2013/2014 ISSUE 1

OGSM NEWSLETTER

Obstetrical & Gynaecological Society of Malaysia

FROM THE PRESIDENT'S DESK

The new OGSM council has been busy since taking office in early June. We continue to work hard for our members and have identified several key areas to work in.

TRAINING IN O&G

OGSM has been trying to engage our trainees over the years and we have made it one of our priorities in the past year. Since taking office, the OGSM council has already organised our first 'Masterclass in Medical Ethics' for trainees. This was held on July 20th at HKL, PLOG. The Department of O&G of Hospital Kuala Lumpur kindly allowed us the use of their PLOG (Pusat Latihan Obstetrik dan Ginekologi) for this course without charge. Despite being held during Ramadan, it was well attended (37 trainees). The lectures, ably led by Dr Nazimah and our invited speakers, received resoundingly good feedback. A second Masterclass, focusing on clinical governance is already being planned and will be held on September 28th at the OGSM office.

OGSM is also proud to announce the Inaugural Registrar's conference which is slated to take place on Dec 14-15th. What is most encouraging is that the trainees themselves are organizing the conference themselves with support and guidance from the OGSM. This truly will be a 'conference for the trainees by the trainees'. Further information can be obtained on the OGSM website.

OGSM WEBSITE

The website has undergone another revamp, thanks to Dr Goh Huay-yee and her team. If you have not logged on recently, I encourage you to do so. You will be amazed by what a non IT-trained gynaecologist can do with the website.

FORGING TIES WITH OUR MINISTRY OF HEALTH

OGSM have made significant effort in engaging with the Ministry of Health. One important outcome of this endevour is the opportunity to jointly organise the National Lactation Conference in Kota Kinabalu on September 12-15th. The committee promises an exciting program addressing issues regarding

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SECRETARY'S REPORT

Team Work

" Alone we can do so little; together we can do so much " - Helen Keller

The elected members of the Obstetrical & Gynaecological Society of Malaysia (OGSM) are stellar examples of what team work can achieve in their success in completing the projects that OGSM takes on. Our President, as our leader, guides our team with her vision, entrusts each member of her team with their tasks and timeline. The Council then, together, are able to work on these projects for the benefit of OGSM members and the society at large.

OGSM is playing a larger role in the international arena, one example is the RCOG Life Saving Skills Courses which has been carried out locally and regionally for the past 5 years. With our pool of experienced trainers, OGSM is working towards a Malaysian version of the Life Saving Skills Course, with adaptations more suited to our local requirements. OGSM has now also facilitated the donation of used ultrasound machines, colposcopy sets and laparoscopic equipment to the Myanmar Society of Obstetrics and Gynaecology. We would like to extend our heartfelt thanks to Dr Fong Chee Kin and also to Infinity Medical Sdn Bhd.

Ambitiously, OGSM has embarked on organizing a few international Conferences in the years to come. These are,

1. Asia Pacific Association of Gynaecologic Endoscopy (APAGE 2014). Our Gynaecological Endoscopy Subcommittee Chairperson, Dr S Sevellaraja and his team promise an exciting scientific program. It will be held at the Shangri-La Hotel Kuala Lumpur from 27th to 30th November 2014.
2. Asia Pacific Congress on Contraception (APCOC 2014). Prof Jamiyah Hassan has started work for the Asia Pacific Congress on Contraception (APCOC 2014). The congress will run from 17th to 19th April 2014. Watch the OGSM website for more details.
3. Asia Oceanic Congress of Obstetrics and Gynaecology (AOCOG 2015). Under the stewardship of Dr Farouk and Dr Ravi Chandran, the organisation of the 24th AOCOG 2015 is already in progress. This congress will be held at the Borneo Convention Center Kuching, from 3rd – 6th June 2015. Please mark your calendar for this opportunity to recharge your scientific knowledge.

The 22nd Malaysian International Congress of Obstetrics & Gynaecology has just concluded. It was one of our largest congresses and we had more than 800 local & international delegates. OGSM introduced a barcoding system to streamline the registration process. The secretariat registered a large number of delegates in record time with the new barcoding system. This congress also catered for our trainees. We involved them in the organisation and running of the congress, the "Orange Brigade" was born. There was a "Trainees' Night" where our trainees had the opportunity to meet leading experts and examiners over dinner.

This year also saw a large participation of International O & G societies. All these were achieved by tremendous efforts of Dr Suresh Kumarasamy, Dr Tang Boon Nee and of course, their able team.

Trainees often work long hours and have little time to read academic articles and update themselves. This group of young doctors are often shy and keep a low profile. OGSM is in the process of creating a "Malaysian O&G Trainee Register". I kindly request the Head of Departments to encourage your trainees to become OGSM members and benefit from OGSM academic activities. A "Master Class in Medical Ethics" was held recently and already the next course "Master Class in Clinical Governance and Audit" for trainee is planned for the 28th of September 2013 at the OGSM office. Associate Professor Nazimah Idris under the guidance of Professor Dato' Dr Sivalingam Nalliah, has put in a lot of work planning these sessions with our "Orange Brigade". The Inaugural OGSM Trainee Conference is being planned for end of this year. It will be a two day conference on evidence based O&G practice. "Orange Brigade", thanks once again for your tremendous efforts in making these projects happen.

OGSM organized a meeting between AG Chambers, OGSM, Ministry of Health and the Medical Protection Society on 4th July 2013 in Putrajaya. The main purpose was to open a channel of communication between all parties. Government doctors and medical officers are not protected by government indemnity insurance when they are doing locum duty at a private facility. They are encouraged to take private indemnity insurance. OGSM has requested AG chambers to provide a list of cases in the private and government facilities and the amount of compensation awarded on these cases in order to raise awareness among our members. OGSM is also negotiating with AG chambers on limited award for Cerebral Palsy cases as a no fault compensation.

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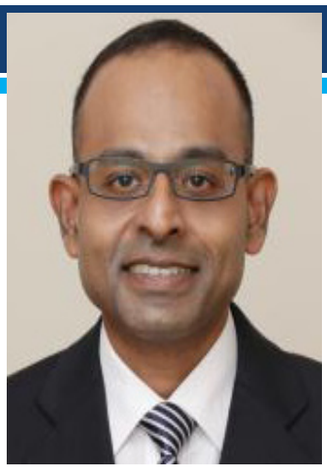
TREASURER'S REPORT



Dear colleagues,
As anticipated, the eternal issue of 'why does the society need so much money' was raised yet again at the recent AGM. I must admit that this is a captivating and intricate issue. While many are aware that the society has given a lot back to members, there are also those who believe that the society should be giving a lot more in the form of subsidies.
Why is it important for the society to be financially strong? There are many good reasons but the pertinent ones are as follows:

1. OUR ANNUAL OPERATING COSTS ARE HIGH

At approximately RM0.5 million annually, this recurring expenditure is certainly high by any standards. But this is unavoidably so. These numbers have been continually audited and we are of the firm conviction that it is a reasonable cost considering the myriad of activities that the society is now involved in. Don't believe? Read the secretary's report and visit our new improved website and the legitimacy of this fact will prevail!

2. THE GOOD TIMES WILL NOT LAST FOREVER.

It's not a secret that the annual congress is the largest revenue generator for the society. Registration fees are usually tailored to 'almost' cover the basic costs but the exhibition and sponsorship revenue is what primarily contributes to the profit margin. The experience from recent years as well as that from sister organizations from within the region have shown that the good times will not last. As the pharmaceutical industry becomes more regulated, fastidious and stringent, revenue from this sector is set to decline. When (not if!) this happens, our society finances will decline. We will then expect registration fees to increase to make up for this shortfall or we will have no choice but to taper down on our activities. Neither option is palatable. Hence the urgent need to prepare for the proverbial rainy day. The good news is that the preparation process is well under way!

