

## **The 11th Annual Meeting Of The Asian Society For Cardiovascular Surgery**

Shangri-La Hotel, Kuala Lumpur 13 February 2003

It is both a pleasure and an honour for me to address this assembly. It is a pleasure because I can take this opportunity to welcome all of you to Malaysia, the host for the 11th ASCVS. I do hope that besides participating in the scientific deliberations, you will also experience the hospitality that is, I believe characteristic of Malaysians. It is an honour because it gives me an opportunity to meet with people whose knowledge and skills means so much to me in particular and the sick and the old in general.

2. I have accepted the invitation of Dato Dr. Yahya Awang, Dato Dr. Mohd. Azhari Yakub and the rest of the organising committee with pleasure because I value the leadership that they have shown, both in organising this conference and in the field of cardiac care in Malaysia.

3. Conferences of this kind, in my opinion, should not only discuss techniques and developments but should help us re-focus on the broader concerns of health, both in our own communities and in the world as a whole. The health of humanity is not as it should be considering the advancement in our knowledge of the human body and the state of modern medical science and technology. And this is because for most people the cost is too high. We seem to prefer spending huge sums in developing new ways to kill people rather than saving them. We shall not wipe out AIDS, tuberculosis, malaria, or any of the other infectious diseases that plague the developing world because too little money is being spent on research to cure or prevent these diseases. These are diseases of the poor who will not be able to pay for the cost of research through high prices. But research on impotency and its cure promises more returns. So vast amounts are dedicated to the problems of the rich who are the people keen on restoring their virility. The poor are resigned to eventually lose their drive and to fade away.

4. Treating heart diseases, whether medically or surgically is still very costly. I have often wondered if I had not been the Prime Minister when I had my attack, whether I would be here today.

5. Reflecting on the theme of this Conference which is "Cardiovascular Surgery in Asia: The Coming of Age", I think it is fair to say that cardiac surgery in Malaysia has certainly come of age. In less than 20 years since the first open heart operation was performed in this country, I

understand there are now 4000 cases yearly nationwide of which 2500 heart operations are done at tertiary referral centres, such as the National Heart Institute (Institut Jantung Negara). From arterial switches in the Neonate to coronary bypass in the Octogenarian, the spectrum of services provided is very comprehensive.

6. There are many milestones that have been achieved in cardiac surgery in Malaysia, in particular at the National Heart Institute. Soon after IJN was operational in 1992, mitral valve repair was introduced in 1993. In 1995 it saw the introduction of Ross procedure, REV procedure in complex congenital heart condition and use of the radial artery as a coronary artery bypass conduit. IJN mirrored closely the current trend of doing bypass surgery (CABG) on the beating heart; the first MIDCAB was done in 1996 followed by Beating Heart Multivessel CABG the following year (1997).

7. This institute has the biggest experience for thoracic aortic aneurysm surgery in this region. From surgery to the ascending aorta to the most complex surgeries of the arch of the aorta and descending aorta; these operations have become routine surgeries at this Institute which makes it the leading centre in this region for the treatment of this devastating ailment. Heart transplantation has been a reality since 1997 and I believe that lung transplantation will soon no longer be a dream.

8. The Government has gone to great lengths to assure every individual equal access to cardiac care and today no Malaysian needs to leave our shores to obtain treatment for heart diseases.

9. I speak now as a heart patient who had undergone surgery. Cardiac surgery is, as we all know, a highly complex operation, combining the best of technology and human skill. Both cannot be undervalued. But surgery is not just a matter of applying skill and knowledge to cure a patient, in particular the heart patient. The surgeon has to empathise with the patient. He must understand the worries of the patient and the family. He or she has to be there and figuratively to hold his hand as he goes through the operation and to be there, when he wakes up with an assurance that everything is going to be all right. The human touch on the part of the surgeon is all important.

10. As for medical science, we are fortunate that there have been tremendous advances in the control of infection, in anaesthesia, in post operative care, in the design of surgical apparatus and the operating theatre. The sophistication of all these will come to nought if the surgeon and his team are not

adapt at using them. We can buy all these equipments and drugs but producing the surgeons and the ancillary staff is far more challenging. It is more so for Government owned hospitals which cannot pay the high salaries which the private sector can afford. We are building a large number of ultra modern fully-equipped paperless hospitals costing billions of dollars. But we may see them as White Elephants because we cannot staff them. As one who resigned from Government service to set up my own clinic, I know that Government can never match the attractive remunerations in the private sector. Should the Government increase the pay, the private sector can more than match it. That is the dilemma of the Government. I see no end to the dilemma because the more doctors that we produce and train, the bigger is the demand for their services as the standard of living rises. The problem is aggravated by richer countries offering better compensation.

11. However we are happy that on the whole the medical services in Malaysia have improved tremendously and in the field of cardio-vascular surgery we can be quite independent and relatively we are less costly.

12. With that, it gives me great pleasure to formally declare open the 11th Annual meeting of the Asian Society for Cardiovascular Surgery.