

THE CUTTING EDGE

DECEMBER 2024



**MUNSHI
ABDULLAH'S
HYDROCOELE**



**ARTIFICIAL INTELLIGENCE:
A PRIMER FOR SURGEONS**



**BALANCING THE SCALPEL
AND THE HEART...**



**SURGEONS
AND WAR**



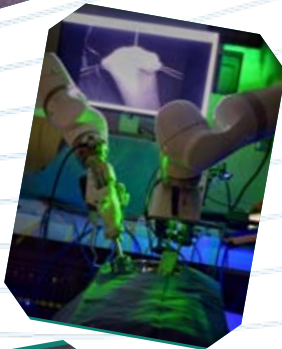
College of Surgeons
Academy of Medicine of Malaysia

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THE CUTTING EDGE

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EDITOR'S NOTE



How was 2024 for you?

If it was anything like my 2024, trite as it sounds, it flew past in what seemed like a second, a blur, a whirlwind.

A never-ending stream of patients, procedures, projects, proposals. For many of us, it might have seemed like we were juggling 10 balls in the air, while running on a treadmill and playing a tune on a harmonica. But well, isn't that the life we have chosen as surgeons?

We may greet 2025 with excitement, anticipation, trepidation, anxiety, wariness, caution or contentment. Wherever we are, in whatever circumstances, we know that we have a fraternity of fellow surgeons walking alongside us. Sharing challenges, helping to carry the load, with a dash of healthy competition spurring each other to do better.

In this issue of The Cutting Edge, we cover a wide range of topics. 'Sustainability' and 'artificial intelligence' are on trend - we covered sustainable surgical practices in our last issue, and AI in this. We have insights on clinical ethics and professionalism, with a little bit of history thrown in on Munshi Abdullah's surgical condition.

We have updates on the College activities, including training the trainers and conferences, and highlight the birth of a new chapter. Also a timely write-up on war and its relevance to surgeons and a special feature on raising a special needs child while balancing a surgical career (warning: readers may find their lacrimal glands activated).

Enjoy!

Shireen Anne Nah

Editor, The Cutting Edge
Honorary Secretary, College of Surgeons

PRESIDENT'S MESSAGE

Dear Esteemed Colleagues,

As 2024 comes to a close, I extend my heartfelt gratitude to each of you for your unwavering commitment and contributions to our shared mission.

This year has been extraordinary, marked by milestones that exemplify the strength and unity of our surgical community. One of the year's most significant achievements was the successful amendment of the Medical Act, ensuring recognition of parallel pathways in cardiothoracic surgery and urology within the National Specialist Register.

This milestone reflects the power of collaboration and the dedication of many, including the Honourable Ministers of Health and Higher Education, the Attorney-General's Chambers, the Malaysian



Qualifications Agency, the Medical Deans Council, professional societies, and the members of Parliament.

2024 also witnessed the resurgence of collaboration between the ASEAN Federation of Surgical Colleges, guided by the invaluable advisory support of the Royal Australasian College of Surgeons and the Taiwan Surgical Societies.

From our virtual meeting in June to the summit in Singapore and subsequent discussions in Manila, these efforts have paved the way for cross-cultural learning and leadership opportunities for our young surgeons.





ASEAN Federation of Surgical Colleges Summit 2024 in Singapore



Renewal of MoU with the College of Surgeons of Sri Lanka

The 15th MOH-AMM Scientific Meeting was a celebration of growth, with a record-breaking 37 fellows and 304 members inducted. The event was made even more memorable by the 17th Tunku Abdul Rahman Putra Lecture, delivered with humour and nostalgia by the legendary Dato' Mohammad Nor Mohammad Khalid (Lat).

Our International Surgical Week in August garnered acclaim from participants around the globe, while our renewed MOU with the College of Surgeons of Sri Lanka in September reaffirmed our commitment to fostering international collaboration and training.



National Students Surgical League 2024

Meanwhile, the National Surgical Students League inspired us all with the dedication and enthusiasm of our future surgeons.

A crowning moment of the year was the official opening of our Academy of Medicine of Malaysia premise in Putrajaya by His Royal Highness Sultan Nazrin Muizzuddin Shah. This landmark represents not just a new chapter but a lasting legacy, laying the groundwork for continued excellence in surgical education and training.

As we reflect on our achievements, it is essential to recognize that surgical education stands at a crucial crossroads. Today's trainees - digital natives - process information and learn differently from previous generations.

Adapting to their needs by integrating modern tools such as simulation-based training and virtual platforms will ensure that we maintain the high standards of our profession while embracing innovative teaching methodologies.

Equally pressing is our responsibility to adopt environmentally conscious surgical practices. Moving towards greener operating theatres is an essential step in reducing healthcare's carbon footprint. By exploring environmentally conscious practices, we reaffirm our commitment to a healthier future for both our patients and our planet.

The achievements of 2024 have set a remarkable foundation for the future, and I am confident that 2025 will bring even greater success. Together, let us embrace the opportunities ahead with passion, purpose, and unity as we continue to advance surgical excellence for Malaysia and beyond.

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As we look ahead to 2025, excitement builds for the 51st Annual Scientific Congress at the Borneo Convention Centre, Kuching, Sarawak from June 13–16, 2025

With the theme '**Bridging Tradition and Innovation**', this Congress promises to inspire new ideas while honouring the rich heritage that has shaped our journey.

I wish you and your loved ones a prosperous and fulfilling New Year.

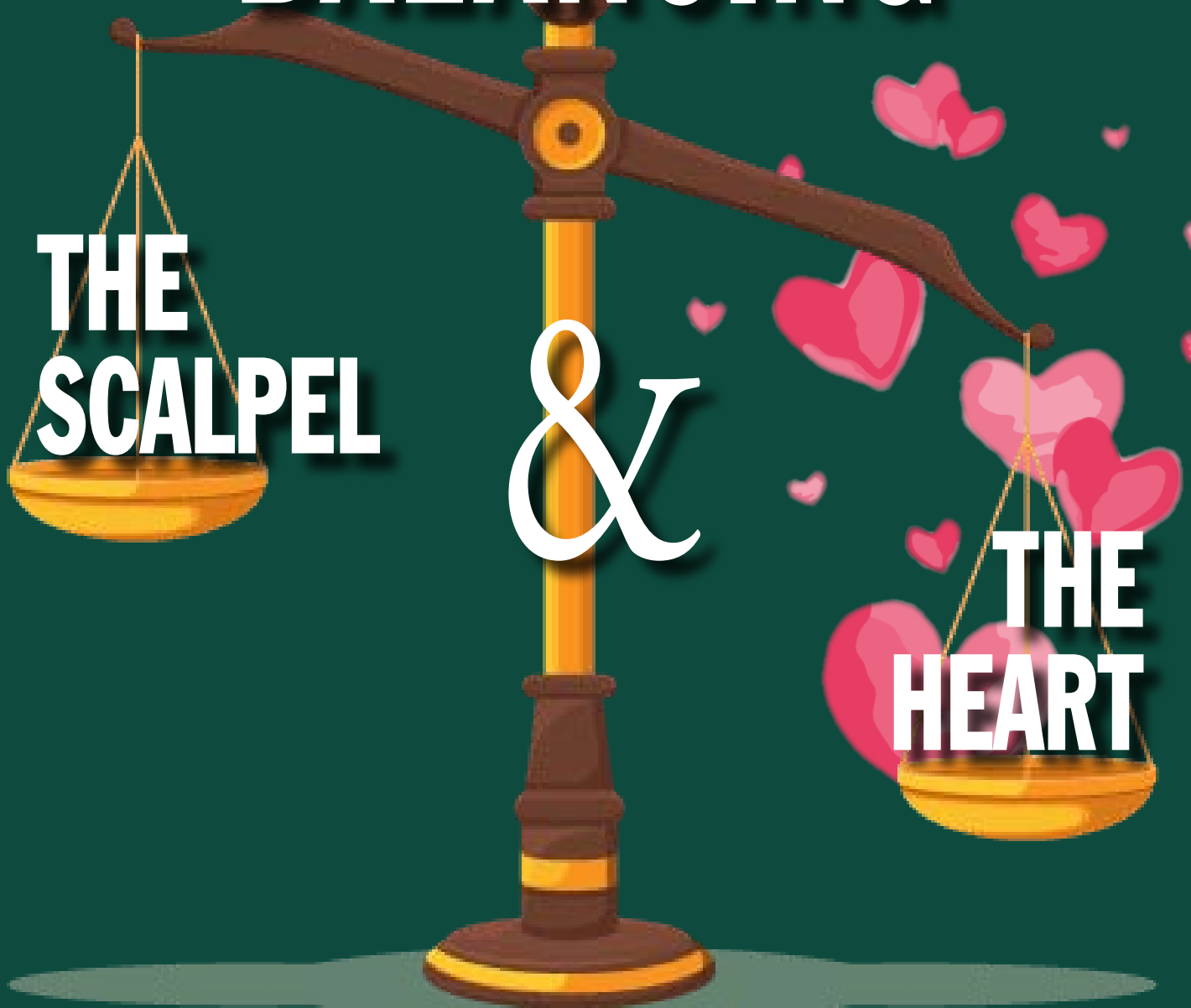
Thank you for your tireless dedication to our profession and the College.

