



# AMDA

# NEWSLETTER

THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

**AMDA INTERNATIONAL  
OFFICERS 1989-1990**

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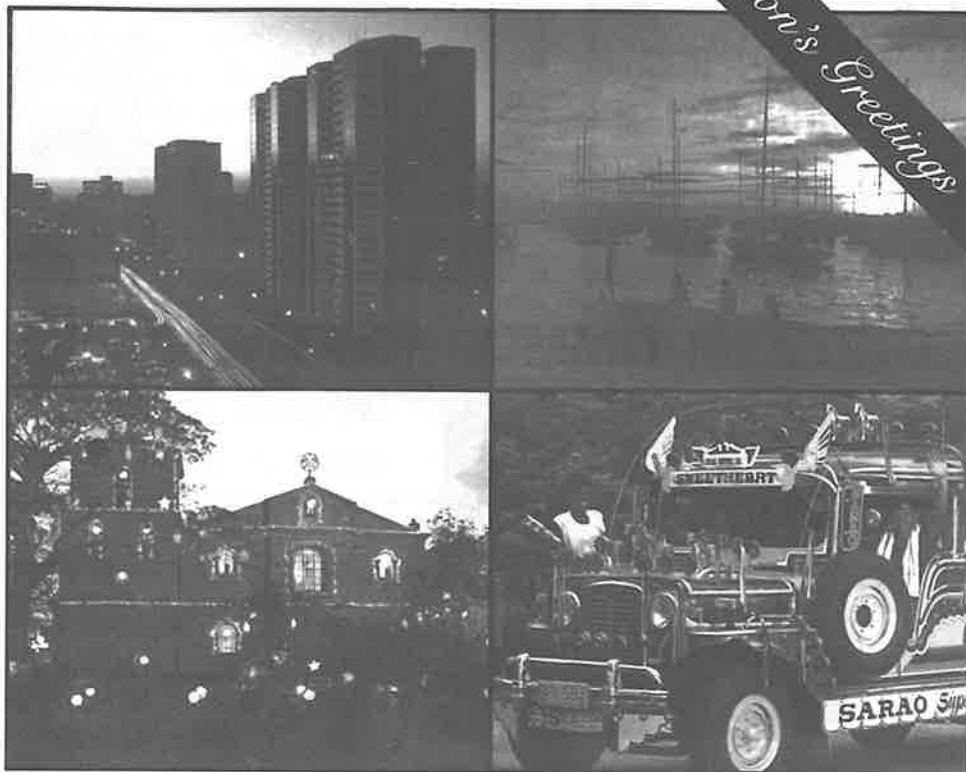
Singapore.

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*Season's Greetings*



## AMDA SUMMIT MEETING MANILA, PHILIPPINES

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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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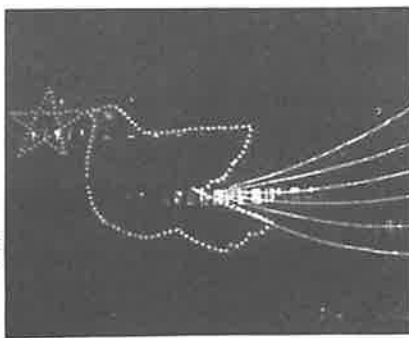
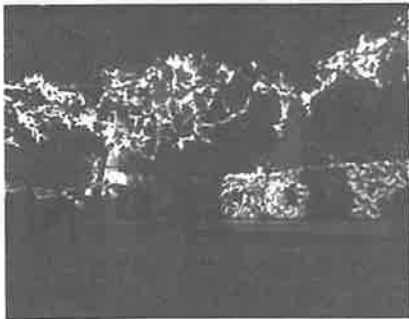
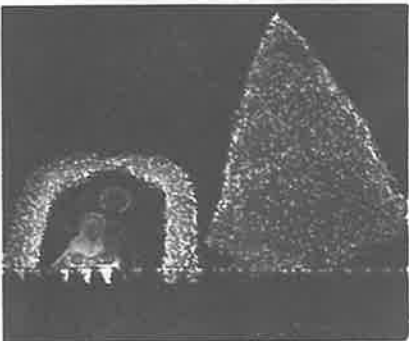
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EDITORIAL



Mabuhay !

