

OGSM NEWSLETTER

FROM THE PRESIDENT'S DESK



Obstetrical & Gynaecological
Society of Malaysia



Let me start by wishing all members of our society a Happy New Year and a blessed 2015. 2014 closed with another aircrash and floods, the magnitude of which has not been seen in recent years. I extend our condolences to the victims of these disasters and salute all our colleagues who have been in the forefront, in particular, those who are serving in the flood hit states.

2015 too, started with a major shift in policy with regards to the way we as Obstetricians & Gynaecologists will be insured by the Medical Protection Society. Below is an excerpt from a letter which I have just received from Mr. Simon Kayll, the Chief Executive Officer of MPS.

"To date, your membership of MPS has been provided on an occurrence-basis, which enables you to seek assistance in relation to claims at any point in the future as long as you were in membership at the time the adverse incident took place (assuming you were paying the right subscription at the time). Your future membership of MPS will be offered on a claims-made basis. This means that you have to be a member of the organisation both at the time of the adverse incident took place and when it is reported to MPS. Additionally, when you leave membership you will need to put further arrangements in place to provide protection for possible future claims made against you."

These changes are currently being finalised. I believe this is a worldwide change and is only applicable to Obstetricians & Gynaecologists. The MPS will be writing to all their members with the details and implementation date in the next few weeks.

Medical termination of pregnancy took the spotlight in October 2014 when a Nepalese lady was charged (under Section 315 of the Penal Code) and imprisoned following a TOP at a private clinic in Bukit Mertajam. The medical practitioner who carried out the procedure was

(cont. pg 4)

Membership Matters

From the President's Desk	1
Secretary's Report	2
Treasurer's Report	3
SRHR Activity	4

OGSM Activities

Apage 2014	5
OGSM Travelling Fellow	6
iCOE	7
Part 1 Course	8
Upcoming Trainee Activities	8
I Love Me 2014	9
Nutrition Congress	9

Updates in O&G

The Role of Abortions in Reproductive Health	10
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AOCOG 2015 Updates

Cuisine in Cat City	14
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SECRETARY'S REPORT



The Obstetrical & Gynaecological Society of Malaysia is a society with an illustrious history led by men and women with vision, successfully developing OGSM to what she is today. Due to the efforts of our past presidents and their council, OGSM is a society recognised locally and abroad as an organisation that achieves any goals or objectives that is set.

OGSM has embarked on another purposeful project, a 50th Year Commemorative Book on the History of Obstetrics & Gynaecology in Malaysia. A committee has been selected and is already hard at work. It has been an eye opening journey thus far and I have had the privilege to meet a few of our past presidents. Amongst them are Dato' Dr Alex Mathews (1993/1994), Dr Ong Sing Kwee (1987/1988) and Datuk Dr JS Sambhi (1988/1989). They generously spent their time with us, providing us valuable insight into the workings of the society as well as sharing with us priceless letters and photographs as well as giving us a glimpse into how O&G (especially obstetrics) was practiced in the not so distant past. We, the OGSM council and members thank them for their generosity and support. In due course, this committee will be contacting other senior members of the esteemed fraternity for their contribution.

The 3rd Regional Conference on Nutrition in Obstetrics & Gynaecology 2014 (RCNOG 2014) was held from the 22nd to the 24th of August 2014 at Hotel Istana, KL and was organized by OGSM in collaboration with the Malaysian Dietitians Association (MDA), the Nutrition Society of Malaysia (NSM) and the Midwifery Society of Malaysia. Dr A. Baskaran, Organizing Chairman

and his able committee organized this extremely successful event. The congress was attended by 352 delegates and consisted of 2 concurrent scientific streams with speakers drawn from all of the participating societies and associations. OGSM would like to extend her congratulations and thanks to them.

The 15th Asia Pacific Association of Gynaecologic Endoscopy conference was held in Shangri-La Hotel from 25th – 29th November 2014. The congress had 380 registered delegates from 26 countries. The OGSM Council would like to thank and congratulate the organizing chairman, Dr Sevellaraja Supermaniam and his able committee on running such a successful congress. The FIGO Breast Care Working Group requested OGSM to nominate a representative from Malaysia. The main purpose of this working group is to integrate the knowledge and skills of breast care among the Obstetricians & Gynaecologists. The OGSM council has nominated Prof Dato' Dr Sivalingam Nalliah as the representative from Malaysia.

In response to rising issues faced by our colleagues running private maternity homes, OGSM has formed an adhoc working committee and the chairman of the committee is Dr Jaspal Singh Sachdev. Feedback was collected and we have written to the Ministry of Health regarding the issues raised. OGSM is working with Ministry of Health and Malaysian Medical Association to find an amicable solution.

We are already in the second month of 2015, I would like to thank all our members for their support and wish that all of you will have a fruitful and prosperous 2015.

DR THANEEMALAI JEGANATHAN
SECRETARY

The well grounded nature of our society's finances is no secret. That said, many are unaware of the actual mechanics of how we have found ourselves in this extremely fortunate position. Certainly, the foresight, determination and hard work of our senior members played a pivotal role in getting us on this sound footing.

Most members remain convinced that funding is easily obtained. Unfortunately, nothing is further from the truth. If one were to be involved in organizing any of our congresses, be it our 'local' annual congress (no longer very 'local' though!), regional or international meetings – maximizing income generation, while still providing quality scientific content and the customary social trims – is nothing short of an exercise in extreme frugality! Witnessing our congress chairpersons and business managers doing the 'wheeling and dealing' with all parties especially our pharmaceutical industry friends is nothing short of a mesmerizing apprenticeship with our senior 'funding guru's! This is certainly something that no university or Royal College can prepare you for.

All said about the difficulties of raising funds, there are several issues that continue to inundate us ever so often. The following is a synopsis of some of these issues.

