

MALAYSIAN MEDICAL
SUMMIT

SHAPING OUR DECADE

**20
20**

8 & 9 AUGUST 2020
6TH ANNUAL SUMMIT



MALAYSIAN MEDICS INTERNATIONAL

Malaysian Medical Summit 2020 Conference Booklet

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co-conveners' address

**Low Wen Yan &
Dr Darien Liew Daojuin**

Malaysian Medical Summit (MMS) 2020 is the Malaysian Medics International's (MMI) sixth annual flagship event, run entirely by Malaysian medical students and graduates.

This year's summit aims to introduce important concepts that will effectively expose everyone to the socio-economical and political landscape, in a non-opinionated and non-biased setting. These issues often have direct consequences on our healthcare system and our future. As doctors of tomorrow, it is our obligation to be in check with these issues and be an advocate for change to offer better healthcare to Malaysians.

We now stand at the beginning of a new decade with a purpose in mind – to improve the system. Whether it's the learning culture in our medical education or the issues regarding our training as junior doctors, there is ample room for improvement in every aspect.

Who better to start the change than ourselves? Within this decade, all of us will become doctors. 7 years ago, MMI was founded and it was ran by medical students studying in the United Kingdom. Today, they are our seniors, mentors and potentially our colleagues.



At this juncture, as fresh, young and talented medical students, we hope to effect changes that could potentially better our future. But how do we shape the next decade? Our decade?

We will soon be in the position to create a supportive learning environment, and inspire our juniors in their clinical years. We will be in the position to be better advocates for the welfare of our patients, our colleagues and for the betterment of Malaysia's healthcare system. We want everyone to come to the realisation that we have an immense potential in shaping the outcome of this decade.

This booklet contains important information related to all of our summit's discussion which will supplement your knowledge. Besides finding a list of problems our medical fraternity is facing in Malaysia, you will also note many simple suggestions we have included for you to start creating the change.

Medical students can make an impact. We will be the change. Let us start now.

pre-summit session

The Pre-Summit Session focuses on 3 core elements: Public Speaking, Advocacy and Policy, and Drafting a Memorandum. All essential to prep delegates for the next level - General Assembly

DAY 1 - 18 JULY 2020

9.00AM Briefing on Pre-Summit Series

9.30AM Keynote Interview: Health Policy and Advocacy

10.30AM Seminar: Art of Public Speaking

1.30PM General Assembly Chat Box

2.00PM End

DAY 2 - 19 JULY 2020

9.00AM Advocacy and Policy at MMI

9.30AM Aussie Experience: Australian Medical Students' Association

10.00AM Malaysian Experience: Malaysian Medical Association

10.30AM Mini Workshop Series

11.30AM Reflection

12.00PM End

DAY 3 - 25 JULY 2020

9.00AM Briefing on MGA Agenda

10.00AM Brainstorming Session

11.00AM Presentation

12.00PM Finalising Memorandum

1.00PM End

PRE-SUMMIT SESSION



DRAFT MEMORANDUM



GENERAL ASSEMBLY



TABLE & AMEND

- Table recommendation by Member of the Table
- Suggest amendment by Member of the Floor
- Rebut



CLOSING

- Passing of memorandum to officials



POST-SUMMIT FOLLOW-UP

general assembly

This is officially MMI's first General Assembly, intended to affect changes to the healthcare system and provide a platform where delegates can voice their concerns over pertinent issues in healthcare.

On Day 1, we first look at our post-COVID-19 situation and its impact on medical education and current specialists. In all of our discussion we hope to inspire a new generation of doctors that are informed and capable.

DAY 1
8 AUGUST 2020

- 9.00AM **CO-CHAIR INTRODUCTION**
Low Wen Yan & Dr Darien Liew Daojuin
- 9.15AM **OPENING SPEECH BY DATO' DR CHONG CHEE KHEONG**
- 9.30AM **PANEL DISCUSSION: CLOSING THE DECADE WITH COVID-19 IN RETROSPECT**
Dato' Prof Dr Abdul Rashid (Moderator), Dato' Dr Chong Chee Kheong, Prof Datuk Lokman Hakim, Assoc Prof Dr Nazlina Ibrahim & Dr Yasmin Gani
- 10.30AM **PANEL DISCUSSION: POST PANDEMIC: BATTLE OF SPECIALTIES**
Rachel Leong Qi Qi (Moderator), Prof Dr Zaleha Abdullah Mahdy, Prof Dato' Dr Hanafiah Harunarashid, Dr Beni Isman Rusani & Prof Dr Lucy Lum Chai See
- 11.30AM **KEYNOTE: MEDICAL EDUCATION IN THE NEXT DECADE**
Prof Dr Yang Faridah binti Abdul Aziz
- 12.00PM **LUNCH**
- 2.00PM **HEALTHCARE STUDENT LEADERS' DISCUSSION: "MY PROFESSION NEEDS TO BE ACKNOWLEDGED. HERE'S WHY."**
Low Wen Yan (Moderator), Dr Darien Liew Daojuin (Moderator), Wong Wei Wen, Lee Jia Wei, Meythini Uthaya Kumar, Tong Lee Choo & Chang Yun Xun
- 3.00PM **PANEL DISCUSSION: MEDICAL EDUCATION OF DIFFERENT CULTURE IN THE CLINICAL SETTING**
Dr Syameer Firdaus (Moderator), Assoc Prof Julia Harrison, Dr S Guan Khoo, Prof Patrick Felle & Dr Sivakumar Thurairajasingam
- 4.00PM **PUBLIC VIEWING: TRANSPLANT MEDICINE: CALL FOR MORE ORGAN DONORS**
Dr Diana Mohd Shah



program itinerary

DAY 2
9 AUGUST 2020

On Day 2, we shift the perspective from education to training and we hope to highlight the current issues in healthcare. Our General Assembly is a dedicated session to table motions and the output is a Memorandum that will be received by several important stakeholders.

