

Organised by



**The Medico-Legal Society of Malaysia (MLSM)
Regional Medico-Legal Conference 2023**

 18th - 19th September, 2023

 SOFITEL KUALA LUMPUR DAMANSARA

“Connecting the Dots: Healthcare, Humanity & Law”

eProgramme Book



SCAN ME



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"Connecting the Dots: Healthcare, Humanity & Law"

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Welcome Message from the President



Dear Delegates,

On behalf of the Medico-Legal Society of Malaysia, it is my great pleasure to welcome you to the Regional Medico-Legal Conference 2023 in beautiful and vibrant Kuala Lumpur!

MLSM is privileged to resume in-person participation at our Regional Medico-Legal Conference this year with the Theme "Connecting the Dots: Healthcare, Humanity & the Law". We are delighted to host this Conference, on 18th & 19th September 2023, at the strategically and conveniently located Sofitel Damansara, a stone's throw away from vibrant Bangsar.

The Conference will feature important voices in the medico-legal fraternity as well as multiple panels of eminent speakers from Malaysia and regionally who will focus on current important topics in the sphere of healthcare and humanity relating to the growing senior demographic and the medico-legal needs of the vulnerable who need surrogate decision making (including those living with Autism, Alzheimer's, Dementia, Strokes and other conditions which make them dependant on surrogate decision makers). These conversations are likely to point to the urgent need for robust mental capacity laws, regulations, medical and legal protocols for taking consent, advance medical directives and other related aspects to ensure the vulnerable are not neglected or taken advantage of financially and receive the appropriate care at their time of need.

Speakers from different stakeholders will touch on topics ranging from legislative reforms, issues on the ground from medical practice to real conversations on the well-being of patients and their families as they navigate health and wealth concerns. We will hear from our colleagues in Singapore who have somewhat of a head-start in addressing the mental capacity needs of their nation and we will weave in important discussions which take into account Malaysia's unique concerns and needs.

Without question, the medico-legal landscape has transformed in the last 30 years with increasing options for care in tandem with increasing patient expectations, insurer intervention or in some cases avoidance and the biggest elephant in the room, is the increasing commercialisation of the healthcare industry. The goals of the healthcare and legal industry should include possible reforms and fresh legislation and systems that address the needs of the most vulnerable including the ageing of our Society of all wealth classes. Accordingly, this Conference aims to update delegates and provoke thought and a proposal for a call to action.

The solutions seem to lie in the adoption of best practices and the avoidance of disputes. The key to all this remains good Medico-Legal Education and Medico-Legal Engagement which will be the ultimate aim of this Regional Medico-Legal Conference.

If you are involved in the legal, healthcare or insurance industry or any stakeholder for the vulnerable, you would want to be part of this experience! We continue in our aim as MLSM has done over the last 35 years to enhance the awareness and knowledge of healthcare providers and legal practitioners on the current medico-legal issues and their implications.

It is hoped that all of you will benefit from the discussions as well as create or renew ties in this important circle of thought leaders.

I wish you an enjoyable and fruitful Conference where I look forward to meeting all of you in person. Thank you!

Shanti Abraham

President MLSM 2022/2023



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About MLSM

The Medico Legal Society of Malaysia was set up because the medical profession and the legal profession did not have a common platform to discuss matters of common interest as well as for interdisciplinary cooperation. The legal profession has its own organisation, the Bar Council, the medical profession has its own body known as the Malaysian Medical Association and the dentists have their organisation called the Malaysian Dental Association.

Dato' Mahadev Shankar and Dato' Cecil Abraham together with a few other like minded lawyers and doctors took the initiative to establish the Medico Legal Society in 1986. A Protem Committee with Dato' Mahadev Shankar as Chairman and Dato' Cecil Abraham as Secretary was formed to implement the decision to establish this body. The Protem Committee received the full support and endorsement of the Bar Council, the Malaysian Medical Association and the Malaysian Dental Association for the formation of this body.

The then President of the Medico Legal Society of Singapore, the late Clin Prof Chao Tzee Cheng also provided all the support and encouragement to the Protem Committee.

Dato' Cecil Abraham, the Protem Secretary, drafted the Constitution. The Constitution was adopted at the Inaugural Meeting held on 14th February, 1987.

Dato' Mahadev Shankar and Dato' Cecil Abraham were elected as the President and Honorary Secretary respectively at this Inaugural Meeting.