3. THE SOCIETY IS BECOMING MORE ACTIVE LOCALLY AND REGIONALLY

Hosting international events is advantageous to the vast majority of our members. This is a non disputable issue. The hosting of these international conferences is no longer a 'twice a decade' event but is now becoming almost annual. Think RCOG 2012, MICOG 2013, APAGE 2014 and AOCOG 2015 and the situation becomes abundantly clear. Winning these international bids is a gargantuan task. Both a track reputation and good financial background is mandatory. On the local front, trainees are a current focus as is the development of a more robust CPD program. The online version of JASS is available to all and suffice to say is not cheap!

These are only three good reasons to remain financially robust but there are many other reasons too.
That said, the thrust for this term will be three: to further inculcate financial governance, to continue prudent management of finances and to pursue options of maintaining the society's financial wealth.

As always, we encourage your active participation in monitoring our financial welfare and look forward to your constructive feedback at any time.

Best wishes to all.

EESON SINTHAMONEY
HONORARY TREASURER

A single brain cannot foresee all possible problems that could arise during the accomplishment of our projects. Other members of the team can help, substitute and collaborate to complete a project without any hindrance. OGSM has fine and effective team at present. Other projects of OGSM are still a work in progress, kindly look forward for these in the subsequent issues of the newsletter.

THANEEMALAI JEGANATHAN
HONORARY SECRETARY

INTRODUCING YOUR COUNCIL 2013-2014

From Left: Eeson, Mei Lin, Huay-Yee, Thanee, Boon Nee, Shankar, Nazimah, Shilpa, Suresh, Prashant

PRESIDENT
Dr Tang Boon Nee

PRESIDENT-ELECT
Dr Shankar Sammanthamurthy

IMMEDIATE PAST PRESIDENT
Dr Suresh Kumarasamy

HONORARY SECRETARY
Dr Thaneemalai Jeganathan

ASST HONORARY SECRETARY
Dr Goh Huay-yee

HONORARY TREASURER
Dr Eeson Sinthamoney

COMMITTEE MEMBERS
Dato' Dr Prashant Nadkarni
Assoc Prof Nazimah Idris
Dr Hoo Mei Lin
Dr Shilpa Nambiar Balakrishnan

THE NEW AND IMPROVED OGSM WEBSITE

Do you have a job vacancy? Selling your practice?

Place your ad in our Classified Ads section at no cost - from Members for Members

Want to obtain funding for an event but uncertain how?
Look up OGSM SOPs online for guidance

Want to keep up-to-date but have no time to look up journals one by one?

Use the Journal Article Summary Service (JASS) in the Members' Resources section for a quick overview of the latest articles every month

These and many more features on the New & Improved OGSM Website - upgraded with you in mind.

Feedback welcome at ogsm@myjaring.net

*Forgotten your password?
Just click "Forgot Password?" and a new password will be sent to the email address listed with us.

WOMEN DELIVER

INVEST IN GIRLS AND WOMEN - IT PAYS

Women deliver, easily, the largest global event this decade to focus on the health and empowerment of girls and women graced Malaysian shores from 28th – 30th May 2013 at the Kuala Lumpur Convention Centre. Thousands of participants from around the world, including Heads of State, government and UN officials, development officials, youth, corporate executives, healthcare professionals, academics, and advocates gathered in this part of the world to share one common goal — a commitment to improve the lives of girls and women. The opening ceremony was inaugurated by the Honorable Malaysian Prime Minister Dato' Sri Haji Mohammad Najib bin Tun Haji Abdul Razak and his wife.

OGSM was invited to set up a booth at this international event, where 200 different organizations, companies, and exhibitors were represented. We showcased OGSM activities such as Malaysian International Congress (MICOG), Asia Oceanic Congress 2015 (AOCOG 2015), I Love Me Health Conference and Life Saving Skills & Emergency Obstetric Course (LSSC). The Exhibition Hall was a hub of activity with delegates from around the world sharing their views and ideas. The Hall also hosted the Speakers Corner, Tech & Tech sessions, the Social Enterprise Challenge and Youth Corner.

OGSM booth was manned by Sister Paramaswari and Mrs Sunderi. Representatives from various countries visited the booth. Many enquiries were made as regards to the activities run by the OGSM. A large number of them were interested in the CSR Activities which focused on Women's health. The LSSC was also a hit with the visitors. Some delegates were very keen to conduct these activities in their respective countries.

Women Deliver 2013 concluded with a united call to invest in Girls and Women.

REPORT BY
THANEEMALAI JEGANATHAN

MICOG REPORT

The recent MICOG 2013 was undoubtedly a resounding success. More importantly, the recent congress was very different from the usual annual scientific meetings and indeed may mark a change in the way we organize congresses in the future.

What was initially intended as a 'usual' annual congress with a more 'international' flavour evolved into a congress of true international standing not just because of its large international faculty but more so because it was seen as a collaborative effort with a sizeable number of international sister organizations amongst which were the Royal College of Obstetricians & Gynaecologists, Royal Australian & New Zealand College of Obstetricians & Gynaecologists, South African Society of Obstetricians & Gynaecologists, Federation of Obstetrical & Gynaecological Societies of India – Indian College of Obstetrics & Gynaecology, Asian Society of Gynaecological Oncology, Japan Society of Obstetrics & Gynecology and Society of Obstetricians & Gynaecologists of Canada. In fact, the international faculty totalled 26 renowned academics, an astounding number considering that this was the first time the society has organized a local event such as this.

There were a total of 876 registrants, of which 163 were foreign. The scientific program was comprehensive and well attended. There were several parallel symposia in addition to the plenary sessions and these catered to all the sub-specialties.

The social functions included a short opening ceremony and a grand gala dinner. The opening was followed by a sumptuous reception that remained true to the 'Shangri-La' high standards. The Gala dinner was well attended. The food was good and the entertainment too. Members were charged RM50.00 per gala dinner ticket (to prevent empty tables and wastage and this proved to be a good strategy) although the true cost of the dinner was in excess of RM300.00 per head. Dr. Ravichandran Jeganathan kindly obliged to mc for the night. This may well have been the first time in recent history that the national advisor for O&G services MOH has honoured the society by doing so! The kids too were not left out, as a 'kids party' was held simultaneously to keep them occupied.

In addition to the usual social events, the society also organized a 'Trainees night' at Serai Restaurant on Thursday, 30th May 2013. This event was primarily to allow the trainees to meet, network and 'get inspired' by the international faculty. The event was a resounding success.

The trade exhibition was held on two floors due to the overwhelming interest. This was not previously attempted but suffice to say was a resounding success. Most of the exhibitors were satisfied especially since the delegates were seen busy making their way around the booths. Perhaps the free mini i-pads that we agreed to give away provided some impetus!

Overall, the congress was a resounding achievement and in more ways than one took us slightly off the usual beaten path, albeit successfully. Chances are this may be the chosen path in the years to come. Until the next congress, best wishes.

EESON SINTHAMONEY
MICOG TREASURER

THE MICOG ORANGE BRIGADE

From Left: Tan Cheng, Emily, Marina, Mazeedah, Pavani, Huay-yee, Boon Nee, Sir Arul, Suresh, Wen, Joy, Salleha, Thanee

MICOG ORANGE BRIGADE

It all started when I agreed to lend a helping hand at MICOG. I really did not know who I was going to work with, what it was going to be like, what I was getting myself into. The Orange Brigade team comprised of 10 O&G trainees from GHKL, Ampang, Putrajaya, Selayang and Seremban. We have never met each other before and it was our first time working together.

Our task was not only to meet and greet the speakers invited to present at MICOG but also to ensure that the congress ran like clockwork. It was a tough and challenging task as we sometimes had no idea what the international speakers looked like and locating the speakers were sometimes akin to looking for a needle in a haystack. We resorted to googling their images online, scanning through the crowd for them and then grabbing them when we spot them. It was like we were stalking them. Thanks to modern technology, we used Whatsapp to communicate with each other throughout the congress and our Whatsapp group the "Orange Brigade MICOG 2013" was born.