- 9.00AM **KEYNOTE: COMPETENCY OF HOUSE OFFICERS - ARE WE PRODUCING COMPETENT PRACTITIONERS?**
Dr Mohamed Shazwan bin Zailani
- 9.45AM **PANEL DISCUSSION: CONTRACT SYSTEM IN THE NEXT DECADE**
*Dr Bhirom Sughonthabhirom (Moderator),
Dr Kevin Ng Wei Shan & Dr Khor Swee Kheng*
- 11.00AM **STUDENT SEGMENT & GRADUATE SEGMENT**
- 12.30PM **LUNCH**
- 2.00PM **MMI GENERAL ASSEMBLY 2020**

student segment

- **Robotic Surgery**
Dr Murali Sundram
- **Perspectives of LGBT in Malaysia**
Mr Raymond Tai
- **Perspective of Patient Engaging Mental Health Services**
Dr Aisya Musa
- **Military Medicine**
Leftenan Jeneral Dato Pahlawan Dr. MD Amin bin Muslan
- **Womb Transplantation vs IVF**
Dr Abdul Kadir bin Abdul Karim
- **Medicine in Low Resource and Disaster Setting**
Dato' Dr Ahmad Faizal Mohd Perdaus

Keynote: "What I expect from my house officer. I am a specialist, we need HO's like this."
Dr Jamaluddin b.Haji Mohamad

Keynote: "What I think my specialist wants."
Dr Bhinesh Atri

graduate segment

if you have any feedback at the end of the event, do not hesitate to email us at admin@malaysianmedics.org

Why do we do what we do? Here, we provide the context for our keynotes and panel discussions. With important information, experiences, and perspectives, we want you to appreciate the importance of our segments so you will benefit from it fully.

COVID-19 TIMELINE AND VACCINE DEVELOPMENT

The biggest event of 2020 needs to be talked about. Malaysia has done an amazing job at handling the pandemic despite all of the challenges our government had to confront at the same time. We need to debrief, learn, and move on from it.

The world will not recover fully from it unless we have an effective vaccine. We have included information on the phases of vaccine development to satisfy your curiosity.

LEARNING CULTURE LOCALLY AND ABROAD

We so often praise and worship the quality of universities in western countries. However, is the learning in Malaysia really that bad? Fact is, the culture is slowly improving and we can play a huge part in this.

Our schools might be slow to help; our tutors might be harsh. We can all do something for our peers and our juniors now to provide them the support they need. Start the change now and we can create the supportive learning environment that we want.

MEDICAL TRAINING

Why do we need to wait for a year to start our housemanship? This issue has troubled our seniors for years and it's only recently brought to public attention. We provide you with a brief explanation to the issue so you can understand its significance. We need to then stand together and work towards a better future.

We also talk about our allied health friends as it is evident their education has certain advantages over ours. They are much more prepared to handle patients than us upon completion of their studies. We need to learn from them and identify gaps in our training to improve our clinical competency.

MANAGING EXPECTATIONS

There are plenty of stories about bullying and harassment in hospitals. While senior doctors' attitude and outdated working culture plays a huge part, we need to look to ourselves to identify ways to reduce conflict. One thing we can do is to manage expectations. Know what our seniors expect from us, and we might be able avoid miscommunication.

COVID-19 TIMELINE & VACCINE DEVELOPMENT

- 7 January 2020**
A new type of coronavirus is identified and isolated by Chinese authorities.
- 12 January 2020**
China shares the genetic sequence of the virus.
- 11 February 2020**
The World Health Organisation (WHO) names the disease COVID-19 a.k.a. "coronavirus disease 2019." 43,103 confirmed cases and 1018 people have died - more than the total number of deaths during the 2002-2004 SARS outbreak.
- 7 March 2020**
The global number of reported cases of Covid-19 surpasses 100,000.
- 16 to 17 March 2020**
Prime Minister Muhyiddin Yassin announced the Movement Control Order (MCO). On 17 March, two confirmed deaths were reported in Malaysia.
- 31 December 2019 - 3 January 2020**
44 patients with the mysterious illness are reported to WHO by the Chinese authorities. More than half have links to the Huanan Seafood Wholesale Market in Wuhan. On 1 January, the market is closed.
- 25 January 2020**
3 Chinese nationals forms the first few cases in Malaysia.
- 17 February 2020**
A Chinese tourist in France becomes the first person outside of Asia to die. WHO starts reporting both clinically and lab-confirmed cases of COVID-19, accounting for an increase in cases to 71,429. Sixty million people in Hubei province are told to stay at home unless there is an emergency and the use of private cars is banned. The number of new cases in China drops for the third consecutive day.
- 11 March 2020**
WHO declares an official pandemic.
- 18 March 2020**
WHO announces a global SOLIDARITY trial.
- 19 to 20 March 2020**
Malaysia has the fourth highest number of COVID-19 cases in Asia behind China, Iran and South Korea. 900 confirmed cases were reported as of 19 March. WHO reported globally 209,839 confirmed cases with 8778 deaths. Malaysia also officially deployed the military to assist the civilian authorities in controlling the public movement.

For a more elaborated timeline, check out malaysianmedics.org/covid-19

HOW ARE VACCINES DEVELOPED?¹

Exploratory Stage [2-4 years]

Scientists identify natural or synthetic antigens from viruses, bacteria, or other substances derived from pathogens.

Pre-Clinical Stage [1-2 years]

This stage utilises tissue-culture or cell-culture systems and animal testing to assess the safety of the candidate vaccine and its ability to encourage an immune response. The goal is to give researchers an idea of the cellular response they might expect from humans, and a safe starting dose.

Phase I Vaccine Trials

Phase I testing involves 20-80 subjects and it primarily assesses the safety of the candidate vaccine and to determine the type and extent of immune response.

Phase II Vaccine Trials

This involves several hundred subjects. The trial will be randomised, controlled, and will include a placebo group. The goals of Phase II testing are to study the candidate vaccine's safety, immunogenicity, proposed doses, immunisation schedule, and delivery method.

