

THE WORK OF ART



0. OVERTURE 1

Celebrating the life of Burma's Iconic Surgeon
Dr. U Maung Maung Sein on his 80th birthday

December 27th, 2012

The Work of Art



Literally.

The cover picture of Dr. U Maung Maung Sein is an original, drawn for this auspicious occasion by

Arthur "Art" Sun Myint. IM2, 1972

O. OVERTURE 2



Saya UMMS: First Overseas Gold Medal Recipient, Royal College of Surgeons of Edinburgh, 1994. Photograph: Contribution of Dr. Kyaw Swa, IM2, 1974

FOREWORD

Dr. Maung Maung Sein, whom we affectionately call Saya Maung Maung Sein (Saya means Teacher or a Doctor) is not only a great surgeon but also a great mentor. It has been my honor to have known him since I graduated in 1958 with a degree in medicine.

During my lifetime, I have encountered many teachers, but Saya Maung Maung Sein is exceptional. He is not only an excellent educator, but a great physician, a steadfast friend, and a compassionate human being. I have worked with numerous surgeons around the world, and I can, without hesitation, say that he is one of the best general surgeons to ever wield a scalpel.

In 1994, The Royal College of Surgeons of Edinburgh conferred him the highest honor of the first overseas gold medal, among 44 competing countries, for his contributions to Surgery and education in his native Burma. There is no one more deserving to be honored such.

During our long and enduring friendship, he taught me many important things not only in the operating room but also outside of it. Dr. Sein is very humble and lived a simple life. He practiced compassion as part of daily life. He understood the art of giving in his personal and professional life. And, he understood that ethical living is the foundation of all religions.

He had many opportunities to work abroad, but he chose to live in Myanmar to serve his country and his people. Even when his health deteriorated, he continued his quest for knowledge by learning and teaching meditation. When Dr. Jennifer Chu asked me to write this Foreword I felt honored, but it is difficult to do justice to such a great man and a great life. His legacy lies in the eminent physicians he trained and the countless grateful patients he treated. I am sure you will enjoy reading his memoirs from his colleagues, friends and students.

Rama R Naidu. MD FACA FAAP.



L to R: UMMS, Paulette and Winston Chu, Daw Su Su, and Dr. Tint Lwin's daughter, Daw Su Su, Dr. Naidu's brother, Dr. Tint Lwin, Dr. Rama Naidu, in Phila,1974. Photo: Courtesy of editor JCMD.



NEED YOU ASK? TIME WILL TELL



PREFACE

THE SINGER NOT THE SONG

We dedicate this book with its music and songs to Saya U Maung Maung Sein (UMMS), the **Majestic Maestro** and **Scientist**. These MMS initials describe his platform in life. We, his students, colleagues and contemporaries had the fortune to have met, worked, learnt and benefitted from UMMS' brand of music and memorable songs first hand. Now as members of the UMMS Orchestra and Choir, our intention is to re-gift UMMS on his 80th birthday by passing his music legacy to those in the past, present and future generations. UMMS is **The Work of Art** and his orchestra and choir will continue his magnum opus.

The idea started when a group of us thought that it will be illuminating to know more about UMMS and requested an auto-biography. It will be lovely for us to know more about UMMS and facts and factors that make him special. But UMMS' response was that he will not write about himself. It would be "silly" was his answer. He emailed us on August 1, 2012 that "people write about good things they like of themselves in it". He made history already and it is all out there, can you not see?! Others should tell his story was his message. UMMS has spoken to us in many different ways over the decades and his actions have been louder than words. So whether it was a call for us to act accordingly, or remain passive was our choice. Spoon-feeding was never a trait of UMMS. I therefore took on the daunting task of organizing this book since it is a challenge with a good cause. The work is alarmingly awesome, a rare responsibility with an expected delivery date! So among all the other work I must do, I had to prioritize and made this work to be **တစ်စုံတစ်ရာ**. Others contributed willingly and wholeheartedly supported this project. I must do justice to their writings. The formation and decoration of each page was done with care and keen interest to match the music and melodies of their compositions so that this book is worthy of representing UMMS, the Maestro.



Defining UMMS is not easy. There is more to UMMS than our music and our songs can depict. How do you define a masterpiece such as he? UMMS seemed to sing "If you don't know me by now, you will never, never, never know me". Is UMMS trying to say, "If you don't get who I am, tough luck! Figure me out". Is he saying "Need you ask? Time will tell". Hasn't time told UMMS yet, whether it is Burma Standard Time, Greenwich Mean Time, Eastern Standard Time or Coordinated Universal Time that he has a global representation of artists and scientists? Get this drift from your diasporic friends and students, Saya?

As much as UMMS has lived his life as an open music book, the saying still goes မသိသူကျော်သွား သိသူဖော်စား . In other words, we know what we know about UMMS through our own observations and experiences involving him. However, we cannot harness all the beautiful art and science combo energy that is UMMS to truly represent the vitality of this Maestro and Scientist.

So who is UMMS?



He is the iconic surgeon extraordinaire of Burma, a man of ethics and principles, philosopher, superb educator and excellent administrator. Above all he is a living legend. Which means his picture is still evolving “မပြီးသေးသော ပန်းချီကား” and therefore, the picture of who UMMS is, cannot be contained in a frame.

However, biographies are better if there is input from the source, of course. Well, we do have access to some of UMMS’ personal writings, manuscripts and blogs. We can use them to describe UMMS, write music, sing to and for him, and paint his picture. If biographies can be written about George Washington, Benjamin Franklin and Albert Einstein many years after they had passed with whatever information that is available, yes, we have sufficient information to tell the UMMS story.

His book must be user friendly. It should not be a reference book, very formal and dull. UMMS had said that “The really true biography can ONLY be by those who have seen, felt & have learnt from that person - O.K”. We, who know him, agrees that he is witty, spirited and colorful. So we write our songs by aiming the arrow like Cupid to UMMS’ heart to let him know that we listened well and heard the clarity of the notes and tones of his music correctly. **The Work of Art** will be well-thumbed with dog ears, since on reading this book, all will agree that UMMS is a spell-binding artist. This book thus portrays UMMS’ true value proposition in a memorable, balanced and true to the essence way of the Maestro. All reading this book will be enlightened and they will understand and remember salient facts of UMMS’ music brand.

What I received from and perceive of the gifted UMMS’ is that he has an enthralling, engaging and sunny personality. He has intellect and skills that are unique and his audience wants encores. He entertains us while singing his brand of educational songs with showmanship skills that are fascinating. He speaks frankly and shoulders the burdens. He is fun to watch and to learn from.



I stand in awe and delight at UMMS’ choice of words, intonation, mannerisms and no beating-around-the bush stance in matters of importance. His eyes shine, sparkle and sizzle. They are alive and alight with amusement, curiosity, questions and amazement with life itself. You know his message just by watching his talking eyes. I will always remember how

and when he says “ I don't know?” with emphasis on the *I* and the question mark but with simplicity that says that others may know, even if he does not. Clever and brilliant communication method. This is how I remember the feisty UMMS and this is what I tried to ask of and from every contributor to **The Work of Art**. “Please write and make it fun and funny. UMMS needs to laugh” is my foremost message to members of his orchestra and choir.

UMMS is the busy bee that fertilizes and his flowers have bloomed, blossomed and multiplied across many lands. His efforts have produced great results for what we have learnt from the Majestic Maestro, the undisputed King of IM2, is the art and science of cross-pollination. Many of us will continue to cross-pollinate our knowledge to others with lessons learned from the Maestro, the “real thing”. We follow the leadership skills UMMS taught us.



"Need you ask? Time will tell" has the passion that shows UMMS how strong the bonds are between UMMS and his orchestral members and choir. **The Work of Art** abounds with “Memories are Made of This” sung by the surgeons; all of us; UMMS himself; and yours truly. My serenade of 40 Burmese song titles and chosen phrases are for every 40 year segments of UMMS’ life and that which can be received and remembered well by others in forthcoming generations. Remember Saya, the saying goes that life begins at 40, so you are only 40 now!

My part as coordinator and editor of this precious project is over. I will say that this quest has been exhilarating, exciting, educational, enlightening, emotional, and exhausting!

Here's wishing UMMS the best from all of us and a very happy and healthy 80th birthday with many, many and more happy returns.

“We’re making music!”.
မေ့ပါနိုင်ဆရာဦးမောင်မောင်စိန်

Please enjoy seeing us when you made music and sang your songs to us. Now meet us again as we sing our songs about you to you and others.

Jen (Jennifer Chu, M.D. aka UMMS music fan). IM2, 1971.

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Acknowledgements

Usually, a project of this magnitude involves an entire village. However, this book was a global effort. The editorial staff of five, comprising of Dr. Johnny Thane Oke Kyaw Myint (Australia), Dr. Hla Yee Yee (Malaysia), my brother Dr. Winston Chu (USA), Dr. Victor Nyunt Wai (Malaysia) and Dr. Arthur Sun Myint (UK), thanks all who willingly sent excellent contributions:

Dr. Rama Naidu: Just the perfect Foreword expressing your first hand experience to verify that all that we know and understand about UMMS is true. Nothing like validation from an old friend and colleague. You had the greatest opportunity to know UMMS well as his roommate; having had the chance to know his brothers; and the rare opportunity to know his parents. Thank you for finding the time to write this Foreword and especially for letting me know that UMMS' mother was always noted to sew for her sons feeding me the idea for a story on that aspect!

Dr. Myat Thura: A very befitting poem describing the role of a teacher such as UMMS. Thank you very much for the precious photographs of UMMS and family on vacation. It is great to see UMMS on his "time" off .

Dr. Khin Tun: "My Beloved Saya , My Teacher , My Trainer and My Mentor" is a theme that we all share with you. Thank you very much for the highlights.

Dr. Than Aye: The article " To My Teacher", the poem and the photographs are very appreciated. You're so lucky to have spent so much working time with UMMS.

Dr. Win Htin aka Winston Chu: Although inspiration and aspiration can be quite ambiguous, you made it very clear to show the role that UMMS played to inspire and then to aspire you to become a plastics and reconstructive surgeon. Thank you very much also for the cartoons made to order which describes your story well as well for my use in the **နံ့ဖိနပ်** story.

Dr. Sein Myint: Just a brief encounter but you got a lot out of UMMS! Thanks for sharing the precious photograph of you together with surgical icons Saya U Kyee Paw and Saya UMMS. It is of historic value, please preserve it with care. We have immortalized it here in this book.

Dr. Myat Myat Mon: Thanks for taking time off from your busy plastics and reconstructive surgical routine to make these good wishes for UMMS. Saya UMMS is always proud that he can inspire his students with his surgical skills.

Dr. Daisy Saw: How touching that you kept the handwritten note from UMMS since 1964! UMMS remains steadfast on this platform from Theodore Roosevelt which defines him well.

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Dr. Khin May Nwe: For your လက်ဖက် story, I had the chance to bring out a photograph of UMMS that I actually bought 40 years ago not knowing I will have a need to complement your story.

Dr. Nyunt Wai: Your story highlights the facts that many of us including our families have been touched by UMMS surgical expertise, care and compassion.

Dr. Hla Thin: Supra Sein is indeed a Supra Saint! And thanks for all those great pictures of the Supra Saint.

Dr. Aye Mu Myint: A lovely poem that describes what UMMS does for all of us. Thanks for the lead for "IF" to be used in my own angle of describing Saya UMMS.

Dr. Thane Oak Kyaw Myint: FEAR, RESPECT, LOVE! ကြောက် ၊ ရိုသေ ၊ ချစ် We went through all these phases and in the end like you, loving the great and mighty UMMS. The vintage photograph showed the Young Burmese Lions of Surgery especially the Tuesday born real Burmese lion UMMS!

Dr. Saw Aung Hla Win and Dr. Lucy Kyaw Mya: Your photograph collections are well appreciated. Your contributions were able to be used in my own descriptions of UMMS.

Dr. Mi Kyaw Thaug: Thanks. What a diagnosis! Could the diagnosis be that crazy bug called "Love"? Doctor in love? Patient in love? It sure gave me a lead to have fun.

Dr. Khin Maung Gyi: What great poems to honor all teachers! Hopefully my decorations brings out the essence of your poems.

Dr. Christine Tan: Yes, teachers who are remembered are the teachers with class and what they do differently!

Dr. Hla Yee Yee: Superb editorial work and polishing the English language for most of us and making sure that contributed works have all the i-s dotted and the t-s crossed. I am sure that you will get UMMS laughing especially since, I bet, he never thought of himself as a delicious, rare mango. A Solitaire Amongst the Stars, indeed.

Dr. Khin Nyo Thet: A Boring Interlude bored right though us. We have had cold hands and racing heart from hyperactive sympathetic nervous system when confronted by UMMS.

Dr. Lay Khin, Dr. Yi Yi Myaing and Dr. Nwe Oo: For their gracious wishes for good health and many more happy returns of birthdays for Dr. UMMS.

Dr. Myo Maw: Thanks for the photograph of UMMS in 1994, one of the most auspicious years for this great man and mentor's life experiences.

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Dr. Thein Hlaing Oo: Yes, we are all proud to be UMMS' students and we will always remember him for the rest of our lives.

Dr. Eileen Oo: The multifaceted UMMS is described well with your message. We all nod our heads in agreement.

Dr. Thane Toe Thane: Thank you so very much for your story with a great collection of photographs of UMMS in his natural habitat: in the environment of the operating room as well as in more relaxed different environments. I just could not resist using many of your pictures for my own vision of UMMS.

Dr. Than Tun: I had bated breath while you hunted around for this photograph of UMMS in Hawaii in 1974. I am glad that you found it!

Dr. Win May: Professor UMMS was well described in your experiences with him. A man of integrity and a wonderful human being. You were very lucky indeed to have had the chance to work with him.

Dr. Arthur Sun Myint: I am grateful and touched and so will be Saya UMMS for the generous, outstanding and perfect contribution of labor for the fabulous special and original portrait of Saya UMMS to be used as the book cover. Thanks for listening to me and taking in my non-artistic suggestions seriously. It is indeed *The Work of Art*. You took meticulous care of UMMS during his trip to the United Kingdom in 1994 and treasured all the memorable photographs and historical souvenirs of the great honor bestowed on to UMMS by the Royal College of Surgeons in Edinburgh. We now have it immortalized in this book for all to share.

Dr. Maung Maung Lwin: Thank you for the vintage photographs of the earliest graduates of IM2 and doing the majority of the typing in Burmese for me. Reading Burmese spelled in English is awkward and difficult to understand, it will be like food without salt! Thanks for creating the the IM2 web-site www.im2.co.uk/ and the UMMS support page: <http://www.thisismyanmar.com/umms-living-tribute.htm>.

Dr. Kyaw Swa: I could not finish the book without your contributions. It took me three months to hunt you down but the efforts were worthwhile. Your contributions came on the day that I decided to close the publication but I manage to squeeze them in! I marvel at your excellent digital conversion of the slides from 1994 especially since I could use them in strategic positions within the book.

Dr. George Mya: I am glad that I can get your last minute contribution to salute UMMS.

Dr. Toe Lwin: The last of the contributors but with the first photograph of UMMS' honors!

Thanks to all doctors, nurses and families who took care of UMMS during his 2001 illness.

0. OVERTURE 12

Last but not the least U Maung Maung Khin and Daw Thi, the parents of UMMS, for their fabulous gift to humanity. Without your precious gift, *The Work of Art* project would not have been possible.

To UMMS, the undisputed King of IM2 who asked us (or rather commanded) that if we want to know more about him, just ask and seek (မေးပါများစကားရ). I know this book does the job perfectly to describe UMMS through our eyes.



To all readers of this book, the editorial staff thanks you!

UMMS' Chief Royal Subject
Jennifer Chu, M.D. IM2, 1971
December 1, 2012.

ဆရာဦးမောင်မောင်စိန်

အသက် ၁၂၀
ရှည်စေသော်



This is how it all got started folks on UMMS blogs:

<http://profmaungmaungsein.blogspot.com/2011/10/new-posting-now.html>

[tim](#) says: July 5, 2012 12:39 AM

dear sayagi

Remembered the story of fat lady and side-car saya (favourite comparision) and also favourite phrase (my foot!). Please write a biography . It will be v much interesting as well as illuminating. YWIM2



[etoims](#) says: July 5, 2012 9:24 PM

If anyone was Saya's student during the period of 1968-71, you will remember that the famous foot did get a toe fracture. He had on this khone pha nut, a harbinger of foot fashion for the O.R. since people wear these clogs in the O.R.now. Talk about showmanship!

Yes Saya, we are all waiting to read your life story as told by you. Spare no details of what makes you tick.

Jen

On Wednesday, 1 August 2012, KO KO <koko5904@gmail.com> wrote:

Dear all,

*You all ask me to write my autobiography? Sounds " silly ". Because " people" write about " good things" they like of themselves in it.

*The " really true" biography can ONLY be by those who have seen, felt & have learnt from "that person"-O.K.

*Please use this same email for further contact please.

mms

YOUR WISH IS MY COMMAND.

YOUR LIFE AS SEEN BY US.

A GIFT FROM ALL OF US FOR YOUR 80TH BIRTHDAY (DECEMBER 27, 2012)!

