

Sila semak semasa dilafazkan

**UCAPAN YANG AMAT BERBAHAGIA
DATO SERI DR. SITI HASMAH BINTI HAJI MOHD ALI
DI MAJLIS PEMBUKAAN KONGRES
ANESTESIOLOGI ASEAN KE-11
DI SHANGRILA HOTEL, KUALA LUMPUR
PADA HARI KHAMIS, 8 JULAI 1999
JAM 11.00 PAGI**

Saya berasa amat gembira kerana diberi peluang untuk berucap di majlis perasmian Kongres Anestesiologi Asean ke-11 pada hari ini. Mesyuarat dua tahun sekali ini adalah forum terbesar dan terpenting bagi membolehkan perbincangan serta menggalakkan persefahaman antara para pakar, doktor, pelatih-pelatih jururawat dan para medik yang terlibat dalam penggunaan anasthesia secara selamat dan berkesan, penjagaan lanjut dan bantuan perubatan di rantau Asean.

2. I would like to thank the Malaysian Society of Anaesthesiologists for inviting me to give this address to a distinguished audience and to welcome all of you to this Congress and to Malaysia. I hope you will have some time to visit our City and perhaps other places in the Country.

3. Over the past few years the number and size of medical and scientific congresses in Malaysia as well as in this region has grown considerably. Scientific congresses in general serve dual roles; they give an opportunity for the exchange of ideas and knowledge that may be used for the betterment of patients, and secondly, they serve to develop links between specialists and key individuals involved in health care in different countries. These links are important in the sense that they serve to forge close ties and give an opportunity for the exchange of students, fellow colleagues and others which in turn will enrich the level of medical knowledge and understanding.

4. The role of the anaesthesiologist as part of the clinical management team has often been underestimated and sometimes even undervalued. It is only in recent years that people are aware of the multiple tasks performed by the anaesthesiologists not only during surgery but also in the preoperative and immediate post operative period. The modern marvels of surgery which we see and hear about every other day would not have been possible if not for anaesthesia. It is a fact that if one lists the most significant developments in the entire field of medicine over the last few centuries, the discovery of anaesthesia would certainly rank among the top.

5. Over the past decade the tremendous advances in medicine and medical technology has extended itself beyond the traditional operating room. The provision of intensive care services which began as a natural progression of treatment of the postoperative patient is now established as a preserve of the anaesthesiologists in many hospitals in the world. The total perioperative care of the patient has given the opportunity for anaesthesiologists to involve themselves in the preoperative assessment and resuscitation of surgical patients as well as the provision of post operative pain relief.

6. In addition the care of the pregnant mother has gone beyond just the provision of anaesthesia for surgical intervention and includes pain relief for labour pain and resuscitation of the newborn. In the emergency rooms anaesthesiologists often direct and coordinate the care of patients. Recently anaesthesiologists are providing even prehospital emergency care. This direct involvement with patient care has given the anaesthesiologist a much higher profile in medicine and has served very well to enhance the status of the profession.

7. Secondly, the improvements in technology in the operating room and the development of new drugs has given the anaesthesiologist to make anaesthesia very safe and effective. Over the past ten years the incidence of anaesthetic related morbidity and mortality has reduced dramatically, contributed no less by the adoption of stringent safety standards and high training standards. Despite the occasional well publicised case of anaesthetic mishap, when one considers the many hundreds of thousands of operations done every year the safety standards are high indeed. Today the anaesthesiologist is regarded as a very effective and valuable member of the clinical care team in all our hospitals.

8. The theme of this Congress focuses on anaesthesia in the next millenium and it is appropriate that we reflect on what the challenges are in store for us. As we enter the next millenium there will be dramatic changes in the way we work, live and think. This coming era will be information-based and knowledge-based and the world will move towards a borderless global village. People, ideas, cultures and values will move rapidly and effortlessly between individuals, communities, states and entire nations. The challenges posed to all of us are enormous and those of you who are health care providers will have to quickly adapt to and adopt this rapid changes not only to stay abreast, but to provide a quality of care to your patients that was never possible previously.

9. The Government of Malaysia has spearheaded a movement to make the nation an information-rich society. The main objective is the development of an infrastructure that supports the transmission, assimilation and utilisation of knowledge at the levels of the individual, organisation and society in order to attain economic and intellectual development. We will have to look at our present problems in providing healthcare to the communities and try to find answers using the future technology i.e. one that is information and knowledge based.

10. The Government has developed a Vision for Health in line with Malaysia's Vision 2020. This is not a static vision but a dynamic vision that sets in place a framework that ensures that our healthcare system develops and adapts to the changing environment. This Vision eloquently states the direction in which we should move for the future. What this Vision states is that:

'Malaysia is to be a nation of healthy individuals, families and communities. through a health system that is:

- a. equitable, affordable, efficient, technologically appropriate;
- b. environmentally adaptable and consumer friendly;
- c. with emphasis on quality, innovation, health promotion and respect for human dignity;
- d. and which promotes individual responsibility and community participation towards an enhanced quality of life.

11. The vision for health provides a common goal and direction and indicates a sense of commitment. The focus of the vision is to enhance the quality of life of all Malaysians and to enhance the quality of life implies that we need to change the way we view health. It is also the kind of values in use that will eventually determine how our healthcare system functions and I am quite sure that all of us aim just not to improve quality of our services but also to improve the quality of life of individuals in the community we serve.

12. I shall try to address some of the current problems we face in our provision of health care which are similar not only to Malaysia but to many other developing countries as well and perhaps see some of the solutions that are possible.