Phase III Vaccine Trials

A larger trial involving thousands to tens of thousands of people. It will be randomised, double-blind and tested against a placebo. The goal is to assess vaccine safety and determine side effects which will become significant in a large group of people.

Current Development on COVID-19

As of 2 July 2020, more than 145 vaccines are being developed and are in various stages of development. Only 29 vaccines have entered clinical trial.

CURRENT VACCINE DEVELOPMENT ON COVID-19²



References

1. Vaccine Development, Testing, and Regulation: The College of Physicians of Philadelphia; [updated 17 January 2018].
2. Corum J, Zimmer C. Coronavirus Vaccine Tracker. The New York Times. 2020.

learning culture locally & abroad

There is an obvious difference in learning culture between medical schools in Malaysia and overseas. To further expand on our Summit, we asked members in MMI studying across the globe to illustrate their learning experiences through two questions:

1. Describe your best clinical experience.
2. If you had the ability, and resources were unlimited, what will you change to improve the learning experience in the clinical setting?



Hwu Yung
University of Nottingham, UK
5th Year

Question 1

My NICU (neonatal intensive care unit) stint was eye-opening and challenging, but above all, satisfying. The occasional “crash bleeps” where I was whisked off to OT to receive newborns who need resuscitation was exhilarating and it underlined how rapidly situations change in a hospital. The main thing that got me through it was the brilliant staff who guided me 100% of the way. Their care and compassion really helped me worked to the best of my capabilities.

Question 2

I’d invest in arranging more simulated sessions to allow students to practice their clinical skills outside of ward time. Having simulated sessions with dummy arms to practice cannulation and taking bloods might be useful as opportunities may be hard to come by. We can also build the confidence and skills without the guilt of harming real patients through our inexperience. We could simulate other clinical scenarios like patient sessions for history taking and examination, and more!

Question 1

I realize that every clinical placement is challenging, but envisioning ourselves attending to patients in the next decade will help us see clinical exposures as opportunities to be better than yesterday. My recent posting in women’s health has been a fulfilling journey. I had the privilege to follow women through their pregnancies; from clerking and observing ultrasonographic foetal movements in emergency labour rooms, to assisting doctors during deliveries. I would like to thank healthcare providers who have guided me on surgeries and common clinical procedures despite their hectic schedule.

Question 2

It is a great opportunity to learn from medical professionals of a multidisciplinary team. Having smaller groups of medical students following ward rounds will help as it is challenging to listen from a distance when there are too many people around a patient’s bed and conversations are soft to ensure confidentiality. Smaller group discussion improves engagement, exposes students to being part of a management team, and will definitely enhance our overall learning experience!



Goh Wern Sze
Monash University, Malaysia
4th Year



Yun Hui
Trinity College Dublin, Ireland
4th Year

Question 1

I had my best clinical experience on my first rotation. The team was amazing, and they were incredibly understanding and helpful. The team taught me how to scrub in, got me to assist in various surgeries, taught me how to suture, how to put in a urinary catheter and how to do a DRE. The interns were incredible as well. They gave us mini tutorials during ward rounds, and taught us about all the different equipment, drains, and tubes. The best thing is that they always made time for us to present our histories and provide feedback.

Question 2

I would standardise clinical teaching and learning. Right now, everything is by chance. It depends on your luck whether your team is willing to teach and whether they allow medical students to try their hands on the practical aspects of hospital work. I would also invest on a clinical skills practice room with ample equipment and let students have free rein to practice as much as they want.

Question 1

After a few weeks of observing countless surgeries, the orthopedic surgeon allowed me to scrub in for a knee replacement. This meant that for the first time, I had the opportunity to enter the exclusive sterile zone. Watching the surgery from such a close distance was amazing. The surgeon provided clear instructions on how to use the suction and diathermy. I was allowed to drill holes into the femur and suture the subcutaneous layer. Constant reassurance from the team eased my fear and twinge of anxiety. The exquisite skill of a talented surgeon and team effectively finishing a procedure is truly remarkable!

Question 2

Developing 3D printed training models for each medical student to practice procedural skills, master anatomy, and train those who are surgically-inclined would be commendable. These 3D models would ideally resemble patients of different ages, body habitus, and various medical conditions will serve as a platform for medical students to familiarise themselves in diverse situations while learning in a simulated setting.



Nishkaniya Kuppusamy
University of New South Wales,
Australia
5th Year

We can improve the experience in Malaysia right now! Wondering what you can do about it?

No matter how busy we are, we can always afford some time to teach juniors around us. We can do this during ward rounds by helping juniors understand cases. We can listen to our juniors' presentations and help them improve it. There is always something you can teach. Just be aware of your strengths and limitations, and you will do fine!

Making mistakes can be tough because we all want the finest outcomes for our patients. We might also experience many situations in the clinical setting which can affect us emotionally. **The best thing we could do for our colleagues is debrief after** to find out why it happened and address everyone's feelings. It is essential to understand the situation, pardon ourselves and permit the experience for us to grow as a person.