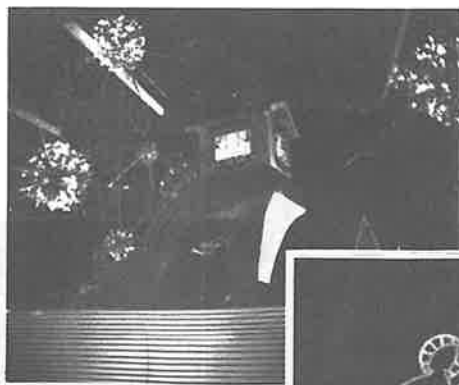
It comes again to the time for year end celebration !

This December is special because it is not only the end of 1989 but the final chapter of the 80s as well.

In this closing decade, we can still recall many important milestones of AMDA-AMSA activities. The 1<sup>st</sup> Asian Medical Student Conference took place in Bangkok at the beginning of the decade. Then AMDA was established near the middle of decade. Finally, at the end of the decade, we were able to organize the 1<sup>st</sup> joint AMDA-AMSA conference to consolidate our effort for the future activities. It is certain that we will go hand in hand into the 90s and make it the time for AMDA-AMSA to mature and bring about impact to the society.

Also in this wonderful month, a group of AMDA members were working very hard in AMDA Summit Meeting, hold in Manila, Philippines. From the report, we learned that the meeting must be very successful and contributed substantially to our organization. Thus, in this issue, we devoted most of the space to the highlight of the Summit Meeting so that all members can share the wonderful atmosphere together.

The Editor



## **SCHEDULE OF ACTIVITIES : SUMMIT MEETING AMDA INTERNATIONAL**

*Manila, Philippines*

### **DAY 1 - DECEMBER 29, 1989 / KENNETH'S PLACE**

8:00 - 8:30	Registration
8:30 - 9:30	Orientation / Creative Problem Solving Seminar (Sp. Obj. 4)
9:30 - 11:30	SESSION I (Sp. Obj. 1)
11:30 - 1:00	LUNCH
1:00 - 3:30	SESSION I
3:30 - 4:00	Break
4:00	Departure for Dr. Chua's place
5:30 - 8:30	SESSION II (Sp. Obj. 2)
8:30	Dinner / Management Skills Lecture c/o Dr. Chua (Sp. Obj. 4)

### **DAY 2 - DECEMBER 30, 1989 / TOF1'S PLACE**

8:00 - 9:00	SESSION II
9:00 - 11:30	SESSION III (Sp. Obj. 3)
11:30 - 1:00	Lunch
1:00 - 3:00	SESSION III
3:00 - 3:30	Break
3:30 - 5:30	SESSION III
5:30 - 7:00	SUMMARY
7:00	Dinner



## HIGHLIGHTS OF THE SUMMIT MEETING

### DECEMBER 29-30 1989

*Manila, Philippines*

#### ATTENDANCE :

Dr. Naomasa Hirota (Japan)  
Dr. Edmund Chan (Hong Kong)  
Dr. K. Ramachandra (India)  
Dr. Kenneth Hartigan-Go (Philippines)  
Dr. Carson Lo (Philippines)  
Dr. Virginia Martinez (Philippines)  
Dr. Lynn Panganiban (Philippines)  
Dr. Emma Palazo (Philippines)  
Dr. Solita Ramos (Philippines)  
Dr. Antonio Sison (Philippines)  
Esther Saguil (Philippines)  
Filipina, Jun, Wendel, Arnel(AMSA-Philippines)

#### DAY 1 : DECEMBER 29, 1989

Dr. Hartigan-Go's residence.

#### ACTIVITY 1 : *Background on the GRID Methodology*

Kenneth introduced to the group the GRID methodology with the aim that this will be adapted for the conferences and business meetings of AMDA. This approach was introduced in 1979 and was used to examine the various aspects of adolescent health from different perspectives.

Basically, the GRID methodology consists of three grids which are identical in structure but different in their content and aims, with each grid consisting of rows, corresponding to events, and columns, corresponding to areas of concern. In Grid I, both

needs and problems regarding a given event are identified. For the second grid, different responses or currently existing services to address the specific needs are noted. These services are evaluated based on their strengths and weaknesses. In Grid III, proposals or alternative courses of action are being discussed to bridge the gap between the needs identified in Grid I and the existing services noted in Grid II. After the third grid, it is expected that an action program or resolution on the given event be made by the participants.

