

屋崙中華醫學會通訊

acma
news

The Official Newsletter of the
AUCKLAND CHINESE MEDICAL ASSOCIATION

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from the editors

Greetings!

Welcome to the first edition of the ACMA newsletter for 2011, and the first from the new editorial team of Michael and Camelia!

We have had a busy couple of months with the annual ACMA AGM held in November at the Crystal Harbour restaurant, with a talk from Associate Professor Rohan Ameratunga on asthma, eczema and allergies. We also welcomed the new ACMA executive for 2011, and also the new YACMA executive, at the AGM. We introduce you to the YACMA executive with some profiles and photos in this newsletter.

In this edition we have interviewed the new president of ACMA, Dr Weng- Key Chan, recently elected at our AGM in November. We find out about his most embarrassing moment as a doctor. Though you'd probably not want to repeat the story to anyone, or anger the president. Ever. We find out why.

As editors we hope to not only bring you an informing newsletter that keeps members up-to-date on what is happening in ACMA, but to entertain you with some new and creative features throughout the year. We have heard the people cry 'MORE PICTURES' and we will make sure this happens. We also debut a new section called 'Are you smarter than a 2nd year med student?' for all the doctors to test how much do they really remember from med school?

We welcome contributions from any of our readers to our newsletters in the future. Please send us your thoughts, comments, photos, stories, anything really, even poetry to make this newsletter even more interesting (also means we have to write less ourselves...)

We apologise for the delay in publishing this newsletter as we newbies were still testing our wings at churning out a newsletter. Hope this issue finds you well in recent light of the Christchurch disaster and all is fine☺. Till next issue!

Michael and Camelia

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Dr Weng- Key Chan

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Josephine Mak

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Choon Wei Wee

Preclinical Representatives

Ken Ip

Maryanne Ting

Student Secretary/Treasurer

Lance Yuan

Editors

Camelia Soo

Michael Plunkett

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A Happy New Year to every one of our ACMA members.

It is an honour to be elected as the president for this year. I shall do my best to emulate the excellent example set by Gee-Hing and the team last year.

I must say that I seem to be blessed by the talent in the current executives.

My goal this year is to increase our membership by retaining our student members who graduate to become registered medical practitioners. We in the old guard acknowledge that they are our future - not only in ACMA but also in the wider medical profession.

I am very grateful to our past sponsors and our current sponsors - if there are other ideas for sponsors, from our members please let us know through this website.

I hope that this message reaches everyone in good health and that we all have an excellent year.

Your President

Dr Weng-Key Chan

Eczema and food allergy

Associate Professor Rohan Ameratunga

Adverse reaction to food

- Toxic (e.g. Ciguatera)
- Non- toxic – i) **immune** (Food allergy): IgE (eczema), non IgE (e.g. celiac)
 - ii) **non immune** (food tolerance): enzymatic (lactase), chemical (salicylate), pharmacologic (histamine)

Food allergens

- Young children: milk, egg, peanut, tree nuts, soy, wheat (90% of all cases)
- Adolescents and adults: peanut, fish, shellfish, tree nuts (85% of all cases)
- Cultural variation: rice in Japan, sesame seed in NZ and AUS

The changing face of food hypersensitivity in an Asian community:

- limited data on food allergy in Asia
- Asians have significantly different diets hence poses difficulties in studies and may contribute to range of allergies
- There's an increasing westernisation of diet
- Previous studies show Chinese to have major issues with fish and shellfish
- Allergies to particular type of food: egg (40%), shellfish (39%), peanuts (27%), fish (13%), cow's milk (12%), sesame (9%), wheat (6%), soy (3%)

Diagnostic procedures

- short term elimination diets
- trial of Neocate
- food challenges
- skin testing
- RAST testing

- food patch testing
- novel methods like peptide microarrays

Type 1 reaction (Anaphylaxis)

- Largely IgE mediated. Sensitisation of IgE leads to mast cell binding which causes degranulation and the release of histamine, heparin, enzymes and chemotactic factors. Phospholipase A2 is stimulated and arachidonic acid is converted to cyclooxygenase and lipoxygenase which release prostagandins, thromboxanes and leukotrienes.

