

# 屋崙中華醫學會通訊

acma  
news

The Official Newsletter of the  
AUCKLAND CHINESE MEDICAL ASSOCIATION  
Issue No. 1 March 2009



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## from the editors

Welcome to the first ACMA Newsletter for 2009. It has been over five years since the very first ACMA Newsletter. In this issue we introduce some new changes that will hopefully become permanent fixtures to the ACMA Newsletter. These changes have been included to build the collegueship of ACMA and increase member participation in issues that are pertinent to our organisation and our profession.

The President's Message has now been moved to the second page. In future issues we hope to publish your opinions and views on this page as well, to encourage dialogue and communication across the organisation.

New to this issue is the 'Getting to Know Us' section. Each issue we will feature one of our members, and discover a little about them and what makes them tick. This issue we feature Dr Gee Hing Wong, our new President, and find out about some of the issues he feels are important to ACMA.

The YACMA page now has additional features that will be slowly unveiled throughout this year. A list of upcoming events and the next CME details (when confirmed) have all been included on the final page, as well as your notices and announcements.

Did you know we also have an ACMA website? The ACMA website will also be undergoing some changes over this year, so that you have up to date information about upcoming events and programmes, as well as details about our organisation that you and your patients can access. Visit us online at 'www.acma.org.nz'.

Finally, the ACMA Newsletter is your publication. We want to hear your stories. We are looking for interesting anecdotes on various topics of medicine, leisure and lifestyle for our newsletter. Members can also submit their special photographs for publication. We would love to hear from you.

From the Editorial Team:  
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### Production Credits

- Text and Layout: Benson Chen and Charlotte Chen
- CME Notes compiled by Dr Trevor Young
- Special thanks to Dr Gee Hing Wong

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Dear Colleagues

Friends and colleagues will tell you how privileged I am to be able to lead ACMA as its president. As a member of the Executive Committee for the past three years, I have the opportunity to work alongside two hard-working Past Presidents Drs Colin King and Alex Ng. The experience has given me a lot of insight into both the strategic direction and the day-to-day running of the Association.

Though I might sound predictable, I would like to take this opportunity to remind all members that ACMA is a non-profitable organization that promotes the health and well-being of Chinese New Zealanders. Over the past twenty years, ACMA has served as a loud and persuasive voice on matters of health concern to all Chinese New Zealanders. It also provides a platform of for professional discussion and debate; at the same time promotes networking opportunities among its members.

I would like to share my view on the challenges lying ahead for us as an Association. Firstly, ACMA has applied to the Charities Commission to be recognized as an organization with a "charitable purpose" under the Charities Act 2005. Unfortunately, the Charities Commission has declined our application. One of the main reasons is that our Constitution, last updated in 2001, is no longer a governing document that reflects what we are currently doing as an organization. I firmly believe that we have evolved and matured into an Association that is beneficial to the health and well-being of the community. Your Executive Committee will take all necessary steps to rectify the situation.

Secondly, ACMA needs to be taking a bold step forward, towards financial sustainability. It is my personal opinion that we should invest part of our healthy cash reserve into long term instruments that would provide us with above average return over the next twenty years. Thirdly, despite the success in growing our membership number by 20% in the past two years, there is no time to rest on our laurels. With a greater membership number across all specialties, we shall then become a more respectful voice on matters of health concern to all Chinese New Zealanders.

I value your input into the above raised issues. You can contact me via email [info@acma.org.nz](mailto:info@acma.org.nz) or even better, to exchange ideas face-to-face at one of our regular CME meetings.

Best Regards,

**Dr Gee Hing Wong**  
**FRNZCGP MMgt**



**ARCH: AUCKLAND REGIONAL CHARITY HOSPITAL**  
Dr Luigi Sussman

**Mission of ARCH:**

- Free elective surgery and medical outpatient clinics for those in need without financial support.

**The trust is:**

- Solely philanthropic, not affiliated with any political or religious group.
- Informally affiliated with the Canterbury Charitable Hospital Trust.
- Entirely dependent upon donations and volunteers for its survival.

**What is ARCH?**

- A hospital – charitable, permanent, scalable and duplicable. Day Stay (up to 24 hours).
- Centre for excellence – state of the art facility.
- Comparable one in Canterbury – villa with upmarket surgical facilities.

**Why?**

- There is a need. 5000 patients in Waitemata DHB alone were declined services last year.
- Many clinicians are willing to lend their services.
- Establish a 'community plus' system, where the community is involved in health care solutions.
- Empower the community and build a healthier Auckland.

