Inaugural Asian Paediatric Ethics Conference 2nd and 3rd October 2023



Symposium 2 speaker

Dr TAN Hui Siu Hospital Ampang, Malaysia

Dr. HS Tan is a full-time clinician. As a former head of paediatrics in the districts, she contributed to several local initiatives and national guidelines. She took a mid-career "gap year" to complete a Master of Bioethics at Harvard under Khazanah scholarship and a Certificate of Paediatric Bioethics at Kansas City. Currently, Dr. Tan concentrates on developing clinical ethics services in Malaysia and hopes to use bioethics in improving care, strengthening relationships, and advocating for better systems. Hospital Ethics Support Service (HESS) at Hospital Ampang was established in 2020. As Malaysian Bioethics Community co-founder, she led the editorial work for "Bioethics and COVID-19 - Guidance for Clinicians" and the guidance "Best Practices in Clinical Ethics and Compassionate Care . "She enjoys meeting and listening to the ethical challenges faced by her colleagues when she gives talks and runs workshops. She is also a Malaysian Research and Ethics Committee (MREC) board member. Dr. Tan gets excited about patient-physician relationships, communication skills, social advocacy, and healthcare leadership.

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Presentation title: Children (still) left behind - various interests, determinants, and ways forward - a Malaysian perspective

Abstract

Where is Malaysia? Geographically, she's surrounded by Thailand, Singapore, Indonesia, and the Philippines. Culturally, her Asian values and diversity are close to Singapore in the Peninsular and to archipelago indigenous traditions in Sabah and Sarawak. Being an independent Commonwealth country of 66 years, many legal and public administrative structures follow the Westminster systems, with the Malay kingdom's origins retained through a federal constitutional monarchy. As a Muslim nation, Islamic traditions permeate the daily living of the Malays -- from food, matrimony, education, child-rearing, and decisions related to health, sickness, and dying. Many public programs and policy-making observe Islamic boundaries required by the majority.

Where is health and healthcare in Malaysia? Malaysia has a three-tiered overlapping public, university, and private healthcare systems and a few NGO-run clinics. Healthcare delivery and research are mainly governed by the Ministry of Health (MOH). Child health and medical programs are led by the Family Health Development Division and the Medical Development Division in MOH, respectively. Child social well-being and protection are co-managed with the Department of Social Welfare under the Ministry of Women, Family, and Community Development – mainly supported by the legal provision of the Child Act 2001 and its amendments, and the ratification of CRC. These ministries have made significant strides in child health and protection over the past decades. However, many challenges remain, including the difficulty of reaching out more effectively to marginalized children – the poor, stateless, and disabled, and the struggle to attain high standards of tertiary care, medical advancement, and R&D, similar to developed countries.

"Are there children still left behind?" – Yes. So, how do we set priorities? Which group of children? Health, non-health interests, or both? Which health issues first? Should we spend more on preventive health programs targeting nutrition, safe child-rearing practices, and accident prevention, or on expanding (sub)specialised services and NICU PICU beds? Are there upstream common determinants to the gaps we see? Which voices matter, and which do we rely on? Are rights-based and justice frameworks still persuasive for change? Ethically, should we justify the best interests of the child based on the adults they may become or who they are now? How do we overcome ingrained cultural practices when they can be untouchable? How do doctors navigate the various cultures and values, influences from extended families and social media, and other external pressure in clinical practice to provide the right care? How can they address the moral emotions of failing to provide what they think is best for children?