Here's to a new year filled with progress, innovation, and collective success.



President
College of Surgeons of Malaysia

BALANCING



**THE
SCALPEL**

&

**THE
HEART**

**PARENTING A SPECIAL NEEDS
CHILD AS A SURGEON MOTHER**

by Professor Dr Azlina Amir Abbas

My husband and I are the proud parents of an 8-year-old boy. In many ways, he's just like any other child his age. He has close relationships with family, enjoys school, loves spending time with his cousins and friends, and is an avid reader. He plays with his toys, watches TV, and, like many kids, finds bedtime to be a delayable event, always eager for a few more minutes to play.

Our son also has Trisomy 21, commonly known as Down Syndrome (DS).

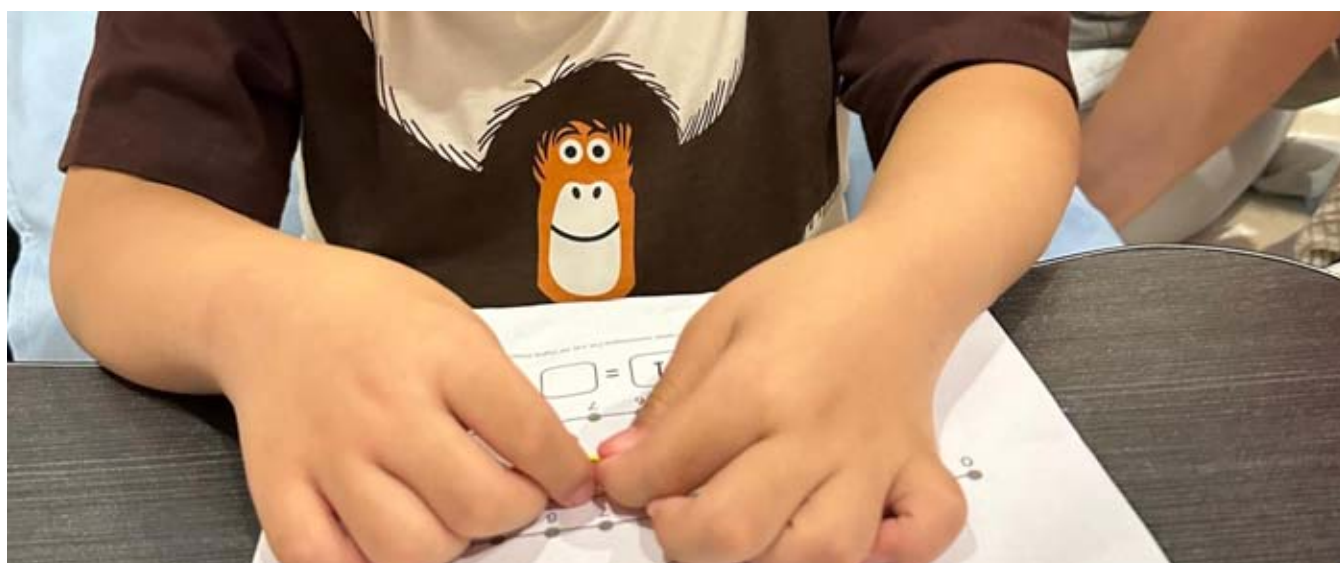
When we first received his diagnosis, despite my medical background, it was a moment of great uncertainty, filled with questions about his future. What will his life be like? Will he need lifelong care? What about his health? Like many parents in similar situations, we went through stages of grief.

But as we gradually moved toward acceptance, a paediatrician's advice to 'take each day as it comes' changed everything. We learned that having a child with DS is not defined by sadness or limitations – it's about embracing his unique journey, with all its beauty and challenges.


“...advice to take each day as it comes changed everything...”

At the core of caring for a child with DS – or any child with special needs – is understanding and acceptance. Every child is unique, with their own strengths, needs, and challenges. Once we accepted our son's diagnosis, we dedicated ourselves to learning everything we could about DS, including medical treatments, therapies, and educational strategies that would support his development.

As an orthopaedic surgeon, academician, and mother, balancing my career and caregiving is an ongoing challenge. My work is demanding, with early mornings and long, unpredictable hours. I often leave home before my son wakes up and return after he's gone to bed, which leaves me with a constant feeling of guilt.



Homework focuses not only on knowledge but also coordination and fine motor skills.



Am I giving enough to him? Am I present enough as a mother, even though my career requires such intense focus and time? In the operating theatre, I'm used to precision, control, and clear outcomes. But at home, parenting a child with special needs is far less predictable. His needs don't come with a set plan.

Every new diagnosis, therapy session, or developmental milestone is a mix of hope, uncertainty, and emotional complexity. Yet, despite these challenges, raising him has taught me that life cannot always be managed or controlled. It must be lived with patience and grace.

My background in healthcare has strengthened my ability to advocate for my son. While we've been fortunate to have incredible doctors, we've also encountered professionals who were dismissive or made discouraging comments about his progress.

Knowing the system has helped me navigate it more effectively, asking the right questions and fighting for the necessary interventions. Early intervention is key, and I've been relentless in ensuring he gets what he needs. For example, when he was younger and unable to speak, we introduced simple sign language to help him communicate.

This small step made a big difference in reducing his frustration. We also started reading to him at four months old, and by age four, he could read. I believe his love for reading, along with interventions to improve his hearing, has greatly contributed to his speech development, especially with the help of captions during screen time. By the way, it was HIS idea to have captions turned on so he could read while hearing the words being spoken.

Emotionally, the toll can be heavy. There are days when I leave the hospital or



Multi-storey car transporter: Play encourages creativity, problem-solving, confidence building and sensory and motor skills

university feeling accomplished, only to come home and feel helpless watching my son struggle with something as simple as expressing a need or handling a tough moment.

The contrast between the two worlds is often humbling and sometimes heart-breaking. Patience is crucial. Children with DS can reach developmental milestones, but they need more time. We've had to be patient with his emotions, particularly when something small, like a sad story on TV, can trigger overwhelming tears. His frustrations, especially when he feels he isn't keeping up with others, can lead to intense meltdowns, and it can be difficult to calm him while ensuring his safety. We often find ourselves repeating explanations and instructions multiple times before he grasps the concept. We rely on routine, and any new change requires patience and repetition to establish.

But the rewards are immense. His progress, though slow, is incredibly meaningful. A new word, a new skill, or a day without emotional breakdowns feels like a victory. These small moments are my reward, reminding me that, like surgery, parenting is about the long game. It's about progress, not perfection. It's about showing up every day and never losing hope.

Ultimately, caring for a child with special needs is about providing a loving, supportive environment where they can thrive. It requires dedication, understanding their individual needs, coordinating medical care, offering emotional support, advocating for their rights, and maintaining family harmony.

We are blessed to have the love, care, and support of extended family, his dedicated 'house-

...blessed to have the love, care and support of extended family, his dedicated 'house-aunties,' and his teachers, and this has been invaluable in our journey...

aunties,' and his teachers, and this has been invaluable in our journey.

As an orthopaedic surgeon, I fix things. But as the mother of a child with DS, I've learned that not everything is meant to be fixed. Some things are meant to be nurtured, accepted, and cherished.

My son's uniqueness is not a problem to solve – it's a life to embrace. He has taught me that love, growth, and connection come from acceptance, and his journey provides precious life lessons that transcend my professional expertise.



Proud parent moment when the Avid Reader prize was awarded to him at the end of his first year of school.