1. ALTRUISTIC VERSUS REALISTIC

Again, unknown to most, members of council and organizing committees (OC) gain little or nothing at all from their efforts. On most occasions (RCOG 2012 and AOCOG 2015 are exceptions) even the registration fees to attend the very conferences that they are actually organizing are not paid for. These OC members therefore have to pay their own way or obtain sponsorship just like everybody else. The perception that all OC members have their registration, travel and accommodation provided for all the time is nothing but a fallacy. Time and again, we do argue about this in council, but for now the status quo remains.

On a similar vein, the extent that council and OC's sometimes go to prevent 'unnecessary' expenditure can border on the hilarious. Group travel, budget airlines and hotel room share (same gender only please!) is obvious when they are asked to attend a foreign scientific meeting to help promote our own upcoming meetings like RCOG 2012 and AOCOG 2015. Travelling together is almost compulsory to save on taxi fare. Sometimes we skimp on the registration fee by registering only one delegate and getting the other in as an accompanying spouse!

What about the OC meetings? Catered by the Hilton Hotel? Dream on. Fried rice and chicken from the corner shop downstairs is more likely, with perhaps the odd possibility of some discount coupon pizza delivered if Mr. Chong and Jenny are feeling in a good mood.

2. UNIFORMITY VERSUS INDIVIDUALIZATION OF POLICY

The issue above is neither addressed in the by-laws nor is it formal policy. It is however considered part of the 'unwritten' code of conduct practiced by the society. Service and society above self! That said, I often remind myself that because it isn't official policy, it is difficult to impose our beliefs on to others who also work for the common good of OGSM and its members. For example, some other regional or subspecialty meetings run under the auspices of OGSM make financial decisions (such as profit sharing, registration fee exemption for OC members and other privileges) which may differ from what is considered customary. This is perhaps a reasonable and acceptable practice but a more thorough documentation of this variation may allow the committees of future congresses the similar privilege and further consolidating the philosophy of institutional memory.

3. INTROVERTED VERSUS AN EXTROVERTED VIEWPOINT

Since its inception, the society has always seen itself as 'the' organization that represents the interests of the entire fraternity. While this may still remain true, a fact that needs to be acknowledged is that sister organizations have now been established that focus specifically at subspecialties. While these organizations are newer and smaller, they were established by members of the fraternity who felt that an organization distinct from OGSM would better serve their interests in subspecialty development. While this is arguable since even OGSM has long had subspecialty subcommittees, experience abroad would suggest that these developments are perhaps entirely expected and a part of the normal specialty evolution.

This is certainly not a problem in most circumstances but should however warrant a thorough and mature intellectual discourse that would allow both sides of the divide to refocus their efforts on building on their true

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FROM THE PRESIDENT'S DESK (CONT.)

only questioned by the police but to date there have been no charges against the doctor. The OGSM Council and Dr. Farouk Abdullah, our SRHR Subcommittee Chair deliberated on this issue and concluded that the clinical practice of "Termination of Pregnancy" is not affected by this case. TOPs in Malaysia (both in the Private and Public Sector) remain permissible under specific circumstances. However it is important to emphasise that the onus remains on the clinician to ensure that such procedures are within the legal provisions of Malaysia and the "Private Healthcare Facilities and Services Act 1998 (Act 586) & Regulations 2006.

Our Intensive Course in Obstetric Emergencies (iCOE) maiden international outing is being held on the 22.2.15 to 24.2.15 in Myanmar as a post congress event in their annual congress. The faculty will be led by Dr.Gunasegaran and Dr.Thanee. It is a proud moment for the society when our own homegrown course is being given international recognition.

The APAGE congress held in November 2014 in Kuala Lumpur was a resounding success and I must congratulate Dr S. Sevellaraja, our Gynaecology Endoscopy Subcommittee Chair and Organising Chairman for APAGE 2014 both for a great conference and his election as the President of APAGE 2015.

I hope all of you have made arrangements to attend the ACOG conference in Kuching this June 2015 which will held in conjunction with our national congress this year. The society's AGM will be held in Kuching during this congress.

Thaipusam and Chinese New Year is being held in February and I will like to extend my good wishes to all our Hindu and Chinese members celebrating these two events.

DR SHANKAR SAMMANTHTAMURTHY
PRESIDENT

TREASURER'S REPORT (CONT.)

ideals. Finances always brings this discussion to the fore, especially when both parties are sometimes competing for the same funding source, same delegate pool and sometimes even managed by the same person wearing both hats simultaneously! And often OGSM is asked for a

subsidy too. Certainly, a justifiable request if these alternative meetings are in negative balance, but if just to add to their bottom line? Food for thought!

As always, we welcome feedback from all members at any time. We wish all a very happy, prosperous and productive lunar new year!

Thank you.

DR EESON SINTHAMONEY
TREASURER

SRHR ACTIVITY

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS SUBCOMMITTEE PLANNED ACTIVITIES FOR 2014 - 2016

Thank you for my appointment as the Chairperson of this subcommittee. I have outlined below the planned activities for the SRHR Subcommittee over the next two years.

1. Regional Workshops:
 - Training of Providers in TOP Services (2014 - 2016)

6 Regional WS (Northern, Central, Southern, Eastern, Sabah & Sarawak) based on MOHGL on TOP Services and WHO Guidance on Safe Abortion.

