Sinaran • SEPTEMBER 2006
MALAYSIAN SOCIETY OF RADIOGRAPHERS
Affiliated to The International Society of Radiographers and Radiological Technologists (I.S.R.R.T.)

CONTENTS

Message from MICHAEL ONG

PRESIDENT
SINGAPORE SOCIETY OF RADIOGRAPHERS

I am honoured and privileged to address you in the September issue of the Sinaran. The theme of this year's recently concluded conference **"From Novice to Expert We Excel"** was indeed apt, as the journey of our profession must be one of excellence in whatever stage of the career we are in.

Personally, I had a keen interest in healthcare since my secondary school years. It was providential that I was awarded the Public Service Commission (PSC) scholarship by the Singapore government, that I pursued Radiography. Having embarked on this professional career, I have not looked back. Radiography revealed a perfect combination of the hard and soft sciences, where art and science are married together. This may sound cliché but it was not until one is competent that one is able to appreciate the art of Radiography. Of course, having only just over 6 years of professional experience behind me, I cannot say that I have already attained as I have only just begun.

As President of the SSR (President Singapore Society of Radiographers), I have the following objectives for our team's two-year term of office; namely:
1. Governance
2. Identity
3. Professional Development
4. Professional Standards

Governance
Firstly, we are establishing proper governance of the Society through improving the internal administrative framework and guidelines. This includes streamlining internal processes pertaining to all sections. A major website revamp is being conducted to help achieve this where the website is essential for all SSR's operations. When this is achieved, the Executive Council will be able to work with a virtual office anywhere and anytime, as long as there is an Internet connection.

Identity
Secondly, we are re-establishing our identity amongst Radiographers and beyond. We are aligning different institutions' celebration of **Radiographers' Day** by initiating the **Radiographers' Week** from **4 – 11 November 2006**. This will also include the inaugural **Radiographers' Family Day** on 4 November which will be a day for the celebration of Radiographers' contribution to healthcare in Singapore.

We have also commissioned the Golden Jubilee project, a publication to commemorate the 50th Anniversary of the SSR in 2008. Preparation and data collection must begin now even though we are in our 48th year, in

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NEW APPOINTMENT OF REGIONAL COORDINATOR OF PUBLIC RELATIONS FOR THE ISSRT

Ms. Tan Chek Wee a fellow radiographer from Singapore was nominated and voted as Regional Coordinator for Public Relations of the International Society of Radiographers and Radiological Technologists (**ISRRT**) during the elections held in Denver, Colorado in June this year. This is a most prestigious position and one that comes with tremendous responsibility. To honour her appointment we would like to highlight her past experiences and activities in her capacity as a medical professional and council member representing all of us to this international body.

Activities:

- Honorary Secretary for Singapore Society of Radiographers
- Council member of the International Society of Radiographers and Radiological Technologists (ISRRT) for Singapore (Between 1999 and 2002 and from 2005 till present)
- Conference Secretariat and involved in organising the Singapore Malaysia Radiographers Conference, workshops and seminars for Singapore Society of Radiographers
- Participated in numerous international and regional conferences and seminars

Work Experience:

- April 2005 – Current
- National University Hospital, Singapore
- As a Certified Medical Dosimetrist and Senior Radiation Therapist.
- April 2003–November 2004 – Sir Charles Gairdner Hospital, Perth, Western Australia as a Radiation Therapist
- May 1995–February 2003 – Gleneagles Hospital Singapore as Radiation Therapist

Professional Qualification:

- Certified Medical Dosimetrist with the American Medical Dosimetry Certification Board
- Accredited by the Australian Institute of Radiographers
- BSc. (Hons) in Radiographic Studies with London South Bank University
- BSc. (Econs) in Management Studies with London University
- Diploma in Radiotherapy Radiography

MSR UPCOMING EVENTS

MSR STUDY DAY 2007

PALACE OF THE GOLDEN HORSES

27TH JANUARY 2007

Theme:
Developing The Servant Leader In You

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order for us to retrace the steps of our forerunners over the 50 years of our existence. We hope the 50th / 51st Executive Council that will take over from us will celebrate the Golden Jubilee with a big bang in 2008.

Professional Development

This is the greatest challenge for every Council. It is difficult to motivate Radiographers to embark on continuous professional development after facing hectic schedules and manpower shortages. However, we hope to instill this culture in every radiographer, starting from the existing students. This is done in a few fronts.

Firstly, we aim to line up a series of academic talks in the coming focusing specifically on radiation safety and research. Radiation safety is the Radiographer and Radiation Therapist's core business. Radiographic positioning is being taken over by Radiography assistants in the United Kingdom. However, Radiography is not just positioning or patient care. It is the holistic approach with Radiation safety at the foremost of our minds. Radiographers as key administrators of radiation across the electromagnetic spectrum must be guardians of radiation safety. A professional Radiographer is also not a technician. This is why continuous professional development and research to evidence practice, must be a core characteristic of each and every qualified Radiographer.

Secondly and in line with the above, we aim to revive the "Medical Radiographer", our professional journal in the coming year.

Thirdly, we hope to continue the bilateral conference with Malaysia in 2007, the 22nd Singapore-Malaysia Radiographers' Conference, and raise it to greater heights to attract more scientific research papers from both countries and beyond.

Standards

Lastly, we aim to set up standards and guidelines to govern our profession regardless of whether we are formally required to set up a legal register of practitioners. In doing so, we establish and ensure standards are maintained across the country. This will in turn raise awareness of the profession within the healthcare industry, and also boost public confidence in us as professionals.

The above objectives are high and lofty ideals which may not be totally achieved in our brief 2-year term. However, we hope to lay the foundation so that others who receive the baton can continue to build up the profession from where we left off.

In the Executive Council, it is important to have a good mix of members with experience and members who are young and dynamic, with boundless energies to create and recreate. We have been fortunate thus far to be able to recruit young members into the Council. However, I would also encourage the old guards to come on board to offer their wealth of experience and be infected with the zeal of the young. Young Radiographers must not be afraid to step out to serve. Let no man despise your youth. Just be faithful in service and experience will build up in the course of time.

No mortal can see into the future. However, if we continue to build upon our fundamentals towards a common vision, I'd boldly venture to say that in 10 years, Radiographers will be professionals with a innate culture of continuous learning and research. The SSR will achieve the above objectives that I have laid for my team and govern the practice of Radiography in Singapore by established standards and guidelines. As for myself, wherever I may be, I hope to be able to support the growth of both the SSR and our profession.

In order to achieve that vision, I'd say to the young aspiring professionals as you step into the workforce: –

- Attitude – have a positive working attitude when you start
- Build up your fundamentals
- Constantly review your practice to improve
- Discern good from bad practices and endeavour to change practice based on evidence
- Encourage feedback on your performance
- Embark on upgrading courses to bring the profession to a higher level
- Fight the good fight for the profession's causes

To those who are more experienced or who may be lacking in qualifications, I'd say these to you:-

- Challenge yourselves by upgrading to a degree if possible
- Be willing to learn and keep up to date with developments
- Share and exchange experiences to adopt best practices
- Do not be complacent in your current position, but use your position to build up the profession's young shoots

Lastly, I would urge all of you to continue in the above. Together, we can bring our profession to greater heights.

