

# CULTIVATING TIES AND MUTUAL LEARNING

## 38TH CMAAO GENERAL ASSEMBLY

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Photos by Philippine Medical Association

It was once again that time of the year when we, members of the Confederation of Medical Associations in Asia and Oceania (CMAAO), got together with colleagues from national medical associations (NMAs) from across the Asia-Pacific region for our annual discussions and sharing on what we are doing for our constituents, patients and nations.

This year was no different; we were hosted by the Philippine Medical Association (PMA) and Dr Minerva Calimag, who is the immediate past president of the PMA, from 24 to 26 August 2024. The current president of the PMA is Dr Hector Santos, who was very kind and most accommodating of our delegates.

### Circumstances of various NMAs

The number of NMAs that attended this time was 12 and unfortunately our subcontinent colleagues could not join us due to various reasons. The Bangladeshi delegation could not come as there was political turmoil in their country, with their Prime Minister Sheikh Hasina having to flee the country after massive protests that had led to a heavy-handed response resulting in the deaths of protesters. The Bangladesh Medical Association is closely

linked to the ruling Awami League and the immediate past president of CMAAO was uncontactable. At the meeting, we all feared for his safety.

The Indian Medical Association could not attend as well due to the recent incident where a female house surgeon was brutally raped and murdered while having a nap after a gruelling 36-hour shift. As a result, there were massive street protests and industrial action by doctors across the nation. It was ironic that our theme for the meeting was **"The Impact of Women in the Healthcare Workforce"**.

Our Pakistani colleagues were also besieged by the heavy flooding from the September monsoon across several provinces and could not show up. In Singapore, we have truly taken for granted the safety and security we enjoy and the lack of natural calamities.

A silver lining was that the Australia Medical Association (AMA) was able to attend, and we were graced by the company of incoming AMA President Dr Danielle McMullen who is an energetic GP from Brisbane. It had been some time since the Australians have come to our CMAAO meeting and we were indeed glad to have them with us. I have always found the AMA to be at the forefront

of strategic thinking when it comes to healthcare policies and ideas. I often look to them as a crystal ball for our NMAs in Southeast Asia as the issues they face currently will inevitably end up on our plates in the years to come.

Other attendees included the Korea Medical Association, and we got the latest update on the ongoing strike by the young residents and interns in South Korea. As a result of the ongoing strike and mass resignations since February this year, senior doctors have had to pick up the slack and are now facing the brunt of psychological stress and burnout. The Japan Medical Association, a founding member of CMAAO and host of the CMAAO secretariat since 1954, continued to apprise us of the ongoing "super ageing" population challenges that they face. I listened with fascination as Singapore is also undergoing similar issues where by 2030, one in four Singaporeans will be the age of 65 and above – including my good self!

The Hong Kong Medical Association also educated us on the challenge of China's influence on the Special Administrative Region. The Taiwan Medical Association gave us a similar rundown on their unique situation of



geopolitics between two superpowers, and the Medical Association of Thailand updated us on their latest case of monkeypox in a tourist that had come by way of Congo! A quiet discussion with my Myanmar colleagues gave me an insight into the ongoing civil war between the junta and the population.

These CMAAO meetings always give me a unique taste of being in a little “United Nations” with all the various inputs on the state of NMAs and the challenges faced. Various participating NMAs share their respective country reports and we often do not hesitate to disclose the hard truths of what goes on in each NMA leadership’s thinking. We have found that these reports and the subsequent discussions are very fruitful ways in helping us learn from one another on how to tackle challenges when NMAs have to deal with governments and the various constituencies that we represent, and to have a strategic view on the future issues that will be dumped on our doorsteps.

On my part, I presented on the challenges we face regarding the role of the National Electronic Health Record in Singapore’s coming Health Information Bill, SMA’s position on the specialist panels that insurance companies create to control costs, initiatives that the SMA Doctors-in-Training Committee advocate for our junior doctors in public sector, the role of our SMA Charity Fund in helping the next generation of future colleagues who are currently medical students with financially challenging circumstances, and our role in providing mandatory continuous medical education in medical ethics. There were many interested parties from various nations who found our initiatives and challenges interesting and asked many questions.

### The role of women in healthcare

The input was extremely intriguing when it came to the discussion on the topic of “Women in Healthcare”. There was general acknowledgement that societal norms and values played a huge role in the under-representation of women in healthcare, especially at the physician level. These norms and values were further reinforced by bias in structures, policies, systems and processes in

our societies. In almost every nation, the representation among medical students had approached parity, but the number of women in senior healthcare leadership positions were still lacking.

There were also other issues that we learnt about from across the different NMAs. In some conservative and religious societies, women faced opposition from family members and society in doing overnight calls in hospitals. In countries where security was an issue, women in healthcare faced physical threats, sexual harassment and violence in their workplace, especially in rural environments. Some situations resulted in women in healthcare facing outright discrimination in recruitment policies, flexibility of work schedules, and even parental and childcare leave. We also saw overt disparities in the economic remuneration of women in healthcare positions.

At the end of the reports presented and the robust discussions that followed; we then sought to hammer out a CMAAO Manila declaration on “Strengthening the Role of Women in the Healthcare Workforce”. Readers can view it online here: <https://bit.ly/3AcStsG>.

Other than the discussions, we also found time to renew our ties. I have been the Chair of the CMAAO Council since 2017, and it is always a pleasure to see my colleagues from all the nations. There will always be meals shared, and a common activity we have is the karaoke singalong,

usually initiated by our Japanese and Korean colleagues; very often, there will also be folk dancing sessions as cultural shows are always a must for the host nations. One benefit of this solidarity is that the CMAAO delegation to the huge World Medical Association meetings – comprising a hundred nations or more – have a united voice and some say in international matters.

Our next meeting will be held in Kathmandu hosted by the Nepal Medical Association and I look forward to our next meeting in the cold rarefied air of the Himalayas! ♦

#### Legend

1. Delegates pleased to be reunited once more
2. A folk dancing and cultural programme organised by our gracious hosts

Dr Chong is in the early part of his sixth decade and trying to decide what is important going ahead for the last leg. Is it leaving a legacy, drinking good Pinot noir, reading the good stuff, keeping an active lifestyle, or just enjoying the good company of his friends? He would like your honest opinion!