 - Manual Vacuum Aspirations (2014 - 2016)

6 Regional WS (Northern, Central, Southern, Eastern, Sabah & Sarawak)
2. National Workshops
 - Workshop on Sexual Dysfunction (2015)
 - National Symposium on "The Teenage and Single Mother" (2016)
 - Tracking, Trending and Implementation of the "MOH-OGSM-FIGO Malaysian Plan of Action in Reducing the Burden of Unsafe Abortion" (2014 - 2016)
3. Asia Pacific
 - ACOG 2015 Pre-Congress Workshop on SRHR Issues (June 2015)
 - Bid to host the "Asia Pacific Conference on Reproductive & Sexual Health and Rights (APCRSHR 2018): after discussion and clearance by the sitting OGSM Council.
4. International
 - Participation at the Annual Regional FIGO Workshops on Unsafe Abortion as the Malaysian Country Focal Point for the FIGO Initiative (2015 - 2016)

DR HJ MOHAMAD FAROUK ABDULLAH
Chairman, SRHR Subcommittee
(2014 - 2016) OGSM

ASIA-PACIFIC ASSOCIATION FOR GYNECOLOGIC ENDOSCOPY AND MINIMALLY INVASIVE THERAPY (APAGE) 15TH ANNUAL CONGRESS, 26TH TO 30TH NOVEMBER 2014

The 15th Annual Congress of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) was held at the Shangri-La Hotel and the University Malaya Medical Centre from the 26th to 30th November 2014. Its Organizing Chairman is Dr. S. Selva who is also the President-Elect of APAGE. Prof Lee Chyi-Long and a group of committed endoscopists from the Asia-Pacific region conceived the formation of APAGE in 2003. It represents over 15 associations in this region. Malaysia is represented by Dr. S. Selva. APAGE aims to promote gynaecological endoscopic surgery in this region as well as provide educational programmes to gynaecologists in the Asia-Pacific. It aims to share research achievements and promote the educational exchanges between hospitals and countries.

The conference commenced with 4 Pre-congress Workshops. Three were organized at the University Malaya Medical Centre by a team headed by Dr. Aizura and 1 at the Shangri-La Hotel, Kuala Lumpur. On the 26th and 27th a suturing workshop was organized in which 26 gynaecologists were taught laparoscopic suturing by a team of laparoscopic surgeons from the International Society of Gynaecologic Endoscopy (ISGE) represented by its President, Dr. Prashant Mangeshkar, its Medical Director, Dr. Ornella Sizzi, Dr. Alfonso Rossetti and Dr. Pranav Shah. On the 27th November there were 3 concurrent workshops. The first is a Hysteroscopy Workshop conducted by Dr. Giuseppe Bigatti of Italy, Dr. Lee Keen Whye of Singapore and Dr. Ng Kwee Boon of Malaysia. The second workshop a "Perioperative Nursing Seminar and Hands-on Workshop" was conducted in collaboration with the Malaysian Nurses Association. The third workshop that was held at the Shangri-La Hotel was "How to Slice and Dice a Fibroid in 3D". This workshop was facilitated by Dr. Ichnandy Arief Rachman of Indonesia, Dr. Ng Kwee Boon of Malaysia and Dr.



Cynthia Kew and Dr. Anthony Siow of Singapore.

On the evening of the 27th November, the Opening Ceremony was held. Delegates from all over the world attended this Opening Ceremony. It was officiated by Datuk Seri Dr. S. Subramaniam, the Honorable Minister of Health of Malaysia. The Organizing Chairman welcomed the delegates and thanked his committee for their hard work in putting together this meeting. The Health Minister spoke on the necessity to be innovative in improving the management of patients and laparoscopic or keyhole surgery is such an innovation that will benefit all women.

The annual congress started on the 28th November morning. A total of 382 delegates from 24 countries attended this meeting. Thirty four international speakers and 14 local speakers spoke during the meeting. There were a total of 9 plenaries and 16 symposia. There was also a debate and an interactive session.

On the first day (28th November) the Congress started with 2 simultaneous symposia on Basic Laparoscopy and Reproductive Surgery and Adnexal Masses.

This was followed by a Keynote Lecture by Prof Lee Chyi-Long of Taiwan who spoke on "The Spirit of Minimally Invasive Therapy". The President's Lecture was on "Minimally Invasive Fertility Sparing Surgery for Gynaecologic Cancer". A series of 4 symposia on "Basic Laparoscopy, Oncology, Other Issues and Fibroids" followed. The Lunch Symposium was given by Prof Achim Schneider of Germany who spoke on the "Future of Colposcopy" and "The Treatment of Patients with Cervical Cancer using Laparoscopy". An "Interactive Session on Endometriosis", which was well attended was conducted by the Organizing Chairman, Dr. S. Selva. This was followed by 2 more concurrent symposia on "Hysterectomy" and the "Australasian Gynaecological Endoscopy Society" symposium. Prof Rudy Leon de Wilde from Germany spoke on a plenary on "Adhesion Prevention in Gynaecological Surgery" after that. There were 3 concurrent free communication presentations after that till 6.30 pm.



In the evening there was the Gala Dinner during which Dr. S. Selva was installed as the President of the APAGE for 2015. He then spoke on the role of APAGE in promoting laparoscopic surgery in the Asia-Pacific. He also mentioned that the uptake



of laparoscopic surgery throughout the world and especially in Malaysia is very low due to the steep learning curve. The public is also not aware of the advantages of laparoscopic surgery. As such there should be more training centers in Malaysia to teach laparoscopic surgery

to Malaysian gynaecologists and the public should be made more aware of the benefits of laparoscopic surgery in gynecology. Three awards were presented by Prof Lee Chyi-Long who is the Chairman of the Board of Trustees of APAGE. The prizes were 3 golden laparoscopes donated by Storz and given to the winners of the Young APAGE Gynaecologists (YAG) video presentation. The delegates were entertained with performances from Dr. Masaaki Andou and his group from Japan and by the children of Dr. S Selva.