Spectrum of IgE mediated food allergy

- anaphylaxis, urticaria, angioedema: classical anaphylactic reaction
- gastro anaphylaxis: no cutaneous symptoms
- food- dependent exercise induced anaphylaxis
- oral allergy syndrome: itching of mouth, swelling of tongues and lips
- eczema (up to 50% of kids with eczema may have food allergy trigger)

Clinical features of anaphylaxis

- Cutaneous: pruritus, erythema, urticaria, angioedema
- Upper respiratory: sneezing, rhinorrhoea, hoarseness, dysphonia, lump in throat, swelling of tongue
- Lower respiratory: tachypnea, bronchospasm
- CVS: tachycardia, dysrhythmia, collapse, cardiac arrest
- GI: nausea, vomiting, cramps, pain, diarrhoea
- CNS: impending doom, fear

Treatment of anaphylaxis:

- patient must be laid flat as there's a risk of sudden death
- legs elevated to assist venous return
- admit patients and observe for 6 hours
- serum typtase 1-2h after reaction
- fill out ACC form

Adrenaline:

- Dose for adults: 0.3-0.5mg (Epi-Pen 0.3mg)
- Dose for children: 0.01ml/kg or 10microgram/kg (Epi-Pen junior 0.15mg)

- Devices : - syringe, needle, adrenaline vial; adrenaline inhaler; IV adrenaline only for cardiac arrest, twinject (new)

Differential diagnosis for anaphylaxis:

- CVS : MI, cardiac arrest, dysrhythmia
- Endocrine: carcinoid, pheochromocytoma, hypoglycemia
- Respiratory: asthma, hyperventilation, foreign body, pulmonary embolus, pneumothorax, vocal cord, dysfunction
- CNS: epilepsy, stroke
- Others: hereditary angioedema, drugs

Food allergen avoidance/ long term elimination diets

- accurate diagnosis is critical
- paediatric dietitian assessment essential
- reading food labels
- manufactured food database
- allergy NZ including email alerts

Food allergy management plan

- education regarding foods and avoidance dietitian
- written action plan
- MEDIC- ALERT emblem- Velcro
- public health nurses to visit school/day care
- anaphylaxis video (allergy NZ)
- follow up RAST testing 6-12 monthly
- food challenge if RAST becomes negative

Food- dependent exercise induced anaphylaxis

- anaphylaxis occurs if individual exercises within 2 hrs of eating the food which they have mild-moderately allergic to
- no reaction if food eaten without exercise
- common foods: wheat, seafood, chicken, celery
- other cofactors: aspirin, alcohol
- usually SPT/RAST positive to the food

- up to 25% of anaphylaxis associated with exercise

Triggers factors of eczema

- Heating, itching, sweating, xerosis, allergy, infections, irritants, scratching

Complication of eczema

- pigmentation changes
- lichenification
- bacterial infections
- fungal infections
- viral infections
- psychological impact

Eczema treatment- irritants

- Avoid wool contact with skin
- Double rinse after washing clothes
- Swimming pools, wash off chlorine
- Sea baths are helpful but the sand may irritate

Eczema treatment- night time advice

- avoid sweating- humidity control at night
- loose fitting clothes
- damp cloth at night for itching
- gloves
- keep nails short
- managing stress

Eczema treatment- infections

- infections – bacterial (mupirocin, anti- Staph)
- viral (acyclovir)
- fungal (Malassezia)
- Varicella immunisation when well
- Eczema herpeticum- paediatric emergency
- Janola in bath
- Antibiotics may be required for months

Treatment- drug therapy

- topical steroids: lower potency for face, genital areas and intertriginous areas
- calcineurin inhibitors: pimecrolimus cream (NB: cancer risk)
- antihistamines, antibiotics. Avoid oral steroids

Are you smarter than a 2nd Year?

Here's a short quiz for all the doctor reading to test how much they actually remembered from med school? It should be simple for med students, 100% is expected from you! (hahahaha....). Answers are on page

MBChB 203: Musculoskeletal system

Name the 6 major branches of the axillary artery, from proximal to distal.

MBChB 205: Digestive system

Describe the type of diarrhoea caused by Giardia, and give a brief explanation for its pathophysiology.

