



AMDA

NEWSLETTER

THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

AMDA INTERNATIONAL OFFICERS 1989-1990

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Dr. Kenneth Hartigan-Go

16th Congress of the Confederation of the Medical Association in Asia and Oceania (CMAAO), JAKARTA, September 12-15, 1989



*Dr. Kenneth Hartigan-Go, AMDA Philippines (LEFT)
and Mr. Ari Fahrial, AMSA Indonesia (RIGHT)*

September 11, 1989

This was the day prior to the start of the convention. Most of the delegates started to arrive today. I was able to meet Mr. Ari Fahrial (chief delegate of AMSA-Indonesia during the AMSC meeting in Kobe last August) and Mr. Novik Budiwardhana (vice-chairman of AMSA-Indonesia). I was able to further discuss the

AMDA and AMSA coordination which was later concretized when Dr. Primitivo Chua opened the possibility of the coordination of AMDA doctors and AMSA students with the different Medical Associations of CMAAO.

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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

You may notice that some changes in the cover of the AMDA Newsletter have been made. The changes obviously reflect the expansion of our association. After the success of the Sixth AMDA Annual International Conference held in Japan last month, AMDA has officially admitted the membership of 5 more Asian countries, namely, Bangladesh, Nepal, Korea, Sri Lanka and Taiwan (R.O.C.). This naturally means that our communication network

is growing larger and the circulation of AMDA Newsletter is also increasing further. We hope that AMDA Newsletter will continue to be an effective medium for the exchange of information and ideas among the continually growing number of AMDA member countries and readers. In order to achieve this goals, may I remind you to complete the readers' Survey (published with the July issue of the newsletter) and send it back to Dr. Sison as soon as possible.

In this issue of the newsletter, we present report of Dr. Kenneth Hartigan-Go, who had a chance to join the 1989 Convention of the Confederation of Medical Associations in Asia & Oceania (CMAAO) in Jakarta. This represents part of AMDA's effort to extend our relation and communication to other international organizations and NGOs.

In this issue, we also printed out the evaluation form for the Sixth AMDA Annual International Conference and the AMDA membership registration form. So, please fill up each form and send them back to the responsible persons. Thank you very much.

The Editor

September 12, 1989

The morning session was the MASEAN (Medical Association of South East Asian Nations) meeting. I was able to meet some senior delegates of the different medical associations.

During the afternoon, I participated in the CMAAO executive council meeting which discussed the minutes of the previous council meeting held in Taipei, Taiwan last 1988. CMAAO holds council meetings (where elected councilors who direct CMAAO activities and the respective presidents of the different medical associations meet) once a year, while Congress (where all member delegates of about 200 doctors) meets every 2 years. Topics of this year's meeting included: Industrialization: Challenge to health, Human Behavior and Environment for a Better Quality of Life. Later in the evening, a banquet hosted by the Minister of Health, Dr. Adhyma was held. It was heartwarming to hear the songs of each country being sung during the cultural presentations.

September 13, 1989

The delegates were scheduled to meet the President of Indonesia, President Suharto. However, he was still on his way home from a state visit to Russia, hence, the Vice-President SH. Sudharmono met the participants in a grand and solemn ceremony held at the Grand Mirdeka Selatan Palace. His message included encouraging each physician to focus on community development and to be committed to help solve urgent problems in each region, not only medical issues.

After the ceremonies, the participants proceeded to the Congress site to witness a colorful opening ceremony. As a representative of AMDA, I joined the procession of councilors, heads of delegates, and other international observers who were seated in the front tables and formally introduced.

The afternoon session was a continuation of the council meetings where each country gave their respective reports and accomplishments. During the coffee breaks, I was able to discuss the various AMDA activities with other delegates. I am happy to report that some important dignitaries expressed interest to coordinate with AMDA members for possible future projects. These dignitaries included, Dr. Saiichi Mishima, Vice-President of the Japan Medical Association; Dr. C.H. Leong, President of the Hong Kong Medical Association; Dr. Aman D. Pulungan, member of the Indonesian Medical

Association (He joined the 5th AMSC held in Singapore); Dr. Arcadio Tamayo, President of the Philippine Medical Association; Dr. Kachit Choopanya, the Deputy-Director General of the Thailand Department of Health; Dr. Azrul Azwar, President-elect of CMAAO; Mr. Angel Orozco, Executive Secretary of the World Medical Association based in France; Dr. Yeoh Boon Hong of the Malaysian Medical Association, Dr. Tay Boon Keng, Honorary Secretary General of the Singapore Medical Association and Dr. Que Chung Po of the China Medical Association in Taiwan. In the evening the Governor of the Capital City of Jakarta, Mr. Wiyogo Atmodarmito hosted the sumptuous dinner at the Taman Impian Jaya Ancol.