Michael Ong
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WHY EMPLOYEES LEAVE ORGANISATIONS? – By Azim Premji

Azim Hashim Premji (born July 24, 1945) is an Indian businessman and Chairman & CEO of one of the largest software companies in India, Wipro Technologies (headquarters located at Bangalore). He was rated the richest person in the country from 1999 to 2005 by Forbes Magazine. He says: Every company faces the problem of people leaving the company for better pay or profile.

Early this year, Arun, a senior software designer, got an offer from a prestigious international firm to work in its India operations developing specialised software. He was thrilled by the offer. He had heard a lot about the CEO. The salary was great. The company had all the right systems in place employee-friendly human resources (HR) policies, a spanking new office, and the very best technology, even a canteen that served superb food. Twice Arun was sent abroad for training. "My learning curve is the sharpest it's ever been," he said soon after he joined. Last week, less than eight months after he joined, Arun walked out of the job.

Why did this talented employee leave? Arun quit for the same reason that drives many good people away. The answer lies in one of the largest studies undertaken by the Gallup Organisation. The study surveyed over a million employees and 80,000 managers and was published in a book called "First Break All The Rules". It came up with this surprising finding: If you're losing good people, look to their immediate boss. An immediate boss is the reason people stay and thrive in an organisation. And he's the reason why people leave. When people leave they take knowledge, experience and contacts with them, straight to the competition. "People leave managers not companies," write the authors Marcus Buckingham and Curt Coffman.

HR experts say that of all the abuses, ***employees find humiliation the most intolerable***. The first time it happens, an employee may not leave, but a thought has been planted. The second time it happens that thought gets strengthened. The third time, he looks for another job. When people cannot retort openly in anger, they do so by passive aggression. By digging their heels in and slowing down, by doing only what they are told to do and no more and by omitting to give the boss crucial information. Dev says: "If you work for a jerk, you basically want to get him into trouble. You don't have your heart and soul in the job." Different managers can stress out employees in different ways - by being too controlling, too suspicious, too pushy, too critical, but they forget that workers are not fixed assets, they are free agents. When this goes on too long, an employee will quit - often over a trivial issue. Talented men leave. Deadwood doesn't.

"Jack Welch of GE once said. A company's value lies
"between the ears of its employees".

"Knowing the truth is NOTHING; Awareness of the truth is SOMETHING, Living the truth is EVERYTHING"

THE HISTORICAL BACKGROUND OF HUMAN RESOURCE MANAGEMENT

Human resource management has changed in name various times throughout history. The name change was mainly due to the change in social and economic activities throughout history.

Industrial Welfare

Industrial welfare was the first form of human resource management (HRM). In 1833 the Factories Act stated that there should be male factory inspectors. In 1878 legislation was passed to regulate the hours of work for children and women by having a 60 hour week. During this time trade unions started to be formed. In 1868 the first trade union conference was held. This was the start of collective bargaining. In 1913 the number of industrial welfare workers had grown so a conference organised by Seebohm Rowntree was held. The welfare workers association was later changed to Chartered Institute of Personnel and Development.

Recruitment and Selection

It all started when Mary Wood was asked to start engaging girls during the 1st World War. In the 1st World War personnel development increased due to government initiatives to encourage the best use of people. In 1916 it became compulsory to have a welfare worker in explosive factories and was encouraged in munitions factories. A lot of work was done in this field by the armed forces. The armed forces focused on how to test abilities and IQ along with other research in human factors at work. In 1921 the National Institute of Psychologists established and published results of studies on selection tests, interviewing techniques and training methods.

Acquisition of other Personnel Activities

During the 2nd World War the focus was on recruitment and selection and later on training; improving morale and motivation; discipline; health and safety; joint consultation and wage policies. This meant that a personnel department had to be established with trained staff.

Industrial Relations

Consultation between management and the workforce spread during the war. This meant that personnel departments became responsible for its organisation and administration. Health and safety and the need for specialists became the focus. The need for specialists to deal with industrial relations was recognised so that the personnel manager became as spokesman for the organisation when discussions where held with trade unions/shop stewards. In the 1970's industrial relations was very important. The heated climate during this period reinforced the importance of a specialist role in industrial relations negotiation. The personnel manager had the authority to negotiate deals about pay and other collective issues.

Legislation

In the 1970's employment legislation increased and the personnel function took the role of the specialist advisor ensuring that managers do not violate the law and that cases did not end up in industrial tribunals.

Flexibility and Diversity

In the 1990's a major trend emerged where employers were seeking increasing flexible arrangements in the hours worked by employees due to an increase in number of part-time and temporary contracts and the invention of distance working. The workforce and patterns of work are becoming diverse in which traditional recruitment practices are useless. In the year 2000, growth in the use of internet meant a move to a 24/7 society. This created new jobs in e-commerce while jobs were lost in traditional areas like shops. This meant an increased potential for employees to work from home. Organisations need to think strategically about the issues these developments raise. HRM managers' role will change as changes occur.

Information Technology (IT)

Some systems where IT helps HRM are:

- Systems for e-recruitment
- On-line short-listing of applicants
- Developing training strategies on-line
- Psychometric training
- Payroll systems
- Employment data
- Recruitment administration
- References
- Pre-employment checks

IT helps HR managers offload routine tasks which will give them more time in solving complex tasks. IT also ensures that a greater amount of information is available to make decisions.

THE ROLE OF THE CHAIRPERSON IN AN ACADEMIC SESSION

Recruiting a Chairperson

The search for a chairperson is one of the most important challenges an academic session organising committee may face. When a search is successful and the right person is matched to the right job, your event may reap benefits for years or even decades to come. Because a truly outstanding chairperson affords a meeting so many benefits, and because a poor one can harm a session in so many different ways, it is vital that the organising committee, particularly those in leadership positions, devote serious time and attention to how chairpersons are recruited and selected.

Two of the greatest dangers in the search for a chairperson are ignorance and apathy. Committee members preoccupied by other demands on their time and energy may neglect the process. With so much at stake in organising a good meeting, it is remarkable how little time and attention many committees devote to the recruitment and selection of chairpersons.