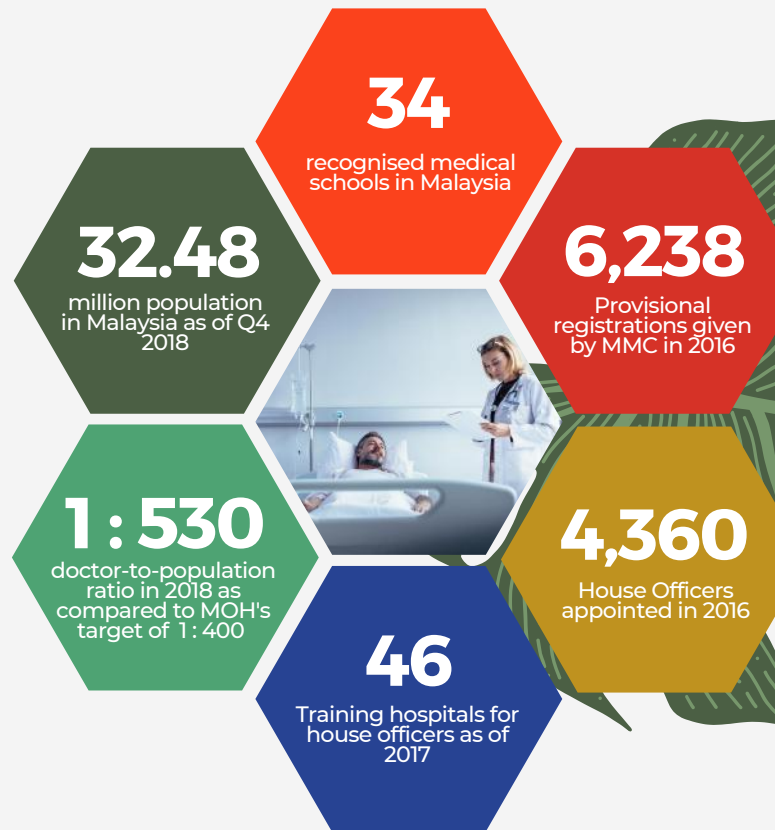
issues in medical training

In Malaysia, medical schools are recognised through the Second Schedule of the Malaysian Medical Council (MMC).¹ The accreditation process is overseen by the Malaysian Qualifying Agency (MQA), under the advisory of the Joint Technical Committee, comprising of MMC, Ministry of Higher Education and the Public Service Department (JPA). JPA is involved due to medical graduates' mandatory service in public hospitals.²

In 2016, only 4,360 house officers were appointed out of 6,238 graduates who obtained provisional registration from MMC. This means that 1,878 graduates were left in limbo during that year. The number is so significant that it is causing the backlog of graduates waiting for a training position, and this number adds up every year.

How did we get to this point? The cause is multi-factorial, but we look to these two main issues. First, the supply increased exponentially. From 2000 to 2016, the number of medical schools in Malaysia rose dramatically from 3 to 29! Second, ministries and training hospitals could not keep up with the increase in house officers due to the lack of resources.

This increase in house officers has improved our doctor-to-population ratio in the short term, but we should assess if it has improved our healthcare system. As we have all experienced, our wards and clinics are still just as busy! More senior doctors are needed to actually improve the service. The capacity of our Ministry of Health to employ, train junior doctors into specialists, and distribute them equally around the country will determine if the improved doctor-to-population ratio really matters.



Our allied health friends have more clinical exposure

So far, along your medical education, ask yourself, have you spoken to a pharmacist, dietitian, nurse, or physiotherapist to enquire more about their management, i.e. what do they contribute to the case?

Are we really prepared for practice after medical school? We spend so much time honing our knowledge, we don't get a lot of opportunities to work alongside the team. Admittedly, the knowledge is essential, but we need more exposure to the nitty-gritty parts of medicine where practicality comes first.

Our allied health colleagues start handling patients during their training. They see patients, provide care, come up with a plan, and discharge patients alongside their tutors. Some professions start as early as second year. Medicine is evidently a different course which is complicated by various legalities. Wouldn't it be great if we get to participate more as part of the team (within our capabilities) in clinical placements?

Besides that, have you ever wondered about the role of multi-disciplinary teams and their significance in actual practice? For a holistic management plan to be executed, experts from different fields must contribute equally. Doctors address the emergent issues, while allied health professions provide care and help bring patients to recovery. Understand their work; trust their expertise.

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It's all about **Managing Expectations** with your seniors & juniors...

Things in the clinical setting we often find hard to deal with:

1. Being able to say no
2. Asking questions for fear of being perceived as stupid
3. Want to help but lack confidence



As a student to your tutor

1. Try to understand the expectations of your tutor. E.g. How should I contribute to the team? Do I need to present cases daily and follow-up?
2. Seek opportunities to perform and show your enthusiasm. When uncertain, just ask if you can perform a certain procedure or if you're interested in reviewing some ECGs or CXR.
3. Show interest and have no fear in asking questions. Make a nuisance of yourself, you are here to learn. Take advantage of that opportunity. Ask all you want, satisfy your curiosity!

As a junior doctor to your superior

1. When dealing with your senior, know how to communicate with them professionally. Always be courteous and humble.
2. Interpersonal relationship. Always be humble and work well with your team. Understand the expectation and learn their work. You never know when you might be able to lend a helping hand.
3. Familiarise yourself with the work environment and work culture. Knowing your way around gives you a good head start.



As a non-toxic doctor

1. Buy your interns coffee! It's the least you could do to appreciate their work.
2. Provide constructive criticism appropriately and often, and like a diplomat. Giving it at the right time, right place, and right way is important. Remember, anger never resolves anything, and your juniors are merely here to learn!
3. Always show your gratitude. Say thank you whenever your colleague or your junior is doing some work for you. A little thank you can bring a smile and make them feel appreciated.



important perspective

In this new decade, we need to look towards the emerging parts of medicine, and advocate for the important aspects of healthcare to improve our care and services. For our student segment, we discuss some topics that will likely become essential for healthcare systems worldwide within this decade. Here, we outline 6 topics that we will discuss in the Summit. How familiar are you with them?

UTERINE TRANSPLANT

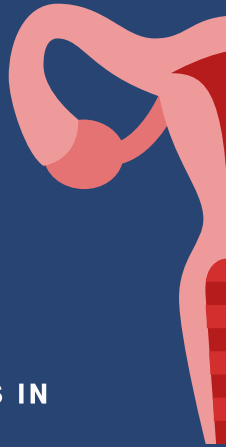
UNIVERSAL HEALTH COVERAGE

DA VINCI SYSTEM

MILITARY MEDICINE IN MALAYSIA

ORGAN DONATION IN MALAYSIA

MENTAL HEALTH SERVICES IN MALAYSIA



**FREE STEP 1
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**YOUR PATHWAY TO
MEDICAL SPECIALIZATION
IN THE US**

a short history of uterine transplant

The concept of uterine transplantation was first proposed in 1918 following ovarian autotransplantation in rabbits in 1896. In 1960, a combined uterine-oviduct transplantation was done in dogs but with poor outcome.

