

Established in 1956, CMAAO's raison d'être is to foster cooperation and scientific exchanges among medical associations in Asia and Oceania, to enhance medical standards and to improve access to healthcare. By promoting mutual exchange of information on health issues among member countries, the CMAAO acts as the regional representative of the World Medical Association (WMA), maintaining a collaborative relationship with the World Health Organisation (WHO), and other health-related international organisations. It also ensures that the opinions of doctors in Asia and Oceania region will be heard at WMA meetings.

With this in mind, CMAAO representatives from various member countries took the opportunity to meet up a day before the 1st International Summit on Tobacco Control in Asia and Oceania Region in Sampran, Thailand, to discuss two issues: the proposed WMA Resolution on Drug Prescription, and the amendment of the CMAAO Constitution and Bylaws.

Resolution on Drug Prescription

The Resolution on Drug Prescription was first adopted in Israel in October 1999 as a statement on the relationship between physicians and pharmacists in medical therapy. It was reviewed by the WMA Council and revised in October 2009, before being circulated to members for comments.

The crux of the issue was whether or not to allow health professionals, other than doctors and pharmacists, dispensing rights. CMAAO member countries proposed the removal of the term "health professionals", as it includes all allied health personnel, not all whom may be medically-trained.



CMAAO representatives discussing the amendments to the constitutions and by-laws.

PROPOSED AMENDMENTS TO THE CMAAO CONSTITUTION AND BY-LAWS

By Dr Bertha Woon

The original wording of the WMA resolution presupposes that all physicians have the capacity to dispense medicine, which may not be the case throughout our region. For example, fully-trained nurses may be allocated dispensing rights in some countries. However, due to socio-cultural differences in Asia and Oceania, the CMAAO representatives felt that fully-trained nurses and mid-wives in our region can dispense medicine only in exceptional circumstances, such as in a mass disaster, and only under a physician's expert supervision. This is because the doctor is ultimately accountable to his patients.

Further, it was agreed that the current wording of the resolution is applicable to tertiary hospital settings, but may be inappropriate in

stand-alone clinics in rural areas in developing countries. As such, CMAAO representatives of member countries suggested that this essential difference be highlighted.

Amendments to CMAAO Constitution and Bylaws

In the last five decades or so, the CMAAO office bearers and councilors meet biennially at the General Assembly, while the Council meets annually during the mid-term Council Meeting. This set-up was modeled after the WMA, which, due to the sheer size of its membership, is unable to meet annually. Until recently, this did not pose a problem, however, the great number of changes in medicine and healthcare in general of late necessitated swifter action.

REPORT

The above issues were first mooted during the CMAAO meeting in Bali last November. The Resolutions Committee, chaired by the Korean Medical Association (KMA) proposed changing the Constitution. Thus, the Chair of the Constitution and By-Laws Committee, Dr Bertha Woon, met with the CMAAO representatives to draft amendments for consideration and presentation. The finer details were worked out during the side meetings in Sampran, Thailand.

In order for CMAAO to be more responsive and efficacious in discussions and thereby becoming a more powerful voice in the WMA, it was proposed that the General Assembly takes place annually. This is because under the present constitution, resolutions can only be proposed at the General Assembly, and the voting to pass the

resolution can only take place two years later at the next General Assembly. This effectively leads to a three-year delay to carry out any changes, which hinders CMAAO's intents and purposes. If this amendment were passed, the mid-term council meetings would become redundant.

Secondly, the current Council comprises the President, 1st and 2nd Vice President, President-Elect, Treasurer and Secretary General, all of whom hold two-year office terms. The Council has proposed to amend the term of the President to one year, in line with the annual General Assembly.

Thirdly, the role of the 1st Vice President is to support the President during Council meetings, while the 2nd Vice President supports the mid-term meetings. If the amendments are passed to obviate mid-term meetings,

the Council is deliberating the possible removal of the post of 2nd Vice President.

Fourthly, it is proposed that the Treasurer and other office bearers should retain their two-year term of office to ensure the continuity of work. The Treasurer also has the added task of approving the budget to support member countries that are less well off and cannot afford to send their delegates abroad for such meetings.

Lastly, it was also proposed that future CMAAO General Assemblies should take place before the WMA General Assembly so that a uniform stand can be presented to the WMA in a timely fashion. The CMAAO Council will also meet after each WMA General Assembly so as to consolidate any decisions made. ❦