Attributes of a Good Chairperson

- Must be dressed neatly and formally according to occasion and customs
- Be at the venue well ahead of other participants
- Opens the session with announcements (if any)
- Make brief explanation of activities that will take place
- Introduces speakers for the session
- Use pre-written introduction lines for each speaker limiting to only name, current occupation, academic and professional achievements
- No personal comments on speakers personality , dressing etc
- Manages the academic session
- Ensures that the speakers present within the allocated time
- Ensures that all relevant paraphernalia or electronic gadgets for the speaker are ready prior to presentation.
- The chairperson may not examine or question the speaker and should only provide clarification of any matters when requested by the speaker
- The chairperson does not participate in the discussion and should leave all deliberations to members of the floor during question and answer time
- They must not try to influence the audience and remain neutral at all times
- The chairperson cannot dominate the session in words or actions
- They may offer words of encouragement or praise but very briefly
- Be a character builder – make the audience eager to hear the speaker
- Help promote two-way communication throughout the question and answer session enabling everyone to make their views heard
- Have common sense when to speak and when not to speak
- Be able to articulate in one language only throughout entire session – no mixing of languages for any reason
- To maintain an observer's role at all times
- To nurture the abilities of the speakers and not be the speaker

Negative behaviour of a chairperson:

- We forget what a lonely job that of chairperson can be but he/she must never overcompensate this by being chatty with the audience
- An ineffective chairperson may be a poor representation of the profession within the community or medical arena, squandering important opportunities for collaboration and growth among participants
- An arrogant chairperson may communicate badly or act arbitrarily, damaging the morale of the speaker
- An unenlightened chairperson may have a poor picture of the academic session theme and mission thereby costing the meeting some of its best moments
- An insecure chairperson may unwittingly undermine the ability of a speaker by unwanted statements and in fact incite some sections against one another
- A socially inept chairperson may compromise the speakers' efforts
- Some chairpersons find themselves in a difficult position because they lack the ability to control themselves and the audience

"So in order to be the Leader you must first learn to be the Servant by making an earnest commitment to the success of the session and effectively achieve it"

A little knowledge that acts is worth infinitely more than much knowledge that is idle
Kahlil Gibran – Early 20th Century Lebanese artist, poet and writer

FROM THE SECRETARY'S DESK

Packya Narayanan Dassan
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The 21st Malaysia Singapore Radiographers Conference was held at the Promenade Hotel in Kota Kinabalu, Sabah from the 12th till the 13th of August 2006. Participants were from Malaysia, Singapore and Australia. Registered attendance for the conference was well over 130 delegates.

Our guest of honour was Dato' Dr. Noorimi Hj. Morad the Director of Medical Development Division, Ministry of Health and we were most privileged to receive her message encouraging future active participation of radiographers in this annual meeting between both countries.

Dr. Siti Fathimah Abbas, Consultant Radiologist from the Ministry of Health presented a thought provoking theme paper "**From Novice To Expert We Excel**" that totally encompassed the reason we were gathered those two days. It was a very timely and appropriate call to healthcare personnel such as our selves to be more open to technological changes and improvement in service delivery.

Both Presidents from across the causeway delivered their welcome address to the participants wishing them an enriching academic session. And indeed it was a most educational and inspiring session with speakers presenting papers in their special areas of expertise and knowledge. The generosity of spirit demonstrated by these speakers in sharing their wisdom and research findings was very valuable to all who attended the meeting.

The souvenirs chosen by the Assistant Secretary Ms. Chan Lai Kuan amplified this with the engraved words – "***The Power of Knowledge is Through Sharing***".

The Local Organising Committee under the excellent leadership of Tuan Hj. Limon Mohd. Rupin deserves special mention for their perfect coordination without which we would not have had such a smooth event. The superb teamwork of ***Hj. Limon Mohd Rupin, Patsy Hue, Tan Siew Hong, Noraisyah Lanisa, Chrisnawati Salian and E.Razuan Manap*** made a big difference and the MSR thank them for their commitment and perseverance.

The Local Committee had also arranged an amazing cultural show for the Banquet Dinner together with some light dinner games that brought back sweet memories of childhood days which further strengthened the bonds of friendship between the delegates. It was a truly memorable time for all attendees with comments from many that they were eagerly looking forward to the next conference to be held in ***Singapore in August 2007***.

Last but not least we thank all the hotel staff for their hard work and extra effort in making our event a success.

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TOMOTHERAPY AND TARGETED THERAPY

TomoTherapy Highly Integrated Adaptive Radiotherapy (HI-ART)

This is the ***newest radiation therapy option***. The TomoTherapy HI-ART system combines an advanced form of Intensity Modulated Radiation Therapy (IMRT), the accuracy of Computerised Tomography (CT) scanning technology and advanced tools for planning and delivering radiation therapy in one machine.

With TomoTherapy HI-ART, the Radiation Therapy Team can:

- Sculpt small, powerful and precise radiation beams to hit hard-to-reach tumors
- Target tumors using built-in CT scanning to confirm the shape and position of the tumor seconds before your treatment begins
- Reduce radiation exposure to healthy surrounding tissue, often dramatically

Traditional radiation therapies project radiation on a tumor from a few directions but TomoTherapy HI-ART allows your Radiation Therapy Team to deliver precise and powerful doses of radiation therapy from 360-degrees.

An on-board CT scanner helps your care team determine if your tumor has shifted or changed shape since your last treatment. This information allows your radiation oncologist to plan your treatment better to avoid damage to muscle tissue, the spine, the lungs and other sensitive organs.

If you have reached your maximum tolerance dose of traditional radiation, or if your tumor is in a hard-to-reach area, TomoTherapy HI-ART may open new doors to advanced radiation therapy treatments.

TARGETED THERAPY IN CHEMOTHERAPY

Targeted therapy is the result of about 100 years of research dedicated to understanding the differences between cancer cells and normal cells. To date, cancer treatment has focused primarily on killing rapidly dividing cells because one feature of cancer cells is that they divide rapidly. Unfortunately, some of our normal cells divide rapidly too, causing multiple side effects.

Targeted therapy is about identifying other features of cancer cells. Scientists look for specific differences in the cancer cells and the normal cells. This information is used to create a targeted therapy to attack the cancer cells without damaging the normal cells, thus leading to fewer side effects. Each type of targeted therapy works a little bit differently but all interfere with the ability of the cancer cell to grow, divide, repair and/or communicate with other cells.

There are different types of targeted therapies, defined in three broad categories. Some targeted therapies focus on the internal components and function of the cancer cell. These targeted therapies use small molecules that can get into the cell and disrupt the function of the cells, causing them to die.

There are several types of targeted therapy that focus on the inner parts of the cells. Other targeted therapies target receptors that are on the outside of the cell. Therapies that target receptors are also known as monoclonal antibodies. Anti-angiogenesis inhibitors target the blood vessels that supply oxygen to the cells, ultimately causing the cells to starve.

Researchers agree that targeted therapies are not a replacement for traditional therapies. They may best be used in combination with traditional therapies. More research is needed to identify which cancers may be best treated with targeted therapies and to identify additional targets for more types of cancer.