I was put in charge of the competitions for posters, video, oral presentations. It was an eye opener for me to see how delegates do their presentations and gave me a unique insight on the judging process.

It wasn't all work. In between our allocated tasks, we had some free time. We attended good plenary and meeting the experts sessions. We even managed to sneak in some time to go around the booths to get some freebies.

Some of the highlights of MICOG were the social events which we were invited to by OGSM as thanks to us. The Trainee's night with the speakers was definitely a special one. It was really a dinner with "The Stars". We were given the opportunity to meet and get to know the faculty of MICOG (many of whom were renowned international speakers as well as the leaders of the O&G fraternity). I was literally jumping from table to table trying my best to talk and shake hands with everyone. Getting to know them and hearing their stories has motivated me in my endeavours to pursue my dreams. The Gala Dinner was another highlight. This year we had a "Retro" theme. It was a fun filled dinner of fellowship, dancing and food among delegates, trainees and speakers.

The conference ended with a power pack 3 hour lecture by Sir Arulkumaran and it was so fulfilling to just sit and listen to him speak. The orange brigade team even managed to get a group picture with him and the presidents at the end of the conference.

For people who were strangers at the beginning of MICOG, the Orange Brigade parted as firm friends. We hugged, shook hands when the conference ended and told each other that we will definitely keep in touch.

Being part of MICOG was such a wonderful experience that I would like to urge all trainees to grab the opportunity to go for the next conference. It really helps to widen your perspective of obstetrics and gynaecology. I learnt, updated my knowledge, met so many international speakers and made new friends from other local hospitals. This is definitely something every trainee should be to be part of.

CHONG JUN JOY
O&G TRAINEE AND MEMBER OF MICOG ORANGE BRIGADE
HOSPITAL SEREMBAN

The MICOG Organising Committee would specially Ike to thank our Orange Brigade for helping make our congress a success

LOH HUEY WEN
TAN CHENG
OLIVIA TAN
LINDY BAK LI MEI
SALLEHA KHALID
CHONG JUN JOY
MAZEEDAH ABDULLAH
KHAIRUN MARINA BACHOK
PAVANI NALLALUTHAN
EMILY CHRISTINE D'SILVA

TRAVELLING FELLOWSHIP

Arrrive Sunday 28th April. Lots of buzz about the place (flags etc) because of the elections next week end – there is a possibility that the ruling party may not be re-elected. If so, this will be the first new government for 55 years.

Get into hotel (Le Meridian) at about 3pm. Great view of the city – lots of lovely lush greenery. A bit of rain, but warm rain, unlike at home.

Meet Dr Gunasegaran PT Rajan (aka Guna) - Chair of the O and G congress in Kuching, Dr Shilpa Nambiar and Dr Aziz Yahya. We have a great Italian meal at Favola in the hotel, and then coffee overlooking a great Kuala Lumpur night view. We pass by the pool which looks very inviting (even in the rain), but I don't think I will have time to go in it. Bed at 11pm.

MONDAY 29TH APRIL

Up early to go to University Kebangsaan Malaysia to do some work for the University of Edinburgh. Shilpa Nambiar and her regisrtar JC (Jun Ching) Wong kindly give me a lift. Then to Ampang Hospital. Have a look around the labour ward and I am impressed to find electronic case notes (as we have in Edinburgh), but wireless technology and central CTG monitoring (unlike Edinburgh). There is even a central CTG monitoring screen in the pantry – based on the idea that that

is a good place to catch staff. I give two lectures, and then had my first taste of the Malaysian delicacy "nasi lemak".

Next, on to the University hospital. Meet at the front door by Prof Suyen Khong (Urogynaecologist), who takes me to lunch with Prof PC Tan (Obstetrics). I give two more talks, with lots of discussion from the audience. Later I have a very productive discussion about research with Profs Khong, Tan, Noor Azmi (Head of Department) and Silay. Very kindly driven back to the hotel through the traffic by another registrar (forgot to get name, but thanks). There is a thunderstorm on the way, with torrential rain- all very exciting.

I am picked by in the evening and taken to the very nice OGSM offices by the efficient Jenny, who runs the OGSM office with Mr Chong. After a nice meal, I give two lectures – the first on Induction of labour at term and the second on Preterm birth prevention. There is good discussion afterwards, and we finish with tea at Starbucks, where I meet Dr Tang Boon Nee (OGSM President – Elect).

TUESDAY 30TH APRIL

I leave early this morning (6am) to take a flight to Penang. The journey is beautifully organized with a car coming to pick me up at the start and the end of the flight. I check into the "G" hotel and relax for the rest of the morning. I am picked up at lunch time by Dr S Somaskandar, who takes me to the Penang General Hospital. I meet Dr Suresh Kumarasamy the current OGSM President, an old friend Prof Knox Ritchie who is currently teaching at Penang Medical College. I give a lecture,

and we then have case based teaching led by Nisha (trainee). Placenta accreta is a major problem here too, and we have an interesting discussion about how it is best managed.
In the evening, both Dr Somaskandar and I give a talk at the G hotel, followed by a great meal. Penang is renowned for its good food and I can see why!

WEDNESDAY 1ST MAY

I have a free day today, and opt to have a bit of a "lie in" followed by a swim in the pool, and a late leisurely breakfast. Knox collects me at lunchtime and we have a look around Penang, including some of the Chinese temples such as the one where "Anna and the King" (1999 version) was filmed. In the evening we go to dinner at the Penang Yacht Club, kindly hosted by Dr Kumarasamy and his wife.

THURSDAY 2ND MAY

To the airport for the 10.25 flight to Kota Kinabalu. I give two lectures in the evening to members of the OGSM, then we have another nice meal, hosted by Dr Helen Lasimbang. I meet with Dr John Teo, a colleague from my former Glasgow days, and who is currently in private practice in KK with his wife Dr Chindo Singh. I also meet with Dr Felice Huang and Dr Soon Ruey who is Head of Department at the Public hospital. I also meet Dr Kanagalingam who is over 80 years old but still working as an obstetrician gynaecologist. He was the first obstetrician gynaecologist in Kota Kinabalu, and practiced singlehandedly for many years. KK is famed for it's mountain, which is on every traveller's "to do" list, and which is known for its biodiversity. Sadly, I don't have time to go up (you need 2 days to do it, and to book about 6 months in advance), but Dr Stuart Chin, one of the obstetrician/gynaecologists at dinner in the evening has climbed it more than 30 times.

FRIDAY 3RD MAY

I go to Sabah Women's and Children's Hospital, Kota Kinabalu, this morning, to chat to trainees. Dr Suthagar Gopalan is my guide for the day. We have a good discussion about the MRCOG exam, which many of the Malaysia trainees are planning to sit. The OSCE part of the exam is particularly challenging for Malaysian trainees because of differences in practice between the UK and Malaysia. In particular, detailed dialogue and shared decision making between patient and doctor, now expected in the UK is neither part of the culture in Malaysia, nor is it feasible, given the immense time pressure on consultations. I make a brief visit to Universiti Malaysia Sabah with Dr Lasimbang, we have a very nice "banana leaf curry" lunch and then Dr Gopalan kindly drives me to the airport, for my flight to Kuching.

On arrival at Kuching I am met by Lucas, who takes me to the Riverside Majestic Hotel. I give two lectures, and we have another nice meal, hosted by Dr Rafaie Amin (the OGSM rep) and Dr Harris N Suharjono, the Head of Department.

SATURDAY 4TH MAY

In the morning Dr Lau Jinn Hwa collects me and we go to Sarawak General Hospital so that I can give a lecture on Obesity in Pregnancy, followed by my last Malaysian taste of "nasi lemak". In the afternoon, I have a few hours by the pool, before catching a flight back to KL, and then Glasgow via Dubai.