MBChB 210: Cardiorespiratory system

Name the common adverse effects of beta-blockers

MBChB 206: Genito-urinary system

What condition may result from excess consumption of licorice? Why does this occur?

MBChB 209: Principles of Medicine

What clinically significant drug interaction may St John's Wort have with the immunosuppressant Tacrolimus? What enzyme is involved in this interaction?

MBChB 211: Professional, Clinical and Communication Skills

A young and inexperienced GP, who has just arrived from Australia comes to you for advice: a Maori patient walked out during the middle of a consultation, and he wonders why. He recounts the following story: a old Maori lady walked into the consult room with her grandchild, for the purpose of getting a vaccine. The doctor was busy that day, and was in the middle of eating a sandwich. He quickly put this into the fridge nearby, from which he also removed the vaccine. The doctor sat on the desk for a moment, and ruffled the child's hair, and said 'G'day mate'. The lady got up, and left with the child. Why do you think this has happened?

Answers:

- Musculoskeletal - Superior thoracic artery, Thoraco-acromial artery, Lateral thoracic artery, Subscapular artery, Anterior humeral circumflex artery, Posterior humeral circumflex artery.
- Digestive – Inflammatory diarrhoea. Destruction of epithelium and loss of its absorptive capacity.
- Cardiorespiratory - asthma exacerbation, hypotension, bradycardia, heart failure exacerbation, vasospasm, fatigue, impotence, nightmares.
- Genito-urinary – Apparent mineralocorticoid excess. Glycyrrhizin in licorice inhibits cortisol metabolism.
- Principles of Medicine - St John's Wort induces the enzyme CYP3A4 which metabolises Tacrolimus
- PCCS - The doctor is Australian.

A bit of poetry

Medicine is

They tell me:
"Medicine is power."
With the arrogance of God
I will break the earth
beneath my patients' feet
and dangle my stethoscope
as their only lifeline.

They tell me:
"Medicine is a slave."
Trapped in iron shackles
and bound by lies,
Big Pharma will
parade me as
their gullible trophy-doctor.

They tell me:
"Medicine is a machine."
I will become
the clockwork doctor,
repairing bodies
with a blank face
and whirring cogs.

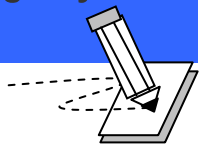
They tell me:
"Medicine is money."
(This time, with a sneer
beneath the smile).
Under fluorescent skies
I will rob the desperate
at the point of a scalpel.

They cannot understand
that medicine is nothing more
and nothing less
than the steady click-clack
of a plastic valve
in a heart that is
not yet dead.

Chris Hindmarsh

Chris is a 4th year medical student.

Interview with incoming ACMA prez Dr Weng Key Chan up-close with ACMA



On a cold and rainy summer morning, we interviewed the incoming ACMA president on the shores of Buckland's Beach. Read on to find out who he is, why his dad is such a huge role model, what visions he has for ACMA and why he thinks medicine practice is similar to taekwondo training and why white coats should be brought back...

So, tell us something about yourself?

I was born in Singapore and am the eldest of 3 children. Mom and dad emigrated from Singapore about 30 years ago and used to own a takeaway shop. I went to Pakuranga Intermediate and subsequently Pakuranga College. I'm actually an Auckland medical school graduate and so are my sisters. Back in college I was leader of orchestra and got to meet a lot of interesting people. There weren't a lot of Asians back then.

How many people were there in your medical class?

It must have been 120?

And did you have cadaver dissections?

Yea yes we did. We had like about 6 students a table. There was a whole bunch of us but there would always be one keen guy who will always be dissecting away (I nod my head, totally agreeing). There is this story actually. There was this once, the keen guy, was chipping away and another guy was has his mouth opened at the wrong time and a chip of it flew into his mouth and he swallowed it! By reflex!

A chip of what?

A piece of dissected meat! (Laughs) We called him a cannibal after that (Dr. Chan yells out, 'Cannibal!')

We go into a long chat about medical training. Dr. Chan asks, whether do we still have white coats when we visit the hospitals? I shake my head, no and lament what a hassle it is because there's no place to put our red handbook, reflex hammer etc etc.

