



AMDA

NEWSLETTER

THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

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The Voice of Young Asian Medical Doctors to Medical Students

In August this year, AMDA and AMSA held a joint annual international conference together in Kobe, Japan. During the meeting, "AMDA participants were asked 3 questions, the answers of which would represent advice to their young AMSA colleagues." These questions are :

1. *What is the difference between qualified doctor and medical student?*
2. *What kind of thing are you ready to do for AMSA members?*
3. *What do you suggest medical students to do during their own school days?*

The answers are :

Dr.Ma.Emma D.Palazo, Manila, Philippines



1. Doctors have more experiences and more practical. Opportunities for them for further training or work are unlimited. They just have to make a firm decision either to undergo further speciality training and personal gains or go directly to the field where specialists are not needed but rather doctors willing to improve the quality of life of the poor, the sick and the unreached people.

Medical students are quite limited in their work because of academic activities. But this is more challenging for they have to balance school work and community involvement.

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PURPOSES

1. To publish information about AMDA activities.
2. To provide a medium of communication among AMDA members.
3. To be a forum for AMDA members to express ideas and comments.
4. To publish articles about health care and community development

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EDITORIAL



Dr. Nipit Piravej

The close link between AMDA, the Association of Medical Doctors for Asia, and AMSA, the Asian Medical Student Association, has been very characteristic of these 2 enthusiastic NGOs.

Ten years ago, a small group of medical students from India, Japan, Singapore and Thailand met in Bangkok with the eager heart to know each other.

Mutual understanding, everlasting friendships and future cooperation were the key words. After that unusual meeting, the spirit of these young people has been handed over and over to their junior students so that, year by year, the activities have been carried out by a larger and larger groups of Asian medical students.

For many years, so many dreams have been talked in these meetings. However, these dreams can hardly come true if these people do not start to take real action after their graduation. Therefore, 5 years later, these young qualified medical doctors worked together to establish AMDA, an association where they can join hands to bring their dreams into reality.

In August this year, the link between these 2 sister associations has been pushed even closer by holding a joint international conference in Kobe, Japan. During the meeting, AMDA members were asked 3 questions, the answers of which would represent their advice and encouragement for the younger colleagues, AMSA members. In this issue, we are very happy to present these answers.

The Editor

2. I am willing to advice AMSA about how to develop a depressed community anywhere in Asia even though they are still students. AMSA members can join our medical missions in the tubes, rural areas and urban poor areas twice a month for 2 students at a time. This is under the Seed of Life Foundation Inc. which implements the primary health care program in these areas to support the missionaries.

3. First of all, students should do their best in their studies. However they should not allow themselves to be confined only in the four walls of their activities aside from schoolwork that will develop their whole personality. Being a doctor is a multi-faceted career; you should be a teacher, counsellor, comforter and a leader. As students they should have training on these aspects and AMSA is a venue for these.

Dr.Osamu Kunii, Tochigi, Japan



1. Students are in-certain possibilities. To make them firm and certain, they need a lot of experience.

Doctors are realities. Based on their past experience, they take into actions. All the actions are judged by societies. They accompany res-

pensibility.

2. I can hand down my experience of student yrs. I'm ready to prepare all the help which I can serve at their request.

3. (1) Traveling around the world alone! (2) Reading a lot of books on the third world! (3) Achieving at least one week for Asia!

Dr.Yoneyuki Kobayashi, Kanagawa, Japan



1. (1) Medical student may also have knowledge of diseases, however can't try treatment for him or herself. (2) We doctors always troubled with patients' pain and distress in their hearts.

2. (1) Bed side training for surgical digestive tract diseases during their

vacations. (2) Join AMDA medical network for foreign students in Japan as volunteers.

3. Studying medicine is most important, however getting nice friends and making an effort to be a man of wide out look on life is also important.

Dr.Shuji Tonai, Oita, Japan



1. Doctors have responsibility to manage their own patients and people. They have a chance and responsibility to solve patients' problems.

2. I can offer the training and educational program(1-week) at the rural clinic. The program in-

cludes management of common disease, health education and essential health research(Meals and accommodation will be served freely).

3. They should continue to motivate themselves through the contacts with AMDA members.

Dr.Shigeru Suganami, Okayama, Japan



1. Doctors have their ordinary job, family... doctors can create steady projects for better medicine for better future, and students can attend it.