**Qualifying Criteria:**

- Established clinical need. Established exclusion from treatment in the Public Health/ACC system ie. patient has formally been removed or rejected from the waiting list.
- Patient suitable for daystay surgery
- No serious co-morbidities.
- GPs are the gatekeepers with significant responsibility for referring appropriate patients. GP's shouldn't refer patients out of convenience rather by need as resources limited.
- Referrals – web based. Once list is full, list closes. No waiting list kept.
- Hope to run a vacancy alert for those who have missed out.

- Adequate social support structures essential – GPs may need to help with respite care.
- Written declaration of insufficient means to access private treatment.
- GP confirms the above to the best of knowledge.

**Procedures:**

- Depend upon the personnel and facilities.
- Initially hope to provide the following types of day stay surgical and medical services.
- *Surgical* including: haemorrhoids, carpal tunnel, hernias, pilonidal problems, varicose veins, skin lesions, tubal ligations.
- *Medical*: Rheumatology and joints, respiratory, neurology, hypertension.
- The Canterbury experience tells us that this is a model that works.

**How?**

- Initially to operate in various established facilities and then build a purpose made facility.
- Stage 1: Start a virtual hospital as soon as funds allow c.\$500k. Raise enough capital for a facility.
- Stage 2: Raise additional capital in an investment fund giving sufficient to cover operational expenses – c.\$5m.

**Staff:**

- Key paid administrative staff including hospital manager. All medical services will be on an unpaid voluntary basis.

**Where?**

- Reasonably central location, preferably near a tertiary hospital to leverage off some facilities and services. Service patients region wide.

**What is needed?**

- As a charitable trust the hospital is entirely dependent upon donations and volunteers for its survival.
- Commitment to and support of the concept.
- Donations (personally and through contacts), volunteering your time and spreading the word.

**THE HEART OF THE MATTER**

**Dr Albert Lo**

**Dr Albert Lo, interventional cardiologist (Ascot Integrated Hospital) reviewed primary and secondary CVD prevention strategies, and CT coronary angiography.**

### Prevention of acute MI is important

- MI's are unpredictable and often fatal (>50% of pts won't make it to the hospital).
- Risk factor assessment is only part of the solution.
- Acute MI caused by sudden rupture of a shallow plaque leading to complete vessel occlusion.
- Fibrous plaques are more stable and less likely to rupture, whereas cholesterol rich plaques are more vulnerable.

### Prevention Strategies

- Ideally to identify which plaques are vulnerable by way of virtual histology, and elective stenting to prevent vulnerable plaque rupture.
- Statin therapy to change plaque composition from cholesterol rich to fibrous rich by lowering LDL levels – improves stability. Statin also anti-inflammatory and improves endothelial function.

### Primary Prevention:

- Issues of who to include, what the treatment should be, what dosage, which statins, what are the safety profiles, what is the evidence?
- Fourteen randomised trials of statins found that there was a 1.09 mmol/L reduction in LDL cholesterol after 1 year. There is a 12% risk reduction of all-cause mortality per 1 mmol/L reduction in LDL, including a 19% risk reduction of coronary mortality.
- No increase in the risk of cancer.

### Secondary Prevention:

- Mandatory for all. Target LDL level of <2.0 mmol/L.
- Issues of which statins to use, what dose, where is the evidence, what about combo therapy?
- PROVE-IT TIMI 22 study compared ACS patients with total cholesterol <6 mmol/L allocated 80 mg Atorvastatin or 40 mg Parvastatin. Patients on Atorvastatin consistently lower rates of rehospitalisation, death, and MI compared to patients on Parvastatin.
- Study comparing patients with stable coronary disease given 10 mg or 80 mg atorvastatin, found that patients on 80 mg had lower LDL cholesterol, fewer primary CV events, and higher aminotransferase levels.

### Ezetimibe – alone or in combination?

- Ezetimibe is a cholesterol absorption inhibitor that acts at the brush border of the intestine. It

also enhances synthesis of cholesterol in the liver.

- Ezetimibe alone at a dose of 10 mg/day reduced LDL level by approximately 17%. The addition of Ezetimibe to a statin further reduces LDL level by an addition of 14%
- Lipitor 10 mg/day + Ezetimibe = Lipitor 80 mg/day
- Indications for use:
  - Inability to achieve target LDL cholesterol on statin therapy alone
  - Intolerance to statin
  - Best to be used in combo with a statin (Vytorin) rather than on its own unless intolerance to even very low dose statin
  - Reduce the risk of potential side effects of using high dose statin alone

### Key Points

- LDL level rather than TC should be watched
- It is not always easy to achieve the target LDL level and how hard one tries would depend on the circumstances. Consider combination therapy especially in secondary prevention
- Statin is beneficial regardless of what the initial LDL level is in the high risk population
- In case of primary prevention, the use of statin depends largely on the risk profile
- In case of secondary prevention, everyone should be on a statin unless a contraindication exists