Dr. Kenneth Hartigan-Go, second from right, and **Dr. Primitivo Chua**, third from left, at the CMAAO 16th congress.

September 14, 1989

During the council meeting on CMAAO activities, it was agreed that Korea will host the 1990 Council Meeting and Hong Kong will host the 1991 Congress Meeting. Part of the schedule included a forum where the AMSA and AMDA thrusts and activities were presented. I was assisted by Mr. Ari Fahrial Syam who talked about AMSA.

September 15, 1989

This was the last day of the convention. Committee reports of each country were presented and proposed solutions were recommended. The election of a new set of Officers were done using secret balloting. The closing ceremonies included induction of the new set of Officers.

The afternoon was reserved for a tour of Taman Mini which is a national park showing scenic sites of Indonesia at a miniature scale.

All in all, the visit was an enriching experience and AMSA-AMDA were now formally introduced to the various Medical Associations of the region. Now, it is time for each regional coordinator and their members to actualize this introduction into concrete projects. Hope to see you at the next convention.

A Letter From AMDA Chairman, Dr. Pancho Flores



Dear AMDA members :

Good day! I am now here at the Harvard School of Public Health for my Masteral Studies. I have at least 4 classmates from Japan. My other classmates come from more than 20 countries. This is truly an international school.

I wish to finish with flying colors, I believe, my degree will not only boost my own career but also the growth of AMDA. AMDA should move towards professionalism. The members of AMDA should all contribute towards this move. My Havard schooling is my contribution.

I learned about the AMSA-AMDA meeting in Philippines, we started extending our hand and time to AMSA-Philippines.

Regards,

Pancho Flores, M.D.

(Dr. Pancho Flores, 203 Park Drive, Apt, 24, Boston, MA 02215, U.S.A.)

News & Notes

AMDA Summit Meeting is tentatively scheduled to be held in Manila, Philippines during December 29-30, 1989. The main theme for the discussion will be "Professionalizing AMDA", which may be categorized to cover several aspects including the AMDA communication networks, the establishment of professional status for AMDA in each member country, the management & leadership development in AMDA and the arrangement of the next year AMDA international conference. To take part in this meeting are AMDA administrative officers and regional coordinators. Members are also invited to join the meeting. The registration fee is U.S.\$80.00 (including lodging, meals and transportation in Manila). For further information, please contact :

**Dr. Kenneth Hartigan-Go,
11 Lourdes Castillo St.,
Quezon City 3008, Philippines.**

Dr. Samrereng Yang-gratoke

The Role of Young Doctors in Community Development & Health Promotion

The major problems of Thai people are in rural communities (villages). If we could help solving the problems at this level, it means that we could solve the country's problems because most of the (poor) people live in the rural areas.

The problems that are still present in the communities are poverty, illness and illiteracy. These usually interact



Dr. Samrereng Yang-gratoke,
AMDA Thailand & Director of Communicable Disease Control, Zone 7, Ubon, Thailand.

with each other to form a "vicious cycle". Because the poor in rural communities have less opportunities to get a higher education, they get lacking of knowledge and information to help them dealing with many problems. When they get sick they have no money to see and pay for doctors. They do not know how to prevent and care for their own health correctly. They always misunderstand in health such as when they get ill they would go to see witch- doctors for cure which usually make them worse and get into more trouble of vicious cycle.

So the rural people are still waiting for help from us, medical doctors, whom expected to be important human resource in the country. In Thai culture, doctors have still been honoured highly and have feasibility to help people in many situations.

So I like to convince all doctors in our country to give their intention to help the people in rural area much more than before, to be "a real doctor" as the father of Thai medical doctors, Prince Mahidol, had said for a long time to medical students: "Do for other people for the first choice and later for yourself", and also "Money, which I have sent you to learn, is not my money but the people's money. So you have to work hard and get a success then come back home for helping our country."

I think that every doctor in Thailand, and also in other countries, could help developing rural communities effectively because most of the doctors are highly respected in society and also have high potential to work in the following respects.

1. An acceptable profession Medical profession is an occupation which concerns to everyone, from before birth to death. So in general everyone seems to praise and honour doctors much more than other occupations. And also he will get a high respect from society if he is a good doctor. So if we use our profession to be a tool for developing community, it would help us a lot to reach the goal easily.

2. Competency Most of the doctors have high I.Q. Every high school students in our country seems to want to be a medical student. So it needs a tough competition to pass the entrance examination.

One who can get into a medical school shows that he has been screened already before entering to be tested for their intention and endurance to get a degree of medicine. So we can say that doctors who could pass this difficult experience must be keen and patient enough to use their abilities to help people having better quality of life effectively.