JEN



WHO's WHO in Health & Medicine in Myanmar 2005

686 Maung Maung Sein, Professor Dr. U, (M.B., B.S. (Rgn); F.R.C.S. (Eng); F.R.C.S. (Edin.); Ch.M.(U.K.); SAMA 1640;

Surgeon; Teacher; Medical Educationist; *son of* U Maung Maung Khin and Daw Thi; born 27 December, 1931 (editor correction: note that it is 1932) in Maymyo; *spouse* Daw Thein Myint.

Education:matriculated Myoma National High School, 1949; Faculty of Medicine, University of Rangoon, M.B., B.S., 1956; Royal College of Surgeons (England), F.R.C.S., 1963; Royal College of Surgeons, Edinburgh, F.R.C.S., 1963; M.Ch. (U.K.), 1974.

Career: House Surgeon, Rangoon General Hospital, 1956-57; Civil Assistant Surgeon, B.C.G. Team, Pyapon and Pyay, 1957-58; Civil Assistant Surgeon, Rangoon General Hospital, 1958-65; Civil Assistant Surgeon, East Rangoon Hospital, 1965-66; Consultant Surgeon, East Rangoon Hospital, 1966-67; Lecturer / Surgeon, Department of Surgery, Institute of Medicine 2, Rangoon, 1967-77; Professor / Surgeon, Department of Surgery, Institute of Medicine 2, Rangoon, 1977-79; Professor / Surgeon / Head of Department of Surgery, Institute of Medicine 2, Rangoon, 1979-87; Professor / Surgeon / Head of Department of Surgery, Institute of Medicine 1, Yangon, 1987-88; Rector, Institute of Medicine 1, Yangon, 1988-91; Director-General, Department of Health Manpower, Ministry of Health, 1991 till retirement.

Honours / Awards:First Receptient of the Royal College of Surgeons of Edinburgh Medal, 1994.**Membership of Societies / Associations / Committees:** Member, Myanmar Academy of Medical Science, Myanmar Medical Association; Surgical Society, Myanmar Medical Association;

Conferences / Study Tours / Training:Seminar on the role of pathology in modern education in New Delhi, 1969; Conference on world problems in surgical manpower, Geneva, 1970; Training in Portocaval and cardiovascular surgery, McGill University, Canada; Medical Education, Australia.

Publications: Maung Maung Sein (1965). Physiology of the thyroid gland. Burma med. J. 13: 76-79; Maung Maung Sein and Myo Thwe (1969). Management of portal hypertension. Burma med. J. 14: 133-137; Maung Maung Sein (1971). The training of workers in disciplines ancillary to medicine and their contribution to surgery in Burma. J. R. Coll. Surg. Edin. 16(4): 187; Maung Maung Sein (1974). Effect of Porta-caval shunt on colon carcinoma. Ch.M. Thesis

Recreation: reading; music.

Address: 19, Kan Yeiktha, Mayangone P.O., Yangon (Tel. 661856).

“ ဆရာဟူသည် ”



တပည့်များကို အလင်းရောင်ပေးရင်း မိမိဘဝကို အဆုံးရှုံးခံရသည့် ဖရောင်တိုင်းပမာဖြစ်၏။

ခါးများကို ထက်အောင်သွေးပေးရင်းဖြင့် မိမိဘဝအပွန်းအပဲ့ခံရသည့် ခါးသွေးကျောက်ပမာလည်း ဖြစ်၏။



မိမိ၏လမ်းပြမှုကြောင့် လှေသင်္ဘောများ ဘေးမသိ၊ ရန်မခါ၊ လိုရာခရီးပန်းတိုင် ရောက်သွားကြသော် လည်း မိမိမှာမူ ဘဝရေလှိုင်းဒဏ်ကို ကြုံကြုံခံနေရသည့် မီးပြတိုက်ပမာဖြစ်၏။



ဆရာ မြေ = ဇေ. နန္ဒာဝိတ
ကုမ္ပဏီ.
ဒေါက်တာ မြတ်သူရ

I. SURGEONS SING 2



Saya UMMS in Ngapali, 1969.
Courtesy photo from Dr. U Myat
Thura



1. SURGEONS SING 3



Dinner with Saya Myat Thura and Saya U Tint Lwin in 1975.

My Beloved Saya

My Teacher , My Trainer and My Mentor

Prof Khin Tun, IM2, 1970

I think I am one of the most fortunate of surgical trainees. I am very proud and much honored to say that I have been trained by one of the Master Surgeons, a great teacher and a trainer. We all have known, feared and loved our Saya as a student of Institute of Medicine 2 (I M 2). For me, Saya has been one of my role models, my mentor and my “ godfather “ as I had always wanted to become a Surgeon.

After my internship in the Yangon General Hospital , I was appointed as a Clinical Tutor in the Department of Surgery, Institute of Medicine 2 and there I started my formal surgical training. I had been under his close supervision for 12 long years as a Clinical Tutor, A Master of Surgery student and then as a FRCS candidate.

When I was selected as a candidate for the first MMedSc Surgery course in IM 2, I was the only candidate and my Saya was my supervisor. He not only taught me the art of Surgery but also the basics of Research Science and Research Methodology. I will never forget how he trained me. There was almost no formal teaching but informal discussions and training was there all the time, at the bedside, during ward rounds, in the operation theatre and also in the out-patient clinics. During my on-call nights, he would come into the ward and ask me if there were any admissions and cases. Then we saw the cases together and discussed those cases, what I thought of the diagnosis, why and what would be the management plan . If we planned for surgery, we continued to discuss the type of anesthesia, choice of incision and probable surgical procedure. In my early years of training, when I was stuck in the theatre with a major problem, he would come in and assist me to do the major operation under his guidance. He would be very patient, kind and gentle contrary to the belief of some people. He taught and trained us in the fine and gentle dissection techniques and their significance in post -operative outcomes. He is really a perfect general surgeon with expertise in all the fields like, abdominal surgery, thoracic surgery, urology, vascular surgery and more. He is a perfect master surgeon. I learned a lot from him. His way of approach to a surgical problem was simple, basic and remarkable. With his encouragement , help and advice I manage to pass the MMedSc Surgery with Credit and also got through the hurdles of FRCS primary and Final FRCS without much difficulty.



1. SURGEONS SING 5

After working under his close supervision and guidance for 12 years in IM 2, I was transferred to IM 1. Later Saya was transferred to University of Medicine 1 (previously known as Institute of Medicine 1).

I worked as an Assistant Lecturer, Consultant Surgeon, and Lecturer in the Department of Surgery under the Rectorship of Saya.

Saya also got me involved in medical education activities since my early days of surgical training and these experience have helped me a lot especially in my current job as Head of the Department of Surgery, FMHS, UNIMAS, Kuching, Malaysia.

Saya is not only a Teacher and Master surgeon but also a philosopher. He also trained us to be compassionate and holistic in treating patients and in surgical decision - making. He also urged us to develop and understand the significance and importance of the sixth sense " the common sense ".

Words cannot fully express my gratitude and I feel privileged to have had this opportunity to work with such a mentor. A mentor is more than a teacher, a trainer, an instructor, a tutor, a counselor and an inspiration.

For me, Saya is all these and more.

Prof Khin Tun

IM2, 1970



TO MY TEACHER

Professor Than Aye FRCS

Most of us in our life time have the good fortune of having at least one good teacher who shaped our thought. I am lucky to have had Sayagyi U Maung Maung Sein as one of my great teachers. He might not recall our first encounter, but it was the summer of 1962, when I met Saya as one of my external examiners in the Anatomy viva. I was examined for the distinction in Anatomy and I found him to be a dynamic, straightforward and a highly intelligent Surgeon. I owe him a lot of gratitude as he was one of the many examiners who had supported me for the distinction in Anatomy.

I then had a wonderful chance to meet him again at the Institute of Medicine 2 in 1969, where I was posted as Demonstrator in Surgery under him. He was a lecturer in Surgery and his integrity, discipline, dynamism, hard work, intelligence and empathy instilled in me an enthusiasm and inspiration to pursue my carrier as a Surgeon. I remembered the saying that, a mediocre teacher taught his assistants, a good teacher made his assistants understand, but the best teacher inspires his assistants.

He did not train me to make me feel that he was a master, as a master told you what he expected of you, but he was a teacher to me, because he was slowly trying to awaken my own expectations and destiny. He had slowly forged in me the good qualification of a Surgeon. I slowly understood that he was not only teaching me, but he believed in me, tugged and pushed me and led me on to the next plateau, sometimes poking me with a stick called honesty, empathy, sincerity, transparency, truth and hard work.

I studied and worked hard under his guidance and in 1970, I had the golden opportunity to sit for the Primary FRCS Examination of the Royal College of Surgeons in Edinburgh which was held for the first time in Myanmar. Although the examination was tough, it was not impossible for me to pass, with his teaching and training. I was sent to the United Kingdom for my final FRCS in Edinburgh and Saya was so kind to arrange a clinical attachment for me before the examination under Mr. J.A. Ross who was the Vice President of the College. I was well looked after at the Eastern General Hospital in Edinburgh by Mr. Ross and I did my final FRCS three months after I arrived in the United Kingdom.

1. SURGEONS SING 7

Saya was in Liverpool for his Masters in Surgery (ChM) just before I took my final examination and he was very pleased with my success. I got a job as a registrar in the Urology Department at the Western General Hospital in Edinburgh and after spending a year there, I moved to Liverpool to take Surgical training in Paediatric Urology at the Royal Alder Hay's Children Hospital, where I was so happy to see my Saya again.

We had a wonderful time particularly on the weekends, where I was able to get advice on my Surgical Career and training. There he told me that I should try for the London Fellowship like him as that was the Fellowship that had been highly regarded by many Surgeons throughout the World. He started training me every weekend to prepare for the English Fellowship while I was in Liverpool. I felt a bit nervous but as I sensed his confidence and faith in me, I finally took the Fellowship from the Royal College of Surgeons of England and lived up to his expectations by getting through the Examination.



1. SURGEONS SING 8

Saya was very pleased as well as proud that one of his pupils had become a Fellow of the Royal College of Surgeons of England like him. I came to realize that all good teachers impart good education. Ordinary teachers direct us along the right path, but great teachers like Saya inspired me to seek my own path and encouraged me to discover my talents. I know that Saya had a great task to train me to be a good Surgeon. A tougher and greater problem for him was not in identifying winners, but in making winners out of an ordinary young doctor like me.

We both returned home after our studies. I was in the Department of Urology at Yangon General Hospital and Saya was in the North Okkalapa General Hospital. We tried to keep in touch with each other till I was posted to Magwe Divisional Hospital, where I saw the real Myanmar with its simple, honest and contented people who desperately needed my help and care.

After spending nearly three years in Magwe, I was finally transferred back to Yangon at the Department of Surgery, Institute of Medicine 2, North Okkalapa General Hospital where I met my old teacher Saya Gyi U Maung Maung Sein, who was then Professor of Surgery.

I continued my training under him and I tried to have wider reading to gain knowledge as I came to realise that from knowledge only I could get wisdom. I worked happily with Saya for two years and then I was promoted as a Consultant Urologist at the Insein General Hospital, which was affiliated with Institute of Medicine 2, so that I had an opportunity to help Saya by participating in teaching Surgery to Medical students there.

Finally, I was transferred to Urology Department at Yangon General Hospital. Although we were working at different hospitals, we tried to stay as close as possible and I was happy to see Saya at many Academic meetings. To my great joy, Saya was appointed as Professor of Surgery at Institute of Medicine 1 and later promoted to Rector. We worked together and I used to pay many courtesy calls during which we used to discuss work and life.



1. SURGEONS SING 9

Saya is hard- working and honest with great vision, so it was no surprise that Saya was further promoted to Director- General of Medical Education. He had helped to improve the standard of medical education both in undergraduate and post graduate levels. I helped him in many ways to train young and brilliant Surgeons under his leadership. He had contributed enormously in promoting the art and science of Medicine particularly in the field of Surgery. I owe him a lot of gratitude as his teaching would affect an eternity on me and I could never tell when his influence on me would end. He retired happily and for an academic person like him who had devoted so much of his life to teaching, I had to introduce him to private practice during his retirement period to support the family. (*Editor's note: UMMS did not enjoy private practice and discontinued soon after*). I used to pay respect and visit him as often as I could to ensure social contact with the pupils he loved and who admired him. I was happy to see that Saya was giving more time for studying and practising Buddhism as I realized that he was on the right path to our final destination, Nibbana.

"Great teachers are like old soldiers, they will never die; they will just fade away", it is said. A good teacher is like a candle; It consumes itself to light the way for others. I am indebted to my parents for giving me life, and to my teacher Sayagyi U Maung Maung Sein for teaching me how to live well. I am also grateful to them for making me a devoted husband to my lovely wife Professor Khin Ohn Chit who has given me love, understanding, care and giving me our wonderful children, the product of our true love, whom I love and treasure most in my life.



1. SURGEONS SING 10

Finally, I wish Saya to be in the best of health and happiness with his family and friends for many more years to come and let my wife and children join me in wishing him to attain Nibbana through the easiest way of practice and by the shortest path.

Professor Than Aye FRCS. 25th September 2012

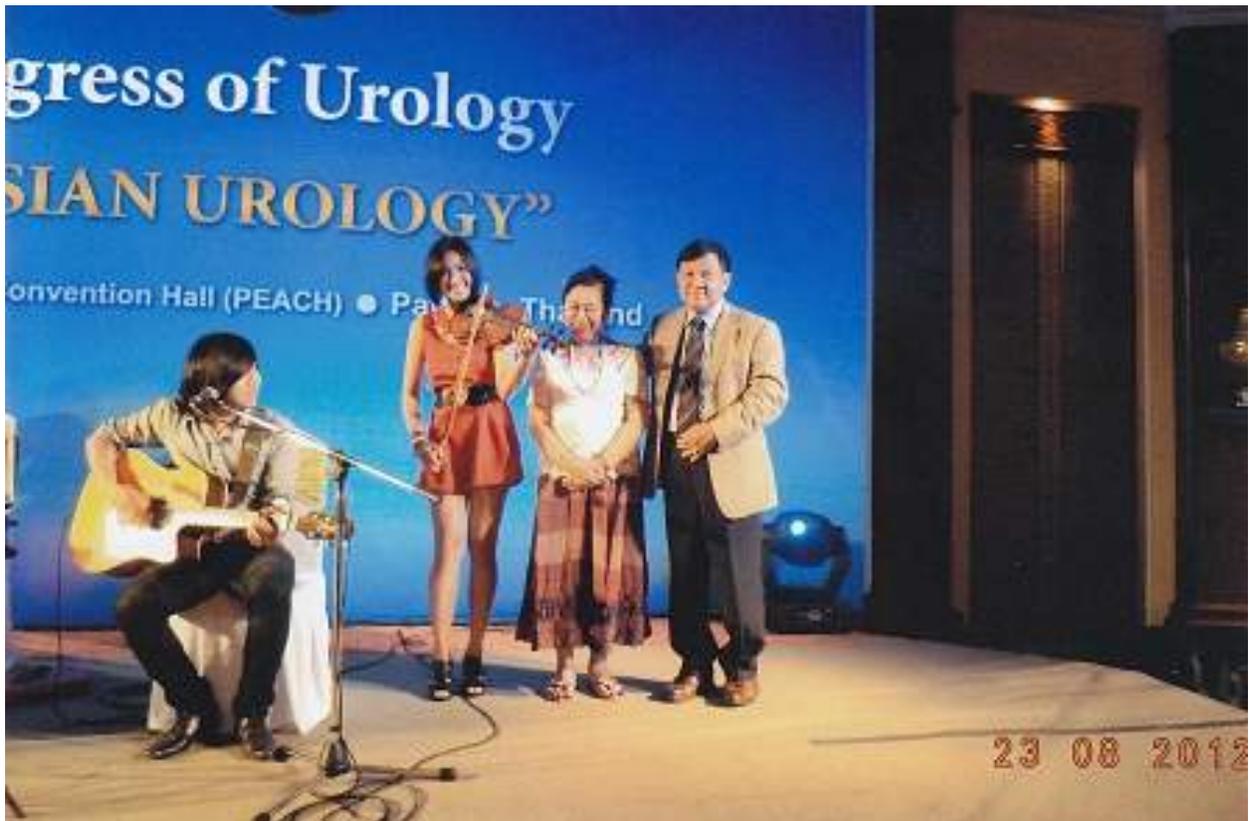


1. SURGEONS SING 11

Memorable pictures contributed by Dr. U Than Aye.



1. SURGEONS SING 12



“ မြတ်ဆရာ ”

အတတ်လဲသင် ပဲ့ပြင်ဆုံးမ

သိပ္ပံကျန်ဘေးရန်ဆီးကာ

သင့်ရာအပ်ဖို့ဆရာတို့

ကျင့်ဖွယ်ဝတ်ငါးဖြာ။

ဘုရားရှေ့ဝယ်၊ အငွေ့လှိုင်လှိုင်

နံ့ကြိုင်ကြိုင်နှင့် တံတိုင်ဆီမီး၊ ထိန်ထိန်ငြီးတည့်

သူ့အလှုံမှတဖန်ကူးဘိ၊ သူ့ငါညှိလည်း

မသိလျော့ရာ၊ ထိန်မြဲသာတည့်။

တပည့်

ပါမောက္ခဒေါက်တာဦးသန်းအေး

1. SURGEONS SING 14

Dear Jennifer,

Thanks for your hard work on Sayagyi U Mg Mg Sein 80th Birthday Book. My most intimate encounter with Sayagyi was when he and Ma Ma came to stay with me in Hong Kong for about a week, on his way back home from Edinburgh. During that brief period of time, I was still learning some of his philosophies which are really valuable in life.