### Applications of Multi-Slices CT Coronary Angiography

#### The facts:

- Non invasive and therefore safe
- Contrast/radiation dose – high radiation dose but still safe
- HR < 60/min – consider slowing heart rate with beta blocker (but not asthmatics)
- Limitation – calcification/vessel caliber < 1.5 – 2mm in diameter eg Asian or diabetic patients
- Quality assurance (absolutely essential) – must allow for discrepancies

#### Clinical Applications:

- Equivocal clinical and investigation findings
- Follow up anatomical assessment of previous coronary interventions
- Coronary assessment prior to valve surgery
- Coronary anomaly – aberrant vessels
- Feasibility of PCI in chronic total occlusion
- Assessment of plaque characteristics
- CV assessment in the intermediate risk group

### Reasons for a False Negative ETT/ESE:

- Single vessel disease with well established collateral circulation
- Failure to achieve target heart rate
- Left Circumflex artery
- Controlled environment verse real life situation
- Abnormal resting ECG or poor echo images
- Operator experiences

### Functional v Anatomical assessment of CAD:

- Complementary
- Functional test doesn't tell you whether you have got underlying CAD or not whereas anatomical test does.
- The presence or absence of underlying CAD does influence the management

- CT coronary angiography potentially helps to differentiate the two groups.

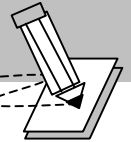
### Key Points

- The potential clinical role of CT coronary angiography as a screening tool for cardiovascular disease in the intermediate population
- Early aggressive primary prevention strategy remains the cornerstone in the combat of coronary artery disease and prevention of acute myocardial infarction

See the final page of this issue for the next CME details

## getting to know us

### ...lunch with Dr Gee Hing Wong



*This issue we meet Dr Gee Hing Wong. Dr Wong is a GP on Sunset Road, Sunset North. He graduated from Otago University in 2000 and became FRNZCGP in 2006.*

**I chose general practice because...** I want to have control over my workplace, team, and myself. I'm the first contact for patients and serve as an advocate for them. The best part is when patients actually tell others in front of you, 'he's my doctor'.

**What I like most about my job...** I want to get to work as quickly as I can and once a patient comes in I feel really energised. To be in tune with a wide range of people in the community is definitely the most fulfilling bit.

**The worst part is...** dealing with staff conflicts, it's an unnecessary part of my job.

**I joined ACMA...** when I came back up from Te Anau four and a half years ago. I was a new GP at Auckland, wanted to get some networking and know some new people.

**My vision for ACMA is...** to have financial support for what we do, good governance and

rules. So that donors can be confident, and we can continue to be a persuasive voice on health that concerns Chinese New Zealanders.

**My spare time...** mostly revolves around the family. I also read a lot of 'very hard stuff', not stories or poems. I am also getting a paper published soon.

**My family...** my wife is originally from Shanghai. We married in 2007 and had a baby in 08. She's 9 months now, looks like me and has that temper of mine, very stubborn.

**Favourite memory of med school...** O-week in my first year at Otago, walking alongside the Leith and being pelted with eggs and flour.

**With my first paycheck...** Haida and I, and a few others went out to Carlton Hotel and we spent er, some money there. (But that's the benign twist to what actually happened.)

**My dream job...** to be an All Black playing No. 10. I can kick the ball really well, which really helps.



The editors with Dr Gee Hing Wong (centre).

# YACMA

Welcome back. Hope everyone has had a wonderful break and is enjoying the last days of the warm weather. The year of the ox is yet another exciting year for YACMA. The 2009 YACMA execs have successfully taken the reins from the committee of 2008. We kicked it off with a strong membership-drive during the Year 4 Campus learning week. This resulted in a large proportion of the new Malaysian international students joining our ranks. We hope your first clinical attachments in New Zealand have gone well. The committee is currently working on transport arrangements so these new members can attend events and get involved. Next was the annual Freshers' Camp where YACMA has always had a significant presence. Congratulations to the pre-clinical reps for their superb effort at impressing the new medical students.

The first event in the YACMA calendar was the welcome BBQ on the 7<sup>th</sup> of March. This was well attended and the latest feedback was that the food was excellent! It was also a great opportunity to meet new members and exchange tips and tricks on the challenging academic year ahead. Thank you to everyone for coming and a special thanks to those involved in organising the event.

Over the past few weeks the YACMA has been busy with the development of several projects and proposals including:

- YACMA logo competition sponsored by ACMA
- Formalisation of the Med Interview Information Evening
- Potential karaoke competition later on in the year

We would appreciate any feedback contact us at [yacma.committee@gmail.com](mailto:yacma.committee@gmail.com)

Good luck to everyone and see you at the CME in April.