The next day (29th November) the programme started with 2 symposia on "Endometriosis" and "Energy Sources and New Innovations". This was followed by a Plenary Lecture on "How to get your Works Published in the Journal of the APAGE (Gynecological and Minimally Invasive therapy)" by the Secretary of the APAGE, Dr. Chih-Feng

Yen. This was followed by 2 concurrent symposia on "Fibroids" and "Hysteroscopy". Prof Alan Lam then spoke in a Plenary on "Laparoscopic Surgery on Pelvic Organ Prolapse". There were 2 symposia on "Hysteroscopy" and "Oncology" after that and the Lunch Symposium was on the "Art of Laparoscopic Surgery in Gynaecology". This was followed by a lecture on "Supracervical and Total Hysterectomy". A debate on "Hysteroscopy is Mandatory in the Management of the Infertile Patient" followed that. This was followed by 2 symposia on "How to Deal with Complications" and "Innovations". Two plenaries followed namely on "How to Prevent Complications in Laparoscopic Surgery" by Dr. Masaaki Andou and "Laparoscopic Rectovaginal Dissection for Endometriosis" by Dr. S. Selva. The annual congress ended with the Closing Ceremony where winners of the video, oral and poster presentations were announced.

A Post-congress Live Surgery Workshop was held in Ipoh organized by Dr. Divakaran on the 30th November 2014 where Dr. Masaaki Andou and Dr. Hiroyuki Kanao of Japan demonstrated live surgeries. A total 51 gynaecologists attended this workshop.

DR S. SELVA

Organizing Chairman
15th Annual Congress of the
APAGE

OGSM RCOG TRAVELLING FELLOW



The Obstetrical & Gynaecological Society of Malaysia (OGSM) and the Royal College of Obstetricians & Gynaecologists (RCOG) have jointly set-up the RCOG-OGSM Travelling Fellowship Fund. The Travelling Fellowship is made available from the proceeds of the RCOG 2012 Congress in Kuching.

Prof Siladitya Bhattacharya has been nominated as the 3rd Travelling Fellow to conduct a Travelling Lecture series in Malaysia. OGSM Members are invited to attend the Lecture series. Registration is complimentary and places are limited.

Professor Bhattacharya is a Reproductive Medicine Specialist. His main research interests include health services research and evidence based care in infertility. Ongoing projects in infertility also include randomised trials, systematic reviews, epidemiology of reproductive failure and investigating patient preferences in fertility treatment

Date	Schedule
Sat, 4 April	2nd OGSM Teaching Conference KL/Selangor Fellowship Night
Sun, 5 April	Penang Fellowship Night
Mon, 6 April	Teaching Rounds - Penang GH
Tues, 7 April	Teaching Rounds - Likas Hospital Sabah Fellowship Night
Wed, 8 April	Sarawak Fellowship Night
Thurs, 9 April	Teaching Rounds - Kuching GH

INTENSIVE COURSE ON OBSTETRIC EMERGENCIES (ICOE)



This course was developed by OGSM from the feedback obtained from our previous Basic Life Saving Skills Course (LSSC). After 5 years of running the LSSC, it became clear that it was time to evolve and create a course geared to our local practice in Malaysia. iCOE aims to teach practical skills for coping with Obstetric emergencies. It is an evidence based course, covering core obstetric procedures and advanced practical skills. iCOE, therefore, presents a unique opportunity for the senior obstetrician to brush up his or her skills, for the junior obstetricians to learn these skills and of course, together, learn new techniques or skills to manage obstetric emergencies in our practice.



Recognising the difficulty of any obstetrician in private or public service to take away from their patients, iCOE has been condensed into a 2 day program.

The course utilises short and concise lectures and breakout stations to cover pertinent obstetric emergencies, resuscitation methods and medicolegal aspects of Obstetrics. iCOE emphasizes on gaining knowledge and competence on practical skills, adopting a team approach to managing patients and honing communication skills. We aim to achieve this by having a total of 32 breakout stations over 2 days. To ensure all participants achieve competence in the skills we want to impart, iCOE only accepts a maximum of 24 participants per course. There will be at least 8 trainers at every course and our faculty are all specialists or consultants who have extensive experience in running the RCOG life saving skills course for past 6 years.

Every participant is assessed before and after the course via a MCQ test. Selected participants undergo a pre and post course skills assessment. This is to help us monitor the efficacy of the course to enable us to continually improve our course material as well as to remain relevant.

To date, we have run our 1st (21st -22nd September 2014) and 2nd (6th – 7th December 2014) iCOE course. At the time of printing, our 3rd course (6th to 7th March 2015) would have been completed. It was a proud moment for OGSM to successfully conduct these courses without any other external support or designated clinical lab. Over 7 years, OGSM has invested in mannequins and clinical equipment to achieve this purpose. The biggest hurdle is the storage, maintenance and transportation of these equipments. These enormous, big and bulky mannequins require a lorry to transport it. The 1st iCOE was validated by an external assessor sent by AFOG, Dr Henry Murray from Australia. His comments are very encouraging. Below is an excerpt from his letter: "As you know, I attended the OGSM Intensive Course in Obstetric Emergencies on 20-21st September 2014. I was able to be present for all of the second day and also the whole of the trainer's day.

The course is comprehensive and includes all the major obstetric issues that would be encountered by consultant obstetricians and gynaecologists. It encompasses topics as wide and diverse as the delivery of a second twin through to the medical management of preeclampsia. All of the topics are cogent and are well taught. The course book is very comprehensive and the lectures are clear, concise and well thought out.

The question is does the course add anything to what is available already. Clearly the course is more advanced than the ALSO (Advanced Life Support in Obstetrics) course and therefore is much more relevant to the obstetrician who is early in their practice, but also is useful to obstetricians who have been in practice for some time and require some updating of contemporary management. Although the course runs broadly along the same structure as the MOET (Managing Obstetric Emergencies and Trauma) course given that there are lectures and that there are breakout groups and there are clinical scenarios, this course is much more useful to obstetricians than MOET which includes a lot of trauma which is not relevant to the obstetricians. I therefore feel

(cont. pg 9)

PART 1 COURSE

OGSM PART 1 MRCOG/MOG PREP COURSE



The first OGSM Part 1 MRCOG/MOG Preparatory Course was held on the 10th to 11th of October 2014, in the land of beautiful beaches, sea turtles and keropok lekor, Kuala Terengganu to be exact. More than 170 eager trainees attended this course in Primula Beach Hotel to hear lectures from expert speakers and practice questions prepared by the organising committee.

