

# Affiliations and Memberships of the Malaysian Medical Association

*by A. A. Sandosham*

IN ADDITION TO being affiliated to the British Medical Association, the Australian Medical Association, the Medical Association of New Zealand and the Singapore Medical Association, the Malaysian Medical Association is a member of the Commonwealth Medical Association and the Confederation of the Medical Associations of Asia and Oceania. Such association with medical organisations of other countries is of great value to us in that it helps to broaden our outlook and perspective and to solve some of our medical problems as a result of the experiences gained by our colleagues elsewhere. It fosters international understanding and fellowship among the medical fraternity and results in easy exchange of information for our mutual benefit.

## **The Commonwealth Medical Association**

The C.M.A. had its origin some 20 years ago when the first conference of national medical associations of the Commonwealth countries was held in Canada. Subsequent conferences have been organised at irregular intervals until the C.M.A. was formally established in 1962 with provisions for a meeting of its Council every two years. In 1970 Malaysia and Singapore were the joint hosts

to the fifth council meeting under the joint presidency of Dr. Gwee Ah Leng and myself.

At this meeting, it was decided to deny membership of the C.M.A. to South Africa and Rhodesia as their governments' policies of apartheid and segregation were thoroughly inconsistent with our constitution. It was felt that the two-year interval between council meetings was too long and that the Executive Committee should meet during the interim period and that provision should be made for regionalisation of the Commonwealth countries with representation in the executive. Accordingly, Canada and the Caribbean Council were entrusted with the responsibility of drafting a new Constitution.

Problems of medical ethics in Malaysia was one of the subjects discussed at the fifth council meeting and it was felt that similar problems were being confronted in some of the other Commonwealth countries. Malaysia and Singapore were entrusted with the responsibility of getting in touch with the other countries and draft a set of rules for the consideration of a future meeting of the C.M.A. Council.

At the meeting of the C.M.A. executive in Jamaica in 1971, the draft Constitution was dis-

cussed in detail and the amended version was to be tabled for confirmation at the sixth C.M.A. council meeting. Coincident with the meeting of the C.M.A. executive was the first Caribbean Medical Conference.

At the sixth C.M.A. council meeting, Malaysia was represented by Dr. Pius Martin, the M.M.A. nominee, and myself as Joint President.

The draft Constitution was formally approved and came into force immediately. Provision was made for the Commonwealth countries to be subdivided into six regions, each to be represented on the executive by an individual elected by the representative from the countries of that region who would become one of the vice-presidents of C.M.A. for the following two years. The Southeast Asian region would comprise Malaysia, Singapore, Australia, New Zealand and Fiji, and Dr. Gwee Ah Leng was elected as its representative.

The finances of the C.M.A. were discussed at length. It was decided to recommend a new quota of subscription based on the total membership of the national associations, and to facilitate the financing of regional meetings, it was decided to discontinue expenditure on the Commonwealth Travelling Fellow. It was decided that the seventh council meeting of the C.M.A. would be held in the West Indies in 1974.

### **Confederation of Medical Associations in Asia and Oceania**

This organisation came into being largely as the result of the initiative taken by the Philippines Medical Association and the efforts of the first secretary-treasurer, the late Dr. Victorino S. de Dios. Though the idea was mooted as early as

1950, the Constitution and by-laws were only approved at a meeting in Manila in 1956. Subsequently, meetings have been held at two-year intervals in Japan, the Philippines, Japan, Australia, Japan, Taiwan and South Korea, the national medical associations acting as hosts. The respective governments of the host countries have given considerable moral and financial support to these congresses which have been a great success from the point of view of attendance and the quality of the papers presented.

The eighth C.M.A.A.O. congress is scheduled to be held in Kuala Lumpur to coincide with the M.M.A. annual general meeting next year. This is a suitable opportunity, therefore, to acquaint our members of the activities of the C.M.A.A.O. and our responsibilities as hosts in 1973. The main objectives of the organisation are the promotion of closer ties among the national medical associations in the countries of Asia and Oceania and the study of problems related to medicine and the exchange of information leading to the attainment of the highest possible level of health in the region.

Among the problems are the insufficiency of funds for travel of delegates to attend meetings and the inadequacy of a knowledge of English (the official language of the Confederation) on the part of some of the delegates. The M.M.A. has been represented at the biennial meetings by Datuk Dr. Lim Kee Jin, Datuk Dr. Keshmahinder Singh and myself. I have served in the past as a Councillor and was elected President last year while Datuk Dr. Keshmahinder Singh is the Vice-President. Now that our M.M.A. house is ready, it is to be hoped that we will be able to equal, if not better, the arrangements we made for the C.M.A. council meeting in 1970.