



AMDA

NEWSLETTER

THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

AMDA INTERNATIONAL OFFICERS 1989-1990

PRESIDENT

Shigeru Suganami

CHAIRMAN

Francisco P. Flores

INFORMATION

Edmund Chan Cho Kwan

FINANCE

Kenneth Hartigan-Go

NEWSLETTER

Nipit Piravej

DIRECTORY

M. Suhaimi Hassan

EXCHANGE PROGRAM

M.S. Kamath

REGIONAL COORDINATORS

Sarder Abdun Nayeem

1/G Central Bashabo,

Dhaka, Bangladesh.

Edmund Chan Cho Kwan

30, Yik Yam Street,

5/f Happy Valley,

Hongkong.

M.S. Kamath

Dept. of Ayurveda,

Kasturba Hospital,

Manipal - 576119, India.

A. Husni Tanra

Jalan Sunu G5,

Kompleks UNHAS,

Ujung, Pandang,

Indonesia.

Naomasa Hirota

5-17-306,

Okada 2-Chome

Chama, 700 Japan

Lee Jong-Min

1603-73, Seocho-Dong,

Seocho-Gu,

Seoul, 137-071 Korea.

Mohd Suhaimi Hassan

55, Jalan SG 6/15,

Taman Sri Gombak,

Batu Caves, Selangor,

68100 Malaysia

Rameshwar P. Pokharel

GA 2-696, Battishputali,

Kathmandu 1, Nepal.

K. Hartigan-Go.

11 Lourdes Castillo ST.,

Quezon City 1113,

Philippines.

Euan Murugasu,

25 Sunset Heights,

Clementi Park 2159,

Singapore.

VOL.4 NO.7

MAY, 1990

ISSN 0857-7412

AMDA Japan

"Role of Asian Medical Doctors in Urban Health Development"



continued on page 3

IN THIS ISSUE

Editorial

P.2

Members' Corner

P.7

AMDA Bangladesh Regional

Communication from

Regional Meeting

P.5

NMSS

P.8

Mahinda Jayathilaka
76 Pagoda Rd.,
Nugegoda,
Sri Lanka.

Chang Chau-Kay
6, 7 F, No. 10-1,
Lane 107, Sec 2,
Hoping East Rd.,
Taipei, Taiwan, R.O.C.

Jintana Pootirat
92/7 Soi Jitvisut 1,
Muang, Nontaburi,
Thailand 11000.

OFFICE :

Suganami Hospital
1/310 Narazu, Okayama,
Japan 701-12.
Tel. 0862-84-7676

AMDA NEWSLETTER

A MONTHLY PUBLICATION OF THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

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

EDITOR

Nipit Piravej, *Thailand*

ASSISTANT EDITORS

Praphai Piravej, *Thailand*

Antonio C. Sison, *Philippines*

EDITORIAL BOARD

M.S. Kamath, *India*

Tsuyoshi Kawakami, *Japan*

Euan Murugasu, *Singapore*

Christmas Tanchatchawan, *Thailand*

All materials for publication should be sent to Nipit Piravej, M.D., editor, AMDA Newsletter, 56 Charoen Nakhon 48, Charoen Nakhon Rd., Bangkok 10600, Thailand.

EDITORIAL



The Central Memorial Monument, Bangladesh.

AMDA Bangladesh has joined AMDA International for only one year. However, by the dynamic participation of all members and the active coordination of Dr. Nayeem, they have rapidly become the valuable human resources of the association. Recently, the regional meeting of AMDA Bangladesh has been held to discuss and settle all basic activities of the group. We are certain that they are now ready to move to contribute to their own country, Bangladesh, as well as to other Asian nations through the AMDA International.

The Editor

Community Activities on Primary Health Care for Aged People

Situation of health and medical service in Japan have been remarkably changing from the aspect of moving into the society of aged people majority recently. On the local health and medical service, a lot of policy suggestion and its practice have been done by the administration side, which is forced to catch up with this change. Whereas, we medical doctors are devoting ourselves to improvement of the level of the medical service by technical sense. However, it is required that more comprehensive and suitable strategy should be introduced toward this problem.

So we would like to suggest concept of "medical collaboration on community basis" which is performed by community people and physicians at the clinics, in addition to the present collaboration within clinics and hospitals.

1 Its concept is:

1) set community collaboration level as a horizontal axis and medical technique level as a vertical axis.

2) understand problems on local health and medical service, and find its resolution, in accordance to diseases and its therapy.

3) establish a minimal unit of medical support system according to community size.

4) make another role to medical facilities, as where regulate affairs of local health service.