The Registrar of Societies approved the registration of the Society on 24th December, 1987.

Visit our website for more info: mlsm.com.my



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Office Bearers



Ms Shanti Abraham
President
(Legal)



Dr Mark Tan Kiak Min
Vice-President
(Medical)



**Datin Anit Kaur
Randhawa**
Vice-President
(Legal)



**Dato' Dr Venugopal
Balchand**
Immediate Past President



Mr Harish Nair
Secretary



Dr Geeta Vadivelu
Assistant Secretary
(Medical)



Ms Nurulhuda Mansor
Assistant Secretary
(Legal)



Ms Charlaine Adrienne Chin
Treasurer

Member of Executive Committee



**Dr Ariffin Marzuki
Mokhtar**



Dr Chan Lee Lee



**Ms Christal
Wong Ai Mei**



**Dr Kuharaj
Balasubramaniam**



**Dato' Dr Mohamed Hassan
Haji Mohamed Ariff**



**Dr Muhamad Izwan
Ab Manan**



**Mr Ramakrishna Tharini
Sooryanarayana**



**Dr Siti Rohayu
Kamarul Baharain**



**Dr Sivanandarajah
Satgunam**



Dr Shereen Kaur Manocha



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"Connecting the Dots: Healthcare, Humanity & Law"

Speakers



YB Tuan Ramkarpal Singh
Deputy Minister
Prime Minister's Department, Law
and Institutional Reforms



Dr Azizan Abdul Aziz
President
Malaysian Medical Association
(MMA)



Dr Afidah Ali
Director
Hospital Selayang



Mr Ahmad Nizam Abbas
Managing Director
Crescent Law Chambers,
Singapore



Mr Aloysius Goh
Founder & CEO
Sage Mediation, Singapore



Mr Ashwin Kumar
Assistant Director, Legal
Sunway Healthcare Group



Dato' Bindi Rajasegaran
Founder and Director
National Coalition for Mental
Wellbeing Berhad



Mr Chai Sen Tyng
Senior Research Officer
Malaysian Research Institute on
Aging, Universiti Putra Malaysia



Mr Chong Yue-En
Managing Director
Bethel Chambers LLC, Singapore



Mr Daniel Koh
Retired District Judge
Family Justice Court, Singapore



**Datuk Darryl Goon
Siew Chye**
Consultant
Messrs Raja, Darryl & Loh



**Ms Farah Deba
Mohamed Sofian**
Partner
M/s Wong Lu Peen & Tunku Alina



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**Datin Jacqueline
WM Wong**

Board Director
CommonAge | The
Commonwealth Association for
the Ageing & Coordinator, Social
Justice, Inclusion & Equality –
Open Resilient Societies Working
Group, Civil Society 7 | G7 Japan



**Datuk Kuthubul
Zaman Bukhari**

Malaysian Mediation Council



**Dr Rajini
Sarvananthan**

Consultant Developmental
Paediatrician
Park City Medical
Centre, Baby and
Beyond Clinic



Mr Sagadaven Thangavelu

Partner
Shearn Delamore & Co



**Prof Dr Shahrul Bahyah
Kamaruzzaman**

Professor of Geriatric Medicine
Faculty of Medicine, Universiti
Malaya



Ms Sharifah Tahir

Care partner & Founder
Uniquely Me Initiative (UMI)