Targeted therapies:

- Signal Transduction inhibitors: Imatinib Mesylate (protein-tyrosine kinase inhibitor)
- Genefitinib (epidermal growth factor receptor tyrosine kinase inhibitor)

Genefitinib is a targeted therapy that targets and binds to the epidermal growth factor receptors (EGFR) on the surface of the cell. EGFR is found on the surface of many normal and cancer cells. ***By binding to these receptors genefitinib blocks an important pathway that promotes cancer cell division.***

MAGNETIC RESONANCE IMAGING (MRI) IN CANCER DETECTION

Researchers have developed and piloted clinical imaging techniques for the analysis and display of serial-time MRI, which is showing great promise in the early detection and treatment of breast cancer.

The team from Florida Atlantic University, the Center for Breast Care at the Women's Center at Boca Raton Community Hospital, and MeVis, the Centre for Diagnostic Systems and Visualisation at the University of Breman, Germany have used the ***mathematical concept of fractals*** to develop the software.

"Fractals are large, irregular geometric patterns made up of infinitely smaller, but identical, irregular patterns," said Dr Heinz- Otto Peitgen. "Fractal theory provided an appropriate platform upon which to build the software program because the ducts within human breast tissue have fractal properties."

Breast MRI is a relatively new tool used to diagnose breast cancer as an ***adjunct to conventional*** mammography. Breast MRI displays the behavior of a cancerous lesion in three dimensions and approaches a nearly 100 per cent accuracy rate in the detection of invasive cancer.

In contrast, mammography provides a two-dimensional view of the breast and surrounding tissue and only detects 80 to 85 percent of tumors. One of the main strengths of MRI is its precise delineation of soft tissue and its ability to image the breast in fine sections dynamically by taking multiple MRI images.

A recent study by Kathy Schilling, medical director of Imaging and Intervention at the Center for Breast Care at the Women's Center at Boca Raton Community Hospital, was published in The American Journal of Radiology and entitled "Assessment of Suspected Breast Cancer by MRI - A Prospective Clinical Trial Using a Combined Kinetic and Morphologic Analysis." Findings showed that in more than 30 per cent of patients there were additional tumours in the same breast, and in almost one in 10 patients there were tumours in both breasts.

"These tumours were not found using mammography or ultrasound," said Schilling. "We also found a resulting change in the course of treatment in nearly a quarter of patients undergoing surgery for newly diagnosed breast cancer." In addition, findings from this study showed that MRI directed biopsies using computational clinical imaging led to definitive conclusions.

Tips on dealing with the burdens of life

1. *Accept that some days you're the pigeon, and some days you're the statue*
2. *Always keep your words soft and sweet, just in case you have to eat them*
3. *Drive carefully. It's not only cars that can be recalled by their maker*
4. *If you lend someone $20 and never see that person again, it was probably worth it*
5. *It may be that your sole purpose in life is simply to serve as a warning to others*
6. *Never buy a car you can't push*
7. *Never put both feet in your mouth at the same time, because then you won't have a leg to stand on*
8. *When everything's coming your way, you're in the wrong lane*
9. *Birthdays are good for you. The more you have, the longer you live*
10. *A truly happy person is one who can enjoy the scenery on a detour*


21ST MALAYSIA SINGAPORE
RADIOGRAPHERS' CONFERENCE
12-13 AUGUST 2006
PROMENADE HOTEL, KOTA KINABALU, SABAH
OFFICIATED BY
DATO' DR NOORIMI HJ. MORAD
DIRECTOR, MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA


1ST MALAYSIA SINGAPORE
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12-13 AUGUST 2006
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OFFICIATED BY
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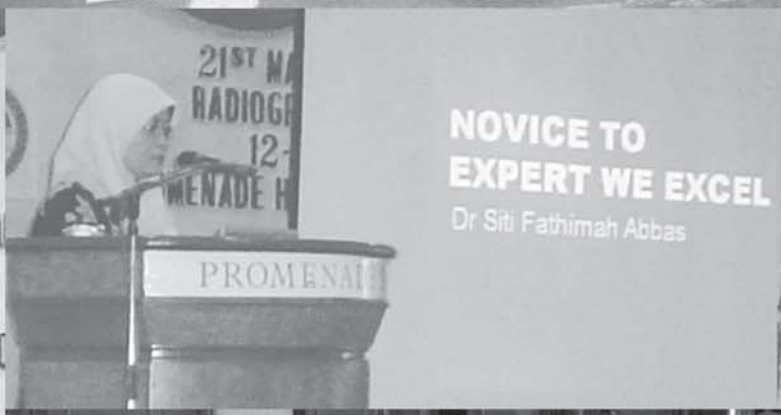
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Dr Siti Fathimah Abbas


21ST MALAYSIA SINGAPORE
RADIOGRAPHERS' CONFERENCE
12-13 AUGUST 2006

PRESENTERS AT 21ST MALAYSIA SINGAPORE RADIOGRAPHERS CONFERENCE KOTA KINABALU, SABAH 12-13TH AUGUST 2006

The Scientific Meeting is available on VCD for a limited time only. Price **RM40/-** per set (7 CDs). To order please send a **RM2/-** stamped self-addressed envelope (sized 9" x 6") to the MSR Secretariat c/o Department of Diagnostic Imaging Kuala Lumpur Hospital together with your payment either by cheque, bank draft or money order. Please do not send cash. Please write on envelope left hand corner **21st MSRC PRESENTATION**.

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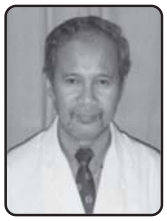

The patient centered approach
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Radiographer's role in the transition of Analog (screen film Radiographic imaging) to Digital Imaging
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Visualisation of Uric Acid Renal Calculi using Computed Radiography
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The Radiographer in professional Leadership Role
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A Comparative Study between Computed Radiography and Screen-Film Mammography Systems in the Detection of Microcalcifications
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**"There are people who speak to us and we do not listen to them.
There are people who hurt us and they don't leave a scar.
But there are people who simply appear in our life and they mark us for ever."
(Cecília Meireles – Brazilian poet, journalist and teacher)**

Personal Effectiveness

Personal effectiveness is a matter of style and substance. It's also a matter of personal values, character, humanness and confidence in the creativity, initiative and capabilities of others. Above all it's a matter of 'engaging' other human beings.

1. Develop a vision!
Planning for the longer term pays off, and working backwards from a vision of the desired end result creates clarity and purpose. People want to follow someone who knows where he or she is going.

2. Simplify!
You need to see the big picture in order to set a course, communicate it and maintain it. Keep the details at bay. You also need to then simplify reality and identify the essential activities and action steps to get there. Focus on what really matters in terms of customers, value added and performance.

3. Trust your people!
You can't expect them to go all out for you if they think you don't believe in them. And they definitely will not go all out if they don't trust you. Be trustworthy and build trust by 'trusting'.

4. Keep your cool!
The best leaders show their mettle under fire. Stay 'in command' with full attention to everything that is going on.

5. Be an expert!
Everyone had better understand that you know what you're talking about. And even when you don't know you're an expert in finding out!