SUMMARY AND GENERAL IMPRESSIONS

I had a wonderful visit to Malaysia. The trip was extremely well organized by the OGSM office and by Dr Gunasegaran PT Rajan and everyone I met was very kind and hospitable. Guna gave me the use of the "OGSM Visitor's mobile", which was very useful, and I was very aware he was making sure things went smoothly as I moved from one place to another. It was great to be able to visit four places, and useful to have one day break in the middle. There was a good audience at each place in terms of numbers, and there were some very searching questions from the consultants and trainees at each centre. I was struck by how similar our obstetric practice is in many ways, although the high levels of private practice are different from Scotland. The public service is busy, as is the NHS, but I met many dedicated clinicians in Malaysia who are clearly providing an excellent service to their patients under difficult circumstances. There is huge enthusiasm from the OGSM to continue this Visiting Fellowship, and a lot of interests in continuing to collaborate with the RCOG. It would probably be useful for the next "Visiting Fellow" to come from a different discipline (eg. gynaecology oncology), but whoever he/she is I am sure they will also have a wonderful time. I am hugely grateful to Guna, the OGSM and the RCOG for making my trip possible, and I look forward to returning to Malaysia in the future.

PROF JANE E. NORMAN
RCOG/OGSM TRAVELLING FELLOW 2013

Dear Member,
The CSR arm of the OGSM is always looking for ways to give back to the communities in which we live - to educate, to inform, to aid and to serve. In light of these objectives, we have a number of projects in the pipeline and need your help to ensure their success.

1. ORPHANCARE FOUNDATION

Two trustees of the OrphanCARE Foundation recently met with the OGSM Council to explain what their foundation is all about, and to request the assistance of you, our members, in their activities.

HOW CAN YOU BE OF HELP?

First, be aware that OrphanCARE exists and is doing a good work in enabling abandoned children to be raised in loving homes.

Second, publicise their existence and services in your place of work so that anyone who potentially is in a position of distress or desperation at the prospect of bearing an unwanted child, will have somewhere to turn instead of leaving her child in a rubbish dump.

Third, contact OrphanCARE should you be aware of any woman who wishes to give up her child for adoption. OrphanCARE work closely with government agencies and have a track record of matching children to families within a few days on average, and a fortnight at most.

For more information and materials for publicity in your place of work, please visit www.orphancare.org.my or contact OrphanCARE Foundation at admin@orphancare.org.my or by telephone at +603-7876 1900.

2. MEDICAL CAMPS

Our society regularly participates in medical camps, run in cooperation with various agencies such as the UNHCR, and other associations

HOW CAN YOU BE OF HELP?

We are always in need of volunteers who are willing to devote their Sunday morning to this worthwhile activity. If you are interested, we would greatly welcome your participation!

Please contact Mr Chong or Miss Jenny for further information or to register your interest, at 03-6201 4009 or by email at ogsm@myjaring.net.

3. I LOVE ME 2013 : "LOVE YOURSELF, LOVE LIFE!"

The I Love Me series of public forums has been an annual activity on our CSR calendar since 2010. This year it will be held at the Cititel Hotel, Midvalley on Saturday the 7th of September from 830am to 430pm. In line with our aim to provide health education to the public, this conference is free for all. Last year we had 700 plus participants and this year we hope to attract more than 800.

HOW CAN YOU BE OF HELP?

Publicise this event in your place of work or wherever else you can so that more women will be aware of this invaluable resource at no cost. We will be printing promotional flyers which we will be more than happy to deliver to you for publicity. Just call Mr Chong or Miss Jenny at 03-6201 4009, or contact Ms Zoe Scott at zoe@aworkingtitleevents.com and we will get them to you.

Alternatively, direct anyone who is interested in ILM to our OGSM website at www.ogsm.org.my, where they will be able to view the programme online and register in advance.

We look forward to your participation in ways big and small, in any or all of the CSR activities of our society. Do let us know if you have more ideas about how we as a society can provide help of any kind to those around us.

OGSM AND CSR :
GIVING BACK FOR GREATER GOOD

GOH HUAY YEE
CSR CHAIRMAN

OGSM FELLOWSHIP: MEDICOLEGAL NITE

OGSM organised this Medicolegal fellowship night to provide an opportunity for members to interact with representatives from MPS, Dr Teoh Ming Keng and Dr Bavani.

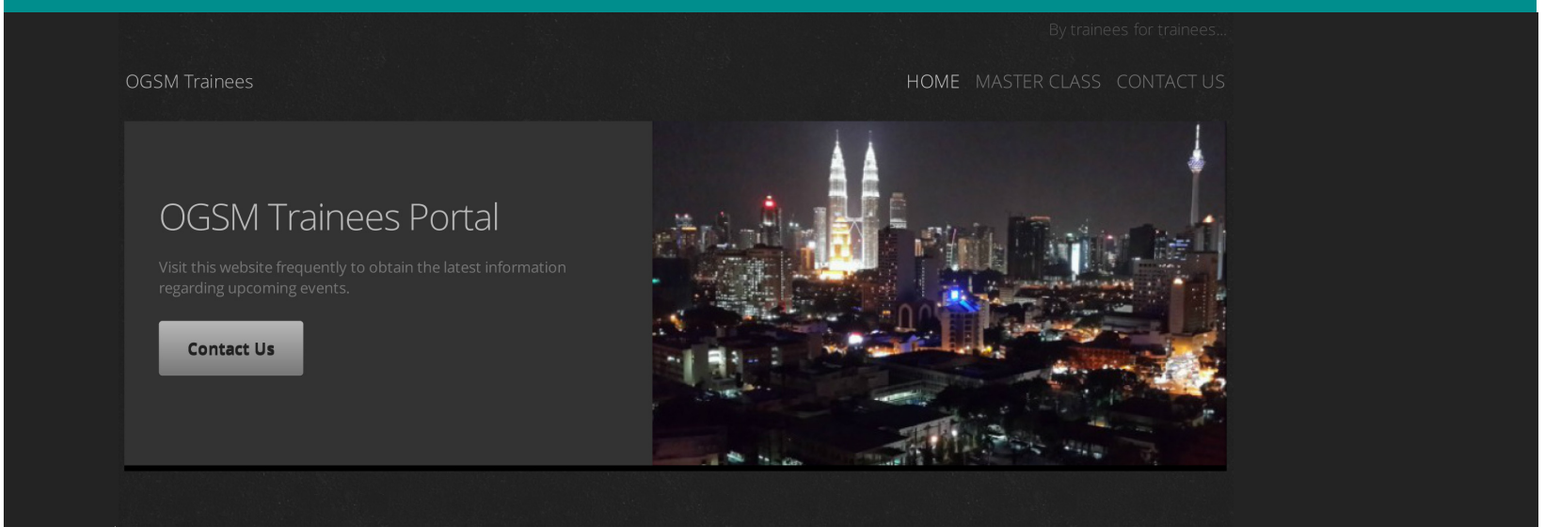
TRAINEE PORTAL

Greetings to all my fellow trainees.

Did you know that there is a new online section for Trainees on the OGSM website? Check it out at http://www.ogsm.org.my/training_intro.php

This section is still a work in progress and we are working hard to make it relevant to you. Here, you will be able to access the latest updates regarding all trainee activities. Our next event will be the Master Class on Clinical Governance & Audit. Online registration for this event is now available at http://www.ogsmtrainees.tk/master-class.html

Tan Cheng
Trainee Representative



INTRODUCING YOUR OGSM STAFF

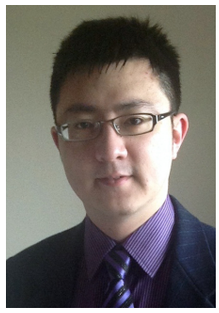
Mr Chong is the Face of OGSM and he is no stranger to most of us. Presidents may come and go but Mr Chong will remain constant.