So what do you think about that (the extinction of white coats in NZ)?

I wear a white coat everyday at work and it's really good. In those days, it was really good because you can put your syringes, procedural notes and Oxford handbooks into the pockets and it was cool.

Yea, they should bring the white coat back right?

You should buy your own white coat! And wear it! I mean, it's your own wardrobe okay! People can wear earrings and jeans. You can even wear a burqa. They can't stop you can they?

No they can't otherwise it'll be discrimination against certain cultures. However, I don't think us students have any say regarding the hospital work attire and should we decide to wear white coats on our hospital rounds, we'd probably be marked down for our Professional, Communication and Clinical skills course for simply, 'Disobeying hospital regulation'.

But I think the whole point is that they don't want to alienate the patient, like not make them intimidated?

I come from Asia and people accept that doctors wear white coats. If you don't wear one, people will question your ability. They might not have confidence in you. When people come in, they're usually so sick that they don't really care about the white coat. It's all just 'Fix me!' You wear a white coat just because it's practical. If you want to do away with something, why not the stethoscope? It's still there and is a symbol of medicine. Why not get rid of that? White coats are very useful. Like you can wear any clothes under it, may it be ironed or not. Haha

At this point, I check to see if Dr. Chan shirt is ironed. It is, creaseless.

After finishing a year in Tauranga following his TI year, Dr. Chan came back to Auckland and decided to enter general practice and worked as a locum for a while. He has since established a general practice in Otahuhu and has gone from seeing 3 patients to seeing around 40 patients a day.

Do you have a most embarrassing moment in practice?

Haha yea I do. I learnt to keep my mouth shut after that. Because I work in South Auckland, there're a lot of non-thin patients (I comment on how polite he is). In fact, some are so non- thin that when they stand up, they take the chair with them. So one day, this lady came in and I was like, oh I see you're pregnant. Haha she wasn't.

Uh- oh. What happened then?

Haha she laughed and I laughed so it was all good. And I apologised. I mean, we're human, we make mistakes and it's a learning opportunity. One of my colleagues, back when we had to do rectal exams in TI year, made a mistake. The lady patient was like, I think you're not in

the right place (he put it in the wrong orifice) and he's now a consultant. (So doing the wrong thing does not set you up for failure folks!)

Now that is embarrassing. But it's good of him to share it with you all.

Nah I think someone else was with him. Haha so word got around.

What about any life- changing moments? Something you will always remember in practice?

(Thinks for awhile) Um I had the good fortune to treat Sir Edmund Hillary once. He was really really nice and humble. You wouldn't think he was anyone famous or the person at the back of the 5 dollar note.

Did you get him to sign it?

No no, I didn't think it would be professional. But it was an important time in my life because it set me up for my career. I mean, back then I was just a young doctor just starting up. And I was like, if someone that famous can treat me that nice then no way a rude person can make me feel small. You get some patients that are rude and make you small but I always think back to Sir Ed and it was one of my defining moments.

You said you do Taekwondo?

Hm yea yea. Taekwondo is probably quite an important part of my life. I first did it when I came to NZ about 30 years ago. I was bullied at school because I was Asian and we were the minority. My dad then decided that I should do Taekwondo mainly for defense. The bullying would usually be physical and the smaller Asian kid would always be the target. I was bullied in college as well! And doing Taekwondo did reduce the bullying at school.

Dr. Chan is a 4th Dan black belt and is a master of Taekwondo. He coaches occasionally and trains under grandmaster Tae Kyung Kim.

Why did dad consider Taekwondo and not some other martial art for self- defense?

Yea it was more serendipitous. There was a Taekwondo club just down the road so it was convenient. The first step of self- defense is really not to get yourself into the situation, like being aware of your surroundings, and next is you run. That's why when we train, we get people to run.

What about screaming?

Screaming doesn't work. You have to shout fire to attract attention. Because it's shown that people are more likely to come help you if you shout fire. Because with screaming it can be from anyone, TV and children. No one shouts fire without good reason.

And another good point for self- defense is that you have to apply the right technique. But doing something is better than doing nothing (so essentially we can still apply the wrong technique?). It's like medicine as well. You apply the correct technique to treat your patients and use negotiation with your patients.