**Assoc Prof Dr Sharon Kaur
Gurmukh Singh**

Law Faculty,
Universiti Malaya



Ms Sharon Palani

Founder
Palani Ammal & Co



Dr Shravan Verma

CEO
Speedoc



**Mr Trevor Jason
Mark Padasian**

Partner
Messrs Skrine



**Datuk Vernon
Ong Lam Kiat**

Retired Judge
The Federal Court, Malaysia



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Programme

Day 1, 18 Sep 2023

Time	Session
0730 - 0830	Registration
0830 - 0900	Opening Ceremony & Welcome by President of Medico-Legal Society of Malaysia
Topic 1	
0900 - 0945	Perspectives of Medical Practice: Past, Present and Future and a Renewed Call to Action Dr Azizan Abdul Aziz, President, Malaysian Medical Association (MMA) <i>Moderator: Ms Shanti Abraham</i>
0945 - 1010	Coffee Break / Poster Viewing / Exhibition Visit
Topic 2	
1010 - 1045	Role of Hospitals in Resolving Grievances in the Private and Public Sector. Should There Be a Divide? Mr Ashwin Kumar, Assistant Director, Legal Sunway Healthcare Group Dr Afidah Ali, Director, Hospital Selayang <i>Moderator: Mr Harish Nair</i>
1045 - 1100	Live Q&A
Topic 3	
1100 - 1050	Mediation: Perspectives of the Bench, Bar and Private Mediation Mr Aloysius Goh, Founder & CEO of Sage Mediation, Singapore Datuk Kuthubul Zaman Bukhari, Malaysian Mediation Council Datuk Vernon Ong Lam Kiat, Retired Judge of the Federal Court, Malaysia <i>Moderator: Dato' Dr Mohamed Hassan Haji Mohamed Ariff</i>
1150 - 1210	Live Q&A
1210 - 1300	Oral Presentations 1 <ul style="list-style-type: none">The Surgical Dissection of the Malaysian Medical Law Mohamed Faizal bin SikkandarChild Act 2001 and Medical Neglect: Are Our Children Protected? Chin Ming LeeA Study Proposing Good Samaritan Law for Doctors who Volunteer in Malaysia Yang Xiang Yun <i>Chair: Dr Sivanandarajah Satgunam</i>
1300 - 1400	Lunch & Networking



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Time	Session
Topic 4	
1400 - 1445	Cross Border Medical Practice and Digital Healthcare - the Winds of Change or a Sleeping Landmine? Dr Shravan Verma, CEO, Speedoc <i>Moderator: Dr Muhammad Izwan Ab Manan</i>
1445 -1455	Live Q&A
Topic 5	
1455 - 1540	Decoding Damages: The Impact of Rising Damages in the Past Decade Ms Sharon Palani, Founder, Palani Ammal & Co <i>Moderator: Ms Nurulhuda Mansor</i>
1540 - 1550	Live Q&A
1550 - 1605	Coffee Break / Poster Viewing / Exhibition Visit
Topic 6	
1605 - 1650	The Duty to Provide Professional Advice - Meadows v Khan Coming to Our Shores? Datuk Darryl Goon Siew Chye, Consultant, Messrs Raja, Darryl & Loh Assoc Prof Sharon Kaur Gurmukh Singh, Law Faculty, Universiti Malaya <i>Moderator: Ms Charlene Adrienne Chin</i>
1650 - 1700	Live Q&A
Topic 7	
1700 - 1745	Medico Legal Updates Mr Sagadaven Thangavelu, Partner, Shearn Delamore & Co <i>Moderator: Dr Geeta Vadivelu</i>
1745 - 1800	Live Q&A



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Programme

Day 2, 19 Sep 2023

Time	Session
0800 - 0830	Registration
0830 - 0900	Breakfast & Networking with Nasi Lemak
Keynote Address	
0900 - 0930	Legal, Medical & Economic Reforms for Malaysia to Manage the Vulnerable & the Aging YB Tuan Ramkarpal Singh, Deputy Minister, Law & Institutional Reform, Malaysia
Topic 8	
0930 - 1030	Towards 2030: Challenges and the Need of a Road Map for Mental Capacity Mr Trevor Mark Padasian, Partner, Messrs Skrine Mr Daniel Koh, Retired District Judge, Family Justice Court, Singapore Mr Ahmad Nizam Abbas, Managing Director, Crescent Law Chambers, Singapore <i>Moderator: Mr Ramakrishna Tharini Sooryanarayana</i>
1030 - 1045	Live Q&A
1045 - 1100	Coffee Break / Poster Viewing / Exhibition Visit
Topic 9	
1100 - 1140	What Should the Law Provide For? Avoiding Physical & Financial Abuse & Wealth Management Ms Farah Deba, Partner, M/s Wong Lu Peen & Tunku Alina Mr Chong Yue-En, Managing Director, Bethel Chambers LLC, Singapore <i>Moderator: Dr Chan Lee Lee</i>
1140 - 1155	Live Q&A
Topic 10	
1155 - 1240	On the Ground - Medical Challenges & Current Strategies Ms Sharifah Tahir, Care partner & Founder of Uniquely Me Initiatives (UMI) Prof Dr Shahrul Bahyah Kamaruzzaman, Professor of Geriatric Medicine, Faculty of Medicine, Universiti Malaya Dr Rajini Sarvananthan, Consultant Developmental Paediatrician, Park City Medical Centre, Baby & Beyond Clinic <i>Moderator: Dr Ariffin Marzuki Mokhtar</i>
1240 - 1255	Live Q&A
1255 - 1400	Lunch & Networking