The course was informative for these junior trainees. They learned new things in Obstetrics and Gynaecology, as well as pathways available in Malaysia on how to obtain their specialist qualifications. It was also a great way to meet up with old friends and meet new people from all around the country to open their eyes on different ways of practice in Malaysia's different regions. Despite the grueling 2 days of back to back lectures and practice sessions, the trainees remained focused throughout, were quick to answer and ask questions.

For the lecturers and the organising committee, speaking to these junior doctors from all over Malaysia was an eye opening experience. Not only did they enlighten us regarding the challenges they face but their enthusiasm to learn and progress gave us all a sense of happiness and pride for the future of our O&G fraternity in Malaysia.

We had a great time during the course and fun evenings checking out everything Kuala Terengganu had to offer.

Hope to see a new batch of trainees next year!!

The organizing committee would like to thank :
The Trengganu OGSM Chapter for co-organizing this event.

DR SHARMINA KAMAL



UPCOMING TRAINEE ACTIVITIES

OSCE COURSE 14TH MARCH 2015

It's that time again, MRCOG exams are just around the corner.

For those taking the Part 2 exams, OGSM will be organising another OSCE training course on the 14th of March 2015 at the University Sains Islam Malaysia (USIM) Campus in Menara MPAJ, Ampang Selangor. Only 20 seats available so hurry and book a spot early. Contact Jenny/Mr Chong at the OGSM office for details.

TRAINEES CONGRESS 4TH - 5TH APRIL 2015

We had so much fun at the first OGSM Trainee's Congress we decided to organise another one this year.

This time around we are honoured to have RCOG travelling fellow, Professor Bhattacharya, an expert on reproductive medicine, as one of our guest speakers. There will also be consultants from the various sub-specialities to enlighten trainees.

The Congress will be held on the 4th - 5th of April, Nexus Conference Centre, Bangsar South, Kuala Lumpur. Please contact Mr Chong/ Jenny at the OGSM office.



For the fifth year in a row, the CSR arm of OGSM held its free annual I LOVE ME health conference for the public on Saturday the 6th of September 2014 at Cititel Hotel, Midvalley City. This year the conference attracted 545 attendees and consisted of two concurrent presentation tracks, featuring 9 sessions with 16 speakers who delivered 17 presentations relating to women and their health.

The sessions dealt with the ever-important and popular topics such as Menopause and Cancer but this year we also introduced sessions on Mental Health, "Problems with Your Pelvis" which addressed Kegel Exercises and Painful Sex, and also a session on Preventive Health consisting of a talk on Nutrition and a highly interactive session by a personal trainer on Exercise for Everyone.



The event was very well received with participants providing very positive feedback and asking when the next one would be held. More importantly, it served the purpose for which it has always been intended, that is, to provide useful information to the public about their health.

OGSM is grateful to Gregg Parker and Zoe Scott and their team, all of whom worked tirelessly to make this event a great success. We are also very grateful to the speakers who willingly gave up time on a Saturday to contribute to ILM, purely in the spirit of giving back. OGSM would also like to thank all members who helped us publicise the event in numerous ways.

DR HY GOH
CSR Chairperson

NUTRITION CONGRESS

3RD REGIONAL CONFERENCE ON NUTRITION IN OBSTETRICS & GYNAECOLOGY 2014

The 3rd Regional Conference on Nutrition in Obstetrics & Gynaecology 2014 (RCNOG 2014) was held from the 22nd to the 24th of August 2014 at Hotel Istana, KL and was organized by OGSM in conjunction with the Malaysian Dietitians Association (MDA), the Nutrition Society of Malaysia (NSM) and the Midwifery Society of Malaysia.

The congress was attended by 352 delegates and consisted of 2 concurrent scientific streams with speakers drawn from all of the participating societies and associations.

OGSM would like to thank Dr A. Baskaran, Organising Chairman and his committee for their excellent work in putting together such a successful congress.

DR HY GOH
5 Nov 2014

INTENSIVE COURSE ON OBSTETRIC EMERGENCIES (CONT.)

that this course has a very real place in teaching of obstetrics and gynaecology at the postgraduate level.

I believe that the course is not based around any particular country and therefore could very easily be transferred to other countries and would fully encourage its endorsement by the AOFOG. – Dr Henry Murray "

OGSM encourages all practicing obstetricians and others who want to revise their skills to attend this iCOE course. Any obstetrician willing to teach are invited to join the iCOE teaching faculty.

Mark your calendar as 2015's dates have been determined. iCOE will be held on the 1st weekend of March, July and October, 2015.

THE ROLE OF ABORTIONS IN REPRODUCTIVE HEALTH

I refer to the article entitled "Unintended Pregnancies, Contraceptive Usage and Maternal Health" written by Dr John Teo published in the OGSM Bulletin. A similar article was also published in the Berita MMA, a publication of the Malaysian Medical Association. The author and the professional associations must be congratulated for focussing on the vital message of the low use of contraception by the Malaysian population in the effort to curb unintended pregnancies.

Oral contraception was introduced a few years after Malaysia gained its independence. After more than 5 decades of independence and the availability of the modern methods of contraception, we cannot claim success in the area of contraception utilization. Since 1984 to 2004, the contraceptive prevalence rate has remained unchanged at around 52% among married women, while the total fertility rate continues to decline from 3.0 in the year 2000 to 2.3 in 2010. This suggests that abortion may be on the rise, although the abortion rate for Malaysia has not been systematically documented. Traditional methods of contraception account for more than 20% of the contraceptive usage, so clearly much more needs to be done by the medical profession in the education of the public and improving access to contraception.