6. Encourage risk!
Encourage individuals to take chances and to accept error and failure as an inherent facet of learning and growth. Encourage and unleash the creativity of those around you.

7. Invite dissent!
You're not getting the best or learning how to lead if people are afraid to speak up and engage themselves in what you're up to. Heat and friction are natural ingredients of energised and high performing individuals and groups.

8. Remove obstacles!
Remove obstacles and barriers, and provide the tools, training, systems and structures to act and to grow.

9. Develop ownership!
Stimulate self directed action and transfer responsibility and ownership to those who do the work.

10. Tell the truth!
There is no more effective method of engaging individuals and making a difference than telling the truth - about what is happening, what you want, how you want to get there, and what you want, need and expect from others. A 'ruthless commitment' to telling the truth is perhaps the most liberating and refreshing approach to effectiveness in any context. This is all part of 'the quiet work of leadership.'

All business operations can be reduced to 3 words: People, Product and Profits. Unless you have got a good team, you cannot do much with the other two.

Lee Iacocca – Chairman of Chrysler Corporation

As a young man, Al was a skilled artist, a potter. He had a wife and two fine sons. One night, his oldest son developed a severe stomachache. Thinking it was only some common intestinal disorder, neither Al nor his wife took the condition very seriously. But the malady was actually acute appendicitis, and the boy died suddenly that night. Knowing the death could have been prevented if he had only realized the seriousness of the situation, Al's emotional health deteriorated under the enormous burden of his guilt. To make matters worse his wife left him a short time later, leaving him alone with his six-year-old younger son. The hurt and pain of the two situations were more than Al could handle, and he turned to alcohol to help him cope. In time Al became an alcoholic.

As the alcoholism progressed, Al began to lose everything he possessed – his home, his land, his art objects, everything. Eventually Al died alone in a San Francisco motel room. When I heard of Al's death, I reacted with the same disdain the world shows for one who ends his life with nothing material to show for it. What a complete failure! I thought. What a totally wasted life! As time went by, I began to re-evaluate my earlier harsh judgment. You see, I knew Al's now adult son, Ernie. He is one of the kindest, most caring, most loving men I have ever known. I watched Ernie with his children and saw the free flow of love between them. I knew that kindness and caring had to come from somewhere. I hadn't heard Ernie talk much about his father. It is so hard to defend an alcoholic.

One day I worked up my courage to ask him. "I'm really puzzled by something," I said. "I know your father was basically the only one to raise you. What on earth did he do that you became such a special person?" Ernie sat quietly and reflected for a few moments. Then he said, "From my earliest memories as a child until I left home at eighteen, dad came into my room every night, gave me a kiss and said, "I love you, son." Tears came to my eyes as I realized what a fool I had been to judge Al as a failure. He had not left any material possessions behind. But he had been a kind loving father, and he left behind one of the finest, most giving men I have ever known.

– Bobbie Gee – Winning the Image Game

THE ART OF CARE – WHAT MATTERS MOST

Chan Lai Kuan,
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Introduction

The Science of Care and the Art of Care are the two most important aspects in the medical field. The Science of Care focuses on the physical needs and comfort of the patient. The Art of Care, however, deals with the psychological needs of the patient which are the patient's emotions and feelings.

With the advancement of technologies, there is no dispute about the increased quality in Science of Care. The physical comfort and treatment of the body is made available with the latest medical knowledge and the state-of-the-art technologies. At present, we have well designed hospitals that can cater to every physical need of the patient. This is evidently present with the pleasant waiting areas and reception counters, the beautiful landscaping, spacious canteens and the comfortable wards, just to name a few.

The computerized Hospital Information System (HIS), Radiological Information System (RIS) and Picture Archiving and Communication System (PACS) in the radiology department has reduced paper work and minimised waiting time. In addition, the advances in radiological technologies such as Multislice Computed Tomography (MSCT), open system Magnetic Resonance Imaging (MRI), digital fluoroscopy, Digital Subtraction Angiography, 3-D (Dimensional) Ultrasound has made image acquisition simple and fast.

The introduction of new types of contrast media with fewer side effects has reduced risk and unnecessary trauma to patients. Advancement in technologies also allows simpler and less invasive methods to be used in examination procedures while diagnosing and treating diseases. All these improvements and facilities have contributed greatly to the improvement of the Science of Care.

On the other hand, one may wonder - Has the quality in the Art of Care also improved comparatively with the Science of Care? Many patients, radiological educators and even the public have doubts in this aspect. Most of the time, the health care providers, in their eagerness to treat and see their patients well again, have over looked the delicate needs of patients. These health care providers must pay equal and important attention to reducing the patient's anxiety, improving patients' mental perceptiveness to the examination and treatment, conducting effective communication, demonstrating empathy as well as giving positive encouragement and love to the patient. The radiographers for example, are so preoccupied with other aspects of their job such as the need to finish all the cases within a stipulated time; ensuring the sequence of the examination procedure is correct and learning all about the latest technologies for personal development and self-interest. With the increase in the number of complaints and dissatisfaction from patients (mostly unofficial and undocumented) it is time that we take a serious look at the quality of the ART of CARE. It is important to have a balance between the Science and the Art of Care in order to satisfy patient's expectations.

Objective

The purpose of this study is to find out what are the priorities of the health care providers. The respondents of this study were second year radiography students, who will be the future health care providers. Observations were carried out in the clinical area to determine how care is being given by the students. The patients were also included and interviewed in this study to obtain their input and comments towards the care that they had received from the health care providers. Their input serves as a reality benchmark against the health care providers' priorities. The findings gave us a better perspective of what to expect and how to steer towards excellence in the Art of Care.

Material and methodology

The following respondents were randomly invited to participate in this study:

- 53 second-year radiography students
- 20 patients

The students were asked to answer pre-set questions and observations were carried out in the clinical area to determine how care is being given by the students. In this study a small number of patients were also being interviewed to obtain their opinion towards care that they had received from the health care provider.

1. Question

On the 1st day, the students were asked to answer the question "What matters most if you are a radiographer?" They are to list ten things in order of most importance to them. On the second day, the same question was asked again but this time, the students were asked to list the ten most important things to them assuming they

are a patient who requires services at the radiological department.

2. Observation

The students were randomly observed at the diagnostic department. The purpose of the observation is to study their attitude towards the patients while providing care during their practical training.

3. Interview of patient

The 20 patients were randomly interviewed to find out what matters most to them when receiving Radiological Services. These patients came from different ethnic groups, various education backgrounds and also a mixture of male and female.

Results

1. Question

The answers obtained for the first set of question displayed priority of self and also care from the aspect of Science of Care. 80% of the students stated that to acquire more knowledge and technical competency for self-achievement or status as the thing matter most to them. Only 20% of the students included things related to patients care such as effective communication, ensuring patients' privacy, being sympathetic and having empathy.

