WONCA News FEATURES STORIES



president and an internationally respected family doctor, leader and author from Malaysia, and now carries on in memory and honor of his lasting

legacy to Wonca. The Rajakumar Movement aims to:

- foster mentoring between future and current general practice leaders.
- promote continuity of representation from the region.
- allow young and future family doctors an avenue to explore the great breadth of family medicine.
- expose its members to cultural differences during training and working.

As always, the conference provided a great opportunity for family doctors to exchange ideas, learn new skills, network with colleagues, renew acquaintances and strengthen wonderful friendships. The most popular event of the social program was the welcome reception where Australian native animals and birds were in attendance. The koala was a huge attraction – the kookaburra managed to "laugh" on cue – and due to careful handling (and prior feeding) the crocodile didn't attempt to eat any of the guests.



Professor Chris van Weel awards Wonca fellowship to Prof John Murtagh



Crocodile and friends
- the visitors meet
the natives at the
Welcome function

The RACGP and the conference convenors thank Wonca for the opportunity to host the 2008 Wonca Asia Pacific Regional Conference. We particularly thank all the delegates who contributed to such a successful, friendly and enjoyable event.

Professor Michael Kidd Dr Vasantha Preetham Asia Pacific Regional Conference Co-Convenors

## IN MEMORIAM: DR. RAJAKUMAR – WONCA WORLD PRESIDENT 1986 - 1989

It is a sad duty to announce the death of Dr. Rajakumar, on November 20, 2008, at the age of 76 in Kuala Lumpur, Malaysia. Dr. Rajakumar was President of Wonca 1986 -1989, and a most inspirational international leader of family medicine. Due to his determined guidance, Wonca became the organization it is today, aptly summarized in our logo 'World Family Doctors: Caring for People'.



Dr Rajakumar – World World President 1986-1989

Dr. Rajakumar was a leading left-wing intellectual and academician in his native Malaysia, a co-founder of the Labor party in the early 1960s. His political views brought him in conflict with the establishment and he was detained under the Internal Security Act for his views. Prior to his Wonca Presidency, he was President of the Malaysian Medical Association from

1979-80, President of the Malaysian Scientific Association from 1981-83 and for many years President of Malaysian Academy of Family Physicians. Dr. Rajakumar practiced the principle of thinking globally, acting locally. He practiced in the run-down district of Loke Yew, and remained faithful for many years to this population that did depend on him for medical care. And he fostered international relations for Wonca beyond the direct context of health care — in particular the collaboration with UNICEF, in line with his social conscience and political leadership.

He stayed fully involved in Wonca, long after his term of office had come to an end, and kept-on working to improve healthcare and particularly primary care. In 2006, during the Wonca Asia Pacific Regional Conference in Bangkok he delivered the Wes Fabb oration. This turned out to be his last official contribution to Wonca: although in spirit still the giant of old times, he was already physically frail.

Dr. Rajakumar took the Wonca Presidency at the end of the London Wonca World Conference in 1986, but he could not attend the 1989 world conference as this was in Jerusalem and it was impossible for him to travel to Israel. This deprived him of the platform to conclude his presidency - a platform he had so fully deserved. This must have been a bitter personal disappointment, but he did bear it with dignity and never complained publicly of this.

His intellectual legacy is kept alive through the publication of a collection of his lectures, under the aegis of the Malaysian Academy of Family Physicians this past September.

In memory of Dr. Rajakumar, hero of international primary care.

Professor Chris van Weel President of Wonca

## **WONCA WORKING GROUP NEWS**

## SPECIAL INTEREST GROUP ON ETHICS PRESENTS AT WONCA EUROPE REGIONAL

With some satisfaction I can report that the Special Interest Group (SIG) on Ethics organized three successful events at the September Wonca Europe Regional conference in Istanbul.

Micky Weingarten started out with a brilliant and very well attended plenary presentation on "The Ethics of Prevention". He summarized that systematic preventive medicine is an inappropriate use of the GP's time and skill and it is not even cost-effective. In contrast to systematic preventive medicine, however, opportunistic preventive interventions by general practitioners are highly effective and eminently justifiable.

This was followed by our regular "Workshop on Ethical Dilemmas". This workshop developed into a very attractive event for participants: approximately 100 people attended. After a presentation of a series of recent ethical dilemmas, the audience was asked to select several situations for detailed discussion in smaller groups. First, an HIV positive patient requests that the test result is not disclosed to their husband/wife; How does a family doctor provide information to the parents on the chances for their baby to have HIV as well? It was discussed what consequences the disclosure of the infection would have to family, and the potential impact on friends and the work situation. In summary, the group saw no possibility to recommend something as completely right or completely wrong.

Second, a young man suffering from heavy injuries and paralyses after a car accident had too much alcohol in his blood. The father requested from the GP to delete that information from the medical record for insurance purposes. The group agreed that the patient should not be punished even further. The question is who owns the record of the patient and it became evident that there are differences in the legislation in several countries.

Third, the discussion was about a GP colleague asked for a certificate whether or not a patient was fit for driving. Several options were discussed; again it became evident how different legislation in different countries is and how difficult it is to define fitness for driving.

A colleague reported about very different attitudes and procedures provided by GP colleagues depending on whether they are of Islamic or Christian religion. Fundamental differences between attitudes of human beings - even among GPs- and between countries were identified. The question arose whether or not the GP can be neutral. The final conclusion was that an individual approach to such situations is necessary.

In the afternoon the symposium "Challenges to our Professional Attitudes – the Ethics of Electronic Medical Records" took place. Again the session was well attended and provided an insight into both the level of implementation of electronic medical records in Europe and the ethical challenges involved. Shmuel Reis talked about the patient-doctor-computer-relationship and the different views and expectations of the players involved. His statements were focused on unintended consequences of medical information systems. His conclusion is that the use of the computer and electronic medical records requires specific, additional and focused attention of the GP.

Serkan Bulut continued on the issue of confidentiality of clinical information, primarily at the hospital setting. She had several examples that clinical data have been used for research or teaching purposes without patients consent and was asking for a specific code of ethics for that situation. Gillian Braunold focused on the sharing of electronical medical records between the hospital and colleagues working outside the hospital sector. She elaborated on the change of the use of medical records from the past up to the future and all the different perceptions about risks or benefits. The challenges are of course ethical but are also related to data quality and the liability in case of misinformation. Her suggestion is to ask specific permission for every record which is examined. However despite that, secondary use of the data cannot be excluded.