In order to better understand the methodology, the participants did a role play.

#### ACTIVITY 2 : *Creative Problem Solving (CPS)*

To answer the need to improve management and leadership skills among AMDA members, a brief seminar on CPS was given by Dr. Virginia Martinez. The course aims to develop the attitude of self-confidence in one's ability to be deliberately creative, to be open minded to the ideas of others, to increase one's ability to associate with creativity, especially to produce quality ideas and original ideas that will help in problem-solving. In other words, it will sharpen one's creative thinking and differentiate it from analytical thinking.

The activity was lecture style, supported by exercises on creative thinking.

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### **ACTIVITY 3 : Annual Convention**

#### **1. India's Report**

Dr. Ramachandra presented the preparations for the convention in India. AMDA-India proposed that the conference be held in Bangalore on December, a cooler month, compared to August. The conference will be divided into three parts :

- Pre-conference field study - one week
- Conference proper - two days
- Post-conference - (none specified)

However, the details on the convention have not been drawn up yet.

#### **Comments :**

(1.) Regarding Date/Place :

Majority commented that December is a busy month such that people may find it difficult to take the necessary leaves from their respective jobs. Thus, August would still be a more preferable month for the convention.

The idea of holding the convention every two years and a summit meeting in between was also brought up.

As to the place, it was voiced out by a majority that it is important that AMDA/AMSA conventions be held in the same country to develop better relationships and interactions between the two groups. Furthermore, finances would be a deterrent if the convention will be held in India. This is true for many members who are just starting with their careers.

#### **Suggestions :**

Taking into account the above points, it was suggested that the AMDA convention be held in Indonesia, together with the students. However, the major problem is the lack of active AMDA-Indonesia members to organize the convention. But Kenneth suggested that this can be remedied by asking help from AMSA-Indonesia through Ari Fahrail Syam (AMSA-Indonesia Head) and CMAAAO (Confederation of Medical Association of Asia, Australia, Oceania) through Dr. Azrul Azwar (President of CMAAAO) and Dr. Primitivo Chua (Secretary General of CMAAAO).

**RESOLUTION :** Realizing the need for developing closer interactions between AMDA and AMSA, the group unanimously voted for Indonesia.

#### **II. Theme**

Several themes were suggested for the conference. Among them were Traditional Medicine. Problems of Refugees, Urban Health Development. One major criterion considered in the choice of the theme was the extent or gravity of the problem,

whether it exists in majority of Asian nations. It was also agreed that only one topic should be handled to maximize the discussion and the export contribution of the quest speakers.

**RESOLUTION :** After some deliberation, the group voted for Urban Health Development. However, the topic needs to be narrowed down.

### **ACTIVITY 4 : Meeting with Dr. Chua**

Dr. Chua gave some insights on how to professionalize AMDA by sharing with the group his experience with CMAAAO. He stressed the need for a secretariat to attend to the different activities of AMDA. Also, he saw the need to strengthen the organizational structure of AMDA by formalizing the election of officers, both in the international and local chapters. Furthermore, he gave the group ideas on how to improve the annual conventions.

### **DAY 2 : DECEMBER 30, 1989**

Dr. Sison's Residence

### **ACTIVITY 1 : AMDA Annual Conference (Continuation)**

#### **III. Methodology**

It was observed in the Japan convention that there was not enough discussion/exchange of ideas among participants and that at the end of the convention, not much resolution was arrived at on the three issues that were raised namely, occupational health, refugees and community development and health promotion. In response to these observations, AMDA-Philippines suggested adapting the GRID methodology for the convention.

Advantages would be :

- (1.) Better interaction among participants
- (2.) The GRID methodology is designed in a manner that a resolution will be reached at the end of the convention.
- (3.) It is a systematic approach in handling issues/problems.

Disadvantages would be :

- (1.) Too much brainstorming activities making it work-intensive.
- (2.) There are gray areas between events and areas of concern that may be misout.
- (3.) There may be some difficulty in understanding the methodology at the start.

An alternative method was straight conference, which means that it will consist of keynote speeches and country reports. With this approach, there won't be a venue for more interaction between participants. There is no built-in system to ensure that some resolutions are made at the end of the convention.