5) re-evaluate "chounai-kai" or an authorized Japanese community volunteer group as a regular unit in the society (which receives the furtherest influence of the administration, and initiates local activities).

6) consider roles of administration-retired people and their man power (who have lots of experience on administration) as society citizen and may be patients.

7) mutual supporting system and community volunteer activities.

2 following matters are put into practice by AMDA, Japan in Okayama;

1) Day care service for aged people by community volunteers.

2) Rehabilitation center for aged people (96 beds and 30-person day care service) with use of volunteers.

Significance of AMDA Medical Network for foreign Students in Japan

Recently, the number of foreigners in Japan is increasing and now over 900,000 are registered by our government. This figure accounts for 7.7% of all population in Japan. Furthermore, over 150,000 other foreigners, who are not registered, are in Japan; however, its exact number is not grasped.

Foreigners who have been to Japan know that most of Japanese can't speak foreign languages even English. So, due to language and culture difference, a considerable number of foreigners are facing a lot of problems, regarding their medical services in need.

Moreover, the cost of medical treatment in Japan is incredibly high for foreigners who can not stay over 1 year, because of their visa is excluded

from Japanese medical insurance system. Even though, it's sometimes very hard for the foreigners who are joining in a medical insurance system in spite of 70% discount. These facts often make the foreigners unable to get medical service.

AMDA, Japan is strongly concerned about the medical problems of foreigners in Japan. In this regard, AMDA, Japan has established a network which is named as AMDA Medical Network for Foreign Students in Japan, and the aim of this network is to help the foreigners in Japan to give a good medical advise and treatment in their need.

The followings are our enlisted hospitals and all of the administrators are AMDA members.



1. Kobayashi International Clinic

Yamato city, Kanagawa Prefecture

President: Dr. Yoneyuki Kobayashi

Available languages: Japanese, English, French, Vietnamese, Cambodian, Mandarin, Cantonese, Korean, Laotian and Bengali.



2. Suganami Hospital

Okayama city, Okayama Prefecture

President: Dr. Shigeru Suganami

Available languages: Japanese, English, Hindi and Mandarin

3. Okinawa Central Hospital

Naha city, Okinawa Prefecture

President: Dr. Ryoichi Ohnaka

Available languages: Japanese, English, Spanish, Portuguese and Mandarin

We can help foreigners providing interpretation, and even when they are consulting other hospitals and having a language problem to communicate with their doctors, they just call one of our hospital and we'll give them a language interpretation service over telephone.

Our network was introduced by The National TV, Radio, some Japanese newspapers, an English newspaper, Foreign Students News and organization of some volunteer groups for foreigners. Osaka provincial government and Kanagawa doctors' association also have tried to keep contact with us. Many foreigners have already utilized our network, and we will show its details in the presentation.

Medical Services Using Computer Network System

Recently, computer communication, using personal computers is wide spread in Japan, and this is applied to some medical services, especially in an urban area.

The Computer Network System or CNS consists of big computer system and many personal computers. They are connected by telephone line to each other and some personal computers have their own lines. Usually the big computer system is in a commercial computer company and personal computers as terminal boards are at clinics, hospitals, administration office and health centers.

There are supposed to be 3 big reasons why the CNS gets in to focus as a useful device to exchange medical information. The first reason is that we can get personal computer system with cheaper price these years. Moreover, "Wrap top" or a portable type computer system began on sale since last autumn, and then we have got much opportunity to bring a computer system from office to home and home to anywhere in private activities. The second one is that the CNS is superior to exchange various sorts of information to other media. That means the CNS is a better method to send and receive information in dual or multiple ways. The last back ground is that there is a tendency to ordinary Japanese people to be more interested in medicine, and they have got trying to understand further about their own illness or health using this new medium.

By the way, there are seven big CNS syndicates in which over 10,000 users are affiliated, and a number of open net work where medical information is exchanged is supposed to be nearly 100. Every user is able to access those networks any time, and also able to know every information they stock, even they are allowed to exchange or send information anonymously.

Moreover, the professional CNSs, as a method of information exchange, are mainly closed networks, and they have a security system to prevent from an invasion of the third one. Therefore, it is hardly to be seen the detail of size and use of the CNS by medical professionals. Nowadays the CNS for neonate medicine in Tokyo area is famous, for it

is highly evaluated by professionals of the CNS and some clinical doctors have the interests. In this CNS, 11 general hospitals at which NICU or Neonate Intensive Care Unit is run vigorously are line on. When an immature baby or a neonate having damages at a labor are born, or an infant of poor vital conditions in consulted, if doctors at obstetrics or pediatrics access to this CNS by telephone or fax to those hospitals directly, or using the CNS itself, they are immediately ordered to which NICU their patients should be sent, and what kind of therapy the doctors should continue until the patient arrives. This service is 24-hour open, and most patients can get to an appropriate NICU within one hour.