2. (1) Co-ordinate their request among AMDA members. (2) AMSA members can

attend to AMDA projects.

3. They can increase their wide experience on every field, if they have the desire.

Dr.Lyn C.R.Panganiban, Manila, Philippines



1. Medical student studies the basics of medicine whereas a doctor, although a student too, attempts to perfect the art of medicine, try applying what he has learned from medical school to his practice.

2. I can act as an adviser by guiding them

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with planning of activities, goal setting, etc..

3. Medical students should take their studies seriously. Also, they should try to reach out to the world outside of medical school -- they should begin involving themselves with health program, like the ones initiated by the AMDA members.

**Dr. Antonio C. Sison,
Manila, Philippines**



1. A doctor would have graduated from medical school, have passed the medical licence and is now actively pursuing a specific field in medicine for his career.

Whereas, a medical student is still in the process of developing practically and emo-

tionally into a doctor. For obvious reasons, the priority of a medical student is his studies.

2. After the convention, AMDA-Phil. met with AMSA members after a free clinic in Smokey Mountain. We played games and listened to the thoughts and emotions of our AMSA members.

Personally, I offer my friendship and experience to the AMSA members in dealing with their affairs. I would like AMSA to stand on its own, yet have a good relationship with AMDA members on an organization & personal level.

AMDA plans to have regular meetings with AMSA to plan some activities together.

3. I feel that the students should prioritize their activities. First is their studies. Extracurricular activities like parties and excursion are also alright. Depending on the issues each requires are facing. AMSA should address the immediate concerns of medical students like holding a symposium, lecture or workshop on specific issues (e.g. Genetic law in the Phil.). A leadership training seminar is also good to develop the character and person who is going to be a doctor.

**Dr. Hideki Yamamoto,
Tokyo, Japan**

1. Doctors have speciality and responsibility for medicine. Students have relationships according to their friendship. But doctors keep their relationship

not only their friendship, but also business -- research, work, practice.

2. I am a 2nd year trainee doctor and I can not advise medical students as an expert. But I can talk about my experience when I was an AMSA member. I can show my hospital for foreign medical students. I can contribute a small amount of money for AMSA.

3. They should have much experience not only for medicine but culture and society. I think that it is very important to understand the cultural background of medical problems when we solve the medical problems. For example, participating field study is very good for this purpose.

**Dr. Dennis S.C. Lam,
Hong Kong, U.K.**



1. *Basically, we are just brothers and sisters of the same family. We have different limitations and problems to face, but we should be facing toward the same aim, to achieve humanity as a whole. *Student gives an impression to others of purity and neutrality while doctor (esp. experienced) can command much respect from most people in the way

can help solving many practical problems e.g. fund raising and other negotiation. *Doctor has more life/practical experience with patient and society... may see things in a more practical way.

2. *Stimulate students' thought. *Facilitate their own exploration through various activities. *Share experience with them. *Help them in solving problems e.g. in organization fund raising, etc.. *Learn from them.

*I treasure self-actualization very much. i.e. to do one is capable of doing, no matter you are a student or a graduate. *Since a student is going to be a doctor soon, he has to be responsible as a competent and kind-hearted doctor. One must be competent in one's knowledge and clinical sense. However, and none importantly is to develop one's mentality of exploring this very wonderful and interesting world (esp. people). *Things come, things go, it won't bother me. People cry, people laugh, it makes me feel.....

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Dr. Varginia Martinez, Manila, Philippines



1. The doctor has gone through training and carries more responsibility with regards to medical health, diagnosis and management. The student still has to learn the art & science of medicine for years. When it comes to AMDA and AMSA, the students act

as catalyzers for ideas to be developed, friendship to be established and the recognition of brotherhood in Asia. The doctors then are tasked to move a head and make changes not only in their respective field but also in themselves and the environment to make health for all a reality. Being a doctor makes it easier for doctor to establish their credibility in their respective countries.

2. The main role of students will be to study well and learn not only medicine but many aspects of life not provided for in books, i.e. interpersonal relationship, confidence, brother or sisterhood and idealism.

3. As a doctor and previously a member of AMSA. I would want to extend my services as adviser and friend to the students. Friendship is a vital factor in success especially with AMDA & AMSA.