The articles by John Teo focussed our minds on the following facts:

- Unintended pregnancy can only have three sequelae i.e. abortion, miscarriage or live births.
- Abortions are a global problem. 48% of unintended pregnancies ended up in abortion.
- In Malaysia if 8 million women are in the reproductive age group, the estimated number of abortions in Malaysia per annum will be 224,000. This may be an overestimate but the bottom line is that there is very little reliable data on abortions in Malaysia.
- The number of Malaysian women dying from abortion related complications is 5-8 per year under the Confidential Enquiries into Maternal Deaths data.

Therefore, abortions do occur in Malaysia but there are very few maternal deaths due to abortion related complications.

Dr. Teo's article makes very little mention of the

provision of safe abortion services. The medical professionals cannot afford to ignore this area of care if we want to do the best for our women in the reproductive age group.

There are another two inevitable facts we need to remember:

- Only women can get pregnant although a male is required for her to get pregnant! (Let us ignore artificial insemination for the purpose of this discussion).
- The difficult decisions about what to do with an unintended pregnancy have to be handled by women! (I have not heard a male being charged with baby dumping).

Let us get another fact clear: abortions are not illegal in this country. The two professional associations (the MMA and the OGSM) together with the National Council of Women's Organisations (NCWO) were in the forefront of the movement that resulted in the amendment of the Penal Code relating to abortions in 1989.

It would be illustrative to quote in verbatim Section 312 of the Penal Code titled "Causing miscarriage: Whoever voluntarily causes a woman with child to miscarry shall be punished with imprisonment for a term which may extend to three years or with fine or with both; and if the woman is quick with child, shall be punished with imprisonment for a term which may extend to seven years, and shall be liable to fine".

This section carries an explanation as follows: "A woman who causes herself to miscarry is within the meaning of this section". This is self-explanatory. I last saw a woman who had intended to procure an abortion by inserting lalang leaves into the cervix and vagina almost 20 years ago. She died from sepsis despite prolonged treatment. If she had survived, she would have had the burden of being charged (but only if the doctor had reported it to the police!)

More importantly, doctors should recognise the impact of the exception clause that is stated after Section 312. It was this exception that was inserted after the amendment of the Penal Code relating to abortion in 1989 - "This section does not extend to a medical practitioner registered under the Medical Act 1971 [Act 50] who terminates the pregnancy of a woman if such medical practitioner is of the opinion, formed in good faith, that the continuance of the pregnancy

THE ROLE OF ABORTIONS IN REPRODUCTIVE HEALTH

would involve risk to the life of the pregnant woman or injury to the mental or physical health of the pregnant woman greater than if the pregnancy were terminated.”

The impact of this exception grants the power to a doctor (registered medical practitioner) and not necessarily a specialist to make the decision regarding termination of pregnancy. For this purpose, he must form an opinion in good faith that on the balance of probabilities her life is in greater danger from continuing the pregnancy. The other view that the doctor could hold is that she may have an injury to her mental or physical health. This is a very liberal definition and does not place the burden of formulating this opinion by referral to a psychiatrist, for example.

This exception does not obviate a doctor from conforming to good medical practice in ensuring that there is good documentation of the case and his opinions, appropriate consent and conformance to all other regulations from licensing authorities. One should also not use drugs that are not licenced in this country or use existing drugs for off-label indications. There are many private abortion services available but they often operate in a secretive manner in this country. That sometimes leads to overcharging and less than sympathetic and sometimes downright rude comments to patients. That should not be the case if we want the quality of the service to improve. In fact there are exemplary practices that provide safe abortion services together with pre- and post-abortion counselling as well as provide contraception.

Under the Syariah (Islamic) laws, the Fatwa (a ruling on a point of Islamic law given by a recognized authority) allows for abortion to be carried out for fetus under 120 days of gestation, if the mother's life is under threat or the fetus is abnormal. The civil laws are applicable to all Malaysians but the Syariah laws are only applicable to Muslims.

The professional bodies should be in the forefront of developing good practices and educating doctors regarding safe abortion services within the ambit of the law. To the credit of the Ministry of Health, a clinical practice guideline on Termination of Pregnancy has been issued in 2012 but the implementation and practice is still patchy and very much dependent on individual opinions.

Malaysia is a member of the Convention on the Elimination of All Forms of Discrimination

Against Women (CEDAW) and the International Conference for Population and Development (ICPD) Programme for Action which upholds women's equality and rights to universal access to family planning as well as sexual and reproductive health services including contraception and abortion.

The management of family planning in Malaysia is in the context of maternal healthcare by the Malaysian government. Prior to 2011, only married women were able to obtain contraceptive services from the public health sector. Single women who are usually young and not financially independent may face problems in accessing the services. Even though contraceptives may be available to all in the private healthcare sector, this is at a higher cost and may not be affordable to those who are poor.

In addition, many national demographic and health surveys conducted to gather sexual and reproductive health data involved only married women. The exclusion of young unmarried women who may be sexually active may have led to lack of comprehensive evidence for development of sexual and reproductive health programmes that may benefit all women regardless of marital status.

Three studies were carried out in Malaysia on the issue of abortions with funding from the World Health Organisation. I was part of the team that conducted these studies which have now been published in various peer-reviewed journals.