May he have a happy and healthy life for many years to come.

George Mya, FRCS Ed, FACS, FHKAM, FHKCS.



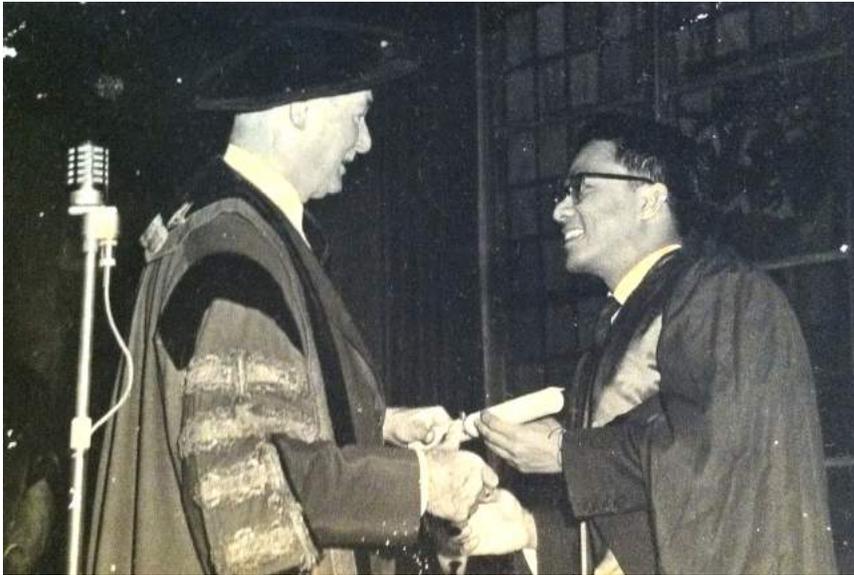
A Surgeon's Song for Sayagyi UMMS

Prof. Toe Lwin, IM2, 1976

His principles are incomparable, His ethic unique and His training unmatchedable

Who is this person?

None other than Sayagyi U Maung Maung Sein.



Sayagyi receiving FRCS certificate from the President of Royal College of Surgeons of England in 1963

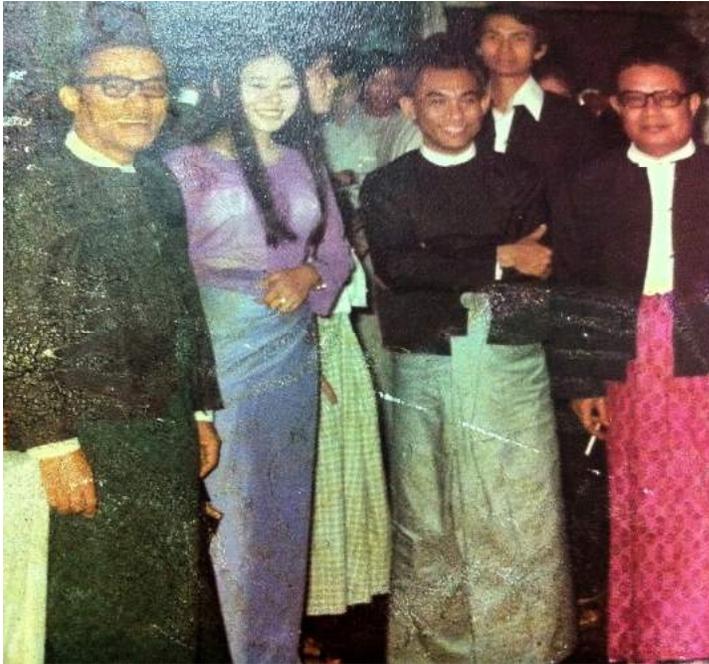
I first met Sayagyi when I was in Final Part 2 in 1975 (I call him Sayagyi because he is 20 years older than me and all my generation surgeons call him like this). I heard many good things about him since I was 2nd MB student; the extraordinary training he had been giving to surgeons, the beautiful way he taught medical students, sometimes giving the example of ဆိုက်ကားသမား and when he was not happy with the answer to his question, he used to say ခုံဖိနပ် နဲ့ ရိုက်မယ်. One of many valuable lessons I learnt from him during my student hood was "Look , look so that you can see. Listen , listen so that you can hear , use the အာရုံငါးပါး that parents have given you to get to the diagnosis." Sayagyi has very sharp eyes and very sensitive ears. These teachings of his, I could make use of through out the life of my career.

" Bloody Fool. I want you to be perfect." This was what he told me at one point during the years of MMedSc (Surgery) training in IM2. I felt very much small. He is perfect in terms of Principle, Ethics, Morale, Professionalism and Medical Education. He is a surgeon of international standing. How can I be like him? But a journey of 1000 miles begins with a single step. I decided to work very, very hard.

1. SURGEONS SING 16

His training and mentoring : He molded pupils like me in a very tough way. He talked to house surgeons like friends but he never gave a bit of favor to trainees like us. We were very much afraid of him at first. But after realizing that although he is very fierce, apparently his heart is very soft and kind, we love him. The longer we worked with him, the more we understood and respected him. Finally, I feel he is like my father.

"He who knows not he knows not is a fool , shun him" is what he used to say. I had to be very careful not to be included in this category through out the period I worked with him.



**Sayagi with Professor U Aung
Than Ba Tu and Sayagi U Kyaw
Maung**

His Inspiration: He inspired me to love doing research by allowing me to read and learn from his thesis for ChM in Liverpool. It is the research on Lymphovenous shunt for intractable ascites done on dogs. Actually he is the contemporary of Sir Professor Alfred Cuscheiri, a very famous surgeon, author and editor of many surgery books from the UK. They were ChM candidates under supervision of the late Sir Professor Robert Shields. When the president of the Royal college of Surgeons gave a dinner in honor of Sayagi in 1994 in Edinburgh (after receiving the gold medal in the day time), Professor Cuscheiri came down from Dundee and attended that dinner to salute Sayagi. When Professor Cuscheiri knew I was Sayagi's pupil, he offered me free attendance of his Advanced Laparoscopic Workshop in Dundee. How lucky I am to be Sayagi's pupil.

Another thing. A Good Surgeon : I always remember his telling me " You know , a good surgeon is not fearless . He fears not for his reputation. He always fears for the well being of his patient." I remember, Sayagi in DSGH in 1975, abandoned one operation procedure , a Shunt for Portal Hypertension after hours of assessment per operatively. He told us that the anatomy was not favorable and if he proceeded the operation could be finished but the outcome could be horrible. He swallowed his pride for the sake of his patient.

1. SURGEONS SING 17

Aspiration: Sayagi once told me " opportunities seldom come - when they come one must recognize it has come - then one must be ready and qualified to make the best use of it - and one must be able to establish oneself with grace , dignity and empathy - one must be careful not to let things go to his or her head and be happy in the knowledge that he/she is serving the suffering patient the best way that is possible - and he/she never feels I have done what I am supposed to do because always remember "there must be a better tomorrow".



Sayagi is congratulated by the Vice President of the RCSE as the first overseas recipient of RCSE Gold Medal for service to improve medical education. His wife Lt. Col Daw Thein Myint was a senior anesthesiologist at DSGH.

His outstanding sacrifice : Sayagi never did private practice for money through out his government service life time. Therefore he was not well to do and can be said to be poor. His lunch was always 2 slices of poor quality bread, a banana and a cup of green tea. He did not spend money for good foods. He is very much happy with his foods although I felt sad to see it. Because of that life style, when ever blood tests were made for medical check up, he never had an excess but deficits.

Sayagi spent almost all of his life time reading, teaching and training of his pupils and for medical education.

His love for his pupils: His love and affection for his pupils is remarkable. There are 2 simple examples. One was in 1988. He wept when he saw his pupils wounded. Nobody will think that this tough man will ever cry. Another instance : although he is not well to do, when Saya Ko Aung Kyi, paediatric surgeon , died in 2003, he gave 100,000 kyats as an endowment fund for the family with which added to the good amount of collection we obtained for the late Ko Aung Kyi's fund To be frank , we have never seen a poor teacher do like this for his pupil.

1. SURGEONS SING 18

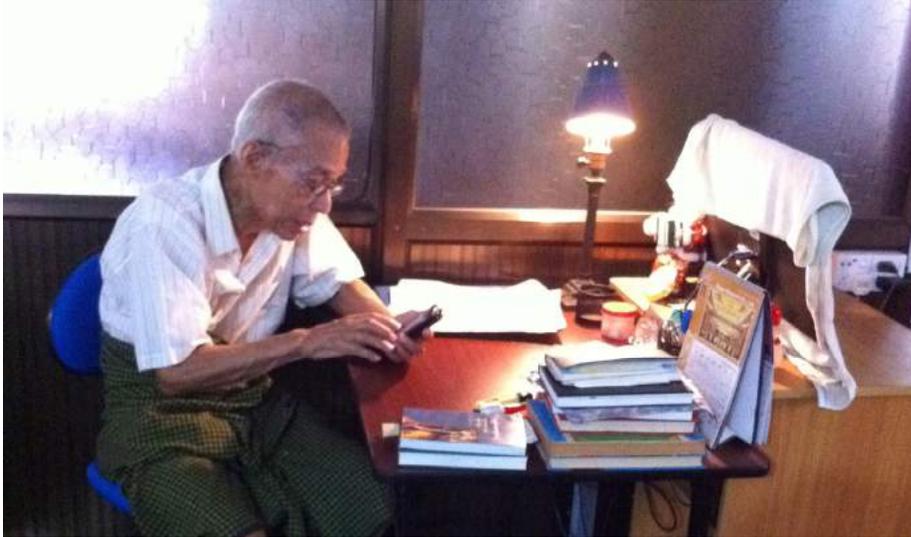


Sayagyi, Ma Ma Cecilia (wife of Saya U Sun Myint) on his right and Saya U Sun Myint on his left. Saya U Maung Maung Than is next to Saya U Sun Myint. Dr Myint Myint Yee, my wife and myself are in the second row , 2nd and 3rd from the left . (2007)

" I can outlive you" these were the challenging words that he told me a few months ahead of his last episode of near-fatal illness with Histoplasmosis. Actually he used to warn me "don't follow the path of Aung Kyi" as he was worried that the current home situation with too much work overload at the hospital he feared I might die of a heart attack. I said to him " Sayagyi, do not worry for me. You are the one who has to look after yourself because you had already encountered two episodes of near-fatal illnesses. It was because of your ကမ္ဘာ, you could manage to overcome. "This time he had near fatal histoplasmosis, acute urinary retention due to BPH and general debility. Again because of his Strong ကမ္ဘာ (the ကုသိုလ် that he had achieved from his meritorious deeds through out his life) everything and everybody is ready to save him. Many of his pupils were posted at the New Yangon Hospital, all the support from his pupils both far and near reached him in time and eventually the outcome was excellent and unbelievable. This incident showed the ကမ္ဘာနိယာမ .

1. SURGEONS SING 19

With that I would like to conclude my song about this wonderful extraordinary surgeon, teacher, mentor, educator, clinical scientist with outstanding principle and ethics with whom I am lucky enough to have encountered. Without that opportunity and without his sculpting, all his pupils including me will not be able to enjoy this wonderful life.



Sayagi , after recovering from the near-fatal episode of Histoplasmosis, seen at home in October 2012

HAPPY 80th BIRTHDAY, Sayagi.

We all wish you well and happy for the rest of your long life and attain enlightenment to reach နိဗ္ဗာန် within a short period .



Your mentee and trainee,

Toe Lwin FRCS FACS DrMedSc
Professor and Head
Department of Urology
New Yangon General Hospital (JICA)
University of Medicine(1), Yangon.
Email : toelwin.y2012@gmail.com
Web site : www.toelwinurology.com

Inspiration to Aspiration

Win Htin aka Winston Chu, M.D., FACS. IM2, 1968

I really don't know when it all started. The inspiration, I mean.

Of course as medical doctors we all know the physiologic act of taking a breath inwards which delivers air to the lungs. That act begins at birth and is an essential part of my life and since then I have been doing that instinctively driven by those centers in the spinal medulla oblongata.

What I really meant was the inspiration which arouses the mind to special activity or creativity. It certainly could have been when I was a small child a few years after the Great War ended and my father's best friend was a frequent visitor to our home; then he was just a general practitioner but who later became a very well known surgeon in Burma. This description of him was an understatement, he was U Kyee Paw.

When I first went to medical school my interest in the human body became more aroused as I dissected the first of many human dissections in the anatomy laboratories. In reality though my inspirations of the first kind were rather shallow in the dissection room because of the embalming odors which I found were quite overwhelming.

However true inspiration to become a surgeon was activated and stirred during my fourth year in medical school during my surgical rotations and this was stimulated intensely by the appearance of Saya Maung Maung Sein as he came to MC2 at the Defense Services General Hospital (DSGH) where our clinical rotations were held.

If my chronologic facts are correct-- in 1967-- he had recently returned from Canada where he completed a study tour and a portion of his time was spent at McGill University Hospital in Montreal, Quebec and he was fresh from that experience; I listened to him with great fascination as he told his story during the course of many personal and teaching encounters.

These stories were told with enthusiasm but it was said only in between ward rounds and bedside teaching, which were filled with probing and unrelenting questions. His approach to medical student teaching was in a provocative way and not the usual spoon feeding didactic method which was the prevalent form at that time.



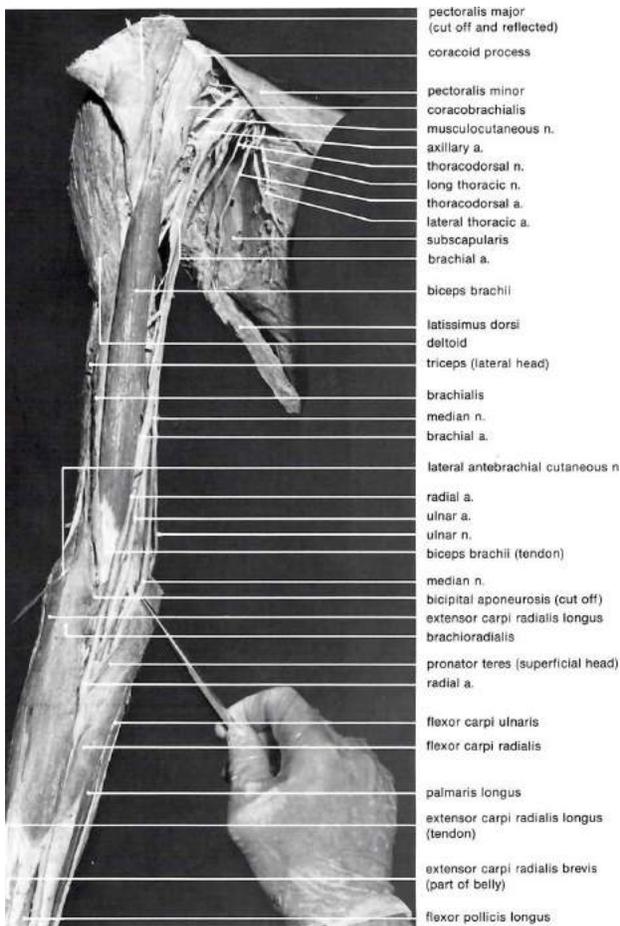
2. SURGEONS SING 2

Because of this manner of teaching a great many students were quite scared of him: This short man with a wry smile as though contemptuous and challenging, but I am quite certain that he did not exactly mean it that way. His short hair was combed neatly sideways with a part and he wore his shirt sleeves rolled half way up and in cuffed slacks finishing off his footwear in leather sandals.

I saw him in a longyi only on visiting his home in a high-rise reserved for officers' families on the hospital grounds, since his wife was Major Daw Thein Myint, an anesthesiologist. They lived there with their twin infant sons.

My last visit as a student was a few days before the Final Part II exams because of a controversy surrounding a rumor circulated by the Rector of IM 1, Dr. Ba Than also a well-known surgeon, in fact the first Burman to be admitted as a fellow to the Royal Colleges of Surgeons, and one of the surgical teachers during my father's medical school days. I am sure Saya will remember as I cut through the fog of time of the angst that we both experienced then.

My memory of Saya was a first encounter in the main corridor of Surgical 1 at DSGH where we



followed him around on a teaching ward round. After an examination of a patient, who was a soldier, with an injury to the region of the brachial plexus he asked us to draw a diagram of the plexus. His contention was that even if one can adequately describe the various ramifications of pathologic anatomy, a person should be able to draw it on a piece of paper, if one has a commanding knowledge.

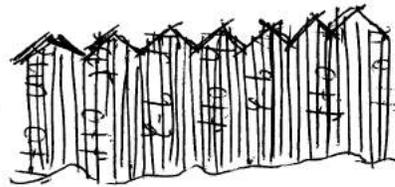
Chu-Andrews J, Johnson RJ: *Electrodiagnosis: An Anatomical and Clinical Approach*. Lippincott, Phila, 1987.