Jenny is a relatively new addition to the OGSM family. Always quick to help with a ready smile, she is Mr Chong's right hand woman.

INTRODUCING YOUR TRAINEE REPRESENTATIVE

Tan Cheng graduated from Bristol in 2008 and is currently a medical officer in the O&G Department of Hospital Kuala Lumpur. Tan Cheng has so far displayed incredible enthusiam and has proven to be a valuble asset especially in terms of his technical knowledge in the world of computers.

Loh Huey Wen or Wen as she is affectionately known is currently attached to the O&G Department in Hospital Kuala Lumpur. An enthusiastic and hard worker, she has been chosen to represent O&G trainees in the OGSM as part of OGSM's efforts to become more relevant to the younger generation of doctors.



TIPS FOR DISTINCTION IN YOUR OSCE/CLINICAL EXAMINATION/VIVA

Advice from a gold medalist.

1. Put yourself in the 'specialist talking to the senior consultant' mode, not a 'student to an examiner' situation. You will be 'discussing patients and clinical scenarios', NOT 'answering questions and hoping that you will get it right'.
2. Be confident but suitably humble.
3. Use evidence-based arguments, and remember to quote some important references e.g. major trials. Some historical perspectives thrown in would be nice. Be up-to-date with new developments and current issues in patient care.
4. If you are asked to counsel a patient, do not give them a mini-lecture. Use appropriate words and terminology, check their understanding, ask if they have questions for you, ask if they want you to re-explain anything.
5. If you think you have made a mistake in your answer, retract it and ask to 're-phrase it because it didn't come out quite like how you meant it'.
6. Have several scripts prepared to be used in different situations, e.g. how to begin a conversation in different clinical situations, how to break a bad news, how to write the introduction in essay questions, etc.
7. Have an appropriate facial expression and body language in different clinical situations. Show empathy.
8. Practice! Practice! Practice!

MASTERCLASS IN ETHICS

OGSM organised its first trainee orientated course on 20th July 2013. The topic chosen for this course was "Ethics and Informed Consent". The program was simple but complete in regards to the law and ethics that govern us in Malaysia. For a nominal fee of RM50.00, we had the priviledge to listen to experienced speakers in this field like Dato' Dr Ravindran and Prof Dato' Dr Sivalingam.

The practice OSCE sessions at the end was a good and fun experience for all of us. Although a nerve-wrecking experience (who wants to display their lack of knowledge), it was really an eye-opener. Did you know that by handing your patient a pen, you are 'forcing' her to give consent? I thought it was a valuable tip from one of our examiners.

Apart from aquiring knowledge, the course was a lot of fun. It brought trainees together from different parts of Malaysia and gave us the opportunity to make new friends and catch up with our existing ones. We got to exchage ideas and information too.

I personally feel that this event is very useful for our O&G trainees (MOG and MRCOG alike). I hope that OGSM will continue to make these courses a regular event in future.

MAZEEDAH ABDULLAH
TRAINEE IN O&G, HOSPITAL SELAYANG

Editor Note: This Masterclass in Ethics for the trainees was organised by the trainees themselves with guidance and support from the OGSM council. These were the same trainees who were part of our orange brigade in MICOG. Special thanks need to be mentioned for Dr Nazimah who guided the trainees, Mr Chong for secretariat services and to all the speakers who generously donated their time.

MEDICOLEGAL LETTER TO TRAINEES

Dear Trainee,

Which of the following statements are true?

A. Only bad or incompetent doctors get sued

B. Only private consultants get sued

C. As long as I am in government practice I don't need to worry about being sued

D. As long as I am a trainee I don't need to worry about being sued since no patient would sue a doctor who has no money

E. A lawsuit is the only way a patient can 'complain' against a doctor

F. All of the above

G. None of the above

If you answered A, B, C, D, E or F, you need to read on carefully.

Anyone who is planning on a career in the field of Obstetrics needs to be aware of medicolegal issues, above and beyond any other specialty. With this in mind, the OGSM recently arranged for a meeting between the Attorney-General's Chambers and the Medical Protection Society (MPS) to exchange ideas and encourage dialogue concerning the medico-legal climate in Malaysia, particularly in the field of Obstetrics. Here is a summary of the most important points that were highlighted :

1. Consider the facts :
- Only one-third of claims are due to negligence
- Only 3% of cases of negligence result in suits

ALL doctors are vulnerable to medicolegal action, even good ones who do the right thing. A large number of suits are a result of poor communication resulting in a breakdown in the doctor-patient relationship. Often, the suit is not triggered by an outcome, but rather, dissatisfaction in the way something was communicated leading up to the outcome.

2. The government provides legal protection for its doctors AS LONG AS the suit arises out of an incident which occurred during the course of official duties performed in an official capacity. The privilege of that protection no longer applies if for instance, a government doctor is locuming in a private clinic, or if that doctor is practicing privately within a government facility.
It is very important to note also, that should a private patient within a government facility file a suit against her Obstetrician and any medical officers who may have been involved in her care, neither the Obstetrician nor the medical officers are covered by the government.
3. Legal action is not the only recourse a dissatisfied patient can resort to. That patient can complain to the Malaysian Medical Council (MMC) which will result in an Inquiry, the outcome of which has the potential to be far more devastating to the doctor involved than a lawsuit since the MMC has the power to strip the doctor permanently of his/her practicing rights.

What then can you as an Obstetric trainee do to equip yourself in this environment of medicolegal challenge?

1. Invest in ways to reduce your chances of being sued. Develop your communication skills by attending workshops or seeking feedback from those more experienced than you. Make yourself aware of the subject of medicolegal cases to learn what NOT to do from other people's mistakes. Recognise that it could happen to you and seriously consider purchasing personal medical indemnity coverage.

2. If at all you find yourself in a situation which potentially could lead to a suit, seek expert advice early, even before an official complaint is filed. Sometimes, the manner in which a potentially volatile situation is handled at the onset, can defuse it and result in resolution before escalation.

3. As a medical officer in government service, know exactly where you stand in terms of the protection offered to you by the AG Chambers. Ensure you have private coverage if you locum anywhere anytime outside the Ministry of Health. Insist on documentary evidence if a clinic at which you locum claims to have adequate coverage for their locums, and go over the document carefully before you commence practice there. Consider carefully before you agree to manage a private patient within a government hospital if you do not have private protection of your own. Know that you have every right to decline to be placed in that position of medicolegal vulnerability.

4. If you are ever called to attend an MMC Inquiry, attend as instructed and be sure to engage legal help early in the process. The worst mistake you can make is to assume it is 'no big deal' since it is not court.
Finally, the answer to the question posed at the start is of course, G. If you intend to continue in a career in Obstetrics, medicolegal challenges will be a potential reality. The OGSM is committed to assisting all its members to face these challenges and so if you need more information or help of any kind in this respect, we encourage you to contact us at ogsm@myjaring.net.

Editor Note: This is a summary of the conclusions and information OGSM obtained from the joint meeting at the AG

WHAT IS THE BURDEN?

From statistics provided by the AG's Chambers, a total of RM 5.1 million in court ordered damages was paid out over the period from 2006 to 2009 for cases in public hospitals. O&G cases accounted for RM 1.2 million. There was an exponential rise for the subsequent period with RM 5.6 million paid in 2010, RM 5.7 million in 2011 and RM 6.5 million in 2012.