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Time	Session
1400 - 1445	Oral Presentations 2 <ul style="list-style-type: none">Equity in Healthcare Rather than Equal Healthcare Speaks Justice for All Devi Sharmini a/p S V SagararNavigating the Ethical Terrain: The PrEP Dilemma in Malaysia Muhamad Zaid MuutiDying with Dignity: A Physician's Perspective Koh Ewe Jin <p><i>Chair: Dr Mark Tan Kiak Min</i></p>
Topic 11	
1445 - 1545	The Pitfalls of the Aging Population & Incapacity in Malaysian Society - the Way Forward! <p>Datin Jacqueline WM Wong, Board Director, CommonAge The Commonwealth Association for the Ageing & Coordinator, Social Justice, Inclusion & Equality - Open Resilient Societies Working Group, Civil Society 7 G7 Japan</p> <p>Dato Bindi Rajasegaran, Founder and Director, National Coalition for Mental Wellbeing Berhad</p> <p>Mr Chai Sen Tyng, Senior Research Officer, Malaysian Research Institute on Aging, University Putra Malaysia</p> <p><i>Moderator: Datin Anit Kaur Randhawa</i></p>
1545 - 1600	Live Q&A
1600 - 1615	Closing Ceremony



Medical Defence Malaysia Berhad was established in 2001 to provide "Occurrence Based" medical indemnity to Malaysian doctors. This was the first local medical defence organisation, probably in Asia too and provided advice based on local conditions. We have seen the change in the medico-legal landscape in Malaysia and the increased damages. We have successfully provided assistance to Malaysian doctors in medical negligence suits in the Malaysian Courts and in disciplinary matters at the Malaysian Medical Council. MDM ceased its occurrence based medical indemnity scheme on 31 December, 2016. It continues to provide defence to its 2001 to 2016 members. MDM will continue to financially support education to the public, doctors and healthcare professionals in avoiding medical negligence and is committed to medico-legal education in Malaysia.

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Oral Presentations

OPI

The Surgical Dissection of the Malaysian Medical Law

Mohamed Faizal bin Sikkandar

Universiti Teknologi MARA

The Malaysian medical law exists to safeguard medical practitioners against litigations as well as to ensure patients' safety in receiving the right treatment in the right manner. First enacted in 1971 as the Malaysian Medical Act, the Malaysian medical law evolved with various amendments and regulations from this Act. Orthopaedic surgery in the context of the Malaysian medical law is not well discussed and understood even by practitioners from this specific fraternity. This comes in as a surprise as surgical specialities such as Orthopaedic surgery, Neurosurgery and Obstetrics and Gynaecology top the list in medical litigations nationwide. An orthopaedic surgeon hopes to be able to share his thoughts, give some insights and perhaps a general overview of how Orthopaedic surgery fares in the context of the Malaysian medical law, as seen from his personal point of view.



OP2

Child Act 2001 and Medical Neglect: Are Our Children Protected?

Chin Ming Lee, Lavintherraja a/l Ramasamy

Department of Paediatrics, Hospital Taiping

We discuss an important aspect of child neglect that is often overlooked, but is frequently encountered on a day-to-day basis by clinicians who work with children: Medical neglect. This typically happens when a carer forgoes seeking medical care for an illness or injury, or when they do not adhere to a doctor's recommended course of treatment for a risky condition. Section 31(4) of the Child Act 2001 states that if a parent, being able to provide adequate medical treatment for the child, but failed to do so, he has committed an offence. Section 17(1)(f) states that a child can be taken into temporary custody by any Protector, should the child's parent neglect or refuse to have him examined, investigated, or treated for the purpose of restoring or preserving his health. Unfortunately, many a time, parent's decision for the child overrides the treating clinician's views. We conducted a survey among 30 doctors working in the field of Paediatrics. While all of them have had encounters whereby parents refused medical treatment, only five have ever made a referral to a Protector when faced with such a situation. The others were not aware that reporting was an option, or felt no action would be taken even if pursued. Children are dependent on decisions that others make for them. We discuss the need for legislation to address the issue of medical neglect, including discharge against medical advice. Deficiencies in the law, as well as lack of awareness among clinicians and Protectors themselves with regards to this matter can result in detrimental outcomes in the wellbeing of children.