The following are the things that were of most concern to them:

1. To acquire more knowledge and technical competency for self-achievement
2. Produce high quality images
3. Good pay and good promotion opportunities
4. Good working environment
5. Good team work
6. Practise radiation protection
7. Have effective communication
8. Short waiting time
9. No repeats
10. Giving clear explanation

The priorities changed when the students took the role as a patient. Their answers reviewed the element of care and mostly the aspect of the Art of Care. Unanimously, the first priority they wrote was to be treated well. Some even elaborated in detail what they meant by "being treated well" - that is willingness to serve, caring, show understanding and happy to serve.

The ten most important things for a patient are as follow:

1. To be treated well, demonstrate willingness to serve, caring, understanding and happy to serve attitude
2. To be placed as most important than other job or responsibility
3. To be respected and cared for
4. To understand patient's problem and condition
5. Must smile often and be friendly
6. Must observe patient's right, privacy and dignity
7. Must provide accurate diagnosis and immediate treatment
8. Must be able to give clear explanation of procedure
9. Must do it right the first time - no repeats in any examination
10. Must provide radiation protection

2. Observation

Majority of the students (80%) performed radiological examinations like a "programmed robot". Procedures are carried out as programmed; giving the same instructions; asking the same questions and performing the same actions routinely. There was no personal touch in giving care to the patients. Even though everything that needed to be done were carried out properly but there was lack of interest and feeling; no genuine smile on the face, not much explanation, no eye contact, very minimal communication, no compassion and far from having sympathy and empathy. Some students didn't even remember their previous patient when asked. Some admitted that they don't really look at the patient but only focus on the part of the body that requires examination. They regard the examination that they do is just a task to be completed as fast as possible. They don't express much compassion in doing the job.

3. Patient Interview

20 patients were randomly interviewed to find out what mattered most to them when receiving radiological services. Among the things that matter most to the patients are that the health care providers must have compassion and a caring attitude, have patience, willing to spend time to explain in simple lay-man terms what the patient has to go through. Must be able to communicate effectively; give instructions clearly and willing to listen to the patient if they are in doubt. Must show empathy towards patient's suffering. Have good rapport with patient regardless of their race, culture, education level and age.

It appeared that the patient had expected the facilities of the department should be up-to- date as the government had injected so much money in upgrading the standard of health care service in the hardware and infrastructures. What the patient really hopes for is the gentle/personal touch from the radiographers. A little show of kindness goes a long way and caring bedside manner is the thing that matters most to them.

Some patients even mentioned it is all right to wait for a little while longer if they were informed for the delay. They feel much better even if the procedure cause them much pain and discomfort if the radiographer shows empathy and were with them to give emotional support and not leave them alone. Some good examples that were given by the patients were to be pre-warned gently and given assurance and encouragement to endure, such as the oral contrast tastes "a little funny but its all right" even though it actually tasted horrible; to tell the patient that the procedures does hurt a little but in actual fact it does hurt quite a bit; to encourage the patients so they do not need to feel shy even though the normal procedure that is done so often may cause embarrassment to them. The patients prefer to be informed before hand so they are prepared for the awful taste, the pain, the feeling of embarrassment and can mentally adjust to the situation. By describing what they have to go through will help the patients overcome physical and emotional discomfort.

Discussion and Recommendation

From this study on the future radiographers, it is obvious that the students, the future health care providers, had set their priority from the wrong perspective when they become the radiographers. They failed to embrace and fully appreciate the basic fundamental of the health care professionals' existence (why and for what reason they are there?) - That is for the patients. Even if they "know" the basic fundamentals of the health care profession, they sometimes forget that the main concern of care is the patient, not just their physical needs, but "the overall needs as a human being" which cover the entire dimension - physical, emotional, social and spiritual. In brief, their main focus is more towards the Science of Care. They did not realise that the patient has already expected the quality of the Science of Care to be built into the system and to be excellent. It is expected to be of high quality since we have the advanced technologies that enable it to be easily achieved.

On the other hand, when the students took the role of the patient, naturally they can put themselves in the others shoes. Hence, the answers provided reflected the needs of the patient and mostly were on the aspect of the Art of Care. They would like the health care providers or the radiographers to be willing to serve, to care and to love. When they were having the role as a radiographer, willingness to serve and love was far from their minds as other priorities preceded those qualities.

From the observation, the students obviously demonstrate very little element of care in the aspect of the Art of Care. They did well no doubt, in the Science of care. As stated, they had developed a habit of working like a "programmed robot". All they did were monotonous and routine, there was no personal touch in giving care to the patient and assessment of different needs in care was not taken into consideration.

By interviewing the real/genuine patient, it confirmed the fact that all patients' expectations are the same; whether they are the students taking the role of a patient, OR they are the real patients; the responses they gave were similar. The Art of Care is what matter most to them. Their expectation of the Science of Care is as it already made available. It is the Art of Care that is what they wish for.

From this simple study, it is obvious that something has to be done to improve the quality of care in the aspect of the Art of Care. The challenge before us is: the Art of Care involves the element of one's attitude, which cannot be taught in class like learning A-B-C. We all know the subject on patient care is included in the training syllabus and the students may learn all the guidelines just to pass examination. How much real learning that has taken place is a question yet to be answered.

The Art of Care is something inherent in a person. The desire to help with compassion and love is inherent. Even though a caring attitude is something that is inherent but the upbringing and personality also play a role. It also can be acquired through observation, passion for the profession and willingness to change. Radiography Educators and also the senior radiographers should be good role models and emphasise good caring attitudes for the juniors to emulate.

Providing the students with opportunities to experience the procedure during role-play and practical sessions will certainly help create awareness and help students to be more sensitive and understand the needs of patients. These experiences include tasting the barium and oral contrast; having compression band on them, lying in an MRI and CT, take the role of patient and being position by other fellow students etc.

Students are to be informed for the following issues to make them realise caring is not just a requirement but also requested by law. Things that the educators have to put into teaching are:

The patient is a person and not a case/object. We must think, regard and care for a patient as a human being with a home, family, problem, joys, sorrow, habits, and beliefs similar to us. Whilst doing cases, do not only concentrate on

the part to be treated but the whole individual. So often we refer to our patient/client as "a foot", an IVU or CT, "the skinny lady with Ca breast", the good looking man with HIV etc. The students need to be taught to address patients correctly right from the beginning of their training to develop good and professional habits/manner.

Every patient is a VIP as they are the single reason for the existence of the health care provider. Often we regard ourselves as indifferent when treating patient, but at times we are quiet bias in treating our patients. We will be more caring with some patients but get bored or show our displeasure especially with very demanding and difficult patients. It is important that the students avoid biasness in patient care. This is something not easy to achieve, but we have to start somewhere, to eventually achieve this.

Our role is to serve the patient with the latest imaging techniques, not just to get a better salary. This is often the real scenario in the imaging department. The radiographer will try to acquire, as much knowledge and expertise as possible on the latest imaging modality to increase their own market value. Very few do it with the good intention of serving the patient. The students need to be coached to obtain latest knowledge, not just to update professional qualification for self-development, but most importantly, to providing better care for patients. The greatest gift one can receive is having a big thank you from a patient.