2. SURGEONS SING 3

I gladly complied since I am quite accomplished at drawing and that was how I studied the various anatomic regions by putting it on paper. Though it had been some two years or more since I had completed my anatomy examination I still had total recall and promptly drew the plexus to his satisfaction. What I wasn't sure to this day is whether he knew how to draw it himself. [Now this is a little bit of tongue-in-cheek expression on my part Saya]. You didn't know that I used to draw cartoons and reproduced a great deal of osteology and other anatomic diagrams did you Saya? Thanks to Dr. Kyi Win, my first anatomy demonstrator and to Grant's Method of Anatomy.



ကဲတဲး
တဲးတဲးတဲးတဲး
ဆုံဝဲ BRACHIAL PLEXUS
တဲးတဲးတဲး...တဲးတဲး
ပုတဲးတဲးတဲး



2. SURGEONS SING 4

Since my exposure to Saya UMMS, I was hooked on this surgery thing because it became much more fun to learn this danged specialty, though I have always had a surgical personality. I only began to enjoy learning it after I met this stimulating method of his teaching. The first seed to become a surgeon began to germinate within my being and I became more convinced to pursue a career in the discipline from then on. I have been bitten by the bug and a raging fever begun.

TUBERCULOSIS?

HISTOPLASMOSIS?

MALARIA?

VIRAL HEPATITIS?

DENGUE HAEMORRHAGIC FEVER?

your editor JC MD's answer:

မေ့ပါနဲ့

***UMMS SURGICAL BUG – IT IS!
(aka) UMMS Surgical Bugitis***

2. SURGEONS SING 5

A Surgical Journal Club was quite an introduction to journal reading and it is not just the reading but the critical thinking and group discussion that goes with it, that watered the seed which had begun to sprout within me.

This was an experience which I have never been exposed to up until then. Indeed I still remember that the first topic was that of closed cardiac massage which up to that time—in 1966-- was still quite a novelty, at least in Burma, and we all know the ABC's of resuscitation are common place nowadays and I knew I was well prepared when I came to America as a surgical intern at the Hospital of the University of Pennsylvania in Philadelphia. I know, I know we do the C-- for compressions only-- nowadays.

From then onward my life-long habit of journal reading remained with me; throughout my medical career they were medical-surgical journals but now my favorite journal happens to be published on Wall Street.

But, I shall never forget the oft-repeated old saying that I acquired from Saya UMMS which completely cast a spell on me to this day:

He who knows not and knows not he knows not: he is a fool - shun him.

He who knows not and knows he knows not: he is simple - teach him.

He who knows and knows not he knows: he is asleep - wake him.

He who knows and knows he knows: he is wise - follow him.

I had that inscribed onto a plaque which hung in my office until my retirement.

Is this the breath of inspiration? I ask myself. Yes, absolutely it was the defining moment of this surgeon-embryo being formed.

Saya made Final Part II easy with his teaching which I found refreshing since a whole new world of looking at surgical learning opened up for me, including my appreciation of acid-base balance and the complexity of assisted ventilation which became very useful to me in critical care surgery when I was caring for patients once I came to America. My first introduction to these topics was from the Annals of the Royal College of Surgeons as well as the British Journal of Surgery which I read avidly.



2. SURGEONS SING 6

He conducted a mock examination towards the latter part of Final Part II and the most useful part was the viva voce with Dr. Kyaw Lynn, a well known urologic surgeon whom like Saya was a Fellow of the Royal College of Surgeons.

I knew of course that Saya was a fellow of the England and Edinburgh colleges and I began fantasizing myself as becoming one in the future. But as fate would cruelly have it, I was unkindly treated by the civil health and education services in spite of my loyalty and excellent student record with numerous distinctions, which forced me to emigrate to USA in 1971 after serving in the Frontline Emergency Medical Team for two years.

Perhaps that was a blessing in disguise, but I'd like to grumble "Oh what a great disguise it was." I had to become a surgeon in this lifetime somewhere on this earth, in America since it would never be in Burma.

My aspiration to become a surgeon was so intense that it became uncontrollable and my sole existence during those days was to become one. The arduousness of the pursuit did not deter me nor did it dampen my enthusiasm. The ardor of my love was so strong that it surpassed even what I felt for my own life. However I must admit that it is almost as close to that euphoria and elation I felt for my first lover and it was comparably painful.

I felt like I was being punished for an undeclared reason since that job assignment was like being sent to မဲဇာတောင်ခြေ during the days of Burmese monarchy of old and I pretty much lost contact with Saya until I saw him again in New York City in early 1974 after which he followed down to Philadelphia where I lived.

We were with Drs. Naidu and Bharadwaja and with the former we drove around Philadelphia sightseeing in his Chevy Caprice which I drove. My fiancée who accompanied us became my wife soon after.



L to R:
Daw Su Su, Paulette Chu, Winston Chu,
UMMS, Dr. Naidu's brother, Dr. Naidu.
Philadelphia, 1974.
Photo: Courtesy of editor JCMD.

2. SURGEONS SING 7

I truly regret the course of events that limited my time with Saya since I only had some three months with him as a house surgeon and was thrilled beyond belief when I was allowed to operate on a perforated peptic ulcer with Saya assisting me. Memorably that was the only operation of that kind that I did throughout my surgical career since ulcer perforations were a rarity in America and they became rarer still as my career developed. I became more adept at doing vagotomies and pyloroplasties than repairing perforations and now these ulcers are treated entirely with antibiotics.

At the BMA conference in 1968, Saya asked me to manage the slide show for his presentation and he wanted to time the slides so precisely that it fit the allotted time perfectly. For that to happen we rehearsed and practiced repeatedly over many sessions with a stopwatch timer.

I have witnessed—occasionally with disgust-- as many presenters at the conference not only overran their time slots but encroached upon others' time by so many more minutes. Then and there I learned that, that was disrespectful to the audience as well as other presenters.

The importance of this aspect impacted me so profoundly that I adhered to Saya's tenet and emulated him when I gave my cash-prize winning speech in Toronto, Canada in 1977 at the combined meeting of the Society of Head and Neck Surgeons and the American Society of Head and Neck Surgery to an audience of some six hundred surgeons.

The discipline which I absorbed from Saya also made me a better public speaker and I was voted as the best resident-presenter by the plastic surgery department of the Hospital of the University of Pennsylvania. I clinched the prize when the projector bulb went out and I completed the presentation by free-hand drawings on a chalkboard for my topic which incidentally was nerve injuries of the upper extremity and hand.

I eventually became double-boarded as a surgeon and plastics surgeon and also became a Fellow of the American College of Surgeons but that did not end my aspiration. I completed a long successful career which began from a whiff of inspiration after I met a marvelous guy named Maung Maung Sein. Look what you did to me, Saya!

Win Htin aka Winston Chu, M.D., FACS
Plastics and Reconstructive Surgery
IM 2,1968
Erie, Pennsylvania, USA

I saw Saya twice in America in three different cities, once during my training and again after I became a plastic surgeon in private practice. I understand that Saya never really developed one (private practice) for himself as he dedicated himself to teaching and administration.

2. SURGEONS SING 8



Winston Chu, M.D.
FACS
IM2, 1968



2. SURGEONS SING 9

*How happy is he born or taught,
That serveth not another's will,
Whose armour is his honest thought,
And simple truth his highest skill.*

- Sir Henry Cotton

My Brief Encounter with Professor U Maung Maung Sein

Professor Sein Myint, IM1, 1971

Sayagyi is a very simple man. He lives a simple life and believes in simple truths. He has the highest honor of dignity, integrity and free from avarice. Fearless in his expressions on what he believes is right, yet sympathetic to the poor. I still remember Sayagyi letting a poor girl sell lemons in his surgical ward to the patients recovering from surgery at the North Okkalapa General Hospital.

A Man of Principle

My memories turn to 1971 August when I was appearing for my Final Part 2 Surgery Clinical at Rangoon General Hospital. I still remember the fierce look of Sayagyi U Maung Maung Sein during the examination. Yet he had saved many students whom he believed were unfairly judged by other external examiners, particularly Sayagyi U Ba Than. U Maung Maung Sein believed in fairness, justice and equality. And he practiced the way he believed in.

A Devoted Teacher

It was the year 1982; the year that the FRCS examination was resumed in the country after a decade of hiatus. I was among the chosen few who were selected for the FRCS part (1) examination. We had to travel to North Okkalapa Hospital Surgical Ward to reach Sayagyi's office by 9am. From 9am to 4pm Sayagyi taught us applied physiology, biochemistry, surgical pathology, immunology among many other subjects. The break was from 4 to 7 pm. We then continued our meeting at Sayagyi's house from 7 pm till 9 pm. Often, Sayagyi's wife offered us Ceylon tea just to refresh us after the long whole day of bombardments.

Saya enjoyed teaching and his devotion and dedication to Medical Education eventually earned him the prestigious Gold Medal of The Royal College of Surgeons of Edinburgh in 1994.

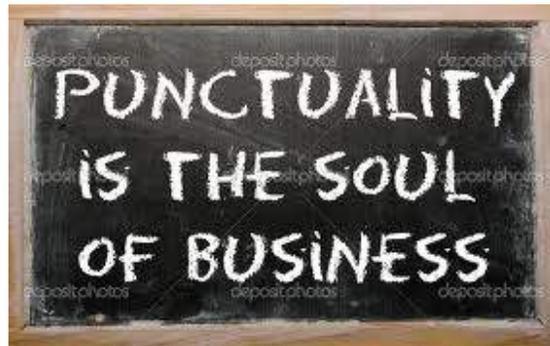
Photo: Contribution from Dr. Kyaw Swa's collections



2. SURGEONS SING 10

Punctuality is Sayagyi's code of conduct. One morning, our car broke down on the way to North Okkalapa Hospital for Sayagyi's class. We arrived 30 minutes late. We were halted at the doorstep to Sayagyi's office by Dr. U Myint Tun telling us Sayagyi was very much annoyed and angry because we were late. It took about an hour or so to cool down Sayagyi.

"What do you think of Englishmen? How would you work with them if you are not punctual?". Those were Sayagyi's words. Discipline, devotion and dedication to Medical Education and Medical ethics, honesty and punctuality were principles he is religiously committed to. He shared his lifetime experiences and listened to others' experiences as well. We always enjoyed Thursday afternoon Rangoon lunch time talks sipping a cuppa while we were at New Rangoon General Hospital.



Judgement, Skill and Respect

Not only is Sayagyi U Maung Maung Sein an educator and teacher, he is one of Burma's surgical pioneers. Once I heard Professor U Thar Hlaing (ENT) praising Sayagyi U Maung Maung Sein as the first surgeon in Burma who performed laryngectomy, which is an ENT domain. He has done many complicated surgical procedures like hind-quarter amputation, a formidable handicraft, while serving as honorary consultant surgeon at Military Hospital in Mingaladon.

I once witnessed Sayagyi performing a urologic procedure (assisted by Professor U Than Aye) at the New Rangoon General Hospital. He hated bleeding. His meticulous methods of haemostasis were superb and beautiful to watch. After attending as first assistant to Sayagyi operating on a case of cholecystectomy, I decided I would choose him as my surgeon if I were to be operated upon. His judgement and surgical skills are admired and praised by all doctors. He never tired of referring to his mentors like Sayagyi U Kyee Paw and Dr. Nandi whenever he made teaching rounds.

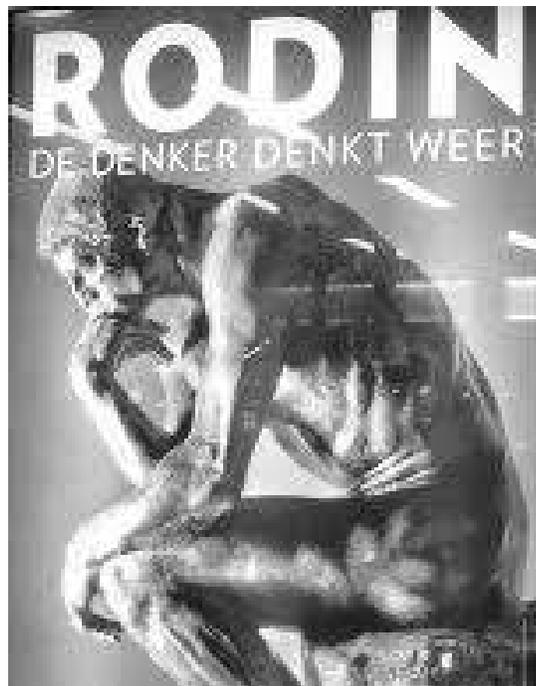
A Surgeon with Artistic Mind (and Sports, Editor's Note)

Not many people would know Saygyi U Maung Maung Sein has a collection of famous musical records. Mozart and Beethoven are among his favorites which he enjoyed at his leisure. (Editor's note: He loves poems by Rabindranath Tagore and Khalil Gibran. He relaxes with swimming and works out a sweat with squash).

My memorable days with Saygyi U Maung Maung Sein during the 1988 movements

We were with Saygyi at New Rangoon General Hospital (JICA hospital) during those days. Saygyi was deeply silent while demonstrations were going on all over the place. We would gather in the mornings and exchanged our night time experiences at RGH operating rooms operating on injured patients. He would not utter a word, and just listened. The next day we saw Saygyi had written down on the white board in the teaching room, the names of British heroes who were recipients of Victoria Cross, the most prestigious medal awarded for courage in action. He told us the story of those brave men who were commissioned to destroy the German airplane industries and who never came back.

On the 17th of August 1988, we all (together with Saygyi) formed a group in front of our hospital, marched towards the City Hall and American Embassy showing our unity with the people.

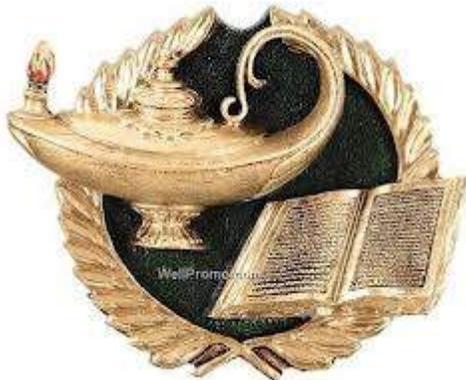


Strict administrator

He was promoted to Rector of Institute of Medicine (1), after the 1988 movements. His administration brought many relevant changes in the Institute. He replied promptly to letters from various International Colleges around the world. His actions were invaluable to Burmese doctors working at various Institutions and hospitals internationally. Previously, it was not the norm for a Rector to reply to enquiries and requests from foreign colleges for information about the alumni of IM(1). Letters to the Rector were usually piled up in the hands of some infamous clerks at the Institute who abused their position and extorted from relatives of alumni. It took just a few months after taking office for Sayagyi U Maung Maung Sein to discover this; he brought up the whole affair and prompt action was taken against the persons concerned.

He became Director - General of Medical Education later and I was sent to Taunggyi as Consultant Surgeon. Though away, news of U Maung Maung Sein reached me. As an experienced educator and manager he has contributed tremendously towards Medical Education in the country.

Sayagyi U Maung Maung Sein has contributed a lot to our society. For that we will always remember him as an expert Surgeon, Educator, Teacher and a Manager with courage and discipline. We wish him well and happiness on his 80th birthday. Long live Sayagyi! We look forward to sending you our best wishes on your 90th birthday too.



Love statue exists in Philadelphia, PA

Mega Dawa Linka Thit

Dr. Sein Myint

“ ဆပ်၍မကုန် ဆရာဂုဏ် ”

အက္ခရာရှစ်ဝ၊ တစ်ပါဒဖြင့်
ဆုံးမခွဲဖူး၊ သူ့ကျေးဇူးကို
အထူးဆပ်ပေ၊ ဘယ်မှာကျေလိမ့်။
ရွှေငွေသပြာ၊ စက္ကဝါတရို
အပြည့်ထည့်လျက်
ဆပ်ဘိတုံလေး၊ မကြေသေးဘူး။
တရားမြင်သိ၊ ပညာရှိနှင့်
ကြိုက်ဘိကြံတွေ့
တစ်နေ့တစ်ရက်၊ တန်နက်မျှ
ပေါင်းဖက်ရကား
ဒေါသမစွန်း၊ ကျေးဇူးထွန်း၏။



2. SURGEONS SING 14

2003 January, with Prof.U Kyee Paw, Prof.and Mrs.U Maung Maung Sein at FRCS Ed Diploma conferring ceremony, Rangoon



Professor Dr. U Sein Myint, IM1, 1971



To Sayagyi U Maung Maung Sein

One of the Greatest Teachers of my life

With Best Wishes for Happy Birthday

&

Many more to come

*I made one of the best decisions in my life
to study at Institute of Medicine II
to meet with great teachers and mentors*

From



*Myat Myat Mon, MD, FACS
Clinical Assistant Professor
Department of Surgery
State University of New York
Class of 1983-1988, IM 2*

Happy 80th Birthday Wishes From Scotland

Dr. Kyaw Swa, IM2, 1974

Dear Saya:

I am sending you the most sincere wishes on your 80th birthday.