OP3

**A Study Proposing Good Samaritan Law for Doctors
Who Volunteer in Malaysia**

Yang Xiang Yun

Emergency and Trauma Department, Hospital Sarikei

"Good Samaritan" acts are acts in which assistance is given to a person in need when there is no legal or fiduciary responsibility to do so. Trained medical professionals, especially doctors, are expected by society to volunteer in times of emergency need. Situations like this usually happen outside the usual clinical practice area of the doctor, forcing the doctor to respond in a suboptimal condition. This has resulted in doctors becoming reluctant to volunteer in emergencies, due to the fear of legal repercussions, especially medical negligence suits, in case of an unfavourable outcome. Hence, this raises the question of the extent of the doctor's duty of care when they have not established any doctor-patient relationship with the victim. This dissertation explores the extent of Duty of Care which is expected of a Malaysian Doctor and the need for Good Samaritan Law in Malaysia, especially in the context of doctors who volunteer in emergency settings. This study also looks at the development of the Good Samaritan Law in the United States of America, particularly the state statutes of Vermont, California, and North Carolina and the federal statutes, with the implications of the law on court cases. With that as the basis, this dissertation proposes a recommendation on a Good Samaritan Law that is applicable in the setting of Malaysian Law.



OP4

Equity in Healthcare Rather Than Equal Healthcare Speaks Justice for All

Devi Sharmini a/p S V Sagar

Columbia Asia Hospital Klang

Healthcare in Malaysia is divided into public and private sector. Public healthcare services are heavily subsidised by the Ministry of Health (98%) and the fundings are obtained from local taxes and Government General Revenue under the Ministry of Finance. Private healthcare services instead depend directly on consumers. Although the existence of private services has in some manner reduced the load off the public healthcare services, there is nonetheless an imbalanced provision of healthcare to the population of Malaysia which are influenced by many factors such as socioeconomic issues, geographic accessibility, lack of healthcare professionals or manpower and unsustainable healthcare financing. The issue that plagues the population of Malaysia especially of the lower income group and the ageing citizen is the inability to reach and receive adequate and well-deserved treatment on a timely basis. This only leads to an increasing number of ailing individual and unaddressed healthcare needs. Equity in healthcare has yet to find the light at the end of the tunnel. It is recommended that healthcare provision in Malaysia is finetuned to create a fair distribution instead of an equal distribution. This will require a review on the distribution of both public and private healthcare settings at both urban and rural areas and the ability of it to cater to the population ratio. Expansion on the collaboration of public and private sector involving decanting mechanism and the capping of prices of substance and service, is capable of making healthcare service more practical in reaching out to all citizen regardless socioeconomic background or geographic accessibility. Decanting healthcare mechanism subsidised by government instead of channelling National Budget Allocations to building new facilities which may take time for initiation of service especially in the face of professional and man power crisis can decongest the long waiting list of acute healthcare needs.