We AMDA, Japan decided to introduce an activity using the CNS in December 1989, and our work is run since January 1990. This network is called "AMDA Network", and a closed one. Now there are 8 members in the network and they are executives of AMDA, Japan. Recently there are 10-20 information exchanges in a month, and they are usually on our activities. A maintaining cost

is Y40,000 for an initial expense and Y1,000-2,000 for cost of telephone and a CNS line. In the near future we like to use this CNS for our three big activities. For the first we ask other AMDA members to obtain this, and use it as a measure to exchange our opinion and information, beside a newsletter and a meeting we do. And we like to emphasize that foreign members are also able to utilize this by an international telephone line. And next we like to use the CNS for our activities we showed previously to let them more efficient and dynamic. That is, we can use it to send medical data or get advise quickly when we practicing medicine for aged people or foreigners. And finally, we like to set in an open network in a CNS to exchange information with general users in future. We can expect that it will help to make our activities understood and also give us new idea or information.

To develop urban health, we must continue to work patiently, however, we have to deal increasing amount and complicating information to many directions rapidly. In this case, medical services using computer network system will be evaluated and applied more.



AMDA Bangladesh Regional Meeting

ASSOCIATION OF MEDICAL DOCTORS
FOR ASIA - BANGLADESH



DR. NAYEEM

Few AMDA-Bangladesh members had an opportunity to meet in Tokyo in last April, 1990. At that time Dr. Nayeem, the Regional Co-ordinator of AMDA-Bangladesh has arranged a regional meeting to discuss on some important agendas. The following is the minutes of the regional meeting of AMDA-Bangladesh.

AMDA-Bangladesh regional Meeting
April 17, 1990, Tokyo, JAPAN

Agenda :

1. Recruitment of new members and finalizing the membership list for the 7th AMDA annual conference.
2. To discuss the probability of establishing a permanent office at Dhaka, Bangladesh.
3. To discuss on the minutes of the 6th AMDA conference and the 1st AMDA Summit Meeting.
4. To discuss on the coming AMDA annual conference in Jakarta, Indonesia.

Members present :

1. Dr. Nayeem, S. A. (Tokyo University)
2. Dr. S. A. Morshed (Kagawa Medical College)
3. Dr. Mahfuzur Rahman K. C. (Kagawa Medical College)

4. Dr. S. Alimuzzaman (Nihon University)
5. Dr. Aminur Rashid Minu (Tokyo Medical and Dental University)
6. Dr. Monjurul Hag (Osaka University)

The meeting was started at Dr. Nayeem's residence at 4 p.m. on April 17, 1990 and some resolutions were taken after a long discussion.

List of discussion and resolutions :

Agenda 1.

AMDA-Bangladesh has six members who registered themselves in the last AMDA annual conference in Osaka. Due to increased interest of many doctors from Bangladesh about AMDA and evaluating some requests for membership, a resolution has been taken to include seven new members. AMDA-Bangladesh thinks that it will help the organization to be organized more and to take active participation in all AMDA-International activities.

Agenda 2.

Every present member has agreed that, since AMDA Bangladesh has formed and organized by the Bangladeshi doctors staying in Japan for study purpose, presently, its activity in Bangladesh is limited. But AMDA Bangladesh can make a very good communication and better understanding between its members and other Asian friends to work together in different AMDA projects even being based in Japan. So discussing the feasibility of having a permanent office at Dhaka, all present members agreed that it will be rather difficult to maintain an office in Dhaka where there is no member at present. So a decision was taken to run the organization from Japan until a considerable number of members go back to Bangladesh. The regional co-ordinator's address in AMDA Newsletter should be the same as now to avoid confusion and the co-ordinator shall continue the close contact with that address so that any communication in that address could not be missed.

Agenda 3.

All the present members unanimously expressed their support to all the decisions and resolutions taken in the last AMDA 6th annual conference and 1st AMDA summit, after going through all the minutes of both the meetings from the copies supplied.

They also expressed a regret for not being participated in the 1st summit meeting.



THE FLOATING "CONCRETE-SHAPLA"
FLOOD'88, BANGLADESH.



INUNDATED BUSY HOURS OF A BANK.
FLOOD'88, BANGLADESH.

Agenda 4.

All the members are eager to join the 7th AMDA annual conference but due to some unfavorable condition, especially economic, they feel very sorry not to be able to join the meeting. Only Dr. Nayeem will participate and represent the AMDA-Bangladesh in the conference.