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**RESOLUTION :** The group decided to adapt both approaches, that is, the first half will be conference style followed by a workshop using the GRID methodology, with the agreement that all participants will have to be oriented on the GRID methodology ahead of time to give them time to assimilate the said approach.

#### **IV. Exhibits**

Dr. Hirota suggested that photo exhibits be displayed during the convention, particularly on the refugees. Another suggestion was to put up booths depicting the different AMDA activities in different member countries and not just limit the exhibit to refugees.

**RESOLUTION :** *The decision was left to the ORGANIZING COMMITTEE.*

#### **V. General Assembly Meeting**

A suggestion to include a general assembly meeting among the activities in the convention was made. This is to provide a venue for AMDA members to talk about the different AMDA activities and other issues pertaining to the organization.

**RESOLUTION :** *This will be taken into account by the organizing committee.*

#### **VI. Organizing Committee**

Realizing that there is a lack of active members in AMDA-Indonesia, and that CMAAAO and AMSA-Indonesia may be able to help in terms of the physical arrangements, the conference proper should be handled by AMDA International. Thus, it was initially suggested that all members from different countries take active roles in organizing the conference, that is, become members of the different working committees. However, a problem on coordination and communication was foreseen. So, it was eventually agreed that one country spearheads the preparation for the convention, while the others will lend whatever available support they can give.

**RESOLUTION :** *AMDA-Philippines volunteered to be the organizing committee.*

#### **ACTIVITY 2 : AMDA Organizational Structure**

In line with professionalizing AMDA, there is a strong need to improve its organizational structure. Some amendments have to be made regarding this matter. Thus, it was agreed that proposals be formulated to be discussed in the business meeting on August, 1990 in Indonesia. The issues raised, with the names of the person assigned to make the proposal, were the following :

- (1.) Define and delineate functions of the officers (Vogie)

- (2.) Creation of the position of AMDA-AMSA coordinator (Emma)
- (3.) Creation of the position of Secretary General and renaming the position of Regional Coordinator in Councilor (Edmund)
- (4.) Creation of a Committee on Amendments
- (5.) SOPs to be followed in Business Meetings
- (6.) Creation of a Secretariat
- (7.) Set up policies on membership (individual members/country)

All the proposals will be submitted to Dr. Antonio Sison who will be collating them.

#### **ACTIVITY 3 : AMDA Newsletter**

Dr. Sison received only 10 responses from the feedback the editorial staff sent out to the individual members. Some comments were : (1.) the newsletter does not come on time, (2.) there are very few articles, (3.) majority would prefer medical reports, exchange program updates, (4.) format is attractive and acceptable, (5.) 50% would like their copies mailed directly to them.

Recommendations were as follows :

- (1.) Ask for a representative per country to be part of the newsletter staff
- (2.) Decrease the number of issues from monthly to either every two months or quarterly
- (3.) As to articles :
  - a.) Form guidelines on publication of articles
  - b.) Come up with a theme for every issue
  - c.) Devote more features on members, especially the new ones
  - d.) Assign a corner for every country where on-going activities can be printed
  - e.) Include travelogues on the country where the convention will be held for the given year
  - f.) Publish on-going researches of AMDA members
  - g.) Offer some incentives to members for them to contribute (awards or honoraria)
- (4.) Send newsletter directly to the members instead of the regional coordinators; corollary to this is the allotment of funds coming from the membership fees to augment the newsletter funds
- (5.) Solicite advertisements to help finance the newsletter.

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#### **ACTIVITY 4 : AMDA Directory/Membership Fees**

There is still a need to collect the AMDA membership forms and fees in order to come up with the AMDA directory. Reminders will have to be sent to all regional coordinators for them to submit the forms and fees to Kenneth (Finance Officer).

#### **ACTIVITY 5 : Communication Network**

Limited communication among members exist because of the lack of an updated directory such that members would not know how to get in touch with fellow members. Another point that was raised was the lack of a system of disseminating information to member countries regarding AMDA activities. It was suggested that for any official communication on AMDA matters, copies will have to be furnished, not only to the central organization but also to the individual regional coordinators.