I saw a lot of DVDs at your home, your wife says you collect them?

Yea I do, mostly martial art ones.

Dr. Chan goes on to talk about Ip Man and how the Asian values of self control, indomitable spirit, humility is shown in the movies. For those who haven't watched it, I strongly recommend you do. Excellent and humbling movies. Maybe you can borrow them from Dr. Chan? ;P

So getting down to the business ends of things, what is your vision for ACMA?

I believe it's important to have ACMA to be more accessible to non- Asians and also important to increase members to give us more lobby power. We have to let others know that they should not be afraid of Asians and we're not going to go back to China or to Australia once our training is done and that we'll give back what that has been given to us. We're also looking into having a colleague day where members can bring a non- ACMA member to our dinners and we can hopefully sign them up. And hopefully these will be non-Asians.

Another vision of Dr. Chan is to start a mentoring program involving medical professionals from all stages in their medical training- from 2nd year medical students right up to consultants. The idea is to assist and give advice to those who may want to achieve the same goals as another more senior member. This will be a valuable opportunity to learn from others so watch this space!



**Young Auckland Chinese
Medical Association**

Introducing the 2011 YACMA executive members.... Willing and ready to serve you, your club and promising to make it the most bedazzling year ever!



Joseph Chen (Student Coordinator)

Joseph is from Taiwan and will be working at Middlemore Hospital as a 1st year house officer. His previous YACMA responsibilities include being the treasurer and preclinical rep. This new position will offer him a fresh perspective and he is looking forward to contributing his best in 2011.



Josephine Mak (Membership secretary)

A year 3 student, Josephine is hoping to bring her administrative skills to help YACMA and ACMA stay organised! She enjoys music of all kinds, reading novels and hopes to travel the world one day!



Choon Wei Wee (TI rep)

Choon Wei is the TI representative for 2011 and is hoping to work together with the rest of the team to make YACMA a platform for medical students and interns to enhance their medical education.



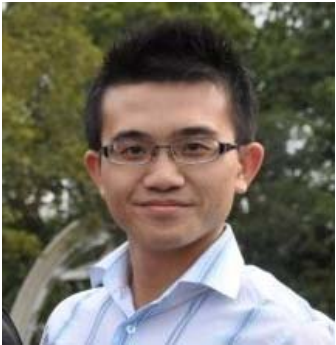
Norman Quek (5th year clinical rep)

Normal Quek will be representing 5th year medical students. He was the membership secretary in 2010 and is looking forward to the challenges of 2011.



Thomas Wong (4th year clinical rep)

An Auckland- born Chinese, Thomas is keen on making YACMA the best club in med school. Apart from organising the occasional YACMA event, he enjoys teaching, performing in piano competitions and making the perfect espresso coffee. Med school, according to him, fills in the gaps between these activities.



Ken Ip (3rd year pre-clinical rep)

Ken Ip, along with Maryanne, is the YACMA preclinical reps for 2011. He moved from HK at age 6. He looks forward to meeting everybody and organising exciting events for YACMA. He is an avid supporter of Roger Federer, All Blacks and the Warriors. Ken also enjoys playing music and loves his food!



Maryanne Ting (Preclinical rep)

Maryanne Ting is a 3rd year medical student and is really excited about being involved with YACMA. She and Ken are intending to bring syringe pens, a retreat, an Amazing Race during Freshers' and more social events to YACMA in 2011. Known for her amazing culinary skills, she intends to use it to her advantage.



Lance Yuan (Student secretary/ treasurer)

Lance has a keen interest in student affairs and has been involved in many uni clubs, clubs from other faculties along with being a YACMA exec this year. He hopes to bring his experience, passion and enthusiasm to YACMA in 2011. He also looks forward to bringing exciting events to YACMA members next year.



Michael Plunkett (Editor)

Michael will soon be a year 4 medical student, and is more Chinese than his name suggests. He was born in Hong Kong, and is half Chinese. As one of the editors, he will be using his experience in typing and spelling to bring you interesting and engaging issues of the ACMA newsletter.