Image by Matthias Lipinski from Pixabay

SURGEONS & WAR

by Professor Dr Liew Ngoh Chin

Surgeons have long been an integral part of the battlefield. From the pioneering work of Ambroise Paré, the French barber-surgeon who revolutionised battlefield medicine, to modern-day military surgeons, the relationship between surgery and war is deeply intertwined. The International Surgical Week of 2024 in Kuala Lumpur included a symposium dedicated to Paré's legacy, highlighting the profound impact war surgery continues to have on modern medicine.

Ambroise Paré, often regarded as the father of modern surgery, was an army surgeon in the 1550s. He made groundbreaking contributions, such as treating gunshot wounds with boiling oil, and later, after running out of oil, with a concoction of egg yolk, rose oil, and turpentine - a treatment he documented in his 1545 work *The Method of Treating Wounds Made by Harquebuses and Other Guns*. Paré also reintroduced the practice of tying large arteries to stop haemorrhage during amputation, replacing the older, more brutal method of using hot irons to cauterise vessels.

In World War II, another visionary surgeon, Michael Ellis DeBakey, redefined the future of battlefield medicine. Recognising the need to move medical care closer to the frontlines, he popularised the concept of Mobile Surgical Hospitals (MASH). These units were later used in the Korean and Vietnam wars, dramatically increasing the chances of survival for soldiers by treating them rapidly, often while still in the field. DeBakey's invention of the atraumatic vascular clamp allowed surgeons to temporarily stop bleeding from lacerated blood vessels, enabling better vascular reconstruction and reducing the need for amputations.

...with the advent of highly mobile, long-range weapons and sophisticated drones, the lines of combat, communication, and safety have merged, leaving no area truly safe from attack...

With the development of modern, highly lethal weaponry, surgeons are struggling to keep pace. Weapons today are designed to be precise and deadly, capable of delivering massive destruction at incredible speeds. Missiles can travel at supersonic or even hypersonic speeds, and precision-guided munitions are able to strike their targets with devastating accuracy.

This level of technological advancement has created new challenges for military surgeons. Modern weapons produce injuries far more catastrophic than anything encountered in previous wars, including extensive blast injuries, severe head trauma, and shattered internal organs.

Soldiers are often killed before they even reach a field hospital, as blast waves cause massive damage to the brain, lungs, and other vital organs. This is in contrast



Landmine injuries of the lower limb managed with external fixators

to the past, when injuries were mainly due to penetrating wounds from shrapnel and bullets. The chances of survival are decreasing dramatically.

The nature of the battlefield itself has changed. In past wars, the frontlines were clearly defined, and areas designated as safe zones - such as field hospitals - could provide some level of protection. But today, those distinctions are increasingly blurred. With the advent of highly mobile, long-range weapons and sophisticated drones, the lines of combat, communication, and safety have merged, leaving no area truly safe from attack.

During the Vietnam War, for example, the US and South Vietnamese forces employed weapons such as the M1 carbine, M14 and M16 rifles, along with Howitzer artillery and B-52 bombers carrying tons of explosives. Despite their overwhelming firepower, the enemy forces, such as the Viet Cong, relied on guerrilla tactics and underground tunnels to navigate the battlefield. This mix of conventional and unconventional warfare created a unique environment where helicopters and MASH units played an indispensable role in saving lives.

In modern conflicts, such as the war in Ukraine and the Israel-Hamas conflict, we see the rise of even more lethal weapons. In Ukraine, Russia has deployed hypersonic missiles capable of traveling at speeds five to ten times the speed of sound, rendering existing missile defense systems nearly useless. These missiles can travel thousands of miles, guided by satellites or auto-piloting systems. Drones, or Unmanned Combat Aerial Vehicles (UCAVs), are increasingly being used for surveillance, reconnaissance, and precision strikes, carrying thousands of pounds of

explosives. As seen in Ukraine and Gaza, drones and advanced missiles have turned civilian areas into warzones, causing massive destruction to buildings, hospitals, and civilian infrastructure.

The weapons supplied to the Ukrainian military by NATO, including Germany's Leopard 2 tanks, the UK's Challenger 2, and the US's Abrams tanks, have redefined the scale and scope of modern warfare. The increased lethality of these weapons has resulted in an alarming rise in injuries caused by blast waves, shrapnel, and other secondary and tertiary blast. Field hospitals, once located in safe zones, are no longer secure from the reach of modern weapons.

The Vietnam War, spanning over two decades, resulted in approximately 1 to 3 million deaths in Vietnam, Cambodia, and Laos, and 58,220 US servicemen fatalities. In just under three years, the war in Ukraine has already resulted in at least half a million deaths, both soldiers and civilians, highlighting the staggering human cost of modern conflict.

As modern weaponry continues to evolve, it becomes clear that traditional methods of surgery may no longer suffice. The innovations of past surgeons, such as those of Ambroise Paré and Michael DeBakey, are increasingly irrelevant in the face of weapons capable of inflicting devastating injuries at a distance.

...the future of warfare will require machines - robots capable of withstanding blast waves, handling catastrophic injuries, and performing tasks beyond human capabilities...

Surgeons may no longer have the opportunity to intervene in the way they once did, as victims of modern warfare often do not survive long enough to receive medical treatment.

Perhaps the future of warfare will require machines—robots capable of withstanding blast waves, handling catastrophic injuries, and performing tasks beyond human capabilities. Surgeons, who once played an essential role in treating the wounded, may find themselves sidelined as technology evolves to meet the demands of modern conflict.

The true tragedy of contemporary warfare, however, is the collapse of boundaries between combat zones, civilian areas, and medical sanctuaries. With little regard for international law or the Geneva Convention, warring factions regularly target hospitals, schools, and humanitarian aid centers, making the work of surgeons and medical personnel more dangerous than ever before. In such an environment, traditional war surgery may become obsolete.

Surgeons volunteering for missions in conflict zones must be aware of these new realities. Unless it's a low-intensity conflict or natural disaster, the skills needed to treat wounds, stop haemorrhage, or perform amputations are

increasingly irrelevant. Much like Paré in his time, today's surgeons may be rendered redundant by the sheer scale and firepower of modern warfare.

The future, therefore, may lie not in treating the victims of war but in preventing war itself. Surgeons, along with other healthcare professionals, must work toward addressing the root causes of conflict, focusing on preventive medicine and advocating for peace.

In a world where war-related injuries are becoming more catastrophic, perhaps our best hope lies in preventing such violence from ever occurring in the first place.



Operating in the confines of a field hospital



The writer operating in Konjic Hospital during the war in Bosnia-Herzegovina 1994