Ever since I first met you as a medical student, as a resident and later on as a colleague; you have made an great impact on me for the rest of my career and my life for not the techniques of the surgical skills you taught me but on what and how I THINK and how I live my life. I was able to see through the woods from the trees and was able to focus and gave love and care to those who I met in my life...my patients, my colleagues, my friends or my family.

I hope that you are keeping well considering the advancing years and your wireless station inside you is still receiving messages of beauty, hope, cheer, courage and power from men and from the Infinite !!!

I have retired from active clinical practice since 2010 but still met up with a few fellows who know you at the Senior Fellows Club at Royal College of Surgeons of Edinburgh.

On behalf of the Senior Fellows at RCS Ed. I wish you a Happy Birthday let you know that your time at the College in 1994 is fondly remembered and you made a significant mark in the history of RCS Ed.

With kind regards and metta,
Kyaw Swa FRCS Ed.
Edinburgh , Scotland. November 2012.



Left to Right: 1. Prof Win Myaing (IM2 1975), 2. Dr Nilar Wynn (Ko Win Myaing's wife), 3. Dr Thida Than (IM 2 1975) - my wife, 4. Dr Kyaw Swa (IM2 1974) - its me !!! the latest picture with less hair but more greys ??? This picture was taken in our conservatory at home when Ko Win Myaing was visiting to RCSEd. Oct 2012. Ko Win Myaing was one of Saya UMMS surgical trainees too.

***Dr Kyaw Swa's speech at the Prof. U Maung Maung Sein Dinner
Royal College of Physicians of Edinburgh, June 1994.***

Ladies and Gentlemen

It is with great pleasure and privilege that we are gathering here tonight to honour a great man...Professor U Maung Maung Sein.

Yesterday, we witnessed a ceremony in which a young generation of surgeons were presented their diploma of RCSEd at the same time we witnessed with them Professor U Maung Maung Sein being awarded the " The RCSEd Medal "; the very first nominee in the college's history. We were very proud of the fact that he was the very first Burmese Surgeon to be honoured in such a way.

Let me introduce to those of you who may not know him very well...He was born in Burma, in a place called Maymyo...a small town not unlike Edinburgh, picturesque and romantic place in upper Burma. He was educated in a missionary school - St Michaels . He was taught discipline, manners and moral values, at a very important period in one's life. I believe that these are the building blocks in one's character development.

After the 2nd World war where Burma was under foreign occupations, he moved to Rangoon to attend a very well known high school called " Myoma ", where he was taught Burmese nationalism - a love for his country and a love for his fellow countrymen.

He graduated MBBS in 1956. After his internship, he was appointed as the BCG Team Leader. He was so interested in surgery, he did both hospital work and public health job at the same time, with great enthusiasm and vigour.

He was awarded a scholarship to come to UK in 1960 for further surgical studies. He passed his FRCS London as well as FRCS Edinburgh in 1961/2 at the age of 29yrs both at his first attempt. He went back home to Burma and was appointed Consultant Surgeon in 1996. In 1967 he went to Canada as a cardiovascular surgical fellow at McGill University, Montreal...He learned a great deal of basic surgical research. His work was praised by everyone in the department and participated in various teaching duties. On his return to Burma, he was appointed Lecturer in the Department of Surgery at Institute of Medicine 2, Mingaladon.

In 1972, he came to Liverpool to work for his Ch.M. – under the guidance of Professor Robert Shields. His work was on " The effect of porta-systemic shunts on colonic transfer of ammonia in hepatic cirrhosis " He worked very hard, his meticulous work was very well appreciated and praised by everyone in Liverpool most of all by Prof. Robert Shields. The influence that Prof. Shields had on him was enormous and I knew that first hand as I graduated at the time of his return home from Liverpool.

2. SURGEONS SING 18

He became Clinical Professor of Surgery in 1977 and served as Professor and Head of Department in both Medical Institutes in Rangoon. He then became the Rector of Institute of Medicine 1 in 1998 and later the Director General of Health Manpower in 1991. He retired in January 1992.

He is extremely interested in Medical Education. He was one of the first Burmese doctors to be involved in Medical Education. He attended and organised many World Health Organization Medical Education Seminars in Rangoon. I remember it well as I participated as medical student representative alongside many western medical educationalists. His teaching style was unique of his generation and always student lean rather than (spoon fed) teacher led.

His basic surgical examination techniques are still absolutely valuable, just ask those who recently passed FRCS exams. He emphasised on the value of basic sciences in every postgraduate studies in evidence in Burma. He played a crucial role in curriculum development of both the undergraduate & postgraduate medical education.

He has trained many surgeons and many Burmese doctors of other specialities who have settled throughout the world. I am sure that many successful Burmese expatriate doctors at some point in their career have come across Prof. U Maung Maung Sein and received his advice, guidance and influence on them in some way. Even now his wisdom and advice is still being sought after by many of the current leaders of medical & health education in Burma. Throughout his career as a surgeon, his prime objective has always been to the wellbeing of his patients, regardless of race, religion or creed. His dedication towards his work was second to none. I have witnessed this first hand as his assistant. He never shunned from the truth and spoke the truth and at times not always appreciated by his colleagues. Nevertheless he fought for the principles he believed in, those of us who came to know him appreciated that very much.

Another side of his character was that he cared about people...his patients, his students, his colleagues and their families...and of course his wife and 3 sons...Underneath this tough and demanding surgeon...there is a caring heart !

Ladies and gentlemen please stand up and raise your glass to Prof. U Maung Maung Sein.

Royal College of Surgeons of Edinburgh.
GOLD MEDAL RECIPIENT UMMS, 1994



L to R:
Dr. Kyaw Swa, Dr. Eileen Oo, Dr.
Daw Thein Myint, Dr.UMMS, Dr.
Arthur Sun Myint, 1994



L to R:
Dr. Kyaw Swa, Dr. Daw Thein
Myint, Dr.UMMS, Dr. Arthur Sun
Myint, 1994

Serenading with bagpipes, 1994



At Dr Kyaw Swa's backyard. All who came to honor UMMS.



GOLD MEDAL RECIPIENT UMMS: HONORED AT A BLACK TIE AFFAIR AND DINNER, 1994



Dr. UMMS with the late, Professor Sir Robert Shields at RCSEd. Fellows Dinner. June 1994



Dr. and Mrs. UMMS with the late Professor Sir Robert Shields at RCSEd. Fellows Dinner. June 1994



**UMMS
THE SHADOW OF A
SMILE
AKA
THE MONA LISA
SMILE**

“YOU THINK IT’S A HECK OF A JOKE, HMMH?”



Saya UMMS and His Thoughtfulness

Dr. Khin May Nwe (Nellie), IM1 1964.

The year I arrived United States in 1972, I was lucky to meet Saya in Philadelphia. He was in US to present a research paper on the Liver. He told me what a rat race I will be joining and also to have strict rules with my son 's upbringing and the influence of peer pressure among children. I did not understand too well at first, for I thought this is heavenly.

Over the years, I realized how true they all are. I often think of our Saya and his wonderful guidance to us, his students. At Rangoon General Hospital we were so scared of him as students. Then we got to know the soft side of him when we were House Surgeons. Saya U Tun Thin was also like him but not that strict!

Happy 80th birthday to dear Saya.

This is what I remember of our dear Saya. I saw him few times then. He will be glad to know my son Tim is 46 years old and is a Cardiac Anesthetist for over 20 years.

လက်ဖက်

We used to eat လက်ဖက် when we were on duty. I don't remember the name of our colleague who brought it. But we enjoyed it so much. It looks yucky but tastes so good. Ask Saya if he remembers that? Does Saya still like လက်ဖက်?

Dr. Khin May Nwe (Nellie), IM1 1964.

Editor's note: This is from my own personal collection of UMMS photos. I actually remember paying K1.50 for this photograph. It was so eye catching and so spontaneous that I just had to have it. It was rare to see Saya UMMS at an extracurricular event. I never knew that I will need to use this photograph 40 years later, for this story and for his book. It was at one of the gatherings at IM2 in 1971. What you think, Saya UMMS was eating? Look at the right hand posturing and the little dish on his left. It does not take long for a Burmese to figure this one out. Circumstantial evidence, folks.

So does he still like လက်ဖက်?

The answer is “Need you ask?”!



3. WE SING 2



*Dr. Daisy Saw and Dr. Khin May Nwe
(Nellie), IM1 1964*



*Nellie and Son Tim
1979-1980*



*Tim, Kirsten and Nellie
1994*

3. WE SING 3

What do I want to say of our Saya? “He has a tough exterior, but a heart of gold. He is a man of principles”.

Dr. Daisy Saw, IM1, 1964



Left to right: Mrs. MMS, Saw Mar Kyin Hwa (Dr. Daisy Saw's mother), Darryl Wu (Dr. Daisy Saw's son), Saya U Maung Mg Sein, Dr. Maung Nyein, Dr. U Tint Lwin, Mrs. Maung Nyein, Mrs. Margaret Chu, Dr. Daisy Saw, ? lady in white blouse.

Photograph: Contribution from Dr. Daisy Saw when Saya UMMS visited New York in 1994.

Mighty Magnificent Surgeon

Dr. Nyunt Wai, IM2, 1970

1.

It came as a postscript after a lecture, which was superb as always. That was in IM2 whose teaching hospital then was the DSGH.

“You know I didn’t sleep at all last night. For me, I only lost sleep. But for him, it’s a matter of life or death. The postoperative period was critical. So I stayed awake – standby”.

Who was Saya referring to? A big shot?

Well, the one Saya was referring to was an ordinary unknown soldier- a private, a casualty.

A surgeon by night saving lives. And a lecturer the next day, educating would-be health care givers.

How many lives of unknown soldiers and civilians had Saya saved?

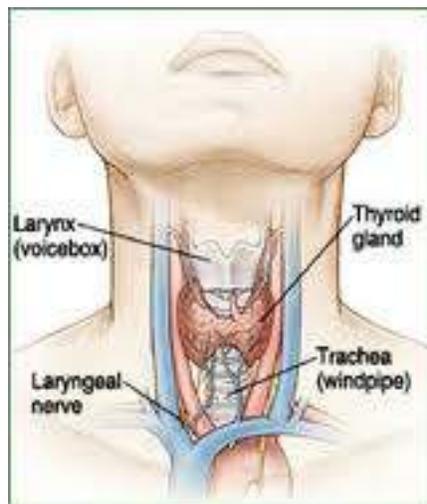
How many health care givers had Saya educated?

2.

Thyroid surgery. A subtotal thyroidectomy. Just with local anaesthesia. No blood bottles reserved. Saya believed in his skills. And in his judgment. A bloodless surgery in progress. Saya talked to the patient very patiently and gently throughout the operation.

The patient was none other than my mother. Considering my mum’s age and health, Saya opted for a local anesthetic for the surgery.

I realized why Saya can be so gentle on his patients and so harsh and hard on his students. The answer dawned to me: so that they will become very able, kind-hearted and altruistic doctors like him.



3. WE SING 5

3.

It was one of the most polished synchronized dual talks ever to be given in the Myanmar Medical Association auditorium. Maybe the one and only of its kind.

A physician and a surgeon at lecterns on either end of the stage. The talk was on medical and surgical aspects of portal hypertension. So fluent, flawless and fluid was their English that the audience was in awe. Of course English oratory was just the delivery tool. Just perfect for the content. The physician was Prof. U Myo Thwe and the surgeon? None other than Saya himself.

Photograph: Courtesy of Dr. Thane Toe Thane. Saya U Maung Maung Sein is in front row, 5th from right.



Photograph: Courtesy of Dr. Thane Toe Thane. Saya U Maung Maung Sein is in last row, 4th from the left. Dr. U Myo Thwe is sitting in 3rd row, 1st from right. (Blue jacket).



3. WE SING 6

4.

Saya is among one of the few clinicians who never hesitates to show his appreciation of the basic sciences. Saya acknowledges the shoulders on which he stands. Saya used to say “we clinicians are just reaping the fruits of the labors of those people toiling in the laboratories”. After all, Saya himself is a clinical scientist. And a medical educator as well.

What did Saya do after his retirement? He dedicated himself to teaching anatomy (applied and surgical no doubt) to thousands of medical students.

5.

Please note the intentional capitalization of the word Saya.

If there is a super-capitalization in written English, I would not hesitate to use that super big S, that super-upper case S (high up in the **တာဝတိံ သာ**). Just for Saya U Maung Maung Sein.

Saya's pupil,

Nyunt Wai

(a physiology “saya” spelt with a nano- s.)



3. WE SING 7

Dr. Nyunt Wai – late 1980s



Dr. Nyunt Wai- with wife Ruby and Grandson Otara, 2012



A Living Saint

Dr. Hla Thin, IM2, 1970

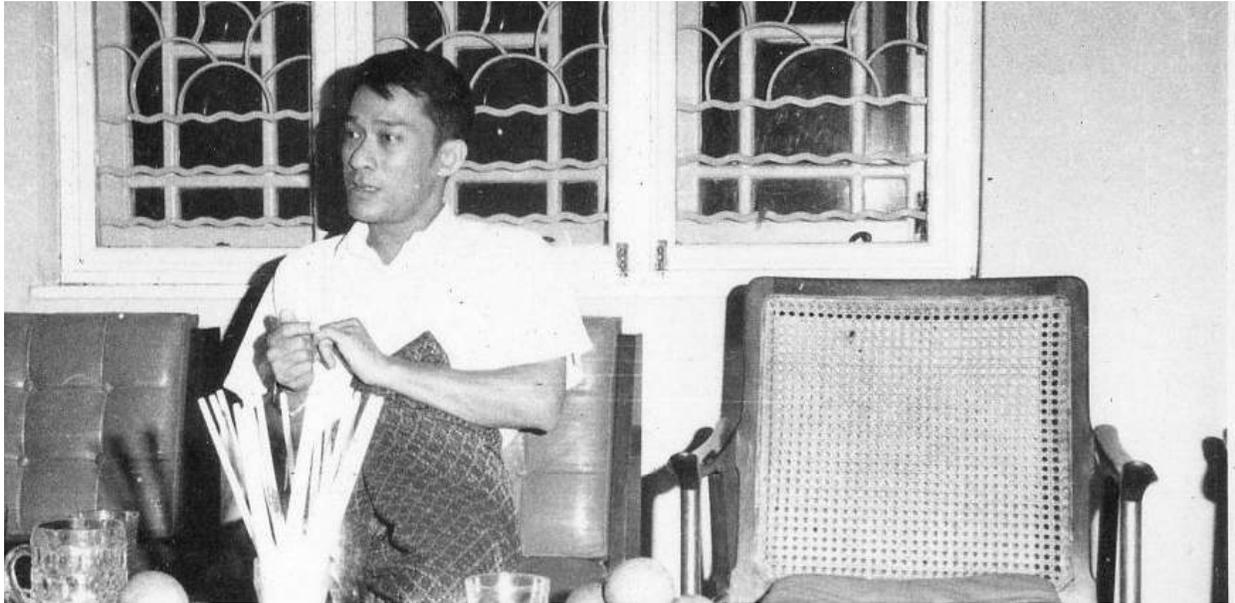
He cares the sick and works miracles.
He shares his knowledge and empowers others.
He teaches love and not hatred.
He praises and does not chasten.
He lives in simplicity and avoids all greed.
He accepts suffering and finds peace.
Is he a living saint?
He shows humility but not arrogance.
He abides equality but not favouritism.
He helps others but not selfishness.
He likes gentleness but not callousness.
Isn't he a living supra-saint?



Recent pictures of myself, Tin Tin Aye & our granddaughter Amelie. I also enclosed the picture of my son Noel whom Saya Gyi UMMS had also met in Myanmar & UK a few years back. Now Noel is married (about 3 years ago) with his wife (Mei-Ling, working in Paediatrics) and has a daughter (Amelie-8 months old). He is living and working in London as a Clinical Research Fellow in Colo-rectal Surgery.

3. WE SING 9

UMMS at Dr. Tin Win's House in YGN in early 1970s. Photographs: Courtesy of Dr. Hla Thin, far left in the 2nd photo.



Gratitude

Aye Mu Myint IM1, 1986

You were our teacher
You are still, for me, the light, the leader

The words you used to say
More than thirty years ago
But it was just like yesterday
“Good doctors cure
The better does prevention
The best perform research
And knowledge dissemination”

You asked us to draw a house
And compare with our body
Need not to be like in the text book
But must be complementary
You encourage the use of commonsense
But not learning by heart without sense

“If” by Rudyard Kipling
It was on your wall, I remember
How we understood, you asked
“It would be difficult to practice”, my answer

Now I am a teacher
For my tiny group, I’m a leader
May be a bit wiser
But I’m still a follower
I follow your way
My gratitude grows everyday

Aye Mu Myint
(For Saya Gyi U Mg Mg Sein)



ကြောက် ၊ ရိုသေ ၊ ချစ်
FEAR, RESPECT, LOVE

Dr. Thane Oke Kyaw Myint, IM1, 1967

It must be an uncommon title for a student to be writing about his teacher but as for Saya's 80th. Birthday, I am sure that Saya would not mind receiving honest and candid messages from his students.

In Burmese, it should be "Love, Fear, Respect" – "ချစ်၊ ကြောက်၊ ရိုသေ " but with Saya, for me, it was "ကြောက်၊ ရိုသေ၊ ချစ် ". I am just telling Saya how I felt on first meeting him, as a student who had just passed his 2nd. MB exams.