In addition the members express their wish to get the AMDA Newsletter regularly. They also wish every success of the coming conference and express their best regards to all AMDA members and the organizer of the conference.

ASSOCIATION OF MEDICAL DOCTORS FOR ASIA - BANGLADESH (AMDA - Bangladesh)

The updated membership list (name and present institution of affiliation) :

1. Dr. Nayeem, Sarder Abdun (University of Tokyo, Japan), regional Co-Ordinator.
2. Dr. Morshed, A. M. (Kagawa Medical College, Japan)
3. Dr. Faisal A. Muazzam (University of Ryukyus, Okinawa, Japan)
4. Dr. Mokhlesur Rahman Bhuiya (Nagoya University, Japan)
5. Dr. Mahfuzur Rahman K. C. (Kagawa Medical college)
6. Dr. Shushovan Chakraborty (Kobe University, Japan)
7. Dr. Ishtiaque H. Mohiuddin (University of Kyoto, Japan)
8. Dr. Syed Shamsuddin (Nagasaki University, Japan)
9. Dr. Zonaid Shafiq (Kyushu University, Japan)
10. Dr. S. Alimuzzaman (Nihon University, Japan)
11. Dr. Aminur Rashid Minu (Tokyo Medical and Dental University, Japan)
12. Dr. Lutful Aziz (Okayama University, Japan)
13. Dr. Monjurul Haque (Osaka University, Japan)

Members' Corner



Name : Faisal A Muazzam,
AMDA BANGLADESH

Date of Birth :
1958-08-15.

Graduation year, university :
1985, from Dhaka
University Bangladesh.

Post Graduation : At
present doing PhD in
General Surgery in
Japan.

Present affiliation :

First Dept. of Surgery
University of The Ryukyus
207, Uehara, Nishihara-cho
Okinawa, 903-01., Japan.

A few words about "Urban Health Development"
in Bangladesh

Bangladesh as a third world country has the same urban health problems like other South East Asian developing countries. As for the Urban Health Development in Bangladesh, the Bangladesh government along with several other international organisations like UNICEF, WHO are working hard everyday to improve. But the present economical state of the country and the high illiteracy rate of the people are the greatest obstacle to be overcome. Associations like AMDA may play a vital role in the Urban Health Development of Bangladesh if properly planned steps are being taken with sincerity in the future.



Name : Syed Ahmed
Morshed,
AMDA BANGLADESH
Date of Birth :
July 28, 1961
Graduation year : 1984
University : Dhaka Uni-
Dhaka University,
Dhaka, Bangladesh
(Post-graduation : None)

Present affiliation :

Doctoral Student, The Third Department of Internal
Medicine, Kagawa Graduate School of Medicine,
Kagawa, Japan

Few Words on "Urban Health Development"
in Bangladesh

We are not urbanized and right now I can not think about "Urban Health Development" for a country like Bangladesh. Since 80% of total population is struggling in a so called rural area and these peoples are lagging behind the minimum requirements for a health delivery system. How about changing the topic, make it "Rural Health Development" in Bangladesh. No one can ignore this problem. Let us share our feelings and ideas on this topic. Some how it may help to facilitate the development of urban health. It is obviously clear that without rural health development urban health development is impossible. Moreover we have so many pitfalls regarding economy and education, so urban health development (Health for the Rich) is a dream for a developing rural health service in Bangladesh.

"Manamaiju MCH Center is initiated & run by NMSS"

A Communication from Nepal Medical Students' Society (NMSS)



After the publication of the report on AMDA Nepal's activities in Vol 4 No 5 of AMDA Newsletter in which the project of Manamaiju Mother & Child Health Center was mentioned, we received a communication from Mr. Balkrishna Bhattarai, the secretary of Nepal Medical Students' Society (NMSS), providing us with some more information about the center.

In his letter, we learned that the Manamaiju project was established in February, 1990 by the NMSS with the support of ACFOD (Asian Cultural Forum on Development). Officially, therefore, the project is totally belonged to NMSS. However, Dr. Pokharel, the regional coordinator of AMDA Nepal, is actively engaged in NMSS activities and is one of the initiators of this Manamaiju MCH Center.

If our previous report may create any misunderstanding from this fact, we would like to apologize and please accept the above statements as final conclusion.

There is no doubt that development of a nation is not an easy task and never be accomplished by the effort of any single person or group. One of the key words for success is "cooperation". We strongly hope that in the future, the active medical students of NMSS would join hands with their senior qualified MD. of AMDA to achieve the highest contribution for Nepal people.

The Editor