OP5

Navigating the Ethical Terrain: The PrEP Dilemma in Malaysia

¹Muhamad Zaid Muuti, ¹Aimi Nadia Mohd Yusof, ¹Amnah Azahar,

²Mohd Yusmiadil Putera, ³Mohammad Naqib Hamdan

¹Faculty of Medicine, Universiti Teknologi MARA,

²Faculty of Dentistry, Universiti Teknologi MARA,

³Fakulti Sains Sosial dan Kemanusiaan, Universiti Teknologi Malaysia

This presentation delves into the ethical dimensions surrounding the implementation of Pre-Exposure Prophylaxis (PrEP) pilot service in select healthcare centres in Malaysia. Despite its potential in preventing HIV transmission, the introduction of PrEP has encountered significant opposition, primarily driven by religious concerns and moral objections. The Selangor Mufti Department has expressed the view that administering PrEP by Muslim doctors is forbidden as it may be perceived as promoting immoral behaviour. This paper critically examines the ethics of PrEP adoption from multiple perspectives, including harm reduction, consequentialism, human rights, and Islamic considerations. By exploring these perspectives, the aim is to provide a comprehensive understanding of the potential benefits and challenges associated with PrEP. While advocating for the importance of patient's rights, this presentation acknowledges the need to strike a balance between patient autonomy and the rights of healthcare providers to exercise conscientious objection. Emphasizing the significance of respectful and responsible objection, it highlights the necessity of providing training to healthcare professionals to navigate these ethical dilemmas effectively. Ultimately, this presentation aims to contribute to the ongoing discussion on the ethical implications of PrEP implementation in Malaysia, fostering an understanding of the subject and promoting constructive dialogue among stakeholders. By carefully examining the various ethical considerations, it is hoped that a framework can be established that respects individual autonomy, protects human rights, and ensures responsible healthcare provision.



OP6

Dying with Dignity: A Physician's Perspective

¹Koh Ewe Jin, ²Chin Ming Lee

¹*Department of Internal Medicine, Hospital Taiping*

²*Department of Paediatrics, Hospital Taiping*

The general perception of death and dying and is often regarded as a cultural taboo in multicultural Malaysia. As a consequence, individuals often shun initiating these difficult discussions with their immediate next-of-kin. Consequentially, this leaves the latter with the dilemma on deciding on the extent of care for the individual in future circumstances should incapacity befall the former. Therefore, it is not uncommon that physicians are faced with the scenario of making difficult decisions on withholding or withdrawing treatment of a terminally ill patient when no prior discussions were made on end-of-life care. This is also compounded by the fact that often differences in opinions regarding the extent of care can occur between the treating physician and immediate next-of-kin. Withdrawing and withholding treatment may be misconstrued by the public that the physician no longer cares. This is especially true in public hospitals where bed availability issues are an ever-pressing concern and when the physician does not stand to receive any direct monetary remuneration from patients. Therefore, a balance has to be struck between the physician's practice with that of the next-of-kin's immediate expectations. We discuss the ethical dilemmas faced by physicians when dealing with these scenarios in Malaysia and the highlight the role of an advanced medical directive (AMD), which currently has no formal legislation in our country. This is a legal document prepared in advance to address these issues and commonly extends to withholding and withdrawing treatment when deemed that prolonging therapy would be futile.



Poster Presentations

PPI

To Share or Not to Share?

Data Sharing in Private Healthcare and Its Legal Implications

Nur Liyana binti Hanapi, Helwa Husna binti Katiman, Aimi binti Mohd Yunus

Cawangan Kawalan Amalan Perubatan Swasta, Medical Practice Division, Ministry of Health

Introduction: Data sharing especially through integrated digital platforms, is seen as a way forward. Not only for administrative purposes but also deemed as a potential data pool that could help in governance and identifying determinants for the country's future healthcare policies. Despite the novel intention, the legal aspect involving personal data sharing is often overlooked. The matter is not as straightforward as it's perceived due to the Personal Data Protection Act 2010 [Act 709] which private healthcare providers are subjected to. **Methods:** The study utilizes qualitative method by analysing current legislation, case judgments as well as published and unpublished works, articles, and journals. **Results:** Besides Act 709, the right to privacy is safely guarded under Article 5(1) of the Federal Constitution. Disclosure of patient data is justifiable if (1) it involves the best interest of the patient or the public, (2) compelled by the law either through legislation or the Court and (3) the patient consented to the disclosure. **Discussion:** The act of sharing identifiable patient data, whether voluntarily or involuntarily without a justifiable reason contravenes Act 709. The justification for enabling health governance and assisting in policy-making on the basis of acting within the best interest of the public is debatable. The Government has no legal ownership of patient data in private healthcare. The act of compelling private healthcare providers to submit identifiable patient data or fishing information by the government in the absence of legislative backing would be deemed ultra vires. **Conclusion:** All healthcare stakeholders should be aware of the existing statutes protecting patient data and privacy. In the meantime, options for sharing non-identifiable data could be considered. However, the issue still needs to be thoroughly re-looked into to ensure the patient's privacy is safeguarded and any data-sharing activity is in accordance with the law.