Reconnaissance mission in central Bosnia-Herzegovina in the midst of winter

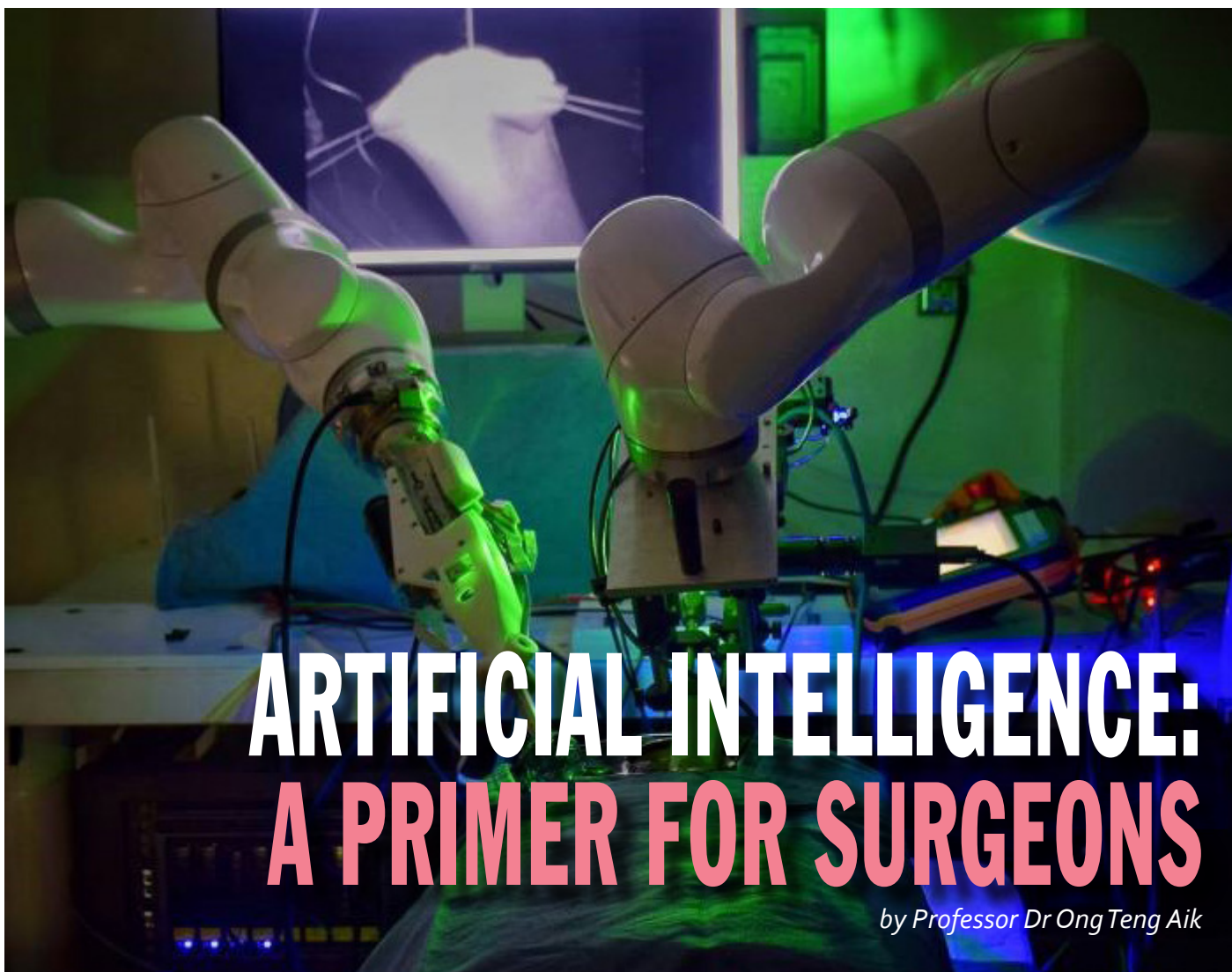


Figure 1. Autonomous robot, STAR. (Ref: Robot performs first laparoscopic surgery without human help. <https://hub.jhu.edu/2022/01/26/star-robot-performs-intestinal-surgery/>)

Since the introduction of ChatGPT in November 2022, interest and enthusiasm for artificial intelligence (AI) have grown exponentially. But can AI deliver on its promises, or is it just another hype that will eventually fade?

1. What is the Role of AI in Surgery?

AI refers to the ability of machines to perform tasks that typically require human intelligence, such as learning, problem-solving, and decision-making. In surgery, AI is used to analyse data, predict outcomes, and provide guidance during procedures. Currently, AI operates at the level of *narrow AI*, designed to perform specific tasks.

The concept of *artificial general intelligence (AGI)* - where AI could perform any intellectual task like a human - remains theoretical and is yet to be realised.

2. How Can AI Be Utilised in Surgical Practice?

a. Surgical Robots

AI has the potential to assist in surgery by suggesting optimal maneuvers or approaches. However, this capability is still in the development stage. Most surgical systems today are fully controlled by human surgeons, without significant AI input. A recent breakthrough from *Johns Hopkins University* saw the *Smart Tissue*

Autonomous Robot (STAR) autonomously performed an intestinal anastomosis in an animal model¹. This is a significant step toward the future of AI in operative surgery (<https://hub.jhu.edu/2022/01/26/star-robot-performs-intestinal-surgery/>).

b. AI-Assisted Diagnosis

Preoperative planning is crucial for successful outcomes, and AI is revolutionising this process. AI algorithms can analyse medical images such as CT scans or MRIs to detect abnormalities that may not be visible to the human eye, enabling surgeons to make more informed decisions. Additionally, Augmented Reality (AR) and Virtual Reality (VR) technologies are assisting surgeons in peri-operative planning.

c. Predictive Analytics

AI can analyse large datasets to predict surgical outcomes. By considering a patient's medical history, vital signs, and other factors, AI can forecast potential complications and recovery times. This allows surgeons to tailor their approach, ultimately improving patient outcomes.

d. AI in Surgical Training

AI-powered simulators offer real-time feedback to surgeons in training, providing them with opportunities to practise complex procedures in a risk-free environment. These systems can evaluate performance and suggest improvements, accelerating the learning curve for trainees.

e. Workflow Optimisation

Beyond the operating room, AI can streamline workflows by assisting in surgery scheduling, managing surgical instruments, and improving the efficiency of surgical teams. AI ensures that

tasks are performed smoothly, minimising errors and maximising productivity.

3. What Are the Challenges of AI in Surgery?

While AI holds immense potential, it comes with several challenges. **Data privacy** is a major concern, especially when dealing with sensitive patient information. Additionally, questions about **liability arise** - if an AI system makes an error during surgery, who is responsible?

Another challenge is **surgeon autonomy**. While AI can assist in various ways, it is vital that it does not undermine the surgeon's role as the primary decision-maker. AI should complement human expertise rather than replace it.

As AI technology advances, the issue of **inequality of access** becomes a concern. Regions and countries with fewer resources may struggle to keep pace with AI advancements, potentially increasing the **"Gini index"**² of access to AI technology, i.e. a 'technology gap' or **AI inequality**. This disparity must be addressed to ensure equitable access to these innovations.

4. What Should Surgeons Do Now?

As surgeons, we must stay up-to-date with the latest technological developments, including AI. Understanding the advantages and limitations of AI applications is crucial. By learning how to effectively use AI tools, we position ourselves to remain competitive in the evolving landscape of healthcare.

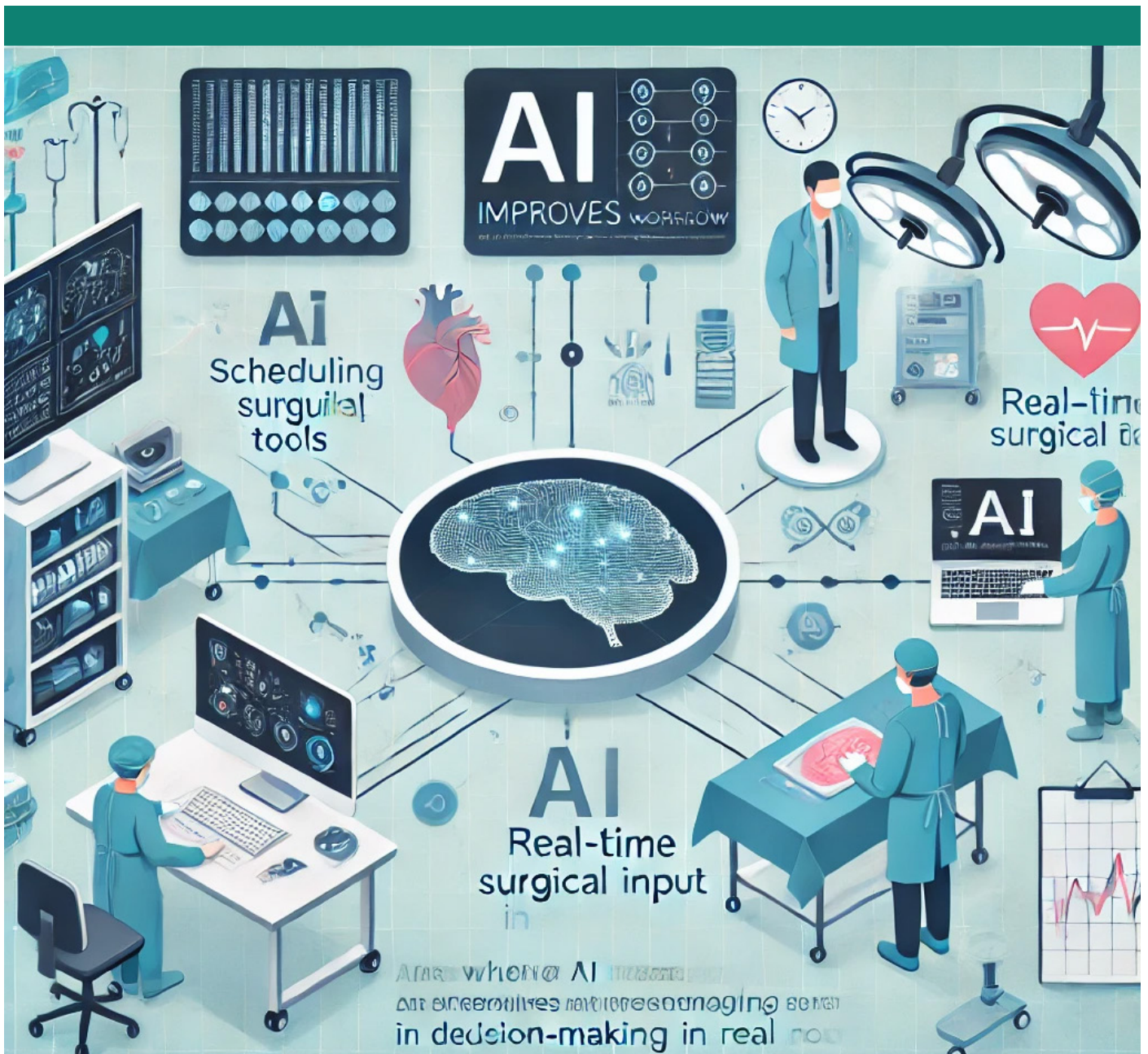


Figure 2. The impact of AI in surgery (illustration by ChatGPT 40)