YACMA Committee



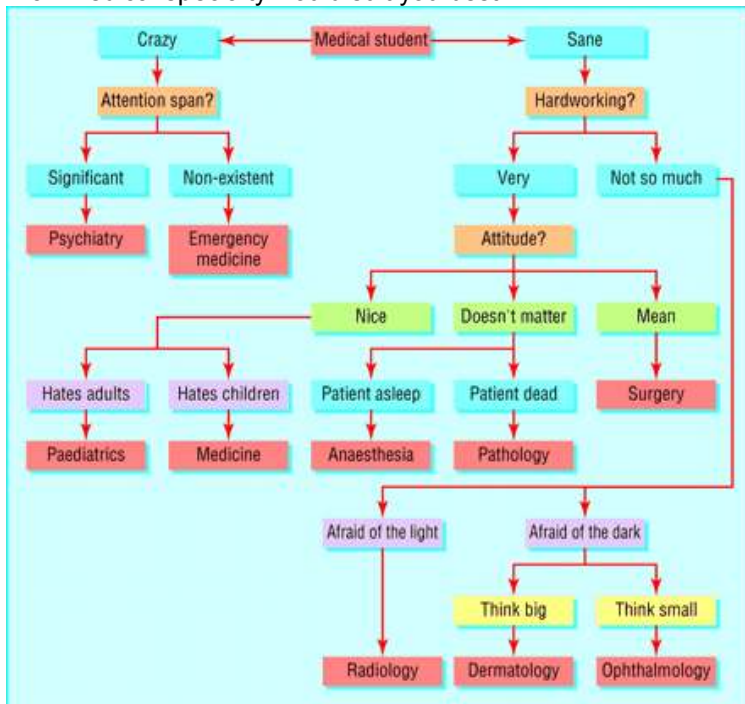
## ... spotted

### ACMA CME – February 16<sup>th</sup> 2009 – Grand Harbour Restaurant



# Just for fun...

Which medical specialty would suit you best?



Boris Veysman. 'Physician, know thyself'  
 BMJ Dec 2005; 331: 1529; doi:10.1136/bmj.331.7531.1529

ACMA and Eli Lily would like to invite you to the...

## April CME Meeting

- Venue:** Enjoy Inn Chinese Restaurant  
 530 Great South Road  
 Greenlane
- Date:** Sunday 5<sup>th</sup> April 2009
- Time:** 5.30pm Arrival and Registration  
 6.00pm **Dr Gee Hing Wong**  
 Welcome message from ACMA President  
 6.05pm Cultural Talk: ACC Update  
 6.30pm **John and Helen Conaglen**  
 "What Women Want"  
 7.15pm Question & Answer Session  
 7.30pm Dinner

Note: This meeting is open to doctor and student members  
**Partners are welcome to attend for a charge of \$35 per person. Please make cheque payable to "ACMA" and present at the registration desk.**

This meeting has been endorsed by the ACMA and counts for 1.5 educational hours (1.5 credits) for AVE (accreditation) and MOPS purposes (NB: endorsed by the College of GPs only).

**RSVP by 3 April 2009 by returning this slip to:**  
 (1) ACMA, PO BOX 128012, Remuera Auckland; or  
 (2) Email: [yurichar@gmail.com](mailto:yurichar@gmail.com)

- NAME: \_\_\_\_\_
- Yes, I'll be attending  
 Yes, my partner & I'll be attending  
 No, I can't make it



To have your reminders or announcement printed here, contact the editorial team: [editors@acma.org.nz](mailto:editors@acma.org.nz)

### Don't forget to renew your annual subscription for 2009!

The PDF file of all ACMA members will be updated as a Word file and new details will be added-in as we receive them. Later in the year we will seek sponsors for the print format to be distributed free of charge.

### Upcoming ACCMA Conference Perth 10<sup>th</sup> - 12<sup>th</sup> April 2009

The ACCMA conference will be 11th & 12th April 2009 with an evening reception on the evening of 10th. Meeting will finish at mid-day on Sunday 12th April. The venue will be at Parmelia Hotel in the city.

**Members interested should contact Dr Gee Hing Wong on (09) 4782878 for application forms now!**

We look forward to seeing you all here in Perth!

**Drs Gee Hing Wong and Wilson Young** will be representing ACMA to ACCMA Conference in Perth.

**Dr Gee Hing Wong** gave an interview to WTV in Mandarin in his capacity as ACMA President. The interview on the voluntary bonding scheme for doctors appeared as a news item on Monday 23 February, 2009.

What do you think of the improved newsletter? Like the changes? Want to see more? Let us know what you think: [editors@acma.org.nz](mailto:editors@acma.org.nz)