PP2

**Malaysia's Healthcare White Paper:
Legal Challenges in Private Healthcare Facilities and Services Act 1998**

^{1,2}Nurhafizah binti Sahidan, ^{1,2}Wan Firdaus binti Wan Ahmad, ¹Farah Waheeda binti Ahmad Faraid

¹Medical Practise Division, Ministry of Health

²School of Law and Governance, Taylors University

A recent healthcare White Paper tabled in parliament in June 2023 envisioned reforming Malaysia's healthcare structure and system. One of its pillars focuses on strengthening the policies, legislations and regulations through the health system's foundation and governance while at the same time aiming at enhancing public-private partnership in another pillar; whereby these pillars are intertwined with each other. In accordance to realising this aspiration, there is a need to revisit existing healthcare laws, particularly the Private Healthcare Facilities and Services Act 1998 [Act 586]; This abstract provides an overview of the current legal challenges in Act 586 by incorporating evidence based on journal and article reviews and discussion among subject matter experts; proposes a shift of regulatory framework for better delivery of healthcare services integrating both public-private partnerships. It is projected that Amendment Act 586 will be able to facilitate the ambition in the White Paper.



PP3

Shared Decision Making Amongst Doctor-Patient Relationship in Malaysia and Singapore

Subashini Muthiah a/p Mutaya

Institut Jantung Negara

Patients and doctors use shared decision making (SDM) to examine outcome probability and patient preferences and come to a mutually agreed-upon health care decision. The purpose of this study is to see how much collaborative decision making plays a role in the patient-doctor interaction in Malaysia and Singapore. Malaysia and Singapore are popular because to their heterogeneous societies and cultural factors (such as linguistic difficulties, medical paternalism, extensive family engagement, religious beliefs, and complementary medicine) that may impact medical care. In terms of policy, the Malaysian and Singapore Medical Councils' guidelines on doctors' duties specify a common norm of partnerships as a goal of doctor-patient relationships. Baseline surveys of decisional role preferences, the development and implementation of locally created patient decision aids, and the execution of SDM training workshops are all part of this SDM research. In conclusion, the state of SDM in Malaysia and Singapore is still in its early stages. To determine the effects of shared decision making on patient satisfaction and health outcomes, more study is needed. Furthermore, research is required to determine the best effective techniques for including patient in their own healthcare decisions. However, academic institutions and the Ministry of Health are increasingly recognising the importance of SDM research, developing patient decision support tools, and initiating discussions to get it adopted as national policy. What have been gathered from this research is SDM is the new scope to an effective doctor patient relationship and despite its limitations and stakes as well as not much research have been put into having a standardised SDM model, there is a wide room for further researches to work on it and propose to the policy makers to legislate SDM into a very important health policy.



PP4

The Rights of Malaysian Medical Practitioners in Disciplinary Proceedings

Nur Liyana binti Hanapi

Cawangan Kawalan Amalan Perubatan Swasta, Medical Practice Division, Ministry of Health

Medical Disciplinary proceedings are a systemic process to control and influence medical practitioners to achieve and maintain standards of behaviour that are acceptable and in line with the goals and objectives expected of the medical profession. The disciplinarian power of the Malaysia Medical Council (MMC) is provided through section 29 and section 30 of the Medical Act 1971 [Act 50]. The study identifies and observes the legal principles involved in protecting the rights of medical practitioners undergoing disciplinary proceedings in Malaysia. The following study has adopted qualitative research methods. Extracted information from primary resources and secondary resources was then analysed in this study. The rights of medical practitioners to a fair proceeding are still safeguarded by the very same legal principle which applies to those who are tried in court through the Rule of Natural Justice. The medical practitioner's right to a fair disciplinary hearing is affirmed through the legal principles delineated from various laws including the International Covenant on Civil and Political Rights, the Common Law, Administrative Law, and the Malaysia Federal Constitution. With the following analysis, it can be concluded that the rights ensuring a fair hearing for medical practitioners are much 'set-in-stone', well-guarded, and to an extent equal to individuals who are on trial.