In 1978, following the birth of Louise Brown, IVF had been proven to be an effective treatment for infertility in women. In 1999, Mats Brännström began his research in uterine transplantation after his patient suggested getting a uterus transplanted following cervical cancer a year prior.

In the following years, uterine transplantation was tested on various animal models. Some promising results were shown. One example in 2002 had proven that rats with transplanted uterus were able to give birth to fertile offspring.

In 2000, 1st human uterine transplantation was attempted on a 40-year-old woman to treat benign ovarian disease. However, the graft was removed 100 days after operation. Second attempt was in 2011 in Turkey, uterine transplantation was successful, but no viable offspring was delivered from transplanted uterus.

The first successful live birth delivered from a transplanted uterus was reported in 2014 in Sweden, the uterus was transplanted in 2013 from a 61-year-old live donor. The baby was delivered prematurely at 32 week and weighed 1.8kg. Until year 2019, there are more than 60 uterine transplants performed globally and among these, there are 18 offspring successfully delivered and reported by the media.

universal health coverage

Universal Health Coverage (UHC) refers to the ability of all people to access health services when needed regardless of their financial standing. More than half of the population still do not have full coverage of **essential health services**. These include:

- Family planning services
- Provision of at least 4 antenatal care visits
- Skilled birth attendants during delivery of infants
- Infants receiving 3 doses of DTP vaccine
- HIV patients receiving anti-retroviral therapy
- Tuberculosis treatment
- Sleeping under an insecticide treated bed net

At least 400 million people are currently not receiving any of the above in the Millenium Developmental Goal-prioritised area.

For over 930 million people, at least 10% of their household expenditure is spent on healthcare services. As a result, 100 million people are being pushed to extreme poverty each year because of out-of-pocket health services.

Common barriers in achieving UHC:

- Financial constraints due to low levels of government funding
- Insufficient healthcare human resources
- Unequal distribution of health professionals;
- Increasing burdens of No Claim Discount (NCD)
- Persisting infectious diseases, and reemerging pandemics

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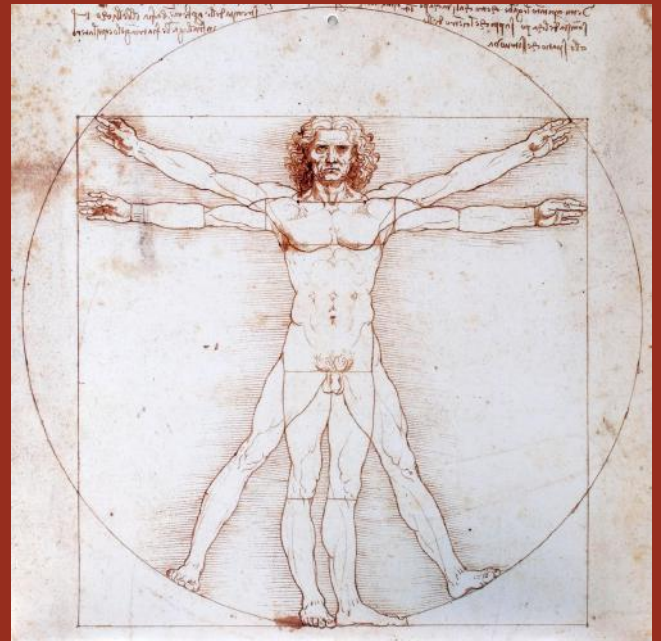


da Vinci system

The da Vinci Surgical System is a robotic surgical system made by the American company Intuitive Surgical. Created in 2000, it is designed to facilitate surgery using a minimally invasive approach and is controlled by a surgeon from a console. According to the manufacturer, the da Vinci System is called "da Vinci" in part because Leonardo da Vinci's "study of human anatomy eventually led to the design of the first known robot in history.

Da Vinci Surgical Systems were used in an estimated 200,000 surgeries in 2012, most commonly for hysterectomies and prostate removals. In 2019–2020, there are 4,986 units installed worldwide – 2,770 in the United States, 719 in Europe, 561 in Asia, and 221 in the rest of the world.

The Urology Institute of Hospital Kuala Lumpur (HKL) made a historic breakthrough by making HKL the first hospital in the country to provide robotic surgery in 2004. Since then, various hospitals around Malaysia have started providing robotic surgery.



military medicine in Malaysia

The Malaysian Armed Forces Health Services (MAFHS) has a tri-service role, providing healthcare to the Army, Navy, and Air Force personnel. It also provides service to the families, veterans, and civilians employed by the Ministry of Defence. The mission of the MAFHS is to conserve the fighting strength of the Malaysian Armed Forces (MAF).

The MAFHS has a total strength of 3,689 personnel, comprising of 461 officers, 2,903 non-commissioned officers, and 325 civilian medical personnel. The corps comprises of doctors, dentists, veterinarians, pharmacists, nurses, psychologists, physiotherapists, dietitians, nutritionists, and other related healthcare professionals.

A Faculty of Medicine and Defence Health will soon be operating under the National Defence University of Malaysia. This faculty will offer a 5-year medical degree program, which incorporates subjects of military importance such as disaster medicine, battlefield medicine, aviation medicine, and underwater medicine in its curriculum. In the future, this faculty hopes to offer the Postgraduate Diploma in Military Medicine, and Master of Defence Health. The New Armed Forces Hospital in Kuala Lumpur will become the tertiary referral centre for the MAFHS as well as the Centre of Excellence for Disaster Medicine. This hospital has a capacity of 332 beds and is equipped with the latest technologically-advanced medical equipments.