The student should be taught the legal aspect of patient care, too. Abide by the law, we have the duty of care to our patients, but breaching of this care, be it intentional or unintentional, may result in a lawsuit. Cases like forgetting to protect a patient from the radiation while making a radiographic exposure; failure to inform the patient a media contrast study may be required after a plain CT examination or a patient suffers injury due to radiographers' negligence can be a basis for litigation.

With better education and knowledge, it will not come as a surprise if we are going to get a lawsuit in the field of medical Imaging.

The students need to learn about the patient's bill of rights for example the patient's charter, the principles of professional conduct for radiographers and also the code of practice and ethics. Knowledge of these articles will serve as a guide and reminder in our professional conduct and help us to serve the patient better.

The students also need to learn to respect patients' personal preference and values and maintain patient privacy and dignity. Communicate openly with them and allow them to be partners in the decision making process of their care. A patient that feels he or she can participate in his/her care will not feel disabled by the system and will be able to give full cooperation in the process of care.

Lastly, the most important thing to inculcate in the student is the need to love and care for their patients, as we would like others to do unto us. A word of caution; a blanket on the cold feet; a soft mattress on the hard table, a clean pillow case and patient gown; a cup of hot tea; an encouraging hand grip; some comforting words, an assuring nod, a little gesture that is not that difficult to perform but may mean so much to the patient who received it. It may be their best remembered and most appreciated experience.

Conclusion

In the 21st century the job of the radiographer includes care for the terminally ill and also the healthy person. With the advancement of technologies and the upgrades in education standard/level, patient's expectation of care also increases. To satisfy them merely through the Science of Care is no longer adequate. So, it is undisputable that the health care providers have to take the challenge to embrace the Art of Care in their respective professions if they do not wish to be wrongly perceived as an uncaring professional.

If one can always empathize with the patient; putting oneself in their place; treating them as a whole person, as a VIP, remember their rights and also the requirement by law of their duties, we will be able to face challenges and emerge as the best. The best radiographers have passion in their work and love their patients. They treat their patients with the same kind of concern and respect that they would appreciate if they were ill. (Enrlich & McCloskey, 1989).

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You have to do the right thing. It may not be in your power; maybe not in your time, that there'll be any fruit. But that doesn't mean you stop doing the right thing.
~ Mahatma Gandhi

TRIBUTE TO A LEADER

DATO Dr. S. K. DHARMALINGAM
3 Dec 1927 – 17 July 2006

A '' Legend '' he was and he will always be remembered and revered by all those for whom he had provided opportunities for a better life. He was more than a boss, more than a friend to everyone who either worked for him or sought his wisdom in matters not only pertaining to Radiotherapy but also in law, politics, engineering, architecture, accountancy and so on. In brief he was a master Ior GURU and was always beyond the average intellectual of his time.

Hidden behind an arrogant outlook he was a gentle, warm and compassionate soul. He would always want to bring out the best of those who sought his guidance. In Sanskrit the word ''Dharma'' in itself means the Natural Law or Reality, and with respect to its significance for spirituality and religion might be considered the Way of the Higher Truths. And since truth is imperishable then Dharma will always live on.

I reported to Dr. Dharmalingam, the Head of Institute of Radiotherapy, Nuclear Medicine and Oncology in 1967. At our first meeting he displayed a character of discipline, determination, devotion and dynamism. Though my initial impression of the old and run-down department was depressing, he made up for it with his visionary aspirations for the future by laying out a plan for the new department which was then still under construction. The completion of the new department with the state of the art equipment in record time placed Malaysia in a world class division for the provision of quality cancer treatment and Nuclear Medicine services.

Dr. Dharmalingam, with his visionary approach to serve the nation, for the first time in medical history introduced the latest of the Megavoltage equipments namely the Linear Accelerators (LINACS) and Betatron for cancer treatment and Simulators for the precise localisation of tumours. As one of the most comprehensive Radiotherapy facilities in the world, this new Radiotherapy facility included a mould room, complete workshop, a Brachytherapy suite and a well equipped Nuclear Medicine Section.

The uniqueness of this new facility was that in the sixties (1968) it was one of the few institutions in the world which had all the state of the art equipment, clinical laboratory, pharmacy and wards under one roof. This was indeed most convenient for patients who did not have to go through a maze of corridors to attend to their appointments either in the clinic, pharmacy, Radiotherapy treatment or laboratory. It was the innate qualities of this visionary doctor coupled with perseverance to seek, analyse, succeed and implement projects in the interest of the nation and cancer patients that earned him the recognition as ''Father Of Cancer".

He lived up to his fatherly reputation amongst his staff in the Radiotherapy Department. Every deserving staff from a Consultant to an attendant was rewarded with scholarships, sponsorships, promotions, and at times he acted as a family counselor to those who faced domestic challenges. He cared and shared with one and all in his own unique way. Undoubtedly, he gave a head start in the career of many a doctor, paramedic, nurse and attendant. He paved the way for knowledge, skill and creativity amongst his staff to achieve par excellence in their respective fields. The learning environment he created within the department and in the social setting was both stimulating and inspiring for everyone to soar to greater heights of success.

But it was not all work with Dato'. Being a hole-in-one golfer and a keen sportsman he encouraged his staff to play badminton and football. Dato' or Boss as he was hailed (and even later when he went into private practice) then displayed such art and craft in his game to the frustration of his opponents. As always he was an inspiration and an enigma to his opponents. Dato' was intuitively conscious of his staff's idiosyncrasies and needs for self fulfillment. There were times he even had to answer the spouses for his staff coming home late after work!

The sports arena was also used for sober discussions and trouble shooting on departmental matters. Corporate sector personalities too were special guests during the games.

He was always looking ahead for innovation. Where many feared to venture, Dato' was there ready with the facts, figures and the plans to execute his vision and mission. One such vision was the installation of the first Computed Tomography (CT) Scanner in Malaysia. Amidst much controversy, Dato's dynamism, expertise, and negotiating power impressed the Ministry Of Health to award the first CT Scanner in Malaysia to be installed in the Radiotherapy Department of the General Hospital. Once again Dato' created history in the annals of the Ministry Of Health Malaysia. This is indeed a reflection of his dedication and devotion to service for the sole benefit of the nation.

