

SPEECH BY: Dato' Seri Dr. **Mahathir** Bin Mohamad
(Prime Minister)

EVENT: The First Asian International Congress on emergency Medicine

VENUE: PWTC, Kuala Lumpur

DATE: 03 Apr 1997

TIME:

1. I would like to take this opportunity to thank the organiser, Malaysian Society for Traumatology and Emergency Medicine, (MASTEM) for inviting me today to officiate the opening of the First Asian International Congress on Emergency Medicine.
2. Emergency medicine I understand is a relatively new field when compared to other disciplines, not only in Malaysia but in the world generally. In the United States it was only fully established in the 1970s. In developing countries like many in Asia, emergency medical services is poorly developed and frequently a low priority with the respective Governments. And yet, emergency departments form the gateway to definitive care.
3. As Malaysia moves towards full industrialisation, it has to make significant shifts towards regionalised and specialised care and towards this end the Government is moving quickly and expeditiously especially in the areas of emergency medical services and trauma care.
4. Dramatic shifts in the incidence and frequency of illness have taken place over the past two decades. Malaysia's epidemiological profile now resembles much more closely that of an industrialised country, with cardiovascular disease, cancer and injury representing the major killers. Furthermore, the incidence of injury due to road traffic and industrial accidents is fast accelerating. It equals if not exceeds that of Western countries due to the faster rate of development in Malaysia. Urgent action is required both in terms of injury control and prevention as well as in the development of service systems of emergency medical and trauma care. Prevention is an urgent priority where intersectoral and interministerial cooperation becomes a crucial requirement in the reduction of morbidity.
5. In 1993, 56 percent of all hospitalisations were from injury sustained through motor vehicle accidents, while 27 percentage were from falls with 7 percent from machinery-related events.

6. The high number of death due to accident is expected to increase to 31.2 per 100,000 population and this trend is consistent with the increase in the number of registered vehicles in Malaysia, of which motorcycles make up 58 percent of the number.

7. The rise in fatalities becomes more marked during periods of heavy population movement. During the 18-day holiday season over Chinese New Year and Hari Raya, 614 persons lost their lives, 565 sustained serious injuries and 892 minor injuries. Reflecting the rapid switch from agriculture to industry an analysis of occupational injuries in 1993 indicated that the rate is 5 times higher than that of Japan, Sweden and United Kingdom.

8. In economic terms, this clearly represents a significant loss to the country. A large proportion of casualties are young adults in the 20-40 age group. In 1993 where there were 27.8 deaths/100,000 population, 130,000 years of life were lost.

9. Other major causes of death requiring emergency services relate especially to Ischaemic heart disease, diabetes Mellitus & Cerebro-vascular accidents. As a result of the changing lifestyle, the incidence of these diseases mirrors similar disease patterns in the developed countries of the West. Mortality from these diseases rose 18.6 percent in the 10-year period between 1982 - 1992.

10. Chronic obstructive airways disease (COPD) saw a 25 percent increase over the same period. Residents in Kuala Lumpur have more than twice the risk of dying from COPD than the national average. Studies have shown that there is a causal relationship between the incidence of COPD and the degree of air pollution.

11. Malaysia has undertaken numerous programmes to overcome these trends. In most instances such programmes are interministerial in nature. Preventive strategies in minimising road traffic accidents include seat-belts, side impact beams and airbags; infrastructure development and grade separated crossings to minimise traffic crossflow, speed control and walkways that separate pedestrians from motor traffic; public education campaigns, increased surveillance and stricter enforcement of rules and laws. We are resolved to make safety a priority.

12. On the clinical front, attention is being paid towards building new infrastructure, restructuring the service system and providing personnel trained in emergency medicine. A comprehensive and integrated emergency and trauma services include pre-hospital care,

resuscitation and stabilisation at the emergency department, definitive care and rehabilitation. The decentralisation of Hospital Kuala Lumpur, the National Referral Centre, is a move towards establishing a modern and new technology department. Two new hospitals with state-of-the-art technology are currently being built at Selayang and Sungai Buloh. The Selayang hospital will be a first in that it will be 'paperless' and will have a large catchment area involving one third of the population of Kuala Lumpur and will act as a tertiary referral centre for disciplines like Hand and Microsurgery, Urology, Nephrology and Cardiology. The infrastructure within has been redesigned by local experts and customised to our needs.

13. The Sungai Buloh Hospital on the other hand has been designated as the main medical centre of Klang Valley where the national trauma centre and other major medical department will be sited. It will be self-sufficient somewhat like a medical city.

14. The trauma centre will provide an integrated and comprehensive Emergency Medical and Trauma System and will act as the main co-ordinating centre for the clinical service networking among the hospitals in the Klang Valley.

15. As the Malaysian health care system matures and regional emergency service networking established, there will be increased demand for the transport of patients between facilities. This will have a significant impact as Hospital Kuala Lumpur is dispersed over four or more facilities with differing missions and case mixes. As health facilities become more specialised the need for an efficient communication and consultation services becomes crucial. The inter-facility transfers of patients will have to be coordinated through good communication and dedicated medical communication system.

16. A comprehensive communication system with universal access line ala the 911 System which will give the public access into the health care service to acquire any form of medical assistance needs to be established in this country as soon as possible.

17. Malaysia is now planning for the establishment of an emergency communication network which will include telemedicine & tele-emergency capability. Advances in audio-visual technology have made it possible for the complete assessment of patient condition between hospitals. This is ideal for our current situation where we do not have adequate specialist service in every part of the country and hence, telemedicine will provide access to expert consultation.

18. Currently in Malaysia, local universities produce approximately 400-500 doctors per year. With the establishment of new schools, both government and private, by the year 2000 we hope to produce between 500 - 600 more doctors per year which will considerably reduce the present doctor - patient ratio of 1:2400. The three local universities have also been running Post Graduate Masters programmes for the various specialities where students graduate with a Master Degree at par with those given by foreign and more established institutions.

19. Nurses and medical assistants are currently being trained at the various training schools nation-wide. Despite this, demand far outstrips supply. With the mushrooming of private hospitals, the need for trained paramedic staff becomes more urgent. In line with this, we are considering establishing a Paramedic Training Institute which will not only train paramedics for in-hospital needs but also provide personnel for an efficient and skillful pre-hospital service.

20. The concept of the 'first responder' has been introduced in Malaysia where individuals who are not specifically trained in providing emergency care but who by nature of their occupation are the first to arrive at the incident site e.g. police will be trained with life support skill to focus their service life to save victims and initiate life support procedure together with the management of other aspect of the accident. First responders are recognised internationally as a cost-efficient and effective part of an overall emergency medical system. Police and fire and rescue personnel would therefore be encouraged to assume this role where they can perform initial assessment and basic life-support procedures.

21. In an emergency service department in a hospital, at least 2.5 percent of trauma patients are the result of sport activities. Many of these patients are injured due to recreational and other sports activities which if not treated well will result in chronic and recurrent problem.

22. As Malaysia prepares for the Commonwealth Games in 1998, the Ministry of Health will establish a Sports Medicine Unit which will be of international standards.

23. We are fortunate this morning to have with us so many experts from the Atlanta Olympics to share their experience and expertise with us. It is my hope that Malaysian medical personnel will maximise this opportunity to learn from the experiences of these experts and prepare for the Commonwealth Games.

24. On this note and with great pleasure, I declare open this First Asian International Congress on Emergency Medicine.

FILE NAME : SP0304