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organ donation in Malaysia

The number of patients waiting for an organ donor is huge. According to the National Transplant Resource Centre (NTRC) of Hospital Kuala Lumpur (HKL), 20,795 patients are in the waiting list for an organ donation as of April 2016. Majority of them are waiting for kidney transplants.

According to a study published in 2019 by J. Muller, results showed that 50% of Malaysian are willing to donate organs in case of sudden death while 20% did not consider donating at all. Despite this result, Malaysia has one of the lowest organ donation rates globally. The number of organ donors is only 1.3% of the whole Malaysian population.

It is believed that the factors that lead to the shortage of organ donors in Malaysia lie within religious beliefs, lack of awareness to organ donation, negative perception of organ donation, and poor insight to organ donation.

After their transplantation surgery, patients require long-term immunosuppressive therapy to avoid graft reactions after surgery. In Malaysia, immunosuppressive drugs prescribed vary according to the patient's status. Classes of immunosuppressive drugs prescribed in Malaysia include corticosteroids, calcineurin inhibitors, mycophenolate, azathioprine, mTOR, and antibodies. Currently in Malaysia, subsidisation of immunosuppressive therapy is provided for patients who had their surgery done in local public hospitals but this only limited to a certain few types of drugs. Those who received organ transplantation in many other countries do not receive such benefits.

Find out more at: www.dermaorgan.gov.my

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mental health services in Malaysia

Life can get difficult but we are not without support. Here, we provide you with some organisations that can help you should you need it.

MENTARI

A community mental health centre initiated by the Ministry of Health, Malaysia. You are able to receive an assessment and consultation at your nearest MENTARI site (there are currently 22 sites across the country).

SOLS Health

Telephone: +6018-664-0247
Email: solshealth@sols247.org
Website: <https://www.solshealth.org/contact-us>

RELATE Malaysia

Email: info@relate.com.my
Website: <https://relate.com.my>

MIASA

Email: miasa.malaysia@gmail.com
Telephone: 03-7732 2414
Website: <https://miasa.org.my>



about malaysian medics international

Malaysian Medics International (MMI) is an independent, student-led organisation established in 2013 at Kuala Lumpur. We connect, educate, and cultivate doctors of tomorrow from home and abroad via a common professional platform that provide opportunities for professional and leadership development.

Over the years, we have brought together a diverse community of 3,000 medical students from more than 45 universities worldwide with our annual conferences and year-round workshops at more than 5 different countries. Through our student activism, Malaysian medical students are kept abreast of the healthcare landscape and pressing issues at home.

Since 2020, MMI has started working on an advocacy platform. We have come up with a 3-Year Global Strategic Plan for Advocacy. We are rapidly expanding our network.

OUR ESTABLISHMENTS

2014	MMI MALAYSIA
2014	MMI UNITED KINGDOM
2015	MMI IRELAND
2017	MMI DOCTORS
2018	MMI YOUNG MEDICS
2018	MMI AUSTRALIA
2020	MMI CHINA (to come)
2020	MMI INDIA (to come)



the bigger picture

1ST

We aim to be the peak representative body for all Malaysian medical students in Malaysia, championing issues in healthcare and education.

3

In 3 years time, we hope to be a part of the table with the Ministry of Health, Malaysian Medical Council, Malaysian Medical Association and the various organisations involved in health. We want to work hand-in-hand with them in putting out medical students' concerns and having our voices heard at every meeting.

1,000

The first Malaysian Medical Student Summit to be organised had more than 1,000 attendees.

10

Within the next 2 years, our growth is expected to rise by 10 times through a massive expansion in our committee and our chapters across the globe.

8,000

More than 8,000 medical students have attended our events in the past 7 years.

2,000

Our annual Summit has been graced by the Director-General of Health, more than 2,000 delegates have attended in the past 7 years.

100,000

We expect the growth of our social media platform including our recently revamped website to achieve a net engagement of 100,000 cumulatively by 31 August 2020.

130,000

In 2019, we raised more than RM130,000.00 of fund for charity with 2500 participants during our MMI X-traordinary, a run for Down Syndrome awareness.

2021

Musicus Medicus, supposedly a physical event, became an online concert this year due the COVID-19 pandemic. We hope to organise the first musician-physician orchestra in 2021.

advocacy office of mmi

The Advocacy Office of MMI is officially established during the 2019/2020 term of the Executive Council of MMI. Recognising the need for a strategic direction for the organisation, advocacy is now the main epicentre of MMI's operations globally, across all branch councils. We have a 3-Year Global Strategic Plan for Advocacy that outlines the plan for MMI in the coming years.

vision

- Our advocacy priorities represent endeavour and values of Malaysian medical students.
- Our policy base puts words to the collective voice of Malaysian medical students.

advocacy

Our advocacy is about effecting changes at the level of policy by taking actions from organising campaigns to active participation in policy-making.

policy

Policy is a comprehensive study which serves as our tool to understand important issues that affect medical students and understand their views about it before we advocate for it on their behalf.

priorities

Empowerment of Medical Community with Positivism

We encourage culture of acceptance, empathy, and supportive environment within our community for good mental health and general wellness.

Inclusivity and Diversity in Medical Education

We acknowledge and pay respect to diverse community of people within the healthcare community and reject any form of discrimination.

Reform for Quality and Holistic Medical Education

We affirm our stand for standardised national curriculum to ensure quality and holistic medical education in Malaysia.

policy action committee

An independent policy study group made up of Malaysian medical students and professionals across the world. Responsible to conduct and publish policy studies for MMI. This year, we have a total of 24 PAC members actively working on policy and advancing our advocacy.



A weekly publication, featuring an inspiring short story from a member of the medical community. We aim to educate our medical community to find strength in diversity, and to cultivate the culture of acceptance and positivism.



a little bit about...

advocacy & policy

what is advocacy?