5. Was an AI Tool Used to Write This Article?

Absolutely! In this case, the AI tool **ChatGPT** assisted in organising the structure, improving the flow of language, and speeding up the writing process. However, human input, from the author, played a crucial role in fact-checking and adding additional information to enrich the content. Using AI tools allowed the article to be written two to three times faster. Mastering these tools is becoming an essential skill for surgeons and healthcare professionals alike.

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1. Catherine Graham. Robot performs first laparoscopic surgery without human help. Jan 27, 2022. <https://hub.jhu.edu/2022/01/26/star-robot-performs-intestinal-surgery/>
2. Gini coefficient. Wikipedia. https://en.wikipedia.org/wiki/Gini_coefficient

MUNSHI ABDULLAH'S HYDROCOELE

by Professor Dr Lim Kean Ghee

We have an anecdotal record of a medical case from the early days of Singapore, around 1820. In the *Hikayat Abdullah*, the scribe himself relates his personal ordeal involving a hydrocele which he attributed to the excessive heat of Singapore.

Munshi Abdullah if your school history did not teach you, as mine did - was a Malay tutor to the white merchants, including Stamford Raffles. He was an important go-between who enabled the British to develop their administration.

He complained of groin and scrotal pain, which sometimes made him unable to rise for three days. One day, while visiting a friend, he happened to meet a **'general doctor'** from the East India Company who was waiting to sail to Europe. The doctor explained surgical aspiration and offered to perform the procedure for him. Abdullah was both excited and fearful. He gave a captivating account of the debate he had with himself about whether or not to undergo the operation. In the end, he decided to take the plunge, although not before making out his will!

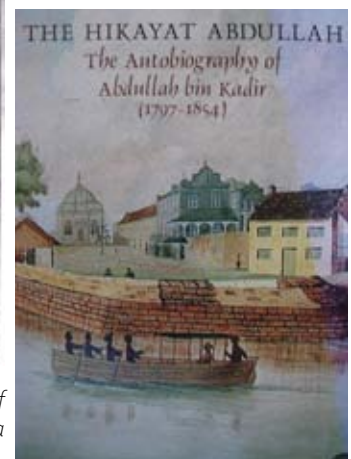
Fortunately, he survived the treatment, lived to tell about it, and felt much better afterward. In fact, he was quite ecstatic. Full of gratitude, he bought three hundred mangosteens and four jars of preserved fruits for his doctor, insisting that the doctor, who was leaving to board the ship, accept the gift.



Munshi Abdullah

Abdullah kept the fluid that had been tapped and told the story to his friends who were greatly amazed. He even sent two bottles of the liquid to his parents in Malacca. As the news spread, several men came beseeching him to take them to the doctor. Alas, the doctor had sailed, and Abdullah told us that some of them wept because he had gone. The account is thoroughly worth reading.

It was originally written in the Jawi script, but you can still find English translations in reprints of the book today.



Images courtesy of Wikipedia

RETHINKING TRUST IN HEALTHCARE THROUGH CLINICAL ETHICS

by Dr Tan Hui Siu

The Case with Mr H

A physician called regarding Mr H's informed refusal of surgical intervention for necrotising fasciitis, noting that he had a good capacity to understand and appreciate the consequences, including death. This assessment was confirmed by the psychiatric team twice, with a diagnosis of adjustment disorder, and they recommended that his decision be respected.

Mr H, a 35-year-old divorcee, wished to try other alternatives. His mother was informed of his condition and expressed a desire for his wishes to be respected.

The ethical questions raised were: How should we approach a man who has refused a life-saving procedure? If he becomes incapacitated, can the team and his next-of-kin agree to interventions contrary to what he had previously refused?

Preamble

How do we get through to our patients? How do we make them trust us? Is it through our impeccable skills and knowledge?

Our physical stature and commanding demeanour? Or the extensive information we impart before they sign the paper? Or rather, with a good understanding of their concerns and feelings, offering our honest professional opinion and the promise to stick around? Medical and surgical skills and competencies are non-negotiable requirements for practising doctors.

However, there is also a human at stake – not just any human, but a suffering one. The healing of a suffering human will only be complete when there is trust and a relationship, as they enhance the positive experience and outcome of the treatment and its processes.

To build this trust and relationship, doctors know they need to connect with their patients, who come in various sizes and shapes and have different knowledge, feelings, and perspectives.

But sometimes, they can't do it well due to the distractions from:

- complexity of cases
- commercial aspects of medicine
- legal risks, especially when legal support is poor
- rigid professionalism or personal values
- broader institutional and systemic issues
- sheer number of patients!

As John Lantos, the physician bioethicist, put it, "From the individual doctor's perspective, it is far better to do whatever it takes to avoid litigation, even if it doesn't seem to be the right thing to do, than to risk entanglement in this crazy system".

Role of Clinical Ethics

Clinical ethics focuses on persons – patients, physicians, and surgeons – within the broader relational and systemic factors, advising what would be best for them.

WHAT IS CLINICAL ETHICS?

(Also known as: Clinical Bioethics, Healthcare Ethics)

- A practical discipline that provides a structured approach to assist health professionals in identifying, analyzing, and resolving ethical issues in clinical practice.
- Framework: common morality, principlism, virtue ethics, casuistry, feminist ethics, care ethics, narrative ethics.
- Services include – consultation, education, and policymaking, by an individual, a team, or an ethics committee.
- Role of clinical ethics consultation support services:
 - Improve the quality of care by systematically addressing ethical concerns.
 - Support stakeholders in decision-making by providing clarity and resolutions.
 - Support clinicians' well-being in these moral spaces.
 - Advocate changes to systemic barriers and inadequacies that affect care.

It considers the web of systems and legal boundaries, bringing clarity and resolutions to the table. Fifty years ago, as medical advancements brought about moral distress when lives were extended to meaningless spans, Mark Siegler, an American intensivist, used the term '**clinical ethics**' to describe the practice of teaching ethics in the context of a real case.

"There was no place to send my house staff and students to find answers" to the troubling questions in intensive care.

As the managing physician is ultimately accountable to the patient, clinical ethics begins and ends with the patient, its purpose guided by the patient-doctor relationship. (CE origin)

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In Malaysia, doctors are governed by professional rules that remind them of their duties and boundaries, assist in some decision-making, and protect the rights of patients and vulnerable groups. However, these rules do not address every ethical dilemma encountered in practice.

Development of Clinical Ethics Support Services

Healthcare institutions committed to building trust should include clinical ethics and support services in healthcare delivery.

The three stages of implementation are:

- **Stage 1** – Create awareness and recognise moral distress and ethical dilemmas through bedside ethics discussions or rounds.



A clinical ethics skills workshops organised by Selangor State Health Department (2024) and Universiti Malaya Medical Centre (2023).

- **Stage 2** – Form clinical ethics committees or teams that assist healthcare professionals in identifying, analysing, and resolving ethical issues, with skills and competencies following standards such as those set by the American Society for Bioethics and Humanities.
- **Stage 3** – Establish comprehensive clinical ethics support services and policymaking, with the skills and competencies of leaders obtained through a certificate or master's degree.

To continue with Mr H

Interviews with the managing teams

The physician stated that allowing the family's presence to help Mr H make a better decision was possible. Additionally, his renal function had improved, and alternative care plans, including discharge and early review, were medically feasible.

The orthopaedic surgeon agreed to a family conference. If Mr H insisted on discharge, antibiotics would be prescribed with an early review, and he could return at any time.