Dr. Tatuya Koike, Osaka, Japan



1. Most important point is the fact doctors have their patients always. This fact sometimes restricts the actions of doctors but in other time encourages them. So having patients is not weak point for doctors, I think.

Second difference is money. I always hear, and have said in my studenthood, students have free time and no money. That is true but I think it is enough for us to have passion for Asia or other countries.

2. Nothing. I want to ask what kind of things you are ready to accept from AMDA-members.

3. I think there is no difference between students who want to work in the field of international health cooperation and others. You must study about all kind of medicine to become a good doctor for your patients.

Dr. Hitoshi Hoshino, Yamanashi, Japan

1. *Students have more free time, but less money than doctors. *Doctors have their own specialities and are familiar with them, but they seem to be lack of knowledge on other fields. Meanwhile students are allowed to decide their specialities in future.

2. *I'm ready to give some financial support to AMSA programs. *I can give them a small lecture on my speciality, or introduce them proper specialists.

3. *Use much of free time in student days to academic exchange with non-medical people, and try to have an ability which you can find social causes behind diseases. *Join to social activities, and go through to realize the social system and process of decision making there. I hope you'll make good use of it to clinical and public health-activities in future.

Dr. Kenneth Hartigan-go, Manila, Philippines



1. Maturity, experience and wisdom, the doctor must always guide the young student to go the right path, if not it is our fault as doctors. 2. Whatever good visions they have we must have duty to support them. We must either treat them like sons and younger

brothers or like their respect for us doctors. We must be firm yet accommodating in what we do for them. We must show them always the truth and sometimes the ugly things.

3. *Study well, since this is their Primary job. Grow up to be mature and responsible contributors to society. *Take care of extra-curricular and social life and improve international communication and cooperation.

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**Dr. Kuni Iwai,
Iwate, Japan**



1. The most different thing is their "right". Doctor has much more right than medical students about patient's treatment. On the other hand, medical students can think and watch things in more free way, and have clearer eyes than doctors.

2. I can prepare a short term "rural health care course" during my stay here in "Karumai".

3. Watch and think many things: They are not about medicine, but art, social problem... everything is O.K.. Find good friends and be "neater", not only with medical people.

**Dr. Hiroshi Takahashi,
Tokyo, Japan**



1. Doctor has mission to cure physical and mental sufferings of patients. And then doctor ought to be responsible for various matters with the patients and their family, sometime even for society. Doctors must take a pride and prestige in their occupation. Mean-

while students don't have such restrictions and can be free as far as society allows. However, students can hardly realize that joy to relieve patients' sufferings and with dignity of life in dying people.

2. What kind of thing should they do in their school days? At which hospital might they as well take a resident training? --- I'll be able to suggest them: But first of all, I like to emphasize them is that the most important is to consider for yourself and do by yourself while in undergraduate, since they are allowed to make mistakes.

3. *Everyone'd better cook, wash clothes, and clean rooms for one's self. *Learn rules which individual ought to obey, like keep a promise, be polite and humble, so on. *Form a habit of cooperation and individualism. *Get familiar with foreign languages and computer system, if they have spare time.

**Dr. Wiboon Tantirittisak,
Bangkok, Thailand**



1. Main difference is clinical experience. Medical students have medical knowledge but never use their knowledge with patients, while doctors have both knowledge and practice with patients.

2. As a doctor, I can share my clinical experience with them which they lack. I am ready to be their adviser for the plan they're going to do after their graduation.

3. I'd like to suggest them to study hard and try to find what in medicine that fit them most, because medicine is so vast that they can't learn it all just in 5-6 years but their whole life. So try to find what speciality you like and try to master it.

**Dr. Hideo Tanaka,
Osaka, Japan**

1. *Doctors have responsibility on their business. *Doctors have further recognition on the present situation of medicine.

2. *Advise (to Japanese members) about their careers. *General supports as a senior doctor. *Visiting, inspecting and training on what I'm doing: (1) Epidemiology and Public Health. (2) Business on a health center.

3. *Make efforts to be a doctor who can mate patient's problems from physical, psychological, social aspects, and finds a proper solution. *Keep on concerns about various phenomena on health. *Don't think much of experiences, but objective evaluation. *Be familiar with computer operation.