#### **ACTIVITY 6 : Exchange Programs**

##### **India :**

- (1.) Ayurvedic Medicine/Yoga (Emphasis on Skills)
- (2.) Diploma Course in Plant Medicine (Emphasis on research on herbal medicine)

##### **Japan :**

- (1.) Occupational Medicine (Lectures and Field Study)
- (2.) Endoscopy Training
- (3.) Regional Occupational Health Promotion
- (4.) Endoscopy of Upper & Lower digestive tract
- (5.) Pulmonary disease
- (6.) Neonatal Intensive Care
- (7.) Community Medicine

##### **Philippines :**

- (1.) Field Study: Philippine Refugee Proceeding Center

Copies of the exchange programs should be sent to Dr. Kamath (officer-in-charge of Exchange Programs) who will collate them and prepare an annual report on the status of these exchange programs. It was suggested that a manual be prepared for the exchange programs, complete with photographs. For those interested in any of the exchange programs, the procedure is to write the person-in-charge with a copy furnished to the regional coordinator.

#### **ACTIVITY 7 : Country Reports**

##### **India :**

- (1.) On-going Rural Health Project for 6 months
- (2.) Proposal on an AMDA Clinic

- (3.) Health Survey

- (4.) Plans : Increase the number of membership  
Establish AMSA-India  
Research

##### **Japan :**

- (1.) Exchange Programs
- (2.) Hospitalization Assistance Program foreign students
- (3.) Plans: Increase the number of members to 100 by 1992  
Educational Programs:  
Manual on Exchange Progs.  
Book publication on  
Tropical Medicine (transl.)

##### **Hong Kong :**

- (1.) Updating AMDA membership
- (2.) Plans: Recruit new members  
Form a network with medical societies in H.K.

##### **Philippines :**

- (1.) Workshop on the Health of Youth
- (2.) Binhi project in Smokey Mountain (Year V)
- (3.) Natural Family Planning:  
Audio-Visual Presentation
- (4.) Plans: Update membership  
Continue NFP/Binhi projects  
Exchange program: Refugees  
Prepare for the 1990 Convention

#### **ACTIVITY 8 : NGO-GO Linkage**

It was planned that a directory of NGOs and GOs be made. However, the list is not yet complete. Again, reminders will be made to different regional coordinators to send the list of NGOs/GOs in their countries. AMDA may be able to tap the services of these organizations.

AMDA-Japan has given the names of three organizations with whom AMDA can form linkages namely :

- (1.) Japan Medical Association  
2-5 Kandasurugadan, Chiyoda-ku 101, Tokyo
- (2.) Primary Care Association  
304 Toho Building, 1-42-3, Sannou,  
Otaku 143 Tokyo
- (3.) World Conference on Religion and Peace  
Fumonkan, 2-6-1, Wada, Suginamiku,  
Tokyo

Before the meeting was adjourned, a summary of events that transpired during the two-days was made.

*Prepared by*  
**LYNN CRISANTA R. PANGANIBAN, M.D.**  
*Secretary*  
**AMDA-Philippines**

# TOP TEN NEWS STORIES

*Here is the list of the top news stories of the decade and 1989, according to editors around the world polled by AP. The results are based on 121 ballots from 44 countries in the decade poll and 134 in the 1989 poll, with 10 points for a first-place ballot to one point for a 10th place*

## TOP TEN NEWS STORIES OF THE DECADE

1. Soviet President Mikhail Gorbachev's rise to power and his impact on the rest of Eastern Europe.
2. Political changes in other East bloc countries.
3. The growing problem of Acquired Immune Deficiency Syndrome (AIDS).
4. Political turmoil in China.
5. Chernobyl nuclear disaster in the Soviet Union.
6. Environmental problems, including the greenhouse effect, depletion of the ozone layer and loss of large areas of rain forest.
7. The birth, banning and relegalization of Solidarity in Poland.
8. Afghanistan's civil war.
9. US-Soviet relations, particularly the Intermediate Nuclear Forces treaty signed by Gorbachev and Reagan.
10. Middle East peace efforts.

## TOP TEN NEWS STORIES OF 1989

1. The opening of the Berlin Wall.
2. China's crackdown on its pro-democracy movement.
3. Political changes in the East bloc.
4. Gorbachev's reform efforts and Soviet ethnic strife.
5. The growing worldwide drug problem and accompanying violence.
6. Uproar over "The Satanic Verses".
7. The Soviet troop withdrawal from Afghanistan.
8. The death of Ayatollah Ruhollah Khomeini.
9. George Bush becoming U.S. President.
10. Solidarity's relegalization in Poland.