The ward nurse shared that Mr H was considering alternative treatment. His neighbour had a similar diabetic foot condition, which did not require amputation and passed away due to **'diabetic reasons.'** **'He can't make the connection!'** the nurse quipped. She felt his foot was not improving; it was gangrenous and foul-smelling, and he did not want to look at it.

Interview with the patient

Mr H was receptive to wound debridement but not amputation. He was desperate to discuss this with his mother. He felt that an amputation would bring more trouble to his family. He had not inspected his foot for three days and could not tell if it was worsening. **'Give me a week, and if the alternative treatment does not work, I will come back.'**

Family conference with ethics facilitation

The teams explained to Mr H and his family the progress of his kidney function, sepsis, and diabetes, all of which were closely related to his gangrenous foot. Further delay in surgical intervention would affect his bodily systems, potentially causing permanent renal failure, worsening sepsis, and possibly death. Mr H understood, wanted more time, and agreed to return in a week.

Consensus was reached for Mr H to be discharged with oral antibiotics and an early review. Warning signs were provided so that he could come to the hospital immediately if needed. A relative questioned whether the antibiotics were adequate. The surgeon replied that they were **'strong'**, but would be inadequate to clear the infection without debridement.

The conversations were held respectfully. Mr H and his family were satisfied with the explanation and had no further questions.

Ethics input:

The teams respected Mr H's informed refusal. They understood the relational aspects of autonomy and involved the family in the informed process to strengthen his understanding and manage his expectations.

More importantly, they maintained trust and the relationship by reassuring him that they would **'stick around'** to monitor and treat him. Eventually, it was less distressing for everyone when a small window of time was given to him. It would be beneficial to confirm his surrogate decision-maker in the event of deterioration, someone who should have his best interests in mind.

Conclusion

By focusing on the various stakeholders as individuals, clinical ethics lends a listening ear and considers different values and interests to determine what's best for the patient. It becomes a bridge to better trust and relationships in healthcare, supports doctors' moral distress and decision-making, and ultimately improves the quality of care.

30th August 2024

PROFESSIONAL CODE OF CONDUCT COLLEGE OF SURGEONS, ACADEMY OF MEDICINE OF MALAYSIA

by Professor Dato' Dr April Camilla Roslani

Introduction

The College of Surgeons, Academy of Medicine of Malaysia (CSAMM), with its motto '**Jaya Berbakti**' (Success Through Devoted Service), is dedicated to upholding the highest standards of professional conduct among its members. This Code of Professional Conduct serves as a comprehensive guide to ensure that members' actions reflect the integrity, responsibility, and dedication that are fundamental to the surgical profession.

Malaysia's surgical landscape has evolved considerably since the CSAMM was established in 1972. Over the years, Malaysian surgeons have contributed significantly to the advancement of healthcare, but challenges remain.

Among these challenges are issues related to oppressive behaviours in the workplace, including discrimination, bullying, harassment, and sexual harassment. Recent reports have highlighted the prevalence of such behaviours within the surgical community, particularly affecting women surgeons.

Prior to 2022, the Penal Code, the Employment Act 1955, the Communications & Multimedia Act 1998, and the Industrial Relations Act 1967 had some provisions for legal recourse. The Ministry of Human Resources provided guidance to employers

in the Code of Practice on the Prevention and Eradication of Sexual Harassment in the Workplace 1999, while the Public Services Department updated its circulars in 2018 to provide guidance on handling sexual harassment in the civil service. In 2022, the Malaysian Anti-Sexual Harassment Act 2022 was finally enacted, which allows a Tribunal for Anti-Sexual Harassment to hear complaints, raise awareness, and initiate preventive measures. Phased enforcement began in March 2023.

This Code aligns with the Malaysian Medical Council's (MMC) Good Medical Practice guidelines and incorporates best practices from international counterparts, including the Royal College of Surgeons of England, the Royal Australasian College of Surgeons, and the American College of Surgeons. All members of CSAMM are expected to adhere to this Code as a condition of their membership, maintaining good standing with relevant regulatory authorities and reflecting the values encapsulated by "**Jaya Berbakti**."

Standards of Professional Behaviour

1. Integrity and Honesty

- Members must uphold honesty, integrity, and transparency in all professional interactions. This includes truthful communication with patients, colleagues, and regulatory bodies.

2. Respect and Non-Discrimination

- Members must treat all individuals - patients, colleagues, and other healthcare professionals - with respect, irrespective of gender, race, religion, or background. Discriminatory behaviors are strictly prohibited.

3. Prevention of Harassment and Bullying

- CSAMM is committed to eliminating all forms of harassment and bullying in the workplace. Members must not engage in, tolerate, or overlook such behaviors. The College provides clear reporting mechanisms and support systems in line with the Malaysian Anti-Sexual Harassment Act 2022.

4. Good Standing

- Members must remain in good standing with the MMC and other relevant regulatory bodies. This includes adhering to all legal and professional requirements and promptly reporting any changes in their professional status.

5. Confidentiality

- Members must respect patient confidentiality and the privacy of any sensitive information encountered during their professional duties.

6. Commitment to Professional Development

- Members are encouraged to continuously pursue professional development, staying informed about advances in surgical practice and ethical standards.

Standard of Clinical Practice

Members are expected to provide the highest standard of clinical care, following established guidelines and evidence-based practices. They must strive for excellence in all aspects of patient care, ensuring that clinical decisions are made in the best interest of the patient and based on the most current and relevant medical evidence.

Relationships with Patients

The relationship between surgeon and patient is based on trust, respect, and honesty. Surgeons must communicate clearly and compassionately, ensuring that patients are fully informed about their conditions, treatment options, and potential outcomes. Informed consent is a cornerstone of patient care, and surgeons must ensure that patients are involved in decisions regarding their treatment.

Inter-Professional Interactions

Surgeons must work collaboratively with other healthcare professionals to provide the best possible care for patients. This involves respecting the contributions of colleagues from all healthcare disciplines, fostering a team-based approach to patient care, and maintaining clear, respectful communication across all levels of the healthcare system.

Societal Responsibilities

As leaders in healthcare, surgeons have a responsibility to contribute to the health and well-being of society. This includes advocating for public health measures, participating in community education, and supporting efforts to improve healthcare access and quality for all members of society.

Maintaining Professional Performance

Surgeons are expected to maintain and enhance their professional knowledge and skills throughout their careers. This includes engaging in continuing medical education, participating in peer review processes, and remaining current with advancements in surgical techniques and technologies. Regular self-assessment and reflection are encouraged to ensure that high standards of practice are maintained.

Self-care

The health and well-being of surgeons are critical to their ability to provide safe and effective care. Surgeons must take responsibility for their own health, seeking medical advice and support when needed, and ensuring that their fitness to practise is not compromised. This includes managing stress, maintaining a healthy work-life balance, and avoiding burnout.

Financial and Commercial Dealings

Members must conduct all financial and commercial dealings with integrity and transparency. Conflicts of interest must be declared, and financial relationships should never compromise clinical judgment or patient care. Surgeons must avoid any behavior that could be perceived as self-serving or that could undermine public trust in the profession.

Supervision, Education, and Training

As educators and mentors, surgeons have a responsibility to train the next generation of healthcare professionals. This includes providing clear guidance, constructive feedback, and a supportive learning environment. Surgeons must lead

by example, demonstrating the highest standards of professional conduct in all educational settings.

Research and New Technology

Surgeons are encouraged to engage in research and the development of new technologies, contributing to the advancement of surgical practice. Research must be conducted ethically, with respect for patient rights and the integrity of scientific inquiry. When adopting new technologies, surgeons must ensure they are appropriately trained and that the technology is evidence-based and in the best interest of patient care.

Implementation and Compliance

CSAMM will monitor adherence to this Code of Professional Conduct and will investigate any alleged breaches. Members found in violation may face sanctions, including suspension or termination of membership. CSAMM will collaborate with other professional bodies and regulatory authorities to maintain the highest standards of professional conduct.

This Code embodies the CSAMM's commitment to ethical practice and the well-being of its members and patients. It serves as a pledge to foster a professional environment where all members can work without fear of discrimination or harassment, in alignment with the values of '**Jaya Berbakti**' and in pursuit of excellence in patient care and professional development.

PARADIGM SHIFT IN POSTGRADUATE TRAINING IN MALAYSIA: IMPLEMENTATION OF THE NPMC TRAINING THE TRAINER COURSE IN SURGERY-BASED SPECIALTIES

by Dato' Dr Jiffre bin Din

Postgraduate training is now in the era of Competency-Based Medical Education, where the competencies of specialists upon completing their training are clearly defined. The Malaysian Standards for Specialist Training has established the required generic competencies according to the Malaysian Qualifying Framework.