PP5

The Malaysian Child Act: Through the Eyes of Clinicians

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Every child has the right to live in an environment free from abuse and neglect. The primary consideration that must direct child protection efforts is safety of the children. The Child Act 2001 (Act 611) is guided by the principles of the United Nation's Convention on the Rights of the Child (UNCRC), which was ratified by Malaysia in 1995. Under this Act, initiatives have been introduced to protect children from abuse, neglect, and violence. In addition, amendments made in 2016, such as the establishment of the National Council for Children, have made the Act even more thorough. In 2021, the National Welfare Department reported a total of 6144 cases of children in need of care and protection. Despite the presence and amendment of the Child Act, the numbers of child abuse and neglect cases have become increasingly alarming. Furthermore, cases that are reported are just the tip of the iceberg. This is especially apparent to individuals who work with children, including clinicians on the ground. The key agencies that primarily deal with children are Health, Welfare, and Police. While the Child Act is, in fact, a comprehensive legislation, there are shortcomings in its enforcement. We go over the reasons for these loopholes from a clinician's perspective, including weak interagency partnerships, and lack of awareness of the Act itself. In addition, strategies to close the gap between the law and practice of this Act are discussed. These include standardized protocols that enable local authority, health officers, and social protection to work in tandem. Every person who works with children should undergo compulsory safeguarding training. There is also a pressing need for the Social Work Profession Bill to be passed, to further empower and delineate the responsibilities of social workers.



PP6

**Emerging Frontiers: Exploring Metaverse AI and
Medical Ethics in Clinical Practice**

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The rapid emergence of metaverse technologies and artificial intelligence (AI) in healthcare raises novel ethical issues in clinical practice. The incorporation of metaverse AI has the potential to revolutionise patient care and medical research, but it also raises complex concerns about patient privacy, professional boundaries, and research ethics. It is essential to address these ethical dilemmas to ensure the responsible and beneficial implementation of metaverse AI in clinical settings. This study aims to examine the ethical implications of incorporating metaverse AI into clinical practice exhaustively practice. It endeavours to identify and analyse significant ethical challenges associated with patient data privacy, maintaining professional standards, and conducting ethical research in the metaverse. The study also seeks to propose guiding principles and governance strategies to navigate this frontier responsibly, fostering the transparent and ethical use of metaverse AI in healthcare. Aspects of Healthcare Governance: Effective healthcare governance plays a crucial role in assuring the responsible integration of metaverse AI into clinical practice. By creating and implementing ethical guidelines, policies, and protocols, healthcare organisations can uphold patient rights, data security, and professional standards while capitalising on the transformative potential of metaverse AI. In this context, an essential aspect of healthcare governance is nurturing interdisciplinary collaboration among healthcare professionals, ethicists, policymakers, and technology experts to develop ethical frameworks that align with the evolving landscape of metaverse AI in healthcare. Focusing on patient privacy, professional boundaries, and research ethics, we thoroughly analyse the ethical challenges metaverse AI presents in clinical practice. By critically studying these concerns, we hope to contribute to the ongoing dialogue surrounding the responsible implementation of metaverse AI in healthcare. Through a multi-stakeholder approach to healthcare governance, we aim to develop guidelines and policies that ensure the ethical and transparent use of metaverse AI, promoting better patient care, cutting-edge medical research, and ethically superior clinical practice.



PP7

A Gamete Donation Practice in Malaysia: Ethico-legal Perspective

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It is scientifically demonstrated that the availability of assisted reproductive techniques involves sperm donation and the introduction of egg donation boosts the odds of procreation for many infertile couples. However, due to fast emerging technologies and increasing and increasing market demand, it unwittingly has a higher effect magnitude of the problem. A recent court case in Malaysia revealed the consequences of gamete donation that resulted in a kind of parental origin deception by hiring a surrogate mother to carry their child and forging the document during the child's birth certificate registration at the National Registry Department. This led to a fundamental concern in ethico-legal dilemma of gamete donation practice which eventually leads to commercial surrogacy. Such procedure is controversially prohibited under the National Assisted Reproductive Technology Policy 2020 (NART 2020) and Malaysian Medical Council Guideline on Assisted Reproduction 2006 which is legally binding to the Code of Professional Conduct 2019 under Medical Act 1971. This abstract analysed the inconsistency between Guideline on Assisted Reproduction 2006 by MMC and NART 2020 related to gamete donation; how it creates ambiguity in the practice of gamete donation. Further, raising a question on whether the doctor is liable for ethical misconduct under Medical Act 1971; and contends if the practice purely has some consideration for the best interest of the child that fits in the traditional concept of Malaysian family. Finally, propose to putting control as in an enactment of legislation framework on the gamete donation that fits the Malaysian heterogenous society, culture and religion.



The Medico-Legal Society of Malaysia (MLSM) Regional Medico-Legal Conference 2023

18th - 19th September, 2023
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