Phase 1: The ကြောက် phase

Ko Myo Myint (Ortho) and I started going to RGH, just after passing 2nd. MB, from April 1964, first to the Emergency Department, then to the theatre to watch and learn from emergency operations being carried out by the surgeons on duty throughout the nights. That was when I first met Saya.

Being so green and not knowing anything about how to "behave" as a student in the theatre, the first operation I watched was a gastric perforation being operated on. Being so short - sighted, I got closer and closer to the theatre table, until I got asked by the surgeon in very firm tone, "Who are you? and why are you here?". Meekly, I replied, "Saya, I have just passed 2nd. MB and wanted to learn." His answer, after a brief look at me, "Okay but တောင်ကိုင်း- မြောက်ကိုင်း မကိုင်းနဲ့ understand! ". Of course then I understood. That was my first encounter with Saya U Maung Maung Sein. Saya was in 1964, still in RGH as Sayagyi U Kyee Paw's first assistant, a surgeon and teacher par excellence but a very strict disciplinarian both in the wards and in the theatre. And other frightening words Saya used often, when he was displeased were "Do you think this was a hell of a big joke, hmm?"

That is why I titled my contribution about Saya: this was the first phase of becoming Saya's student- "The ကြောက် Phase"

It was so unfortunate that I did not have the good fortune to be taught more than I had because in 3rd. MB, I was posted to Wards 7 & 8 with Sayagyi U Khin Maung Latt, Saya E.G. Soorma, Saya U Ko Win and other teachers. Then, Saya moved away first to East Rangoon General Hospital, later to Institute of Medicine 2, during the period I was a student and later an intern.

3. WE SING 12

About Saya's fairness in assessing students, mainly based on whether a student be passed or not on his or her performance, including taking into account, the exam fright as well as being examined by Saya.

This second phase of respect was when I would listen to and learn from Saya at BMA Annual Conferences, where often, Saya would ask questions about the papers being presented, in very precise but constructive manner. At the same time, I overheard Saya talk to some, afterwards and during breaks, to advise on how presentations could be made better.

Then, Saya together with Aunty Josie, Ma Ma Mya, Ma Ma Rose, pioneered medical education as both a science and an art: they went to McMasters to learn more about Problem – Based Learning, and spent considerable time in Australia to acquire a broader knowledge about medical education. On their return to Burma, the Medical Education Units were established in the Institutes of Medicine 1 and 2. We learnt a lot from various medical education workshops and seminars from Saya and the senior faculty members. Following the professors visit to Australia, staff were sent to do their master's in medical education, Winsome (Ma Win May) being the first a to do a Master of Health Professions Education (MHPEd) in Sydney and then a doctorate in the University of Southern California.

Saya Maurice Hla Shwe (U Tha Hla Shwe) was sent to the United States to do a Masters in Medical Education soon after Winsome returned with a Masters from the UNSW. [I would like to mention here that even before the two Rangoon Medical Institutes set up their MEUs, Sayagyi U Pe Thein had already started the very first MEU in our country in Mandalay].

Saya returned to us i.e. back to Institute of Medicine 1 in 1987 – 1988 as Rector.

***Saya as Professor of Surgery, IM 1
and IM2, Rangoon***



3. WE SING 13

The photo below was one showing my teachers, the *“Young Lions of Surgery”*, during the First Phase.



From Left to Right: Prof. U Maung Maung Lay, Dr. U Kyaw Linn, Prof. U Khin Maung Lay, Prof. U Maung Maung Sein

PHASE 2: The ရှိသေ & ကန်တော့ Phase

Please do not get me wrong, Saya: I do respect you a lot since the first encounter with you on that night at the Lower Operation Theatre in RGH: I just mean the phase when my respect for you kept on growing up till now. But what I want to write was how ‘fear’ of you lessened and the respect grew.

By 1968, when I became a junior staff member of Institute of Medicine 1, Rangoon, Saya was already the Professor and Head of Surgery, Institute of Medicine 2. I got told by my classmates who got jobs in either Anatomy or Surgery, about Saya as an examiner. There were many stories about Saya together with Saya U Khin Maung Latt saving many students from Sayagyi U Ba Than’s wrath in not giving the precise answers the Rector wanted, during the surgical clinicals.

Phase 3: The ချစ် Phase

Again, I was not fortunate enough to be a staff member under Saya for long. But respect was now augmented by love especially during the turbulent times of 1988. Only briefly, I observed and appreciated Saya's support to his staff and students, his fairness in administering rules and regulations towards students, and his fair advice and judgement over pass, fail or moderation at the end of each subject examinations for final students.

At first during the turmoil, Saya U Ko Win and Saya U Ye Myint were manning the emergency with other surgical colleagues. But on 19th September, when many young doctors and medical students were wounded, the Rector joined the other surgeons to operate on his students and former students. One of them had his brachial artery ruptured and Saya saved both his life and limb, so well that the young doctor is now an interventional cardiologist in Texas, USA. I was told that 19th September was the only time, people had seen Saya cry, on seeing the plight of his students.

Together with many of his other students during those times, our love for Saya grew greatly seeing his deep concern, care for his students, the love and compassion behind Saya's mask of firmness that he usually wore.

Dear Saya, Please forgive me for including this photo: this has always reminded us of 19th September 1988, many saved by all the surgeons and anaesthetists of Rangoon, including you Saya, and also for us to never forget those whom we lost.



3. WE SING 15

This year in February, I was able to visit Saya myself and paid homage to Saya and Ma Ma. It was so great to see he had recovered from his near - fatal illness. He literally “regaled” me about his own illness and one moment of “near death experience”. Saya generously gave me over an hour to talk to me and catch up on news of his many students abroad.

Again, I could see not only how brave he was during his illness but more so his loving and affectionate way of talking as a teacher to his student.



R to L: Saya UMMS, Saya U Ko Win, Saya U Ye Myint: at a homage ceremony after Saya's illness.

3. WE SING 16



*Saya and Ma Ma
on my visit in
February 2012.*



**Saya and Me:
See I am not
afraid of Saya
anymore! I only
have ချစ်၊ ရိုသေ
for Saya now!**

Phase 3: Part 2

In 2005, the Class of 1993, IM1 started a “movement” – they pooled their funds and started providing financial assistance as homage to the teachers of IM1, later became “Institute of Medicine 1 Retired Teachers Fund” “IM1RTF”. I was so privileged to be asked to join these young people. Later, we expanded it to also include teachers on IM2 and IMM: now another name change as “Institutes of Medicine Retired Teachers Fund.” (IMRTF)

Why now about Saya and IMRTF? When I learned that Saya was not well the first time, I asked the Ground Zero Team of IMRTF in Rangoon to go to Saya’s house. That day, I received an email from Soe Win Oo: “Saya, we found Sayagyi’s house with much difficulty. But, when we rang the bell, Sayagyi himself came out asked who we were and why we were there. We explained that Saya Johnny had sent us hearing that he was not well. Saya replied that he did not need any help and said that they should go to other retired teachers. “I sent them back and the next time Saya opened the gate and let them in. Since then, a visit to Saya annually was a great time for the IMRTF team. Soe Win Oo told me that now Saya would like them to stay for some time, have tea or soft drinks and talked to them about his time and memories as a surgeon, a teacher and a Rector, and about medical ethics.



This is the IMRTF Ground Zero Team, with Saya, Saya’s son and grandchild

3. WE SING 18

Dear Saya, with this little note, may I express my respect as well as my love for you as my teacher. My wife and I send you our best wishes for your 80th Birthday, and look forward to do another book like this for your 90th. Birthday. You are very special to all of us. Please see photo below.

With respect

Johnny Kyaw-Myint
Class of 1967, IM1



Diagnosis ??

Mi Kyaw Thaung, IM2, 1972

I have an anecdote.

In one of the surgical clinics, Saya UMMS was discussing a difficult case where diagnosis could not be worked out.

One of my class-mates jotted down what Saya said and when we got back to have lunch, she asked what was the name of the person Saya said who could tell the diagnosis.

When I asked what Saya said, she showed what she has written, "Godalone knows what the diagnosis is".

One of those days with Saya UMMS.

Regards

Mi Kyaw Thaung
IM2, 1972



4. WE SING 2

Editor's contribution: Long-awaited diagnosis for "Godalone knows what the diagnosis is". I listened 30 times to take notes and make sure I got all the lyrics correctly.

"**Goodness Gracious Me**" is a comedy song recorded by [Peter Sellers](#) and [Sophia Loren](#), and was a top 5 UK single in 1960. It features Sellers acting the role of an [Indian](#) doctor, and Loren of his wealthy Italian patient – who fall in love.

<http://www.youtube.com/watch?v=P3A7B6qtUpU>

<https://www.youtube.com/watch?v=1RmiXMBXHXy> (after all that, the lyrics were right here!)

Sophia Loren: Oh Dr. I'm in trouble

Peter Sellers: Well, goodness gracious me

Sophia Loren: For every time a certain man is standing next to me, a flush comes to my face and my pulse begins to race. It goes: Boom, , boom di boom , boom di boom , boom di boom , boom di boom, boom di boom, boom di boom, boom, boom, boom,

boom di boom, boom di boom, boom di boom

Peter Sellers: Well goodness gracious me. How often does it happen? When did the trouble start? You see my stethoscope is bobbing to the throbbing of your heart!

Sophia Loren: What kind of man is he? To create this allergy?

It goes Boom, boom di boom , boom di boom , boom di boom , boom di boom, boom di boom, boom di boom, boom, boom, boom, boom, boom di boom, boom di boom, boom di boom

Peter Sellers: Well goodness gracious me!

From New Delhi to Darjeeling I have done my share of healing and I have yet never been beaten or outboxed.

I remember that with one jab of my needle in the Punjab, how I have cleared the beri beri and the dreaded dysentery, but your complaint has got me really foxed!

Sophia Loren: Oohhh, Dr., touch my fingers?

Peter Sellers: Well goodness gracious me!

Sophia Loren: You may be very clever. But however, can't you see? My heart beats much too much, at a certain tender touch.

It goes Boom, boom di boom , boom di boom , boom di boom , boom di boom, boom di boom, boom di boom, boom, boom, boom,

boom boom di boom, boom di boom, boom di boom.

4. WE SING 3

Sophia Loren: It goes Boom, , boom di boom , boom di boom , boom di boom , boom di boom,boom di boom,boom di boom,boom, boom, boom

boom di boom,boom di boom,boom di boom

Peter Sellers: Well goodness gracious me!

Can I see your tongue? Nothing wrong with it. Put it away please!

Sophia Loren: Maybe it's my back? Should I lie down?

Peter Sellers: Yes

Sophia Loren: Aahh!

Peter Sellers: My initial diagnosis rules out

- measles and thrombosis, sleeping sickness and as far as I can tell, influenza, inflammation, whooping cough and night starvation

- Be so glad to hear that both your eyeballs are so clear that I can positively swear that you are well

Sophia Loren: Put 2 and 2 together, if you have eyes to see, the face that makes my pulses race is right in front of me.

Peter Sellers: Oh, there is nothing I can do. My heart is jumping too.

Both: We go Boom, , boom di boom , boom di boom , boom di boom , boom di boom, boom di boom, boom di boom,boom, boom, boom

boom di boom, boom di boom, boom di boom

Sophia Loren: Goodness gracious!

Peter Sellers: How audacious!

Sophia Loren: Goodness gracious?

Peter Sellers: How flirtatious!

Sophia Loren: Goodness gracious!

Peter Sellers: It is me!

Sophia Loren: It is you?

Peter Sellers: Sorry, it is us!

Sophia Loren: Aaahh!



4. WE SING 4



Dr. Khin Maung Gyi
IM1, 1966

“ပန်းများကိုပွင့်စေသူ”
(ဆရာ-ဆရာမတိုင်းသို့ ဦးညွတ် လျက်)

- ၁. ချစ်ကြောက်ရုံသေ၊
ကောင်းစေဆန္ဒဆိုဆုံးမသည်၊
အနန္တဂိုဏ်းဝင်ကျေးဇူးရှင်။ ။
- ၂. ထည်ဝါလှဆင်းမွှေးထုံသင်းသည်၊
“ပန်းခင်း”များ၏ ဖန်တီးရှင်။ ။
- ၃. “ခါးများ”ထက်မြက်ဖြိုးဖြတ်လက်အောင်၊
ရွတ်ဆောင်လေသောစွမ်းအားရှင်။ ။
- ၄. “ခေါင်းလောင်း”ထိုးရုံ၊ ငုံ့လျှိုးဝင်လှည့်၊
တပည့် မျက်နှာမြင်တွေ့ လှာသော်၊
ကြည်သာပြုံးဝေ၊ ပန်းလည်းပြေစွဲ၊
စာတွေသင်ပြ၊ နှုတ်မှတစ်စါ၊
အသံပြတောင်း၊ ညာတာကျ၊
ရေးမပြုတည်။
အော် ကုသိုလ်လည်းရ၊ ဝမ်းလည်းဝမို့၊
သူကကြည်နူး၊ မဆုံးတည်း။ ။
- ၅. သူ့ “မေတ္တာ” လျှင်၊ ပမာမြင် မှီ၊
မကပိုတည်။ ။
- ၆. “စေတနာ” မူမြေလွှာမဆုံး၊
မိုးမဆုံးတည်။ ။
- ၇. “သံယောဇဉ်” ရစ်သူကချစ်သည်၊
ရင်နှစ်သင်းချာ၊ မြေစားတည်။ ။
- ၈. အော်... သူကညွှန်ပြ ဆုံးမလိုက်နာ၊
ပညာသင်ကြား၊ တပည့်များတို့၊
“ကွက်သားလည်း” ညီ၊ ရောင်လှုံကြည်ရုံ၊
နံ့မည်ထင်ပေါ်၊ သတင်းကျော်လျှင်၊
သူ့နော်ပျော်မဆုံး၊ ပီတိပုံး။

The Gardener

(A tribute to all teachers)

Dr. Khin Maung Gyi, IM1, 1966

1. Let me introduce to our teacher
Who is also a guardian and preacher
Guiding and nurturing from a youthful age
To raise us up with a healthy image.

2. As soon as the morning bell tolls
He started his routine - heart and soul
Never does he skips a single day
Sickness and malady are kept at bay.

3. He may be tired, his voice may whimper
His zest and zeal, nothing gets dimmer
Never to be seen in fits or rage
Happy and contented on not so high a wage.

4. His 'loving kindness' is like a mountain
'Goodwill' from him flows like a fountain
He looks after us as one of his own
His empathy towards us is very well known.

5. Hearing the success of his 'daughters and sons'
He beams as though 'a war was won'
He is now overjoyed and highly thrilled
His life seems to be thus fulfilled.

KMG (class of 1966 IM1)



What Makes a Great Teacher?

Dr. Christine Tan/ Khin Lay Myint, IM1, 1984



Life is full of continuous learning processes.

I am an IM 1 graduate therefore didn't have the fortune to be taught and trained by SayaGyi U Maung Maung Sein.

The closest encounter with SayaGyi would be seeing him from a distance as an external clinical examiner during our Final exams.

Thanks to modern technologies [electronic mails, websites & links to be specific], I learnt about SayaGyi through the writings of others such as Saya Thane Oke KyawMyint and his ex-students all around the globe.

Through this web-link <http://www.thisismyanmar.com/umms.htm> , one can see and sense how much SayaGyi has inspired the lives of many students and how much he is loved and respected by students and non students.

Also through the introduction by Ma2 JC [Dr Jennifer Chu, class of 1971, IM2], I've become a fan of SayaGyi's blogspot , "<http://profmaungmaungsein.blogspot.com/2011/10/new-posting-now.html>" since last year not realizing initially that Saya Gyi would become one of many သင်ဆရာ မြင်ဆရာ ကြားဆရာ in my life.

After reading Saya 's blogs which include true stories, personal experiences, reflections and his views on various topics especially Ethics, modern medicine and Dhamma, the following question & answers come into my mind.

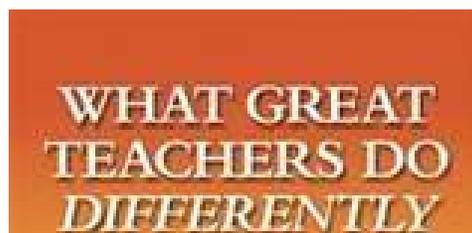
“ What makes a great teacher?”

Great teacher provides his or her students with more than an education.

Great teachers are masters of their subject matter.

Great teachers set high expectations for all students and make differences in life of young people.

Great teachers form strong relationships with their students and show that they care about them as people.



4. WE SING 7

If I were to choose the right answer for SayaGyi U Maung Maung Sein, I would need to add another one in that multiple choices and my answer would be.....

all of the above.

**Tribute to a great surgeon, a role model and above all,
a great teacher.**

Christine Tan/ Khin Lay Myint
Class of 84, IM1
[Sydney, Australia]

"Most of us end up with no more than five or six people who remember us. Teachers have thousands of people who remember them for the rest of their lives."