These were:

1. Survey on knowledge and perception of medical students on abortion
2. Study on medical officers' knowledge, attitude and willingness to provide abortion related services as a reproductive right of women
3. Study on reproductive rights and choice: insights from women on pregnancy termination

The findings:

Survey on medical students:

- About 70% of medical students were aware (respondents) on what was a safe abortion procedure, but less than one quarter were aware that CPR for modern methods in Malaysia is less than 40%

THE ROLE OF ABORTIONS IN REPRODUCTIVE HEALTH

- Generally students from the private university had a higher level of awareness on abortion issues and contraception as compared to those from the public universities.
- About 35% of them reported correctly that the first trimester is the gestation period beyond which menstrual regulation should not be performed.
- About 54% of them knew the definition of abortion (i.e. Terminating a pregnancy before the foetus is viable, and viability of a foetus is taken as when the pregnancy is 22 weeks).
- 60% of them were aware that abortion is permissible under certain conditions, while 22% were of the view that abortion is illegal under all circumstances in Malaysia.
- More than 80% were of the view that foetus has the right to live (pro-life).
- About 22% approved of pre-marital sex, majority stated that sex education (including contraceptive information) should be introduced in schools.
- About 64% felt that contraceptive services should be provided to the unmarried.
- Over 80% stated that they would provide contraceptive information to unmarried persons, and pre and post abortion counselling in their future practice, but less than 20% would provide medical or surgical abortion services.
- About 90% agreed that there should be more training in general knowledge and legal aspects of abortion, including counselling.
- Most of the medical officers were conventional and "pro-life" in their attitudes towards sexuality and abortion.
- Majority of them either remained neutral (33%) or would resist (41%) in carrying out abortion under any circumstances when it is against their personal religious beliefs.
- Over 80% of them were comfortable in giving pre and post abortion counselling including contraceptive use; about half of them indicated that they would refer the women for safe abortion services.
- Almost all of them indicated that some training in abortion related issues should be included in the existing medical curriculum.

Study on medical officers:

- Over 80% of doctors (respondents) have some understanding of abortion including what is a safe medical procedure, but have limited knowledge on contraceptive prevalence rate, abortion methods and their associated risks of complications.
- Slightly more than one third of the doctors were able to identify the preferred methods for first-trimester and second trimester abortion.
- Over 80% of doctors knew that abortion is legal under certain circumstances, but majority of them either did not know or were unsure about whether abortion is allowed in case of rape or foetal abnormalities.

Study on women who had undergone abortion:

- Majority of the respondents have poor knowledge of sexual and reproductive health (SRH): inadequate contraception information (OC pills and IUCD are most commonly known); unaware of the early signs of pregnancy; not knowing complications of abortion; access to related knowledge and service provision was lacking.
- Most of them viewed abortion as a sin and religiously unacceptable and that abortion is illegal, there are mixed reactions of post-abortion emotions (relief/regret).
- Financial constraints and large family size were cited as the main reasons leading to abortion, and medical abortion (MA) is preferred as compared to D&C and manual vacuum aspiration
- Most of them tended to make their own decisions to abort although joint decisions were made for some (particularly those who were married).
- The expressed needs include: more information on MA; better understanding of SRH issues relating to unintended pregnancies and abortion related concerns; information on shelter facilities; and setting up of mutual agreement between pregnant women and prospective adopters.

The researchers suggested the following as an action plan:

THE ROLE OF ABORTIONS IN REPRODUCTIVE HEALTH

- The Ministry of Health as the lead agency in the provision of care as well as in setting standards for the provision of such care should take the lead in developing a guideline on the provision of safe abortion services which takes cognisance of the current medical and surgical developments in this area as well as various international commitments by the nation in improving the care of the pregnant woman and the child. All stakeholders should be involved in the development and implementation of this guideline. This has now been accomplished.
- There is a need for government to implement a comprehensive reproductive health policy to build on previous advances in this area which have currently stagnated and unlikely achieve the MDGs without fresh strategies and greater political commitment.
- Appropriate training in abortion such as general knowledge, legal aspects, pre and post abortion counselling and abortion procedures, as well as safe abortion care should be included and well integrated into the existing medical curriculum.
- Medical students should be given (and encouraged to acquire) good knowledge of reproductive health including family planning. This must not be derailed by the personal preferences and prejudices, if any, of the teachers.
- There should be continuing professional development (CPD) programmes for all healthcare professionals which inculcate contemporary reproductive health issues.
- The use of appropriate abortion technology and the availability of equipment, supplies, standards or technical guidelines and referral mechanisms should be made known to medical practitioners.
- Policy changes are needed to address weaknesses in our school sex education programme and provision and promotion of comprehensive contraceptive services. The MOH and other agencies should reinvigorate the previously existing mechanisms of coordination and provision of contraception to women at the ground level. Managers of health should use contraceptive prevalence rates as their key performance indicators.
- Women as well as current and future health care providers should be educated on the current status of the laws with regards to abortions in Malaysia.
- There should be a review of the Ethical Codes of the regulatory professional bodies and national medical associations with regards to abortions so that current international frameworks on human rights and medical ethics are reflected in the guidance provided to registered medical practitioners in this country. Ethics will have to take into account the boundaries set by religious bodies of various faiths while at the same time reflecting the need to provide for individual patients needs and requirements after informed consent.

Work should be ongoing in these areas by committed caregivers with the interests of women in mind. The law should form the framework of whatever we do in Malaysia. It is clear that the law is moderately permissive although abortion on demand is not indicated if there is no risk to life or injury to the mother. This is where doctors need to play their role by being fully informed about the law and performing their tasks ethically. If a doctor has religious objections to the procedure of abortion, he is ethically obliged to refer to a colleague who may perform it within the ambit of the law and not impose his own convictions upon the patient who may not subscribe to it.

I look forward to the day when our professional bodies take a leadership role in advocating the rights of women as they did in 1989. Much more can be done than what is being done presently. For one they could be in the forefront in providing clarity of thought and education when there are sensationalist headlines about abortions, baby dumping and the provision of contraception to those in need. A similar article has been sent to the Berita MMA.

PROFESSOR DATO' DR RAVINDRAN JEGASOTHY

Member OGSM
Individual Member, Reproductive Rights Advocacy Alliance Malaysia (RRAAM)

Reference:

Issues of Safe Abortions in Malaysia – Reproductive Rights and Choice. Wah Yun Low, Wen Ting Tong, Veenah Gunasegaran (eds) 2013. Publishers: UNFPA, University of Malaya, World Health Organisation.

