begun functioning.

AMDA annual meeting: The fifth annual meeting of AMDA is scheduled to be held in Bangkok from August 12th and this year around 17 representatives from five AMDA member countries viz. Inida, Japan, Malaysia, Philippines and Thailand are expected to participate. The participation from Japanese side was also planned in the annual meeting in Kobe.

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**FACULTY OF MEDICINE OF HASANUDDIN UNIVERSITY
UJUNG PANDANG - INDONESIA**

by: Dr. A Husni Tanra, Ph.D.

Regional Coordinator, AMDA - Indonesia;

and

Dr. Udhin Halid

History

General Illustration: Hasanuddin University is lain in the middle part of Indonesia. Ujung Pandang is a capital city of the province of South Sulawesi. From national capital city Jakarta, where the central government of the country operates, to Ujung Pandang is two hours by air. If the plane takes off from the international airport Ngurah Rai Bali, it will land one hour later in Mandai, Ujung Pandag's airport. Ujung Pandang has two entrances, that is, first through its harbour and the second, through the airport. Hasanuddin University is located about 22 km. from the airport and 3 km from the harbour.

Hasanuddin University was established by the first vice president Dr. Muhammad Hatta (now deceased) on September 10th 1956. And it is 32 years old now, which possesses 13 faculties and they fectched 16,188 students.

Hasanuddin University has 2 campuses. The old campus is Baraya's campus, with space of approximately 39 hectares. Whereas the new one is called Tamalanrea's campus which covers 220 hectares area. Both of these campuses was core by 673 lecturers, not included their assistants.

Faculty of Medicine of Hasanuddin University: Although Hasanuddin University began in 1956, Faculty of Medicine had been established before that, with the name "Faculty of Medicine of Makassar". Makassar was the former name of Ujung Pandang.

Before the faculty changed the name into Faculty of Medicine of Hasanuddin University it was receiving 125 students. Among them, 65 students were admitted without test, represented for the first time since it was established on January 28th, 1956. Seven months later, exactly on August 1956 the faculty received 60 students after test, with Biology, Physics and Chemistry as the subjects for test.

Prof. Dr. Soegiono Djoened Poesponegoro was the first Dean of the Faculty of Medicine of Hasanuddin University who was helped by secretary, Prof. Dr. Med. S. J. Warouw. In 1963 Faculty of Medicine, Hasanuddin University produced bachelors first, with the Doctor's title, abbreviated as "dr". Faculty of Medicine of Hasanuddin University is 32 years old now, with 1177 students, and 1080 alumni. The faculty have 156 lecturers from different levels i.e. from common degree, master programme, and doctorate (Ph. D.) who have a specific skill.

Education

Most of the faculties of medicine in Indonesia hold preclinical system and clinicals (practical system) in the hospital. A student who passes his subjects from the first level until the fourth, could get the title, Docterandus Medis i.e. "Drs. Med." (man who experiences in handling medicines). Women are called Docteranda Medis (Dra. Med.). Those with these title, can continue their study in clinical level. After finishing programme in clinicals, they get the doctor's title i.e. "dr." as a professional. To get the title Drs. Med. or Dra. Med. as mentioned before, one needs minimal eight semesters or four years, whereas to get the title of "Doctor", one should spend additional four semesters or 2 years. So, from preclinical to complete clinical level one needs 6 years.

Thus, students who really overcome their programme in this clinical level, can follow another programme which is known as KKN. As KKN is awarded in all the faculties of Hasanuddin University in partial fulfilment of the requirement for the doctorate. However KKN is not awarded in all the Universities in Indonesia, particularly, University education which is not directly in the hands of ministry of education, nationally.

Comprehension of the KKN

KKN resumes from the words "Kuliah Kerja Nyata", means, social practical straight in the community which is almost similar with the

abbreviation words "KKL" (Kuliah Kerja Lapangan), means, field practice study. KKN is a subject matter included in the University curriculum and it has the same status like others. Just in its practise, KKN differs from others.

For example, to compare with the surgery practice, surgery is usually practised in campus or in a hospital. Different from KKN it should be done from another city or the students who did KKN leave their campus to a distant village and they mingle in this village for two to three monts.

Since shares in villagers are supervised by a supervising lecturer of University to control the students in the location. Apart from this he is also helped by regional authority. To fulfil duties, they form groups in which each group takes responsibility of a duty with the villagers. The main activities they should do are:

- to lead the household in process improvement skill and nutrion.
- to lead the society as well as help them in intensive farming and gardening.
- to give some explanation concerning meaning of health particularly in environment health.
- to lead the society to understand some of the government programmes like family planning etc.

The above mentioned is a well experience for the students that they recieved in the campus and later they poured in the society. Clearly that the two types of social approach KKL and KKN have a certain role and its different participation. For example, KKL (field practice and research) which usually done by a student in a village was focussed on the needs observer for his seminar data. On the other hand, KKN (active participation in the society) where the students share and together with society to think and cultivate facilities of the village.

Sphere of activity for new doctor

A placement of a doctor which in the right meaning is who recently has graduated from an University. A fresh graduate can, generally get a job in the government service. This has become possible due to the rapid growth of the nation each year. Population of Indonesia is about 160 million and 80% of them live in villages. A great population survey carried out in the year 1985-1986 stated that the population will increase to 210 million in the near future. In total, the medical faculties of the nation will produce 1500 physicians every year leaving the doctor patient ratio to be 1 : 9000.

This has been a starting point for the government and while declaring that the government instructed that a new physician should serve in the village at least for 3 - 5 years.