3. High self confidence Because of a strictly screening examination system and taking a long period of study with self study from many source of knowledge, help doctors to gain high self confidence, and the courage to think, speak and to do much more than other professions. So if we need to develop somethings in a positive way, we must have a good leader, which we can have this in a doctor.

4. To be in middle class up to high class In general, medical doctors are in middle class up to high class. One who will be able to help the society must be in a stable condition. It means that doctors is one profession that can help the society well and intentionally, except those who do not care for the society but themselves to be richer and richer.

5. Have kind minds Almost all doctors are kind, naturally. They always work with the ill. So they are aware that how painful the people got and know how to help them.

With all I describe are the reasons why doctors can help the people and develop communities in our country and over the world easily than other professions. So I like to persuade all doctors joining this challenging task - a community development and health promotion.

Ma. Emma D. Palazo

The Other Side of Medicine in Japan



Ma. Emma Palazo,
AMDA Philippines.

Four years ago when I first visited Japan I had the impression that this country is so modern, there are a lot of high-tech equipments in medicine and all of the doctors should train how to use them. I even learned from medical students that doctors are specialty-training oriented rather than people, oriented.

I can not imagine how community medicine is practiced in this country. In fact Japanese students visited the Philippines to study our primary health care program.

But this year during the Pre-Conference Field Study of the Association of Medical Doctors for Asia (AMDA) in Kutsuki village, Shiga prefecture, I was impressed on the community medicine program of Dr. Akihiko Takahashima. He is the only doctor in this village with 2800 people. His clinic is well equipped with cardiofax, X-ray machine, simple laboratory materials, all examining instruments and a computer.

The doctor-patient relationship in this center is very warm. The staff are friendly and the patients seems to know each other well. The center even had a room for the elderlies where they can rest. This kind of atmosphere is very much different from big and other hospitals.

Dr. Takahashima's home-visit program is highly commendable. Bed-ridden elderlies are visited by the community public nurses or the volunteers or the doctor himself regularly. I am very glad to visit an 83 years old man who is hemiplegic and had apoplexy. This trip allowed me to witness the simplicity and hospitality of a typical Japanese family in the farm.

Though, we also noted that there are a lot of elderlies living alone in the village because their children are working in urban areas. We hope

that more health volunteers will be trained so that they can look after these people.

The training of the health workers is one program that I am very much interested. I found out that the topics being taught are quite different from what we have in the Philippines. More emphasis is given in degenerative diseases and special nutrition. I hope we had a longer discussion about this program.

Another good thing about this field study program is the balance of academic and cultural experiences that we had. We were able to visit a museum and a Buddhist temple. The welcome party was fun I just hope that there were more people who attended the party. The sight-seeing tour was wonderful! It was a respite from the concrete jungle in the urban areas.

The food, accommodations and transportation were very good!

I would just like to suggest that written information about the village and the health center should be given to the delegates. And more time should be spent in the home visits.

I strongly recommend that Pre-conference field studies be conducted in every AMDA conference so that the members will have a wholistic picture of medicine in the different Asian countries.



"How do you rate the 6th Annual AMDA International Conference in Osaka" ?

Please send replies to :

Dr. Antonio C. Sison

Assistant Editor, AMDA Newsletter

1906 Taft Avenue, Manila

Philippines

Please use the following scale : excellent/very good/good/fair/poor/very poor.

1. Convention facilities

E	VG	G	F	P	VP
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a. Conference room

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Comments/Suggestions : _____

b. Presence of audio-visual equipment

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Comments/Suggestions : _____

c. Accomodations (sleeping quarters/bathroom)

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Comments/Suggestions : _____

2. Convention Proper

a. Adequate time for presentations

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Comments/Suggestions : _____

b. Adequate time for questions/open forum

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Comments/Suggestions : _____

c. Quality of paper presentations

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Comments/Suggestions : _____

d. Quality of audio-visual aids

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Comments/Suggestions : _____

e. Adequate time for social interactions

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Comments/Suggestions : _____

f. Documentation of sessions

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Comments/Suggestions : _____

3. Host Country

a. Hospitality

--	--	--	--	--	--

Comments/Suggestions : _____

b. Adequate social interaction between countries

--	--	--	--	--	--

Comments/Suggestions : _____



Association of Medical Doctors for Asia

MEMBERSHIP REGISTRATION FORM

Name : _____ Ages : _____ Sex : _____

Present position : _____

Specialty Training (if any) : _____

Office Address : _____

Home Address : _____

Birth date : _____ Status : _____

If married, name of spouse and family members : _____

Educational Attainment :

Degree

School

Year

Membership in Other Organizations

Organizations

Position

Year

Hobbies & Recreation : _____

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