THE BASIC MINIMUM NEEDS APPROACH

The basic social objective of Thailand's Sixth Plan is to improve the quality of rural and urban life so that it reaches a basic minimum standard, while preserving the traditional culture and values of the country. The "Quality of Life" is defined in terms of eight basic needs with approximately 32 indicators

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which are adjusted where necessary to fit the varying living conditions in rural and urban areas.

The indicators, about half of which are of direct relevance to children, were used to classify all Thailand's villages into three groups: those most in need of development, those already started on

the process and those at a satisfactory level. In 1988 12,000 villages (approximately 20 per cent) were found to be in the most needy category.

The basic minimum needs approach is the present strategy of the Thai government to direct all national developmental projects and plans to really reach the underprivileged groups who are the majority of the population.

BASIC NEEDS	INDICATORS
1 SUFFICIENT FOOD AND GOOD HYGIENE	1 Growth monitoring of 0 - 5 year olds 2 Growth monitoring of 0 - 14 year olds 3 3,000 grams birth weight 4 Acute diarrhoea morbidity rate
2 APPROPRIATE HOUSING AND ENVIRONMENT	5 Housing durable for at least 5 years 6 Household garbage and drainage system 7 Household sanitary latrine 8 Sufficient clean household drinking water
3 ACCESS TO BASIC SOCIAL SERVICES	9 Full immunization of 0 - 1 year olds (DPT, OPV, BCG, measles) 10 Compulsory primary education enrolment 11 Primary school booster vaccination (TT, BCG, Pertussis, Typhoid) 12 Literacy rate among those over 12 years 13 Availability of non-formal vocational, health, etc, education 14 Pre and post natal care and delivery by trained personnel
4 SECURITY OF LIFE AND PROPERTY	15 Crime rate (theft, murder, rape, etc.) 16 Security for travelling at night
5 EFFICIENT FOOD AND AGRICULTURAL PRODUCTION	17 Application of agricultural techniques, i.e. crop rotation 18 Appropriate crop strains and animal breeds 19 Usage of appropriate fertilizers 20 Ability to eradicate and prevent crop pests 21 Ability to raise and care for animals
6 FAMILY PLANNING AND SPACING	22 Families practising contraception and limited to 2 children
7 COMMUNITY PARTICIPATION	23 Membership of groups to improve socio-economic conditions 24 Participation in self-help development 25 Maintenance of public property 26 Preservation of cultural heritage 27 Protection of natural resources 28 Voting at tambon and village levels 29 Effectiveness of community organizations
8 MORAL DEVELOPMENT	30 Abstinence from alcohol, gambling, drugs 31 Participation in religious events 32 Thrift

* These indicators are for rural areas; a modified version is used in urban areas.

News & Notes

Dr.Nipit visited Dr.Euan Murugasu in Singapore



Dr.Nipit Piravej went to Singapore to join the Neurosurgical Conference organized by the Academy of Medicine, Singapore, during October 3-6. This trip also provided him a great opportunity to meet Dr.Euan Murugasu, his fellow AMDA member for the first time.

During the visit, Dr.Nipit stayed with the Murugasu family at their home in Clementi Park area. He was very much impressed by the warmest hospitality of the host.

Dr.Euan Murugasu has just completed his military service for the Army which is compulsory for all Singaporean young men. Now, he has started his clinical work at the Singapore General Hospital and will sit for the F.R.C.S. (Part 1) and F.M.G.E.M.S. Examinations in November. So good luck to our beloved Euan.

Dr.Samrerng goes to Belgium



**Dr.Samrerng Tang-Gratoke
of AMDA Thailand**

Dr.Samrerng of AMDA Thailand, who is now the director of Communicable Disease Control in Ubon-rajathani province, has gone to Belgium for his Master of Public Health Degree study in Tropical Medicine & Community Health at the famous Prince Leopold Institute for Tropical Medicine in Antwerpen City.

Before he left, he had sent a message to AMDA Newsletter in response to the request of Dr.Shigeru Suganami, the president of AMDA, about the exchange programs for AMDA and AMSA members. Dr.Samrerng said he would be very glad to welcome our members to visit his office and observe or even take part in some of the various community projects carried out in the area of Ubon province.

Fortunately for us, Dr.Samrerng will not stay in Belgium for too long. He will return to Thailand again by June, 1990. We hope that when he returns, he will continue to be a valuable resource person for our association.

To contact him now, please write to the following address :

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