One particular area with increased costs is in the area of cerebral palsy. The recent awards for these cases involving the AGs Chambers included the following:

Ipoh High Court RM:	RM 1.3 million
Shah Alam High Court:	RM 1.3 million
Shah Alam High Court:	RM 1.7 million
Taiping High Court:	RM 1.8 million
Kuala Lumpur High Court:	RM 1.9 million
Kuala Lumpur High Court	RM 2.3 million

Private sector cases have involved higher court awarded damages of up to RM 5.3 million. Some doctors have not had sufficient coverage under their indemnity insurance to cover these damages and costs. When that happens, the doctor has to make up the shortfall out of his own pocket. So, one important lesson from this is that doctors have to assess the risks in their own practice and ensure sufficient indemnity coverage to ensure that the policy covers all eventualities. Indemnity payments are not an area for cost cutting!

Further to these payouts in damages, a substantial sum was also paid in ex-gratia settlements by the Ministry of Health. A total sum of RM 1.28 million was paid in the period 2006 to 2009 (with O&G cases accounting for RM 372000). The sums paid out rose substantially in 2010 with RM 906000, RM 2.9 million in 2011 and RM 2.3 million in 2012.

This rise in costs has rightfully created intense discussion in the Ministry of Health and together with the AG's Chambers led to more education of doctors and staff in risk management and awareness of the appropriate handling of high risk cases. The OGSM has also played a role in this education. What must be realised is that there is no one organisation or individual involved. What is to be hoped for is that the ultimate aim is to educate so that one avoids the pitfalls faced by others and to ensure that safe practice for the benefit of the patient becomes the norm.

There are no statistics easily available of the total cost to the nation of medico-legal issues. Data from the medical indemnity societies do not clearly disclose the types and outcomes of their cases. There are no easily available statistics from the judiciary regarding medico-legal cases that includes the private sector. It would be helpful if someone could share these with the readership.

CAN I BE SURCHARGED?

There has also been discussion of surcharge of staff involved and disciplinary action for staff involved in the public sector but the general view has been that these issues are more due to system factors rather than individual issues. The Treasury has subscribed to the view that individual responsibility is difficult to pinpoint in these cases so that surcharge is not applied in medico-legal cases. This policy is not inscribed in stone and may change with time. This is especially so if gross negligence due to problems of attitude, poor knowledge and skills become obvious in some case. Even now, some staff have been subject to disciplinary proceedings for what is perceived to be lack of adherence to standard operating procedures. These would include cases of retained swabs and the like. You ignore standard operating procedures at your own peril and cannot claim clinical autonomy for your actions.

The expert witness:
Another area of contention has been to challenge government experts who appear on behalf of the public sector on their impartiality as they are in the employment of the Public Service Commission. An expert witness is one who makes his knowledge available to a court (or other judicial or quasi-judicial body) to help it understand the issues of case and reach a sound and just decision.

Courts have commented that expert witnesses are in a privileged position: indeed only experts are permitted to give an opinion in evidence. Outside the legal field, the court itself has no expertise and for that reason frequently has to rely on the evidence of experts. Such experts must express only opinions which they genuinely hold and which are not biased in favour of one particular party.

To prepare his expert medical opinion, the doctor must rely on the complete records and medical reports relating to the care of the patient. He must formulate his expert testimony based on his experience and honest opinion of the standard of care provided to the patient by the doctor or doctors who cared for the patient.

The expert must remain an impartial person who will help the court to decide whether the allegations made by the patient are true. He must never be seen to be an advocate or partisan in the legal proceedings. Section 45 of the Evidence Act 1950 which governs expert evidence does not prohibit expert from the same Ministry to give evidence in cases relating to the said Ministry. Any expert can give evidence provided that the expertise is established, either by qualification or by experience of by both. Affiliation per se cannot be taken as indication of biasness. The Court has the sole prerogative to evaluate the evidence of the expert to determine whether the evidence is given independently or otherwise.

INFORMED CONSENT:

Recently, in 2 occasions, the Courts have made decisions which signify that a doctor has a duty to inform the patient on the risk of complications of the treatment given, even though the risk is remote. This appears to uphold the demise of the Bolam principle and uphold the Rogers and Whitaker principle in the area of consent.

One was Govindassamy a/l Ponnusamy & Anor v Dr XXX & 2 Ors. The patient was diagnosed with toxoplasmosis and Fansidar was given as a treatment. The patient however developed Steven Johnson Syndrome. The risk of the said complication was not informed to the patient because it was too remote, where the rate of incidence is only 1.1 per million patients. The Court on 24.11.2011 decided that Defendants were liable. The case is presently pending appeal in the Court of Appeal.

The other was Abdul Razak bin Datuk Abu Samah v Dr YYY and 4 Ors. In this case the patient was diagnosed with small bowel obstruction and exploratory laparotomy was performed on the patient. The patient however died from aspiration. The risk of death from aspiration was not informed to the patient because it was too remote, where the rate of incidence was only 1 per 35,000 patients to 1 per 72,000 patients. Furthermore, if the laparotomy was not performed, the risk of death was claimed to be 100%. The Court on 17.12.2012 decided that Defendants were liable. The case is presently pending appeal in the Court of Appeal.

Both cases denote the burden now placed on the patient to ensure they take a fully informed consent for any procedure that they do. It is in their own interests that consent forms become more detailed to include all possible risks, however remote. We have to change from a doctor-centered practice to a patient centered one. One must also remember that the burden of taking a consent is not a matter of ensuring a signature appearing on the consent form but the whole process of what we told the patient when we make a decision on a particular procedure. It is vital that the patient is fully involved in the decision making. Patient autonomy must come to the fore.

CEREBRAL PALSY: A CASE FOR NO FAULT COMPENSATION

Finally, back to cerebral palsy. The fact that only a small proportion of neurodevelopmental handicap can be attributed to birth asphyxia should not be taken to imply that a laissez-faire attitude towards labour and delivery is justified. As long as any fresh stillbirth, neonatal death or handicap is related to asphyxia, close and prompt attention to labour, delivery and presumed fetal distress, however imprecise our monitoring techniques, is mandatory. We must ensure that all care has followed the standards of our peers, especially in the intrapartum stage, when we want to defend the case. At the very least, we should document our discussion with the patient regarding our plan for the conduct of labour.

Japan runs an Obstetric Compensation System for Cerebral Palsy. Since 2009, when a baby is born in a participating childbirth facility and is diagnosed with cerebral palsy, the baby is paid compensation under a no fault system. Six million yen is paid for preparation and 1.2 million yen per year as installment pension for 20 years making a total payment of 30 million yen (roughly RM 959000 at current exchange rates). 99.8% of childbirth facilities are participants. The system is run by the Japan Council for Quality Health Care (JCQHC) and has the participation of O&G specialists, paediatricians and lawyers in the evaluation panels. A case of claim must be registered within 5 years of birth. The system is funded by a one-off payment of USD 300 to this cerebral palsy fund for every delivery in Japan through the national insurance scheme.

More importantly, every case has a cause analysis, proposal for prevention of a recurrence and quality improvement. Thus the scheme is run by the JCQHC which consists of quality in healthcare experts. One would expect that over time, the system improves with the quality improvement learning messages. All the insurance payments are channeled to the JCQHC by the insurers.

The advantage of this scheme is that the government knows exactly the burden to the system from cerebral palsy. With a reported incidence of 2 to 2.5 cases per 1000 live births,

cerebral palsy will occur in about 800 cases in Malaysia per year. It is problem that will not go away. Time to Look East again?

AS EASY AS ABC?

Just a reminder that avoiding a medico-legal suit may not be easy as ABC. But there is an A to G of risk management.

A. : Avoid shortcuts. There is a process that needs to be followed for all procedures in Medicine. There is a reason for this. You shorten it at your peril.

B. : Benchmark. Learn from others who do things better than you.

C. : Credentialling. You must be appropriately trained before you embark on performing any procedure.

D. : Document. "If it ai'nt written, it ai'nt done." Your best defence in court are your records. No retrospective entries unless it is clearly stated and for a reason.