Camelia Soo (Editor)

Camelia Soo will be commencing her 4th year of medicine in 2011. Writing is a great passion of hers and she has toyed with the idea of becoming a journalist before med school. As one of the editors for 2011, she aspires to write to inspire, to educate and to humour.



... spotted

YACMA Medical Interview Workshop (16th Dec 2010)

The entry to medicine, as we all know, is competitive, challenging and hard. Med school interviews vastly more people than they have space for. To make the interview processes seem less daunting and to shine some light on medicine at Auckland, YACMA held its annual Interview evening on the 16th of November. There was a good turn out of eager first years with current and past executive members present to share their pearls of wisdom and give an insight about what med is really like. One of the most inspiring

speeches came from past executive member Lychhun Kouch who not only talked about what it takes to be a good doctor (life long commitment, communication skills and empathy) but also brought home the fact that medicine as a career opens many doors, allows people to touch many lives and that we should embrace this privilege wholeheartedly. It is easy to lose yourself in the whirlwind of med school but I believe if we constantly think of the bigger picture and why we are doing what we're doing, everything will fall into place.



Thomas handing out a reflex hammer as a prize if anyone in the audience could correctly identify it



Josephine bestowing her pearls of wisdom and offering her point of view to future medical students

om nom nom nom nom

restaurant review



Dining at the Speakeasy

By Amelia Shin

Located in the heart of Ponsonby, Prohibition Restaurant secretly houses a nostalgic 1920's charm, safely hidden away from the prying eyes of onlookers. Once you walk through the heavy glass doors tinted with black, a waiter, properly dressed in his bow ties and oxford shoes, welcomes you into the house that might have once belonged to a wealthy family at the time. You will find yourselves transported back to the luscious era of crystal, Cadillac, hats and curly locks. This place has touches of both the sophistication of New York and the audacity of Chicago.

One of the interesting things about this place is that the menu changes every week. In general I would describe their food as rustic, it being selected recipes of old-fashioned European cuisine.

Starters range from \$18 to \$28, and mains \$33 to \$40. When I dined, I had the fish, roasted and served with baby gems, peas, crevette sauce and grape salsa; the crevette sauce was a delight especially with the grape salsa as an unexpected addition to the flavour of shrimps. I highly recommend the beef which my friend had, if they serve it. It was a Canterbury Hereford eye fillet served with roasted pumpkin and kumara pie (the pie is excellent); the eye fillet was so soft that it melted in my mouth while the pumpkin and kumara pie was such a joy to my taste buds that it was almost better than the eye fillet. They also serve desserts - the price range from \$10 to \$28.

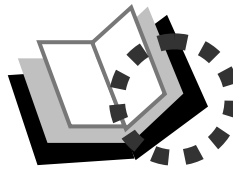
All in all, dining at Prohibition is a pleasantly unique experience you will not regret having, unless you have a strong abhorrence to 1920's. And if you are into the dramatic and sensational time of beautiful women in glittering flapper dresses, men in fedoras and satin handkerchiefs, the Charleston, those black Cadillacs and the nostalgic atmosphere hazily swirling about the dimly lit room, you will more than love being at Prohibition.

Prohibition Restaurant is located at 108 Ponsonby Rd.

Amelia is a 4th year medical student.



The committee would like to extend a warm welcome to members to suggest restaurants for future meetings and CMEs. Send us your suggestions by emailing editors@acma.org.nz



Key Reminders & Announcements

New membership



Remember to renew your membership this year!

Forms available on the ACMA website

<http://www.acma.org.nz/doc/MembershipForm.pdf>



March CME: 6th March 2011

Sunworld Newmarket

There will be a donation box for members who wish to contribute monetarily to the Christchurch Quake

April CME: Lucky Seafood Restaurant in Somerville



HKUAANZ Hong Kong University Alumni Association of NZ Conference

Date: 17th April 2011

Title: Mental health

Speakers include: Dr. Sai Wong

Contact person: Dr. Wilson Young



18th Australasian Council of Chinese Medical Associations Conference

Theme: New Frontiers in Medicine

Date: 11th June to 12th June 2011

Venue: Park Hyatt Melbourne

For more info, go to <http://acmavconference.org/>