AOCOG 2015 UPDATES

CUISINE IN CAT CITY

The way to any Malaysian's heart is through his stomach. Malaysians are passionate about their food and this is evident in the pride we have in our unique cuisine. Any visit to our beautiful country is incomplete without trying our local specialities. Kuching boasts foods that are not available anywhere else in Malaysia or indeed the world. We invited Dr Liew Nyan Chin, a local Sarawakian, to give us an insider's tip as to where Sarawakians go for their favourite foods. Here is your Bucket List on where to eat whilst in Kuching.



SARAWAK LAKSA



The local Sarawak laksa is a creamy soup-noodle bowl with a broth laced with a unique spice blend. The noodles are usually a thin vermicelli and the laksa is garnished with prawns, fresh lime, bean sprouts and coriander. For that extra oomph, it is usually served with its own sambal (chilli) and a squeeze of calamansi.

Best tasted at:

Mom's Laksa (2 branches)

- 1) Jalan Astana
- 2) Jalan Satok

Reviewed by the local TV shows 'Jalan Jalan Cari Makan' and 'Ho Chiak' NTV7 to have the "Best Laksa in Town". Also recommended here are their satay, belacan beehoon and kolo mee all of which are also halal.

Chong Choon Café @ Jalan Abell (close to Sarawak Plaza)

You have to get here early as the laksa is usually sold out by 9am. They are closed on Tuesdays. Also recommended is the Mee Jawa from the stall next to this Laksa Stall.

TOMATO KUEH TEOW

Wide kueh teow noodles are stir-fried with pork and vegetables in a special tomato soup originating from Kuching. "Tomato mee" is a version of tomato kueh teow served with thin, deep-fried noodles rather wide noodles. Most coffee shops in town serve this dish. It is very similar to Cantonese Sang Mee except for the use of tomato sauce in the gravy.



MIDIN



If you try only one unique local food in Kuching, make it midin. Midin is a green jungle fern that grows in Sarawak. Unlike other greens that get soft when cooked, midin remains crunchy giving it an unforgettable unique texture. The thin, curly shoots are delicious and can be used as healthy alternatives to noodles and rice. Midin is often stir-fried with garlic, ginger, or shrimp paste and chili.

KOLO MEE

Kolo mee is the favourite noodle dish of many locals. It consists of egg noodles flavoured with vinegar, pork or peanut oil, crispy garlic and / or shallots. Minced pork or beef is often added, although you can request the dish without it. Char siew (thinly-sliced BBQ pork) is added in strips on top of the noodles. It comes in either a white or a red (soy sauce added) version.



If you are a seafood fan, Kuching is THE place for you. Blessed with abundant and fresh seafood, you will be spoilt for choice. Highly recommended is the famous Topspot. Al fresco dining at its best, the seafood is made to order. Try the "Oh-Lua" or oyster omelette, Midin, salted egg crab, grilled prawns or razor clams in kam heong style.

SEAFOOD



Topspot Bukit Mata Seafood Centre
Jalan Padungan, Bukit Mata Kuching (behind Pullman Hotel) – "HEAVEN OF SEAFOOD"

- 1) Stall No 6 - Lin Loong Seafood
- 2) Stall No 10 - ABC Seafood
- 3) Stall No 25 - Bukit Mata Seafood Centre

VEGETARIAN FOOD

There are many spots for vegetarians in Kuching. Our top recommendation: Zhun San Yen Vegetarian Food Centre on Jln Chan Chin Ann, Bukit Mata Kuching (Beside Sarawak Plaza or a 5 minute walk from the Grand Margherita Hotel). Clean, cheap and tasty and run by friendly people! There is a great range of vegetable dishes and healthy juice selections (no soft drinks served here). Try the cucumber juice!

Recent years, there has been growing interest in Indian Cuisine and there are some good eateries around.

Try Maharajah's Cuisine Indian food at Jalan Pandunga, Kuching. This restaurant was initially located at the Medical Faculty at Unimas. Its food is highly recommended by our Indian medical colleagues. Lyn's Tandoori Restaurant at No.7, Lot 267, Jalan Song Thian Cheok also comes highly recommended.

INDIAN FOOD

DESSERTS

If you are in the mood for something sweet, Kuching style, there are some unique desserts to be had.



The White Lady

ABC or Air Batu Campur (Mixed ice) or ais kacang is a unique Malaysian dessert which is a concoction of shaved ice, syrup, evaporated milk and a variety of toppings (including peanuts, red beans, grass jelly to name a few). ABC is a childhood favourite of many Malaysians.

The White Lady is a truly unique Kuching dessert and a 'must try'. Served in a tall glass, it is a sweet treat made of evaporated milk, syrup, nata de coco, canned peaches and pineapples. Cool and refreshing, a perfect sweet ending to any meal or a perfect snack on its own.

Both these signature desserts can be sampled at Swee Kang Ais Kacang (Ground Floor, Lot 176, Jalan Haji Taha, Kuching). Try the belacan beehoon too.

Ice cream enthusiasts, do not leave Kuching without trying Gula Apong Ice Cream. Gula Apong is a sugar made from the Nipah Palm. It is unique to Sarawak and while similar to Gula Melaka tastes different. Do not be perturbed by the long queues, try it at the stall behind Open Air Market or opposite Electra House Shopping Mall. Business starts at 10pm!!

Sunny Hill Ice Cream @ Sunny Hill 3rd Mile Kuching has been operating since the Brooke regime. Their signature items are their sundaes and ice cream sandwich. They also do freshly baked wholemeal bread.

Due to the passionate nature of Malaysians about their favourite foods and eateries, we acknowledge that there may be many disagreements about the eateries featured here. We hope that this little guide will whet your appetite.

See you in Kuching @ AOCOG 2015

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