13. Malaysia is now in a transition from a developing nation and industrialised developed one. In this particular growth phase there will be relative shortage of doctors and specialists and among the medical specialities the shortage of anaesthesiologists is quite notable. The number of trained anaesthesiologists in Malaysia as well as in some of our Asean neighbours is woefully short.

14. The total number of qualified anaesthesiologists in Malaysia is 320 and the number in the public sector is 120, including 21 foreigners who are employed under contract by the Government. The anaesthetist population ratio is 1:76,000 and this is well below the target set by national health planners of 1 anaesthesiologist per 30,000 population by the year 2005. However the number of anaesthesiologists needed in the community has to be seen from the development of surgical and other services which will create a demand for anaesthesiologists. This shortfall in supply may be due to several factors.

15. The growth of surgical subspecialities has been astronomical outstripping the available anaesthesiology manpower. Secondly, surgery has tended to move towards more complex procedures taking more time and resources. The involvement of the anaesthesiologists in other aspects of preoperative care which I alluded to earlier has accentuated the shortfall in supply.

16. The challenge for the future in particular for Malaysian anaesthesiologists and others in this region is to train as many anaesthesiologists as possible while maintaining high standards of quality. Training of young doctors in anaesthesiology has to be one of your priorities. Anaesthesiology as a field for specialisation is interesting and wide enough to stimulate the intellectual curiosity of doctors. The status of anaesthesiologists is now at par with any of the other disciplines.

17. In most medical schools anaesthesiology is not taught as a subject at undergraduate level and therefore it is up to sepecialists in anaesthesiology to create that clinical and intellectual environment so as to encourage young doctors to take up anaesthesiology. While traditionally anaesthesia has been taught in an apprenticeship-like fashion, it is timely to maximise the new information technologies available to educate and train rapidly and effectively.

18. The use of the electronic media including the internet and teleconferencing can be used to reach out large numbers of doctors particularly those in the rural areas or smaller hospitals. As anaesthesia requires a fairly high level of cognitive and decision-making skills, the use of simulators have been found to be useful for training purposes. I am told that in this Congress a simulator workshop is being carried out to introduce to doctors in this region the immense value of simulator training.

19. The bottom line is that we have to invest time and resources in training to ensure quality and that this will be and should be a continous process. As many of you may know safety and quality in anesthesia or any other discipline is not ensured by the best or most expensive equipment but by good training and maintenance of that level of skill and competence using the information based technologies that are already available.

20. Cost containment in health care is a major issue in today's health care environment. While mercifully our costs in providing fairly high quality health care is reasonable at the moment due to emphasis on primary health care, unlike many developed countries, there is every indication that it will rise and continue to rise in the near future particularly for procedures and in-patient care. The cost of anaesthesia is fortunately low when compared to the overall cost of surgery. However as newer and expensive drugs and equipment are brought into the market it will always be a cause of concern to the health care managers and budget holders. Health care costs in most countries continue to rise and this is partially contributed by newer technology.

21. Although I do not wish to dwell on this highly emotive topic of health care financing, clinicians like yourselves at the end of the day have to decide whether these new drugs and equipment will really make a difference to patient care. New technologies and new expensive drugs will have to be very carefully and objectively evaluated before being introduced into practice and health adminstrators and budget holders very often will have to depend on clinicians like yourselves to make these decisions. Doctors themselves can be easily the victims of aggressive marketing strategies and the blind acceptance of new medical technologies will only cause the cost of health care to rise without much benefit. The endeavour to control costs should not only focus on costs of drugs or technology per se but should look at the entire process of care for the patient. Anaesthesiologists are well placed to look at the entire perioperative phase of the patient to see where costs can be reduced and yet maintain quality of care.

22. The systematic promotion of ambulatory or day care surgery has been shown to be quite effective in controlling surgical costs. Other strategies should include the widespread use of accepted clinical practice guidelines in treatment or diagnosis, an example in anaesthesia being preoperative laboratory investigations. These guidelines when adopted will help standardise treatment, control costs and yet ensure quality care. Common guidelines will encourage users to make the same clinical choices, wherever they are, public or private sector, local or abroad.

23. The quality of care throughout the world will become more uniform and evidence based. In the information era the seamless flow of updated medical information is necessary to make these guidelines dynamic. In an effort to ensure uniformity and to control costs, outcome-based healthcare will be the future focus. Once again the future technology will allow advantage to be taken of large clinical databases on previous patient outcomes to provide the right number of tests required for the right reasons. Daily use of such data will provide a standard of care and treatment that is acceptable to all.

24. The patients of the next millenium will be a vastly different group. They will be far better educated, have greater expectations, but most important they will be children of the information era. They will have the potential to access all medical information currently available to you. These have enormous implications in the way doctors treat patients. Patients will be full participants of the health care process, not mere recipients. Quality will improve as the public participates to a greater extent in the decision-making process, become wiser partners in managing their own care and act positively to improve their health even when they are well. This may allow for more appropriate utilisation of services and equity can be improved by virtually removing barriers of geography or cost.

25. For the surgical or intensive care patients the anaesthesiologists of the future will have to discuss treatment options, informed consent, relative risks of procedures and even possibility of foregoing therapy. All this will take place with patients who are well informed and empowered. Doctors will have to play the role of facilitators, rather than directors of treatment.

26. This Asean Congress will be the last one for this millennium and as we move towards the next, we should grasp the opportunities afforded by the new information based era to enrich our lives as well as those of our patients.

27. Once again I would like to thank the Organising committee for inviting me to officiate the opening ceremony for this congress and I hope all of you will have a fruitful meeting. Do take time to enjoy the cultural diversity of Malaysia.

28. Dengan itu saya dengan sukacitanya merasmikan Kongres Anestesiologi Asean ke 11. Selamat bersidang.