-Andy Rooney





Saya Sein: A Solitaire Amongst the Stars

Dr. Hla Yee Yee, IM1, 1968

When the စိန်တလုံး species of mango became popular in Myanmar in the late 1980s, some of the younger doctors saw it as the “Saya Sein mango” because Saya U Maung Maung Sein was (and is) to many aspiring surgeons-to-be and surgeons , “The One and Only”. But his vitality, forceful personality and aura reached out even to us, who were never his students.

I first heard the name “U Maung Maung Sein” spoken with utmost reverence and even in awe; as if he was a supernatural being, a demigod. His students did not love him; they *worshipped* him! He seemed a star in another galaxy; somebody into whose sphere I would never have the opportunity to venture into, because he was teaching in the Institute of Medicine (2) and I was in IM(1).

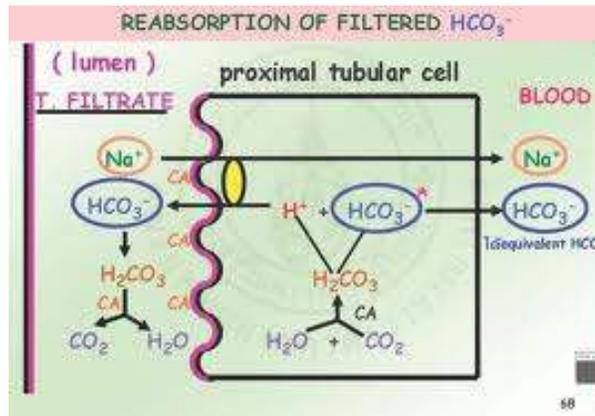
And then, one day in the early 1970s, when I was a young Demonstrator, I came into the sphere of The Solitaire, at a medical education workshop. Ah Ba U Hla Myint, Ma Ma Mya , Ma Ma Josie & Saya Sein were introducing educational science to us, the younger generation. Working closely with them, I saw first-hand what made these - our teachers - so great. It was not only their knowledge, but the rapport they build, the mutual respect they showed each other, and the respect they command from learners.

I learnt that the fear young doctors have of Saya Sein was not because he was fierce, but was born from the realization of their deficiency, compared with his perfection. His reputation as a surgeon of international standing, in-depth knowledge of medical education, professionalism and high moral values was enough to make anyone feel small!

Since I could perceive that Saya Sein would scold, but never belittle, I became very comfortable working with him at various medical education workshops and as a subordinate when he became Rector of the Institute of Medicine (1). Three incidents stand out in my memory when I think of Saya.

Where does the bicarbonate come from?

I was taking a Basic Sciences lecture on acid-base balance for doctors appearing for the FRCS Part I , and Saya Sein was sitting at the back. After the lecture, I invited questions. When nobody asked any, Saya scolded them in his usual manner (မြတ်စွာဘုရား ၊ တေ မိရဒွေးနေ တွေးနေပြန်ဘိ) probably scaring them . Finally, somebody piped up, "Where does the bicarbonate that was reabsorbed come from?". Before I could answer, Saya roared, "What a silly question! Who cares where the bicarbonate comes from? Here she is, giving a carefully - prepared lecture and you ask something silly like this! "



(2) Hla Yee Yee, သံခမောက်စောင်းခွဲ

After returning from UK with a PhD, I received an invitation from the British Embassy inviting recently-returned scholars to the Queen's birthday dinner. Not knowing the politically correct form of official letter, I wrote to Sayagyi informing him about the invitation (အကြောင်းကြားအပ်ပါသည်) rather than ask permission (တင်ပြအသနားခံပါသည်). His office called, summoning me to his presence. When I knocked on his door, he roared, "Hla Yee Yee, သံခမောက်စောင်းခွဲ !" Oops!



(3) ကြောက်သလား ?!

We were invigilating a Final Part II paper when Thi Thi Lwin gestured to me to come to the second-last row. A student had written on her book that a particular student was cheating, so she was standing next to that student who was supposed to be cheating. I told her to stay put, and went to Sayagyi's office. The moment I reported the incident, Sayagyi immediately told me the name and roll number. We hurried to the theatre, where Thi Thi came towards us with panic written on her face. She reported that because she was standing next to her, the girl panicked, and sheaves of paper & a book slid from the folds of her longyi, so she had to take action. We had to remove the girl from the theatre....The next day her friends threatened my niece who was in that class, "This is a human right. Daw Hla Yee Yee & U Maung Maung Sein better be careful!". I told Sayagyi about this when I next met him. He assured me, ကြောက်သလား ?! Of course I wasn't, with my သံခမောက် as protection!

Despite his seemingly hard exterior (remember he's a diamond?!), he respected intelligence & wit. When I became Professor & Head at IM(1) and U Mya Oo was Rector, Ma Ma Flora (Prof. Hla Hla Myaing) would urge at Academic Boards, "HYY, try and soften U Mya Oo...he's getting irritated with those three...Daw Mya Mya used to soften U Maung Maung Sein "(There were three Professors who would irritate Saya Mya, the same way they did Saya Sein). I told her "Saya Mya is not Saya Sein, and I am not Ma Ma Mya!"..... Then, at durbars, Saya would scowl when mundane things like Heads of Departments not signing the bus tokens came up; but a ghost of a smile would play at the corners of his lips whenever Prof. Khin Ma Gyi got up to speak and the audience would start to clap. She was so witty; we all got to enjoy durbars, and there was always a full attendance.

Saya served the country as a brilliant surgeon; as a respected Administrator in the role of Rector and Director-General of Medical Education; as a pioneer in Medical Education from whom we learnt so much! The solid grounding in education science, applied to medical education that we received over the years gave us a tremendous advantage over many other faculty on the international scene. Now, he is enjoying a well-deserved rest, simply being a good Buddhist still charged with a passion for disseminating knowledge transcending the boundaries of Bailey & Love.

A lifetime of service; what is there to show? No palatial mansions or fancy cars. No lucrative businesses. No lavish living. Their generation had their values and could adhere to them. [O & G Prof. U Soe Myint once remarked, "Something is wrong if doctors are rich"]. What they have earned is a deep respect & love from their students. Most importantly, they are contented, and at peace.

4. WE SING 11

Jennifer (Chu) suggested that I write a “funny” poem about Saya. I’m not sure it’s “funny ha ha ”; I guess it is “funny peculiar” because I’m not using rosy words as people usually do, but being very candid. And that’s what Saya wants us to be; because hypocrisy is his pet peeve.

He never sugar-coats his words;
They sometimes hurt & cut like swords,
But you can feel the *garuna*,
His genuine *metta, mudita*.
He set high standards for prodigy.
“ Education”, to him, is not degrees.
He teased one’s intellect with questions weird;
Things that others might call absurd.
“Why don’t ants die falling from a height
But a fallen man’s such a ghastly sight”?
Questions with answers not found in texts
That stimulate, frustrate, make one vexed...
He makes you think, reason, explore,
To seek knowledge , and then...thirst for more!

Saya Sein is an educator who knew the principles of adult learning, instinctively putting the learner in the active role even in an era where rote learning was the norm. He was ahead of his time; a true leader, a solitaire. May he live long to educate and stimulate the generations to come!

Hla Yee Yee
IM(1) Class of 1968
Kuala Lumpur, 7th August 2012





***Dr. Hla Yee Yee
Folkestone, 1987***



***Dr. Hla Yee Yee
Kuala Lumpur
2011***

A Boring Interlude

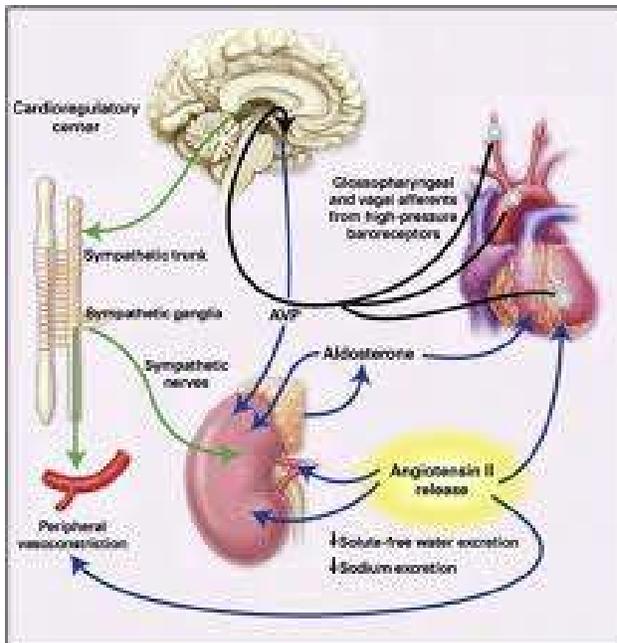
Dr. Khin Nyo Thet, IM2, 1970

I was perpetually late, late for lectures especially the early morning ones, since I commuted daily from our house on Convocation Road a straight shot along Prome Road to reach IM 2. No one seemed to mind that I was always a little late until the day I was greeted by a withering look and a voice full of sarcasm "Well! Look who is sauntering in", I looked up and there he was, the man himself.

Black glowing eyes a mane of dark hair, lips compressed to a thin line, pants creased to a sharp edge, targeted in front of a theatre full of class mates, I felt my face flush, looked down, said not a word and wished that I could disappear.

My 1st encounter with the professor.

From then on I made sure I no longer was his target, got into my seat and blended in with my classmates before he came striding in. Point taken.



Autonomic Nervous System

Sympathetic - "Fight or Flight"



Parasympathetic - "Rest and Digest"



4. WE SING 14

As the clinical years went by I overcame my nervousness to enjoy his lectures, became relaxed enough in his presence so that I did not stammer, fielding the questions he tossed in. He kept us all alert with his energy, his staccato speech and his keen eye for picking out the drowsy ones with a question.

One day my good friend Yi Yi Myint and I decided that we wanted to decorate our ears with earrings and hence needed to be brave enough to ask the services of this great surgeon to bore our ears, he cocked his head to one side as he is wont to, a glimmer of a smile that seem to say “the nerve of these pesky girls” and said yes!

Our ears were bored in the OR, we had our ears lobes measured and inked so that the bored hole would be central. We treated all OR personnel to cup cakes, basically we had an ear boring ceremony in the OR by a great surgeon.

We danced around for the next couple of days with black silk thread dangling from our newly bored ears.

To this day especially when I change my earrings I never fail to remember our Saya with great respect and affection.

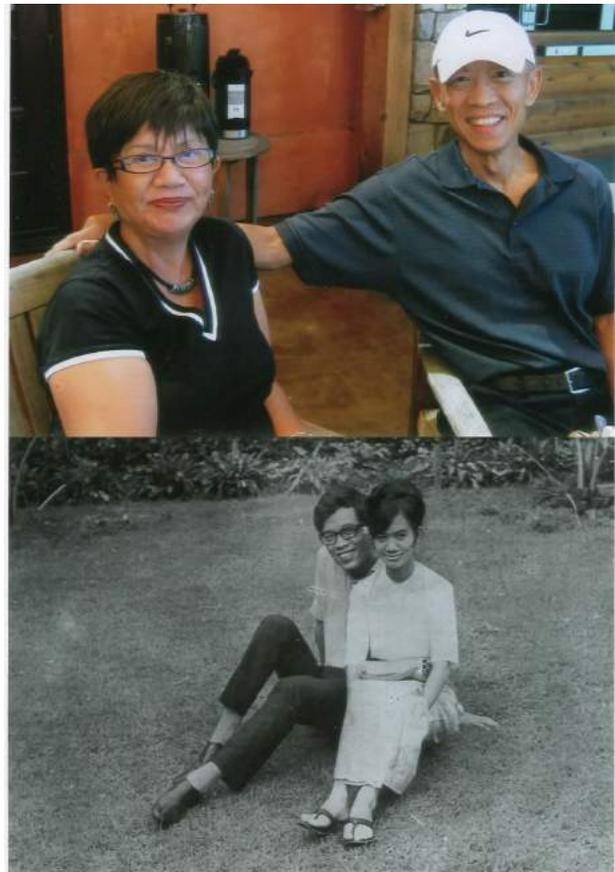
I wish we had taken some photos!

Khin Nyo Thet
Year of 1970

Editors' Note:

Khin Nyo: Thanks for your great boring story such that I became alive. My mind felt flying back to the past and can see your class entry scene into UMMS' lecture hall. I felt the palpable silence of the room, see all eyes on you and felt the sweaty palms you must have had.

Nothing like a good sympathetic discharge to prepare one for UMMS' morning lectures. It wakes you up better than coffee, tea or လက်ဖက်



4. WE SING 15

I like to wish Saya Healthy and Happy.

Lay

Dr. Lay Khin
IM2, 1972

I am grateful to all doctors who looked after UMMS during his last crisis in health. Now he can look forward to his 80th and more happy returns of the birthday.

Dr. Yi Yi Myaing
IM2, 1971

This is the wonderful day, and you're a wonderful person.

Enjoy all the love and affection that comes your way today.

Happy Birthday Saya!

I will be forever thankful for your teaching, life lessons and blessings.

Dr. Nwe Oo, IM2, 1984



Dear Jennifer,

I am sending you the picture of UMMS and Daw Thein Myint during their visit to New York years ago. They stayed in our apartment with my family at the Manhattan apartment, one block away from the UN building. He enjoyed the UN tour and NY visit very much.

Sincerely,

Dr. Myo Maw, IM2, 1970
MBBS (RGN), FRCP (EDIN.), FACC

4. WE SING 17

My encounter with Saya U Maung Maung Sein was brief. It was in 1986-1987 when I was a third M.B. and Final Part I M.B. student. We respect him for his personal integrity, courage, wisdom, knowledge and far-sightedness. I'm proud to have been one of his students. I will always remember him.

Thein Hlaing Oo, MD, FRCP, FACP IM-2, 1991

Currently
Associate Professor of Medicine
The University of Texas M.D. Anderson Cancer Center
Section of Thrombosis & Benign Hematology
Houston, Texas
USA

Dr. Thein Hlaing Oo is in front row, second from left



Dr. Thein Hlaing Oo, 2012

4. WE SING 18

Saya U Maung Maung Sein is an inspiring "teacher" in the broadest sense of the word. He set high standards of clinical practice and professional behavior. His methods were tough but he was also very supportive at times of need.

Saya is a role model for a generation of medical students, clinicians and surgeons from the Institute of Medicine 2 over the last 50 years. We wish him a wonderful 80th birthday.

Eileen Oo (IM2, 1971).



Dr. U Myint Oo and Dr. Eileen Oo
in Sydney



Dr. Yi Yi Myaing, Dr. Eileen Oo and Dr U Myint Oo in
London 2011



Vanessa Oo's
graduation, 2011

CONTRIBUTIONS FROM DR. THANE TOE THANE

IM2, 1968



5. WE SING 2

***Get together party at Dr. Thane Toe Thane's (T3) house in Rangoon,
1970 or 1971***



DSGH : Dr. Major Daw Thein Myint and O.R. Staff



Dr. UMMS and Dr. Thane Toe Thane. Chicago, 1974



Dr. Thane Toe Thane, Dr. UMMS, Dr. & Mrs. Tin Aung, Dr. Marla. Chicago, 1974



5. WE SING 4

In T3's Chicago Apartment, 1974



5. WE SING 5

In T3's Chicago Apartment, 1974



In YGN 2000



Saya UMMS in Washington D.C , 1974



Saya UMMS and Dr. Tint Lwin in Washington D.C., 1974



5. WE SING 7

At Saya UMMS's house. T3 visited Rangoon in March 1981. Saya treated me to dinner at his house.



***Saya UMMS and Daw Thein Myint visited T3's house
Chambersburg, Pennsylvania.***

Dr. Jennifer Chu, Marlar Lwin and her friend. July 4, 1994



***Backyard of T3's house with Saya UMMS and guests.
July 4, 1994***



5. WE SING 9

Dear Jen,

My memories of UMMS was very clear. He was the best Surgeon, back home.