- An action directed at changing the policies, positions, and programs.
- Pleading forward, defending or recommending an idea before other people.
- Working with other people, coming together in coalitions, putting a problem on the agenda, offering solutions and building support with an aim to change systems, organisations, and government decisions.
- Undertaking strategies that influence decisions.
- Advocacy promotes policy change.

what is policy?

- A written expression of goals for improving the situation, the priorities among these goals, and the main directions for attaining them.
- Policy is a set of principles guiding decision-making. It provides a framework for various activities and projects.
- Policy defines a vision for the future which helps establish targets and points of reference for the short and medium term.
- Policy outlines priorities and the expected roles of different groups; builds consensus and informs people.

impact of policy?

- Defining a shared vision and common value to help unite relevant stakeholders.
- Define roles and responsibilities of the relevant stakeholders and help coordinate efforts.
- Lead to legislative implementation.
- Help organise community and national level interventions.



You can be an advocate for literally anything, in any field you are passionate about. Visit malaysianmedics.org and find out more about our advocacy.



Advocacy at MMI

With the establishment of the Advocacy Office at MMI late last year, we have so far come up with a 3-Year Global Strategic Plan for Advocacy at MMI. Our plan outlines the strategy and the plan through the organising structure of our advocacy office.

Under the Advocacy office, we specifically set up 6 Policy Action Committees (PAC).

Our PAC governs:

- Diversity and Inclusivity
- Medical Education
- Mental Health
- Public Health
- Welfare
- Refugee Health.

Our PAC is entrusted with the responsibility of advancing MMI's advocacy, writing new policies and reviewing past policies. PAC is the engine behind the advocacy office and forms a core component of MMI.

Moving forward, we will be expanding our advocacy team and our PAC in the next term. If you're interested, write to us at admin@malaysianmedics.org.



Humans of Medicine

“Give me whatever PPE, and I’ll still do the job”

A Covid-19 tribute to our heroes on the frontlines.



Malaysian Medicos International.
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“A 3-ply surgical face mask, a thin plastic apron, a pair of surgical gloves, a head visor. This is the Level 2 PPE (Personal Protective Equipment) I wear to treat every patient, both suspected and confirmed. Let me reiterate that: suspected and confirmed. To quote my consultant, this level of PPE is best suited for making a sandwich.

I’m working in the Acute Medicine department, and every Covid-19 patient passes through our hands. Some are too unwell, so a lot of them actually pass away right in front of us upon admission in my department. The deaths were unsettling as first, but now it has become routine and I’m indifferent to it. This is the reality you face in this profession. The real concern with the current pandemic is contracting Covid-19, but honestly, I’ve passed the stage of being worried. I’m beyond that – give me whatever PPE, and I’ll still do the job. I might have even developed an immunity to the virus by now.

In Malaysia, they proactively screen the community and have tracking systems to identify Covid-19 suspected individuals. But the approach here in Britain is different. The National Health Service (NHS) tells you to stay home, even if you have symptoms. If your symptoms worsen, you call 111. That used to be a non-emergency number, but it has since become a Covid-19 hotline. It's somewhat worse for healthcare professionals because to be eligible for swab tests, you must have a fever and continuous cough. Anything else (sore throat, runny nose, headache) and you're told to self-isolate at home. And this is after working in high-risk environments where we've been directly exposed to Covid-19.

It's actually very sad as a front-liner because you realise that these health systems aren't looking after us properly. We see how Asian countries are handling the situation - hotel receptionists in China are getting better PPE than us - and you wonder if you're a lamb being sent off to slaughter. You feel like a human sacrifice.

Nonetheless, the NHS is doing really well. In just 9 days, they've converted London's ExCel exhibition centre into a pre-emptive temporary NHS Nightingale Hospital. It has a capacity of 4000 beds, complete with oxygen tanks and ventilators. It's pretty amazing when you think about all that being done in about a week. They're working to expand these NHS Nightingale hospitals to other regions in the UK where Covid-19 has hit the hardest as well.

We use London as a 2-weeks-ahead-of-us reference point and based on that, we will be fine. Malaysia is doing even better with the decreasing cases. But as we monitor the dropping figures, we need to think about what they represent. Doctors, nurses, janitors, policemen, the kakaks and makciks working the kitchens: everyone must have been continuously playing their role for the numbers to get this low.

The curve is flattening, yes, but this war is far from over. We're not supposed to be superheroes, yet it feels like we're risking our lives to be martyred. Everything is changing and there is no going back to the old normal. But as scary as this is, all we can do is take it one day at a time."

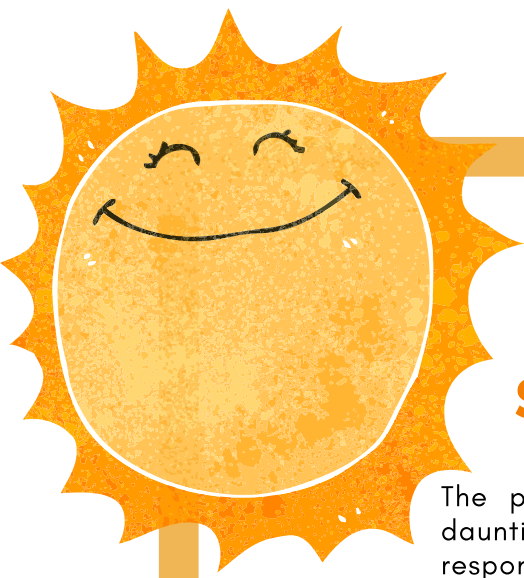
(Consent has been obtained from the interviewee for the purpose of this publication. The author has rewritten the article with permission from the interviewee.)

This article was written by Hong Jingqi. Jingqi is a first year medical student from University College Dublin who plays the piano and bakes in her free time when she's not missing the warm weather in Malaysia.

Humans of Medicine is new initiative under MMI this year. We tell inspiring stories behind portrait shots of our everyday unsung heroes. Curated by Malaysian medical students from home and abroad.