E. : Evidence based medicine. You have the experts on your side if you show evidence of this. Sadly there still those who do not use magnesium sulphate for eclampsia!

F. : Frank explanation. Provide one when things go wrong. Many patients appreciate you for that and may not take you to court.

G. : Guidelines. Always be systematic and get your team to follow guidelines. There will be less opportunities for things to go wrong.

Disclaimer: If you are served with a medico-legal suit, the above will not help you. You still need to consult your lawyer.

RAVINDRAN JEGASOTHY
DEPARTMENT OF OBSTETRICS & GYNAECOLOGY, HOSPITAL KUALA LUMPUR

INAUGURAL OGSM TRAINING CONFERENCE

Considering a career in O&G? Unsure how to get there? Already in the Masters programme or pursuing MRCOG but feel lost? Are you eager to equip yourself with latest updates and information on patient management? Finding it difficult to juggle work, family and study?

OGSM is proud to announce the Inaugural OGSM Trainee Conference, the first conference organised by OGSM for trainees nationwide. At the conference, we hope to inspire, guide and bring together trainees in O&G. We aim for this conference to benefit both trainees and junior specialists through forums, lectures and case studies. Amongst our invited speakers, we are proud to welcome back Professor Philip Steer, past editor-in-chief of the BJOG.

Don't miss out on this exciting event. Mark your calender today, 14 - 15 December, 2013 at The Boulevard, Midvalley City, Kuala Lumpur

Details can be obtained through the trainees section on the OGSM website at
http://www.ogsm.org.my/training_intro.php

EMILY CHRISTINE D'SILVA
ORGANISING COMMITTEE
MEMBER OF IOTC

When a negative outcome occurs, the gynaecologist is trained to immediately inform their indemnity provider who in turn will direct him/her to the legal firm covering the practice. A file is opened and reports are written and a meeting ensues with the legal counsel. One of the immediate things directed to him/her would be to not to engage or communicate with the complainant. This immediately creates a barrier and a confrontational atmosphere is born where any request for information or clinical notes from the complainant is regarded with undue caution, delayed in release and finally, released reluctantly. Most times, the complaint is settled out of court but sometimes it gets dragged through the long and painful court process.

There is an alternative. It is called Alternative Dispute Resolution (ADR). The two common types of ADR are Arbitration, and Mediation. There are a few other types which are combinations of the above two.

Arbitration is a voluntary process where the parties involved agree to an impartial person to hear the dispute. A decision or settlement is imposed by this impartial person, which often is a retired judge. A sum is awarded. There is limited participation by the parties involved as compared to mediation.

Mediation on the other hand is more attractive and is also faster, cheaper with good success rates and gaining momentum.

WHAT IS MEDIATION?

The Malaysian Parliament passed the Mediation Act 2012 (the 'Act') and it came into force on August 2012. Its objective is "to promote and encourage mediation as a method of alternative dispute resolution by providing for the process of mediation, thereby facilitating the parties in disputes to settle disputes in a fair, speedy and cost effective manner and to provide for related matters." It will result in a settlement that is fair and cost effective to all parties involved and the judicial system

Mediation as defined by the Act is a voluntary process in which a mediator facilitates communication and negotiation between the parties to assist them in reaching an agreement. The key word here is voluntary as compared to the court process where one is compelled. As it is voluntary, there is already an inbuilt positive element about it in wanting to achieve some settlement. The second key word is 'assisting them to reach an agreement' and the mediator merely facilitates. He does not offer solutions, answers or decisions and the parties think of all solutions and again this is more acceptable than court ruled decision.

THE PROCESS OF MEDIATION

Either party can initiate the process of Mediation but it is usually the complainant (Plaintiff). A formal written request will be sent from one party to the other to request mediation. This written request should clearly spell out the issues to be mediated. As mediation is a voluntary process, the other party can decline to participate. Once both parties agree to mediation, a mediator is appointed. A simple agreement is then drafted and signed. The agreement should contain the following:

1. The issues to be mediated. The fewer the issues that need to be dealt with over mediation, the greater the likelihood of an efficient and effective process / outcome.
2. The date(s) and venue(s).
3. The appointment of a mediator
4. The costs involved.

THE MEDIATOR

The mediator as defined by the Act is a person who:

1. Possesses the relevant qualifications, knowledge or experience in mediation through training or formal tertiary education OR
2. Satisfies the requirements of an organisation, which provides mediation services

The Malaysian Mediation Centre (MMC) under the auspices of the Malaysian Bar Council, is one such organisation which offers a formal 5 day training before one is accredited. The website is open to the public who can view and select a mediator. Certified Mediators also come from the Chartered Institute of Arbitrators.

A mediator must act independently and impartially, with a view to assisting the parties to reach a satisfactory resolution of the dispute and suggest options for the settlement of the dispute. There is a fair amount of flexibility which the mediator can exercise in conducting the process. There is no set language, it is not legal language and the mediator can meet the parties separately or together.

Before accepting an appointment, a mediator must disclose, any information that is likely to affect his impartiality as mediator in the outcome of the mediation.

The Act protects the mediator and he will not be liable for any act or omission in the discharge of his functions as a mediator unless the act or omission is proved to have been fraudulent or involves willful misconduct.

Mediators are allowed to charge a fee and the schedule is spelled out by the Malaysian Mediation Centre. This information is available to the public on their website.

CONFIDENTIALITY

The fundamental tenet of mediation is confidentiality. This is clearly explained and defined to the parties before the mediation process. The Act gives the process this 'immunity' and anything orally or written that is disclosed cannot be used in court. This includes clinical notes and sometimes all the complainant wants to know is that enough was done by the doctors and hospital with a good intention. Often notes are not disclosed and it leads to suspicion of a cover up. With the Act now in place, there is a safeguard where both parties can feel reassured and at ease.

SETTLEMENT

Often the process can be completed in a day and thus saving enormous cost. Occasionally it can go on for a few days. Upon reaching a mutually agreeable solution, the parties will enter into a binding agreement. The success rate of settlement is quoted is to be as high as 85%.

The settlement can sometimes only be partial and whatever is left unresolved can then be brought to court. When this happens the atmosphere is more amicable as anger has already dissipated during the mediation and there is more trust.

CONCLUSION OF MEDIATION

The mediation comes to a conclusion when:

1. The settlement agreement is achieved and settled.
2. The mediator feels that it there is no progress and mediation is unlikely to achieve settlement
3. Any of the parties wish to withdraw. As mediation is a voluntary process, they can do this and proceed to the courts

ADVANTAGES OF MEDIATION

1. 1. The process allows for the parties to freely express themselves. The complainant often wants to express the pain and suffering she went through. She often feels the doctor lacks concern and remorse. Similarly the doctor wants to express how he/she did everything possible with good intention and how sorry he/she is that this should have happened. This expression is removed in a court process as it is adversarial and the legal counsel does most of the talking and questioning. Often hearing the doctor's version of events, some information and a simple apology is what the complainant wanted.
2. The settlement is perceived as fair as both parties arrive at it themselves and was not court directed. It is a process of gradually coming to an agreeable settlement. This is opposed to the court proceeding where the settlement or an award delivered can be often perceived as unfair. The parties do not have the privilege of the thinking behind the judge while in mediation it is an evolving process.
3. The cost is much less as less legal preparation is required. The presence of expert witnesses can be done away with and sometimes these contribute to a significant sum especially if they are from overseas. The fee of mediator is small and so is the rental for the premises.
4. Litigation is painful for all parties including doctors. Doctors wish to avoid the embarrassment of media publicity, which can adversely effect their emotions and practice. This emotional burden is extended to the family who are also affected.
5. The time spent away from their practice is much more with court proceedings and court proceedings are likely to be postponed. Clinic appointments have to be rescheduled and the doctor has the potential of losing patients. Mediation avoids this as it is a shorter process.
6. There is overall benefit to the public as this will reduce the court backlog and improve efficiency of the judicial system in the country

WHY IS IT UNPOPULAR?

