

TAIWAN MEDICAL ASSOCIATION



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Active Involvement in Disaster Management Programs (Slides 1, 2)

Typhoon Morakot devastated southern Taiwan on 8th August. The TMA immediately took action. We contacted the Department of Health and formed a task force in charge of disaster relief in order to support the government's disaster management efforts.

It took the TMA in less than no time to call all physicians to work with local health authorities and provide medical services. TMA members' volunteering, donation, sponsoring affected areas, and provision of medical aids were highly appreciated.

Now we have passed the emergency period and are working for restoration and rehabilitation. The Department of Health has activated a health services network to assist the resettlement of the victims and reconstruction. The TMA thinks that the priority should be placed on consolidating medical resources and providing victims services by specialties, adequate medical information and education, as well as financial, pharmaceutical and psychological support. In terms of post-disaster reconstruction, the TMA has called professional associations of physicians, lawyers, accountants and architects to join our campaign, which encourages participation in helping victims rid of their traumatic thoughts. In the meantime, we received heart-warming messages from national medical associations in other countries. For the great support from colleagues around the world, we are deeply grateful.

H1N1 Prevention and Control (Slide 3)

Plans never catch up with changes, particularly during a crisis. To address the rising threat of H1N1 epidemic, the TMA established a H1N1 Influenza Team to formulate coping mechanism,

conduct intensive H1N1 educational programs, set up an H1N1 Epidemic Updates webpage, and disseminate information through electronic newsletters to all members. We requested that all frontline physicians take serious infection control measures to prevent disease spread. We also advised local medical associations to designate special teams that work closely with TMA towards a comprehensive disease prevention network.

Involvement in Long-Term Care Insurance (Slide 4)

Since 1993, Taiwan has become an "aging society," according to the World Health Organization's definition. It is projected that by 2019 the percentage of elderly population will reach 14%, indicating a true "aged society."

The health system in Taiwan is facing the pressure of an aging population. Substantial changes are inevitable. Physicians should develop new ways to treat patients than simply following conventional practices. Therefore, we suggested that the government implement a "physical function assessment for those over 70 Program" for the elderly. This program assesses the need of prevention, diagnosis, treatment, social and functional conditions, long-term care counseling and referral according to identified common diseases. This policy is expected to improve the overall health among the elderly, avoid duplicate services and medication, as well as lessen burdens for the elderly and their families.

To achieve the goal set by the Department of Health: "promote and protect health for the entire population to live a longer and happier life," and to respond to the NT\$ 60 billion Long-Term Care Insurance policy to be in effect in 2011, the TMA is collecting information from countries around the world that have implemented long-term care programs. We also formed

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a “Long-Term Care Insurance Task Force” to carry out research. We are determined to work towards the improvement of healthcare system and people’s health.

CME Programs (Slide 5)

The TMA participated in the 2008 DOH Accreditation Program of Continuing Medical Education in Medical Ethics, Medical Regulation and Medical Quality. By the end of 2008, we have received 2,330 cases and our high quality accreditation plans were satisfactory to the DOH, course organizers and physicians. For the physicians whose license needed renewal, we helped them obtain 18 CME points covering medical ethics, medical regulations and medical quality (including infection control and gender issues). We also took advantage of an accredited administrative platform to analyze and review all CME courses, and held academic conferences with concerned institutions in order to improve both teaching and learning.

In addition, we continued to act as the agency to accredit and accept CME courses. We successfully completed accreditation and acceptance of the CME courses, academic meetings and international symposium organized by medical schools, medical associations, medical societies, teaching hospitals and other agencies. Individual physicians’ application for CME points were being acknowledged and accepted by us. We also assigned a special team as a liaison window to assist course providers and physicians about CME accreditation and acceptance. The team further helped course providers and physicians to complete 162 CME points by 22 April 2009 for those who needed license renewal.

Issues on Medical Records and Use of Language (Slide 6)

Localization of medical records has drawn attention of Taiwan’s society and media. Some have even confused the use of language in medical records with medical disputes or insurance violation, which, as a matter of fact, is a misunderstanding of the nature of medical records.