**If you have a story to tell, feel free to email us at
admin@malaysianmedics.org**





sunshine folder

The pursuit to “master” medicine is tough and daunting. It is a profession heavily taxed with responsibility - to patients, to colleagues, to superiors, and to yourself. Some days, the responsibilities will be too big of a burden to bear, and the events of the day can be too harsh for you to cope with.

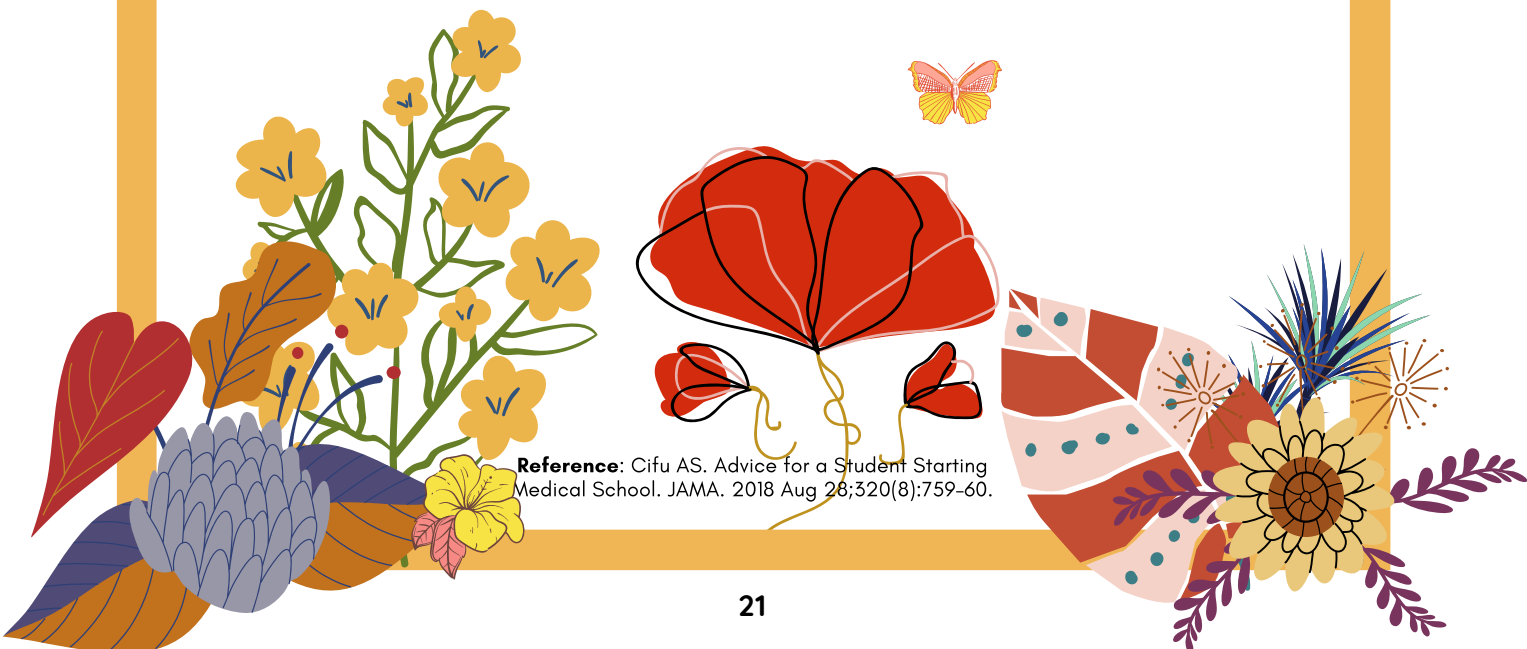
Sometimes, when the lights get too dim, we lose sight of all that is important, and we lose our way. We need to be reminded about all the reasons why we got into medicine, all our achievements attained, all of our plans for the future, and how much our efforts are appreciated by people around us.

For these days, a sunshine folder will come in very useful. This concept is practiced by many especially in the United States of America. You could store anything that reminds you of the good you have done like thank you notes from patients, conference merchandise, and more. You could even write nice little notes for your future self to read. Keep a folder like this and it will help you strengthen your spirit to push forward.



The road ahead is long, and we need to be reminded of all the support we have received.

positive mental health matters



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it took 34 committee members to pull off a summit

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acknowledgements

MMI wishes to thank all speakers for taking part in this Summit. Their contributions are invaluable. To Dato' Dr Amar-Singh HSS and Dr Nadia Atiya, we thank you for your support in reviewing our treatment flashcards.

To the speakers in our Pre-Summit Session and the MMI General Assembly, whose names have not been included earlier, Mr. Azrul Mohd Khalib, Ms. Emellia Shariff, Ms. Ain Aissa, Dr Syameer Firdaus, Mr. Travis Lines, Dr Kevin Ng Wei Shan, Mr. Dorian Wilde, Thilaga Sulathireh, Dato' Dr Amar-Singh HSS and Dr Kevin Ng Wei Shan, we thank you for your contribution and participation in our Summit to help champion the medical fraternity's rights. To any speakers whose names have not been included, we tender our apologies, and we hope not to bring any offence.

To the National Heart Institute, we thank you for your generous contribution. To all of our Sponsors and Partners, we thank you for your trust and faith in our organisation, and being part of this Summit.

To the organising committee, the Summit would not be what it is without your generous contributions in time, effort, and energy. As always, MMI takes pride in the achievements of our members. We hope you have gained and learned something from this experience. Thank you for being part of the team.

To our participants, we thank you for your continuous support, and we hope that you find this Summit fruitful. Our goals for this Summit is for you to take home a new perspective and a revelation that will hopefully inspire you to be better students and doctors in the future. We hope that you will continue supporting MMI in the future.

Sincerely,

Dr. Darien Liew Daojuin & Low Wen Yan.

On behalf of the Malaysian Medical Summit team and everyone at Malaysian Medics International.





MALAYSIAN MEDICAL SUMMIT 2020
CONFERENCE BOOKLET