Of course Dato' was not alone. He was a pillar of strength to his loyal team comprising of flamboyant personalities such as Dr. Yee Sung Tuck,

(Cont'd on page 19)

INTERNATIONAL SOCIETY OF RADIOGRAPHERS & RADIOLOGICAL TECHNOLOGISTS

...an international nongovernmental organisation in Official Relations with the World Health Organisation

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Nothing can be taught to a man; but it's possible to help him find the answer within himself.
Galileo Galilei – 15th Century Italian physicist, astronomer, astrologer and philosopher

(Cont'd from page 17)

Dr. Perdamen Singh, Dr. Ganesan, Dr. Mahadeva, the late Dr. Narashima, Dr. Sundram, Dr. Tan Meng Kuan, Dr. Lopez, Dr. Sreenivasan, Dr. Roslan, Dr. Albert Lim, Dr. Krishnamoorthy, Mr. John Jayakar, Mr. Tony Ng, Mr. Wong Jin Tin, Mr. Pakrisamy, Mr. Joseph, Mr. Fam, Mr. Kula, En. Ismail, En. Mohd. Noor and of course my self too. He raised us all as one big extended family showering us with endless rewards. The team he nurtured stood by him like the rock of Gibraltar.

The Institute of Radiotherapy, Nuclear Medicine and Oncology is just one testimony of Dato's many visions for the nation. His outstanding entrepreneurial leadership and corporate networking paved the way for the establishment of the **National Cancer Society** Building under the auspices of the Malaysian government, Dato' Harun, the then Mentri Besar of Selangor, Dato' W T Kiat and many other philanthropists. As the Secretary of the Selangor Branch, I also acted as a part-time "clerk of works" in the construction of the building under the direction of Dato'.

The **Cancer Treatment Centre** in Tung Shin Hospital is another of his brainchild to compliment the efforts of the government to provide adequate cancer treatment facilities for Malaysians. In a selfless way Dato' has left nothing unturned for the benefit of many to come in the future years. His faith in Mr. Anthony Skelchy, Dr. Selva, Dr. Kamal, Dr. Lam, Dr. Tan, Mdm. Indra, Mr. Govan, Mr. Tony Ng, Mr. Kula, Ms. Sue Pan, Ms. Gina Gallyot and Ms. Sripriya Manoharan and the other radiation therapists and staff will take the Society to greater heights.

Dharma as he is fondly addressed by his close associates is here to stay, as his name implies in Sanskrit" The Way of Higher Truths" because the truth does not perish. His beloved wife, children and grandchildren will miss Dato' but the legacy he leaves behind will never be erased from their minds. A person, who lives their life with an understanding of this natural law, is a "dharmmic" person, which is often translated as "righteousness". In the fifteen years that I served him, he moulded me to look beyond the obvious and experience peace, love, truth, righteousness and non violence within me.

He has brought time to a standstill. He cannot be replaced. An era has passed as though its end of time. But in our hearts we will replay and revive the past glories to perpetuate the golden memories of **Dato Dr. S. K. Dharmalingam**.

In the service of Dharma,
T. Yogaratnam
yoga55@yahoo.com

The International Society of Radiographers and Radiological Technologists (ISRRT)
9–13 June 2006: 13th World Congress Denver, Colorado

This year the World Congress was held in the city known as the "Mile High City" of Denver, Colorado. This name is due to it's location of one mile or approximately 1600m above sea level. Colorado state is also well-known for ski activities in celebrity famous Vail and also Aspen where the rich and famous jet set and congregate.

This was the meeting place of radiographers and radiological technologists from all around the world between the 9th till the 13th of June 2006. Professionals in the fields of radiation therapy and radiology represented over 30 countries at this gathering. We were represented by our esteemed ***President Puan Hjh Salmah Ahmad*** as a Council Member of the proceedings. There was a turnout of over 1000 participants at the conference venue; the Adams Mark Hotel in downtown Denver.

This year's conference was held in conjunction with the ASRT (American Society of Radiologic Technicians) and the AERT (Association of Educators in the Radiological Sciences) Annual Meeting.

Some important topics discussed were related to Medico-legal Aspects of Imaging Breast Cancer, The Art of Pain Management, Radiological Terrorism and the Role of the Radiologic Technologist, Teaching Digital Radiography, Stereotactic Body Radiation Therapy and Patient Safety.

The Council and Regional meetings were held from the 6th till 8th of June 2006 with elections for new board members and also regional coordinators. The results are on the page preceding this article (*page 18*). We would like to congratulate ***Dr. Tyrone Goh*** and ***Ms. Tan Chek Wee*** on their appointment as new ***Treasurer*** and ***Regional Coordinator for Public Relations*** respectively for the Asia and Australasia region.

In Rememberance

DATO Dr. S. K. DHARMALINGAM
3 Dec 1927 – 17 July 2006

Malaysia's first oncologist, founder member and president of the **National Cancer Society Malaysia (NCSM)** Dato Dr. S. K. Dharmalingam passed away on 17th August 2006. He was 77. Dr Dharmalingam, remembered by many for pioneering cancer treatment in Malaysia, suffered a heart attack in March and was in a coma until his death. NCSM vice-president Anthony Skelchy, who had worked with Dr Dharmalingam for 40 years, said: "He is synonymous with the NCSM. From nothing, the NCSM now has a Cancer Treatment Centre in Tung Shin Hospital, Women's Cancer Detection Clinic, the Nuclear Medicine Centre and a home for children with cancer." "He left a wonderful legacy," he said. Head of the Malaysian Oncological Society Dr Gucharan Singh said when Dr Dharmalingam headed the Hospital Kuala Lumpur radiotherapy/ oncology department from 1962 until he retired in 1982; the hospital was on the select list for training of the Royal College of Radiology of Britain. He established the first Mammography Screening Centre in South-East Asia and introduced uterine cancer screening. Dr Dharmalingam was also founder president of the Malaysian Oncology Society, vice-president of the Asian-Oceania Clinical Oncology Society and founder president of the Malaysian Radiological Society.

MESSAGES FROM ACROSS THE GLOBE

Regret to hear this news. We are in the period where we are losing many of the early pioneers who did so much excellent work in establishing diagnostic and therapy departments around the world
Rob George, President, International Society of Radiographers and Radiological Technologists

This is noted with sadness by the New Zealand Institute of Medical Radiation Technology
David Morris, General Secretary NZIMRT

Indian Association of Radiological Technologists (IART) deeply mourns the sad demise of Dato Dr. S. K. Dharmalingam. It is a tragic loss to the whole society. We pray that GOD ALMIGHTY WILL GRANT PEACE TO THE DEPARTED SOUL.
S.C. Bansal

We are very sorry to hear of the first oncologist's death. On behalf of Korean Radiological Technologists Association (KRTA), I would like to commiserate with you and your society on the loss of your pioneer. We will always remember what he has done in Radiological field.
Ho NamKoong. R.T. Vice-Director of International Affairs,
KRTA, MRI Center, Department of Diagnostic Radiology,
Seoul National University Hospital

"Throughout the centuries there were men who took first steps, down new roads, armed with nothing but their own vision"-
A quote from Ms. Ayn Rand, a Russian philosopher and novelist.

The express goal of Ms. Rand's fiction was to showcase the idealized hero, a man whose ability and independence causes conflict with society, but who nevertheless perseveres to achieve his goals.

Dato' Dharma was the living testimony of this ideal.