In a constantly evolving work and learning environment, both trainers and trainees are facing new challenges. According to the Bahagian Pengurusan Latihan, the 'graduate on time' and 'drop out' rates are between thirty and forty percent. This dismal statistic highlights the inadequacy of experiential-based medical education and trainers. Therefore, we need competently trained trainers.

The development of the National Postgraduate Medical Curriculum Training the Trainer (NPMC TtT) programme was initiated by Professor Dato' Adeeba Kamarulzaman, who chaired the NPMC project. Shortly before her retirement, she appointed the NPMC TtT Steering Committee members in 2020.

This team consists of medical educators and clinicians with an interest in medical education from various specialties across universities and the Ministry of Health (MOH). During the peak of the COVID-19 pandemic, under the leadership of Professor April Roslani, this committee conducted the initial needs survey, followed by a gap

BUILDING BLOCK AS AN EFFECTIVE TRAINER



NPMC Trainers' Expected Competency Profiles

jffredin@NPMC.TtT2024

6 Competencies and Their Related Lectures and Skill Activities



The first NPMCTtT organised by General Surgery in Johor Bahru, 23rd-24th March 2022



Orthopaedic NPMCTtT Course in Kota Kinabalu on 6th -7th June 2024



Urology first NPMCTtT on 29th to 30th June 2024 in Urology and Nephrology Building 2, HKL

Training & Professionalism

analysis. Eighteen core areas of knowledge and skills required by trainers were identified, and an expected trainer competency profile was developed. The programme delivers video lectures asynchronously, followed by interactive lectures and skills activities through synchronous sessions. It addresses local contextual needs, and its sustainability is ensured by developing a faculty of trainers in all specialties.

The generic nature of the programme allows its application across both surgical and medical specialties. National-level governance ensures the programme remains relevant and up to date.

The first NPMC TtD (Director) course was launched in September 2021. Over three years, eight NPMC TtD courses were conducted, and more than 180 Directors from both surgical and medical specialties were trained.

In March 2022, the first NPMCTtT for General Surgery was organised by general surgery director, Dr Hans, in Johor Bahru. His team has organised a total of eleven courses and trained more than 293 surgeons.

Uniquely, these courses were attended not only by general surgeons and their sub-specialties but also by orthopaedic surgeons, plastic and reconstructive surgeons, urologists, cardiothoracic surgeons, neurosurgeons, and paediatric surgeons.

Associate Professor Dr Nor Faissal Yasin led his team in organising the first NPMCTtT for Orthopaedic Surgery at the University of Malaya in August 2022. His team has since organised twelve courses and trained 261 orthopaedic surgeons.

The Urology specialty organised its first NPMC TtT for 24 urologists in June 2024 and Professor Shireen Anne Nah and her team organised their first Paediatric Surgery NPMCTtT in September 2024 in conjunction with the 16th Congress of the ASEAN Society of Paediatric Surgery.

Sixty percent of NSR registered paediatric surgeon have attended this course and all their training centres have TtT certified trainers.



NPMCTtT Course in Kuantan on 2nd-3rd September 2022, attended by four surgery-based specialties namely General Surgery, Orthopaedic, Plastic and Reconstructive and Paediatric Surgery



Small group skill activity during NPMCTtT Course for Specialty Committee General Surgery (Conjoint) on 30th - 31st January 2023

NPMCTtT is a locally developed programme by stakeholders from universities and the Ministry of Health. It is comprehensive, evidence-based, and beneficial for trainers in both the Master and Parallel programmes.

The courses have been attended by more than 1,500 trainers from both surgical and

medical specialties. Competent trainers are a vital link between a well-designed programme and the development of skilled specialists.

We hope other surgery-based specialties such as Plastic and Reconstructive Surgery, Neurosurgery and Cardiothoracic Surgery will join us on this transformational journey.



Paediatric Surgery 1st NPMCTtT in September 2024 at The Gallery, Faculty of Medicine UM

OFFICIATING CEREMONY OF THE ACADEMY OF MEDICINE OF MALAYSIA'S NEW PREMISES

by Professor Dr John Chan Kok Meng



The officiating ceremony of the Academy of Medicine of Malaysia's (AMM) new premises in Putrajaya took place on 29 October 2024. The Academy's Patron, HRH Sultan Nazrin Shah, Sultan of Perak Darul Ridzuan, formally declared the new premises opened. The list of VIPs attending the event included the Health Minister, YB Datuk Seri Dr Dzulkefly Ahmad, former Prime Minister YABhg Tun Dr Mahathir Mohamad and his wife, YABhg Tun Dr Siti Hasmah, as well as the wife of the Prime Minister, YB Dato' Seri Dr Wan Azizah, amongst many others. Many fellows and members of the College of Surgeons attended the event.

The new premises have a spacious and bright lobby where fellows and members of the AMM and its Colleges, together with other invited guests, were able to meet and interact with each other before the opening ceremony.

The officiating ceremony was held in the impressive and modern auditorium. The Master of AMM, Professor Dr Rosmawati Mohamed, and the Chair of the Building Task Force, Tan Sri Datuk Dr Ridzwan Abu Bakar, gave speeches detailing the history of the AMM and its building, and the activities of the AMM and its Colleges, as well as the efforts and hard work involved in getting the new premises designed, built and completed. HRH Sultan Nazrin Shah, accompanied by the AMM Master and the Health Minister, signed the plaque officially declaring the premises opened.





The invited guests were treated to a luncheon with live classical music in the spacious foyer of the lobby where everyone enjoyed catching up with each other and took the opportunity to discuss academic and professional matters as well as future planned activities. Invited guests also had an opportunity to meet with and interact with the VIPs at the conclusion of the event which ended in the early afternoon.



The new AMM premises in the building have impressive facilities including training and simulation rooms, as well as meeting rooms, lecture halls and an auditorium.

The College of Surgeons' office is located in this new building and has a meeting and discussion room available for use inside the office.



BARIATRIC SURGERY: CUTTING THROUGH THE MYTHS AND CHANGING LIVES

by Dato' Dr Tikfu Gee

Bariatric surgery often gets a bad reputation, and that reputation isn't helped when celebrities flaunt it as if it's just another trendy way to lose weight. It's not uncommon to see famous personalities touting their 'amazing transformation,' making it seem as though bariatric surgery is an aesthetic procedure everyone should undergo to look like them.

But let's set the record straight: bariatric surgery is not about vanity; it's about vitality. It's a powerful, life-saving intervention that tackles obesity – a growing issue in Malaysia – head-on. (And no offence to our plastic surgery colleagues, but this is serious business!)

Obesity is not just about weight; it's a serious health condition that brings along a whole host of other problems, such as diabetes mellitus, hypertension, obstructive sleep apnea (OSA), polycystic ovarian syndrome (PCOS), infertility, and joint issues. It's the kind of baggage no one wants to carry around. Bariatric surgery is the only proven long-term solution that can help eliminate these medical conditions; in other words, it's not just about losing weight – it's about gaining life.

Here in Malaysia, the need for bariatric surgery is more pressing than ever, given our rising obesity rates. Yet, misconceptions still

abound. Some see it as the easy way out, but anyone who's been through the process knows it's anything but simple. It requires commitment, lifestyle changes, and a solid support system, and it's time we all recognised that.

That's why the Malaysian Society for Metabolic and Bariatric Surgery (MSMBS) was formed. As a new chapter within the College of Surgeons of Malaysia (CSAMM), our mission is clear: to advocate for best practices in metabolic and bariatric surgery, educate the public and medical professionals, and push for policies that address obesity at its roots. We're here to ensure that bariatric surgery is understood and respected for what it truly is – a critical, life-changing intervention.

And let's not forget the latest developments. While bariatric surgery is a cornerstone in the fight against obesity, new medications like GLP-1 agonists are proving to be valuable allies. They can complement surgery, helping patients achieve even better outcomes or lose some weight before surgery. However, these medications are not a replacement for surgery.

Consider them the cherry on top of a well-rounded cake (though perhaps not the best analogy); bariatric surgery remains the main course.

As we look to the future, the role of bariatric surgery will only grow in importance. Advances in surgical techniques, including robotic surgery, a deeper understanding of metabolic diseases, and new medications that enhance outcomes mean we are entering an exciting new era in obesity treatment. But to truly make a difference, we need to continue the conversation, bust the myths, and support those on this journey – not judge them.