1. There is scant information available about it and many doctors are simply unaware that this option exists. The legal fraternity and the medical indemnity providers can certainly do much more to publicise and encourage mediation as a viable and first step in medical litigation.

2. The litigation lawyers may understandably not be keen as their earnings are less with mediation. There is less preparation time, less preparatory work and less postponement. Their fees are calculated from these factors.

3. The Parliament unfortunately has not made it mandatory for disputes to be subjected to ADR before appearing in court. As it is voluntary, there is no legal will to encourage mediation.

ROLE OF LAWYERS AT MEDIATION

The lawyers can be present and can assist in the final drafting of the settlement agreement. However it is best to obtain lawyers who are trained and experienced in mediation so that they understand the process, the freedom of parties to express themselves and the confidentiality of mediation.

CONCLUSION

Mediation is certainly, in my opinion, an efficient way forward to resolve medical disputes especially when both parties are willing to settle the issues privately and in confidence. It provides an avenue where the doctor can continue to care for his patients without emotional pain and embarrassment. Care must be taken to adhere to the processes and in selecting an appropriately trained mediator. Mediation must at least be offered as an alternative by the indemnity lawyers and for the parties to make an informed unhurried decision

GUNASEGARAN PT RAJAN

Editor's note : Guna is a certified Mediator with the MMC and the Mediation Course is open to any doctor who is interested. Please see www.malaysianbar.org.my

CONGRATULATIONS

to the newest members of our O&G fratenity

MOG May 2013

Sazali Ak Sani
Sharina Bt Mohd Razali
Prakash A/L Mayandi
Nur Zaireena Zainal
Azny Shahirah Mohd Yusof
Ferry
Azizah Rusly
Alifah Binti Mohd Zizi
Tan Shiun Yee
Lim Wan Teng
Wan Masliza Wan Daud
Che Hasnura Che Hassan
Liew Kean Chiew
Norhayati Bte Che Soh
Vickneswaren Thever A/L Ramasamy
Harun Bin Hj Husin
Amrul Hazli Bin Jibril
Chew Kah Teik
Jerilee Mariam Khong Bt Azhary
Siti Maisarah Bt Ahmad
Harry Surya Rangkuti

MRCOG May 2013

Raja Syahrin Najmi bin Raja Mohammad

MALAYSIAN CEMD REPORT 2006 -2008

The Confidential Enquiries into Maternal Deaths in Malaysia (CEMD) was established in 1991. This report is the eighth in a continuing series. The report presents an overview of topics that are of major concern in the prevention of maternal deaths and recommendations have been made to deal with the factors related to these deaths.

SUMMARY

- 772 pregnancy related deaths were reported from 2006 to 2008.
- Maternal mortality ratio in 2008 was 27.3 per 100,000 live births.
- Principal causes of maternal deaths were
    - ◊ Obstetric Embolism
    - ◊ Medical Disorders in Pregnancy
    - ◊ Postpartum Haemorrhage
- Hypertensive Disorders in Pregnancy
- More than 60% of the maternal deaths occurred during the postnatal period.
- The risk of maternal death was higher in women aged more than 40 years and in mothers who had six or more children.
- Maternal deaths from women tagged with the green colour code increased from 26.6% in 2006 to 32.3% in 2008.

KEY RECOMMENDATIONS

- Ectopic pregnancy should be ruled out in any woman in the reproductive age who complains of abdominal pain.
- Pre-conception care should be provided for women with pre-existing medical conditions.
- Women with current or previous medical conditions should be reviewed by physicians early in the pregnancy so the management can be planned.
- Cardiologists should be involved in the management of pregnant women with heart disease.
- Senior doctors should be involved in the care of patients with medical conditions
- Regular obstetric drills should be organized for health staff managing obstetric patients.
- All at risk patients in pregnancy and in the postpartum period should be offered thromboprophylaxis.
- Greater efforts should be made to provide family planning services to high risk women.
- Postnatal nursing should focus on the ability to exclude presence of deep vein thrombosis and postnatal depression.
- Health personnel should be trained to identify psychiatric disorders, domestic violence, substance abuse or self harm during pregnancy and the postnatal period.
- Existing referral systems should be strengthened through supervision and communication.
- An amniotic fluid embolism registry should be established in all obstetric units to gain a better understanding of the condition.
- Obstetric protocols, guidelines and manuals must be available in all labour rooms and obstetric units.
- All home deliveries must be conducted by trained personnel.
- Hospital staff must inform the relevant health clinics when patients are discharged.
- Home visits and defaulter tracing must be done by health staff.
- Road safety should be part of antenatal education especially with regards to the use of helmets and seat belts.
- Postmortem examination should be offered in all pregnancy related deaths and family members should be fully advised about the process.

The full CEMD 2006-2008 report can be obtained from the OGSM website at www.ogsm.org.my, in the members resource area under ‘others’.

(cont. pg 1)

the most recent Confidential Enquiry where poor outcomes were associated with defaulters and post partum mothers. OGSM noted the concerns of many private Obstetricians and explained to the MOH that it is really more difficult than envisioned in knowing precisely who is high risk and who are the defaulters. Most clinics do not have that ability to trace who the defaulters are. Moreover, patients will often go from one clinic to another. The MOH assured us that they are not aiming to find fault by this directive nor will they be punitive in its judgment. However, they appeal to the private Obstetrician to comply with the directive as much as they possibly can.

In the state of Selangor, another directive has arisen from the first directive. The Selangor Health Director has directed that all births be reported daily back to their office. The MOH again reassures us that this particular exercise is more for obtaining statistics. The health office has difficulty obtaining the correct denominator that is pertinent for statistical calculations. If your patient does not wish postnatal visits, please state that on the form clearly. This directive is not aimed at obtaining the names and contacts of new mothers. They have given the assurance that the mothers will not be contacted unnecessarily. Both directives can be accessed on the website in the members section.

MEDICOLEGAL CONCERNS

Most of our members are concerned about the rising cost of medicolegal indemnity cover. The continual rise in the cost of coverage is making private Obstetrics financially not viable.

In line with this, OGSM recently organized a meeting with the Attorney General's Chambers (AGC). This meeting was chaired by Encik Mohd Radhi, Head of the Medical Defence Unit at the AGC. OGSM had also invited the Medical Protection Society (MPS) to present their viewpoint on medicolegal defense issues. The MOH had been inundated with medicolegal issues of late and it was great to discuss some of these issues. More importantly, plans of action have been formulated.

This resulted in OGSM issuing a letter to our trainees, informing them of the medicolegal protection by the AGC and more importantly when they are NOT protected by the AGC (ie during locum and working in the private wing). The medical officers and specialists who work in these circumstances are strongly advised to take up private cover. The various medical consultants in private universities, but performing clinical duties in public hospitals have also been advised to consult their various universities regarding medicolegal cover.

Coming back to the issue regarding the sudden, but not entirely unexpected, rise in Medical Indemnity Fee; especially by MNI; many members are severely affected. OGSM had over the last 3 years been working with the MOH in formulating a more favorable private fee schedule for its members. Due to various circumstances, the outcome of these efforts is still pending. The rise in the medical indemnity fee is chiefly due to the rising number of complaints; and rising awards to the patients. Members should know that: should there be an unfavourable clinical circumstance, requiring advise, the first point of contact should be with the Medical Indemnity Organisation, and NOT the lawyer who usually provide coverage for that particular organization. Secondly, members have the right to insist on Mediation or Arbitration, instead of the expensive route of court defense.

Meanwhile, OGSM will endeavor to engage the various agencies involved in this very important matter.

Thank you. I would like to take this opportunity to wish all our Muslim friends a belated Selamat Hari Raya!

TANG BOON NEE
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