The argument for localization came from unharmonious physician-patient relation and rising medical disputes. Physicians can explain upon request from patients who do not read

English or Latin, and this should be a matter of physician-patient communication. Improper change of medical history may damage patients’ rights despite of what language is used, and it may happen even when records are written in any other language. Relating improvement of physician-patient relation to medical records localization is not a convincing point and not necessarily benefitting the public.

The medical professionals strive for patients’ life and health, as well as improved medical quality. Good communications between patients and physicians lie not in Chinese medical records full of jargons, but in keeping the patients informed, a caring heart and a patient-centered environment.

Health of Physicians (Slide 7)

Health is a state of complete physical, mental and social wellbeing. Physicians guard people’s health. Physicians encounter people’s births, diseases, aging and decease in life, and many other social-legal problems derived from these events. It is tough to handle such demands without a sound body and mind. Practicing medicine is not a job but a career, which requires strong commitment. Medical education should cultivate good doctors with high IQ (knowledge and skills), EQ (emotional intelligence, concerned with emotion management and communications) and MQ (moral intelligence, concerned with humanity, fairness and justice) that meet the need of the society.

Every seven seconds there is a new dementia case in the world. The impact of dementia is swirling around all medical departments. Even senior professionals were not free from the attack of Alzheimer’s disease. According to the figures released by the US CDC on 11 June, 2008, Alzheimer’s disease ranked No.6 among the ten leading causes of death in 2006. The phenomenon deserved medical professionals’ attention. Therefore we have organized a series of CME courses on dementia prevention in different parts of the country. I personally appealed to the government to consider dementia a critical national health issue. The TMA, Taiwan Alzheimer’s Disease Association and other 13 professional organizations jointly held the 11th Asia-Pacific Regional Conference of Alzheimer’s Disease International in Taiwan, which welcomed 660 participants from 22 countries around the world.

Participation in International Affairs (Slides 8–10)

On 13 January this year, the World Health Organization officially accepted Taiwan, represented by TAIPEI CDC, to be included in the International Health Regulations (IHR). It means that we have taken a big step in participating in the international health affairs. Our International Affairs Committee is assigned to set future directions when dealing in cross-strait affairs.

In May 2009 Taiwan was finally in the World Health Assembly. Once again I would like to thank all national medical associations for your support. Taiwan will actively participate in international affairs, to remain aware of the latest

issues and cultivate excellent professionals. We hope to strengthen exchanges between international health institutions, facilitate regional cooperation among national medical associations, and develop our capacity to play a role in the international network.

The CMAAO, one of the most active regional partners of WMA, will hold the 27th CMAAO Congress & 47th Council Meeting in Taipei, Taiwan. To make this important event a success, the TMA has designated an organizing committee responsible for all programs and activities. Through organizing a successful conference, Taiwan will be able to make some contribution to international health. We will be obliged again by your attendance in 2011. Welcome to Taiwan!

(Slide 1)

Thanks for the great support from national medical associations around the world, TMA took the active involvement in *Disaster Management Programs*.



(Slide 2)

•The Priority is placed on *consolidation of medical resources* and providing victims services by specialties.



(Slide 3)

- **TMA established a H1N1 Influenza Team to *formulate coping mechanism*, conduct intensive H1N1 educational programs.**
- **TMA advised local medical associations to designate special teams in order to work closely with TMA towards a *comprehensive disease prevention network*.**



(Slide 4)

- **Taiwan projected to start the NT\$ 60 billion *Long-Term Care in 2011*.**
- **TMA formed a Long-Term Care Task Force to carry our *research and collect information* from countries around the world.**

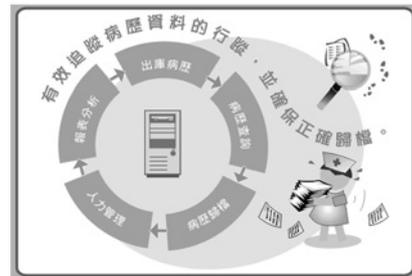


(Slide 5)



(Slide 6)

Issues on Medical Records and Use of Language



(Slide 7)

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(Slide 8)

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(Slide 9)

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(Slide 10)

TMA plans to hold the 27th CMAAO Congress and 47th Council Meeting in Taipei, Taiwan in 2011.