“...support the cause,
and change lives - one
surgery at a time...”

So, here's to a healthier Malaysia, where bariatric surgery is recognised not as a quick fix, but as a profound, life-affirming choice. Let's spread the word, support the cause, and change lives – one surgery at a time.



LETTERS TO THE EDITOR

TELL US YOUR CONCERNS

Share the advances in your field. Show us how you have done differently. Your ideas on how we can better educate, train or inspire our trainees and benefit the nation. Contribute to the next edition.

CONTACT: secretariat@csamm.asm.org.my

Not a College of Surgeons Member yet?

Join us now to keep yourself updated with news that concerns you!

Online membership application link: <https://www.acadmed.org.my/index.cfm?&menuid=61>

Membership email: members@medicalacademies.org.my

INTERNATIONAL SURGICAL WEEK (ISW) 2024

The International Surgical Week (ISW) 2024 took place from 26th to 29th August 2024 at the Kuala Lumpur Convention Centre. With 1,576 delegates from around the globe, the congress was a perfect blend of scientific advancement, cultural celebration, and networking. Alongside the impressive scientific programme, the week was filled with unforgettable social events that highlighted the best of Malaysian culture, hospitality, and culinary excellence.

The Congress began with the Opening Ceremony on 26th August 2024, officiated by DYMM Tuanku Muhriz ibni Almarhum Tuanku Munawir, the Yang di-Pertuan Besar of Negeri Sembilan, Malaysia.

**26TH AUGUST 2024
OPENING CEREMONY**



Group photo with the Guest of Honour



DYMM Yang di-Pertuan Besar of Negeri Sembilan officiating the Opening Ceremony.



The 50th AM Ismail Oration "30 Years of Oesophageal Cancer Surgery: Marginal Gains to Gamechangers" was presented by Professor Dr Michael Griffin.

INTERNATIONAL SURGICAL WEEK - AUGUST 2024



Professor Dato' Dr Hanafiah Harunarashid and Professor Dr Lum Siew Kheong being presented with the M Balasegaram Trainer Award



Robert Danis Prize - Dr Karen J. Brasel, USA

ISS/SIC Prize Winner - Dr Armando E. Giuliano, USA



New ISS Honorary Fellows - (left to right) Dr Raghu Ram Pillarisetti, Dr Ernest E Moore and Dr Akira Miyauchi



Professor Dato' Yip Cheng Har presenting the Presidential Lecture on 'Diversity, Equity and Inclusion in Surgery.'



Martin Algoter Orator - Professor Dr John L Tarpley on 'The Greening of Surgery'



Henna tattooing



Pewter smithing



Hand looming



Batik painting



Tantalising perfectly roasted lamb



26TH AUGUST 2024 KL NIGHT AT THE KUALA LUMPUR CONVENTION CENTRE

Following the Opening Ceremony, delegates were treated to KL Night, a vibrant cultural celebration at the Kuala Lumpur Convention Centre.

The evening was an immersion into Malaysia's rich cultural heritage, featuring traditional activities and performances alongside modern acts.

The diverse culinary offerings provided a true taste of Malaysia, with local delicacies and international favourites available for guests to enjoy.

The excitement and energy of the evening created a festive atmosphere, allowing participants to begin the Congress on a high note.



27TH AUGUST 2024

INTEGRATED SOCIETY DINNERS

On the second evening, participants attended exclusive Integrated Society Dinners, fostering meaningful connections in more intimate settings. These dinners provided an opportunity for members to unwind and network while enjoying a taste of Kuala Lumpur's culinary diversity.

- **IAES Dinner at ARAS Restaurant, KL Tower**
191 members of the *International Association of Endocrine Surgeons (IAES)* gathered at ARAS Restaurant in KL Tower.
- **BSI Dinner at Bar.Kar Restaurant**
76 members of **Breast Surgery International (BSI)** attended the dinner at the Bar.Kar Restaurant
- **IATSIC/IASSS/ASAP Dinner at FOOK Restaurant**
121 Members of the **International Association for Trauma Surgery and Intensive Care (IATSIC)**, **International Association for Surgical Safety and Security (IASSS)**, and **Alliance for Surgery and Anesthesia Presence (ASAP)** gathered at the FOOK Restaurant.
- **ISDS/IASMEN Dinner at Bijan Restaurant.**
60 members of the **International Society for Digestive Surgery (ISDS)** and the **International Association of Surgical Metabolism and Nutrition (IASMEN)** enjoyed a delightful evening at Bijan Restaurant.



IATSIC/IASSS/ASAP Dinner at FOOK Restaurant

**28TH AUGUST 2024
PRESIDENT'S DINNER**

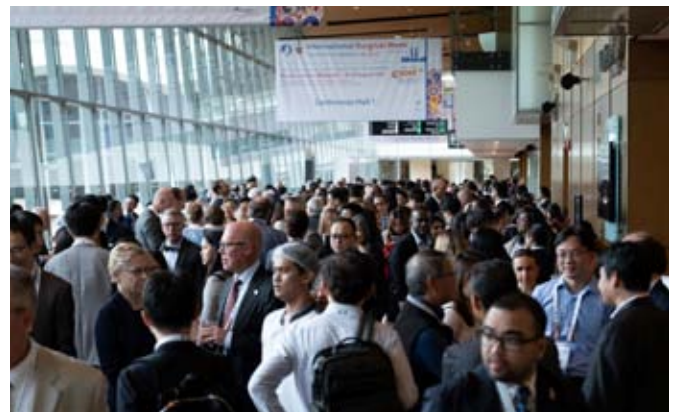
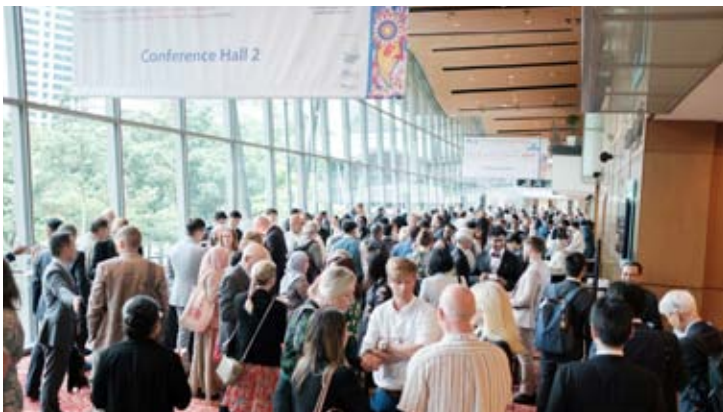
The President's Dinner was held at The Fritz, and presented a good opportunity for attendees to network.



ISW 2024 SCIENTIFIC

The Congress featured an exceptional scientific programme that provided attendees with an unparalleled platform to exchange knowledge and discuss the latest developments in surgery. The numbers speak for themselves:

- 109 scientific sessions covering a wide range of surgical disciplines.
- 6 named lectures delivered by prominent figures in the global surgical community.
- 7 prize sessions, where outstanding works were recognised and celebrated.
- 702 abstract presentations, showcasing groundbreaking research and innovations from around the world.
- 317 invited speakers from 50 countries, representing a truly international faculty and enriching the discussions with diverse perspectives.



The attendees at KLCC



Round table sharing



Audience at the main lecture hall



A WEEK OF SCIENCE, CULTURE, AND CONNECTIONS

International Surgical Week 2024 was a resounding success, combining a world-class scientific program with rich cultural experiences. The integrated society dinners, KL Night, and the royal officiation of the Opening Ceremony by DYMM Tuanku Muhriz ibni Almarhum Tuanku Munawir which hopefully contributed to an event that will leave a lasting impression on every attendee.

ISW 2026 MEXICO



The organisers of International Surgical Week 2026, set to be held in Mexico, were present at ISW 2024 in Kuala Lumpur with an informational booth.

This booth provided delegates with early insights into the upcoming congress, fostering excitement for ISW 2026 and encouraging future participation.



COLLEGE OF SURGEONS
ACADEMY OF MEDICINE OF MALAYSIA

51st Annual Scientific Congress of the College of Surgeons

incorporating the
Inaugural Meeting of the Malaysian Society
for Metabolic and Bariatric Surgery



Bridging Tradition and Innovation

DATE: *13th to 15th June 2025*

VENUE: *Borneo Convention Centre Kuching
Sarawak, Malaysia*



SECRETARIAT
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