

The Combined Singapore-Malaysia Congress of Medicine

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When Singapore and Malaysia became two separate nations in 1965, the medical institutions duly followed and became distinct entities. There would henceforth be a Singapore Medical Council and a Malaysian Council, a Singapore Academy of Medicine and its Malaysian counterpart, and so on. However, to maintain some of the many historical links across the causeway, which were of value to the members of both academies, the Malaysia-Singapore Congress of Medicine was first held in 1966 in Kuala Lumpur, Malaysia. This combined congress of medicine has continued each year, and become a tradition in itself, with the venue alternating between Kuala Lumpur and Singapore, for the past 30 years.

In that time, there have been many changes in the nature of Medicine in both countries. One major change has been the increasing level of subspecialty development. To illustrate, in the 1960s, the surgical specialties consisted of general surgery and orthopaedic surgery. Today, the list of formal subspecialties recognised by the Academy of Medicine, Singapore and the Singapore Ministry of Health includes hand surgery, neurosurgery, orthopaedic surgery, paediatric surgery, plastic surgery, thoracic and cardiovascular surgery and urology. This list does not include colorectal surgery (which has its own department in the Singapore General Hospital since 1992), nor head and neck surgery and minimally invasive surgery (which have their own separate divisions at the National University Hospital). With time, the number of subspecialties is expected to increase. Each subspecialty, almost as a sign of its coming of age, starts to organise its own scientific meeting in Singapore or Malaysia.

It is therefore important to question the relevance and viability of this traditional annual combined congress of medicine, which takes up a lot of time, effort and expense, and which by its nature is all-inclusive of all the specialties in medicine. What are the functions and aims of this Congress? In many instances, state-of-the-art reviews are better served and understood at subspecialty meetings. Similarly, presentations of the best original research carried out in Singapore and Malaysia may be better served at subspecialty meetings. In addition to the many subspecialty meetings, there is also a proliferation of hospital meetings, which exist to “show off” the hospital’s achievements, real or otherwise. There is a real risk, in Singapore at least, of congress fatigue or continuing medical education (CME) fatigue with the vast and increasing number of meetings and lectures.

The collection of papers in this issue of the Annals gives some reasons for the existence (and continuation) of the combined congress of medicine. The Gordon Arthur Ransome Lecture given by Datuk Seri Dr Mahathir, Prime Minister of Malaysia and graduate of the University of Malaya at Singapore, would have been out of place in any other gathering. A learned lecture, that strengthens and builds further the many historical ties between the two countries, could only be given at a combined Singapore-Malaysia Congress of Medicine. This remains an important function of the Congress if such historical ties are important, and Mr Goh Chok Tong, Prime Minister of Singapore, says so in his speech. Recent events only further emphasised the importance of such links. The other named lecture, the Runme Shaw Memorial Lecture, illustrates another important aspect of this Congress. Malaria is still an important disease. Its pathophysiology cuts across many of the subspecialty boundaries, as Professor Warrell emphasised in his lecture, and thus most doctors should know something about it. Many of the themes in the other symposia and lectures in the Congress were similarly multidisciplinary in nature, and deliberately so.

In fact there is argueably a greater need for such multidisciplinary cross specialty meetings to remind physicians and surgeons of the holistic needs of a patient, because of increasing pace of subspecialty development. There must be a design for better brakes if we are aiming for faster speeds. And there is no better form than the annual combined meeting of the two academies. Changes are inevitable, and there will be some each year in the details of the meetings, but the two aims, of encouraging and strengthening the medical links between Malaysia and Singapore, and providing lectures and presentations that cut across the increasing boundaries of subspecialisation, should remain.

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