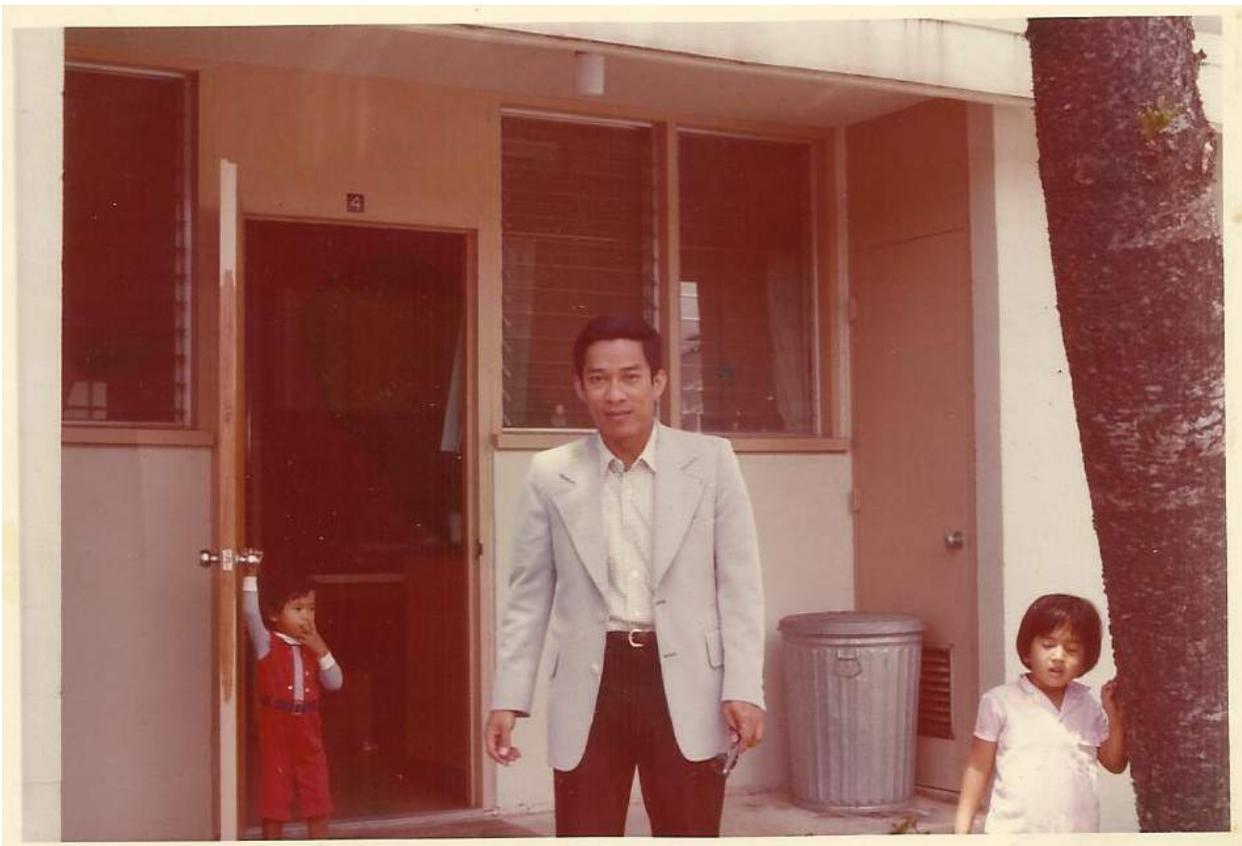
Please give my regards to Saya U Maung Maung Sein.

He visited me in 1974. I was living in an apartment in Kuakini Hospital & Home, in Honolulu, Hawaii, then.

It is a Japanese Hospital owned by Japanese in Honolulu.

Almost all of the doctors are Japanese. I did my internship there.

Bekin Dr. Than Tun, IM2, 1968



Dr. Than Tun (recent pictures taken on June 18th 2012).



Professor U Maung Maung Sein

Winsome (Dr. Ma Win May) IM1, 1968

I first heard about Sayagyi U Maung Maung Sein when I was a medical student - that he was a brilliant surgeon and that he did not suffer fools gladly. I never worked with him as a medical student and he later went to the Institute of Medicine (2) so I never met him as a house surgeon either.

The next time I worked with him was after he came back from Australia where he went to the WHO Regional Teacher Training Center at the University of New South Wales. We collaborated in the conduct of a number of medical education workshops. Truth to say, I was a little scared of him, but found him to be a very direct, and thoughtful person and really enjoyed working with him.

After I returned from the US with a PhD in medical education, I was posted to the Department of Medical Education, and Sayagyi was the Rector of the Institute of Medicine (2), so I staffed the monthly meetings of the Director-General and the Rectors. I was always impressed by his integrity and the fact that he would always stay true to his principles.

When he became the Director-General of Medical Education, he was able to implement some of the changes in medical education that he believed were necessary to move medical education forward.

I was promoted to Rector, Institute of Nursing - Sayagyi was not too happy about it but understood that for nursing to move forward, changes needed to be implemented. Sayagyi was always there to guide and advise me, as it was a lot of uphill work to move from a nursing school to an Institute of Nursing. He guided me on how to run the Academic Senate and the Council of the Institute of Nursing. He also imparted the importance of doing everything "by the book" - to always be sure to dot my "i's" and cross my "t's". This helped me greatly when my faculty members encountered an incident of cheating during an examination and reported it to me. I followed the rules and regulations as pounded into my head by Saya Sein and called an emergency meeting of both Senate and Council to make the decision. It was so fortunate for me that I did that as when some students appealed to the Minister of Health regarding the decision and I was questioned about it, I had the documentation to show that I had acted according to the rules and regulations. I followed his maxim of "justice tempered with mercy" and found funds for that student as she lost her stipend during the months that she did not receive it.

5. WE SING 12

Sayagyi taught me how to say my rosary without actually using one. He told me that would be useful when traveling, and to this day I use it. You just use your two hands to count to 108 - for the number of beads on the rosary - a very elegant way of doing it.

He was and is a very staunch Buddhist and at one time, when I had some very difficult faculty, and I asked for his advice, he said: "Winsome, do you want to meet with these people in your next existence? Who knows what you did in your previous existence, that you are encountering them in this existence?" That stopped me short and I just sent them metta as he advised.

Even after he retired, I remained close to him and would visit to keep him abreast with what was happening in medical education. He mellowed greatly with age and discussed religion most of the time on those visits.

He was very pleased when I left to join the World Health Organization in Geneva - he told me that it was important to show others what the Burmese are capable of doing, and also to never go against my principles.

Sayagyi is a man of great integrity and a wonderful human being. I am very fortunate to have worked with, and learned from him.

Happy Birthday, dear Sayagyi and may you live for many, many more years and guide all your students!

Sincerely,

Winsome (Ma Win May)
IM1, 1968



Acts 1-5

Dr. Sun Myint IM2, 1972

Act -1 (1969-1977)

Sayar Gyi inspired us:-

***“Not to follow the line of least resistance”
“Not to sit because the chair is there,
Keep walking till you get to where you want”***

Act -2 (1987)



Sayar Gyi reminded me of the “Serenity Pray”

Sayar Gyi invited me to give a talk at IM-1 lecture theatre. After my presentation, Professor U Myo Tint persuaded me to come back to take his place as the Professor and Head of Oncology Dept in Yangon as he was retiring shortly.

***“God, grant me the serenity to accept things, I cannot change.
Give me the courage to change the things that I can;
but Lord grant me the wisdom to know the difference”***

I did not go back to accept the offer and missed the 1988 chaos.

“He was there when I needed him”

Act 3
Memoirs from Liverpool (May - June 1994)
Arthur Sun Myint , IM2 1972

It was early January 1994. I had received a message from the late Sir Robert Shields asking to see me urgently before I left for my trip to Yangon. I promptly made an appointment to see him as I knew that there must be something important he wanted to tell me. On arrival, his secretary ushered me into his office. He was sitting solemnly in his chair and then stood up to greet me , saying “It’s not like Maung not to reply. I’ve sent him an urgent request to contact me but he hasn’t responded”. When Sir Bob realised I was perplexed, he explained that he had written to Saya U Maung Maung Sein a while ago, requesting the names of all of the Professors in Surgery in Myanmar who had trained under him. He then paused and said, “I wanted to acknowledge his contributions to Surgery”. I could guess what had happened and replied, “Sir, the post in Burma is not reliable and he may not have received your letter”. “Sunny”, he replied, “Could you do me a favour and take this letter for me?” Without hesitation I said, “Yes, of course”.

The day after I arrived in Yangon I met Saya U Maung Maung Sein at his home in Kan Yeik Tha near the Kaba Aye (World Peace) Pagoda. He greeted me with an enthusiastic, “Welcome back!” and I explained that I had a letter from Sir Bob Shields. Sayagyi was pleasantly surprised to hear this.

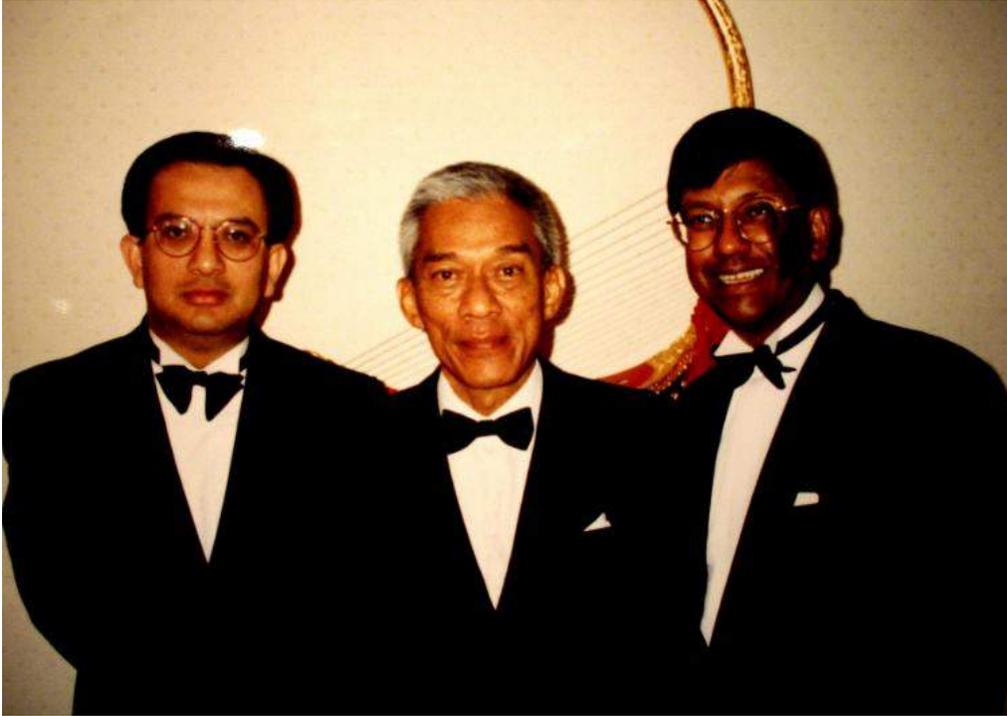
5. WE SING 15

When he saw the letter, tears welled up in his eyes. I had not seen him so upset before. "Bastards! It's almost three months, and I haven't received this. What will Prof Shields think of me?!" I told him that I had already tried to explain this to Sir Bob who was, I reassured him, now fully in the picture. In those days, it was probable that letters from abroad were screened regularly by military intelligence units who had not passed this letter on to Saygyi, unaware of the importance of its contents.

The response was prompt and Saygyi duly received a letter of invitation from the Edinburgh Royal College of Surgeons to attend a ceremony for an award. This was a unique award at that time, given only to distinguished persons in recognition of their significant contributions to the education, training and research in surgery. Saygyi was not the first recipient of this award but the first gold medal was given to another elderly surgeon who was dying at that time and I suppose the delay in reply had its consequences.

I went back to Sir Robert Shields and persuaded him to invite Saygyi as a Visiting Professor at the University of Liverpool during his stay in the UK. Sir Bob obliged and another invitation was promptly sent. Saygyi was all set to come to the UK but Saya U Tint Lwin (a radiologist), who was working in the US at that time had a better idea and persuaded him to travel around the world. Saygyi and Ma Ma could not refuse an offer of a round -the - world air tickets and invitations from his students from around the globe. I would like to share our experience and the events that took place during their visit to Liverpool.

5. WE SING 16



L to R:
Dr. Kyaw Swa,
Saya UMMS,
Dr. Sun Myint
Liverpool 1994

At Fellows dinner RCSEd after the lecture by Sayagi...L to R ...Dr Toe Lwin , Dr Sun Myint, Saya UMMS , the late Sir Robert Shields , Dr Htoo Han (now, Prof & Head of Paediatric Surgery, YCH).



Prof U Maung Maung Sein & Ma Ma Itinerary and diary of events

during his visit to the UK for the Edinburgh RCS Gold Medal (1994)

14th May (Saturday) Left Yangon

15th May (Sunday) Arrived in London

19th May (Thursday) Arrived in Edinburgh to attend Edinburgh RCS and RSM

Joint meeting. Stayed with Dr Kyaw Swa and family (8 days).

27th May (Friday) Arrived in Liverpool by Inter-city Train from Edinburgh

Stayed with Dr Sun Myint and family (14 days)

30th May (Monday) - 8th June (Wednesday) Held the post of visiting Professor, The

University of Liverpool

1st June (Wednesday) Surgery Departmental Lecture

2nd June (Thursday) Liverpool Medical Institution Lecture and dinner

9th June (Thursday) Journey to Edinburgh with Dr Sun Myint

10th June (Friday) Ceremony for the presentation of the RCS Edinburgh Medal

11th June (Saturday) Dinner at the RCP Edinburgh attended by Prof Mya Oo

12th June (Sunday) Returned to Liverpool with Dr Sun Myint

17th June (Friday) Flew out to the USA

Arthur Sun Myint

Liverpool Oct 2012



To
DR TINT LWIN
NEW YORK U.S.A
0101-315-785-5552

FROM THE RECTOR (Retd)

MAUNG MAUNG SEIN, Ch. M., F.R.C.S., F.R.C.S. Edin.

THE INSTITUTE OF MEDICINE (1)
245, GODWIN ROAD, LANMADAW, 11131, RANGOON

TEL: 800130130x
095-01-61856.

19 Kan Yeik Tha
Mayangon P.O.
Yangon, Myanmar.

April 26th 1994.

Program for the visit. * 14th

1. Leave Yangon May 18-1630 hrs. to arrive Bangkok 18th May 1830 hrs. (T.G. 306)
2. Leave Bangkok 17th May 0400 hrs to arrive London/Heathrow 17th May 0700 hrs (TG916)
3. Leave London 19th May for Edinburgh. (B.A. Shuttle) 15th
4. Stay with Ko K.Swa in Edinburgh May 20th to May 24
5. Attend Clinical & Scientific meeting May 24 to May 26
6. Travel to Liverpool on May 27 with Intercity train from Edinburgh.
7. Stay with Ko Sun Myint & follow Liverpool program
8. Travel back to Edinburgh with Ko Sun Myint on June 9
9. Attend Diploma ceremony on June 10
10. Stay in Edinburgh till June 13
11. Leave Edinburgh June 13th for New York by T.W.A. Stay East coast 3 weeks.
12. Leave New York July 3 for Los Angeles by American. Stay West coast 2 weeks.
13. Leave Los Angeles July 15 to arrive Hong Kong July 17th by Thai Airways
14. Leave Hong Kong July 21 for Singapore by Thai Airways
15. Leave Singapore July 25 for Kuala Lumpur by Thai Airways
16. Leave Kuala Lumpur July 28 for Bangkok by Thai Airways
17. Leave Bangkok August 2 for Yangon by Thai Airways. Home (010-603-75-59319)

* *
Saya Myint Thun Ya
will contact you
regarding this

If arrangements need to be changed for our stay in U.K. to accommodate desires etc of colleagues & friends, please feel free to do so. Thanks.

✓ Dr. U Tint Lwin. U.S.A.
Dr. U Sun Myint. U.K.
Dr. U Kyaw Swa. U.K.

Handwritten signature and date
4/25/94

* changes as discussed on the phone
Handwritten signature

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH MEDAL

Professor Maung Maung Sein
Retired Director General,
Health Manpower, Yangon, Myanmar; and
Professor of Surgery,
University of Rangoon and Institutes of Medicine.

Address to the Diplomates

by

Dr Charles Proye
MD FRCSEd(Hon)

BENEDICTION



THE ROYAL COLLEGE OF SURGEONS
OF EDINBURGH

**Ceremony for the
Presentation of Diplomas**

FRIDAY 10 JUNE 1994

President

PROFESSOR P S BOULTER

Chaplain to the College

The Very Rev Gilleasbuig Macmillan

**HISTORY OF MEDICAL EDUCATION
IN MYANMAR**

by

Professor Maung Maung Sein

Chairman: Professor Sir Robert Shields

Date: Thursday 2nd June 1994

**Venue: Liverpool Medical Institution
Mount Pleasant, Liverpool**

Time: 7.00 - 8.00 pm

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH MEDAL

Professor Maung Maung Sein

Retired Director General,
Health Manpower, Yangon, Myanmar; and
Professor of Surgery.

University of Rangoon and Institutes of Medicine.

*Medical Education in Myanmar. A man of Steel
Forbes Hyman of British Society*

Address to the Diplomates

by

Dr Charles Proye
MD FRCSEd(Hon)

*Fellow of R-
1970*

88 Common Surgery

Member of Medical Society of Surg-

*Selection in Training
of Consultants*

BENEDICTION

- "Ancient - Tradition" *ဒီအိတ်အိတ် ဝေဝေ ဝေဝေ*
- The main Hall - *ဝေဝေဝေဝေ*
- President - Prof Bonita - *ဝေဝေဝေ* -
500yrs - to improve the standards.
*characteristics, which must be for the benefit
of the patient. Today will not be the first*
- 1505 church - *King James IV of Scotland*
Have blessings

1960 Prof Charles Wille Lingard - Fellow

1974 Prof Shields

pathophysiology of Asites

1977 Prof of Shield

1588-

1979 - Prof & Lion

1498 - 1951 - Ketter

The Shearman & Sterling
10/6/94



FELLOW'S DINNER

Friday, 10 June 1994

MENU

***Goats Cheese marinated with
Green Peppercorns and Green Figs***

Vichyssoise

Salmon en Croute

***Green Salad with Cherry Tomatoes
in an Olive Oil Dressing***

New Baby Potatoes

Strawberries and Fresh Cream

Coffee

Chocolate Mints

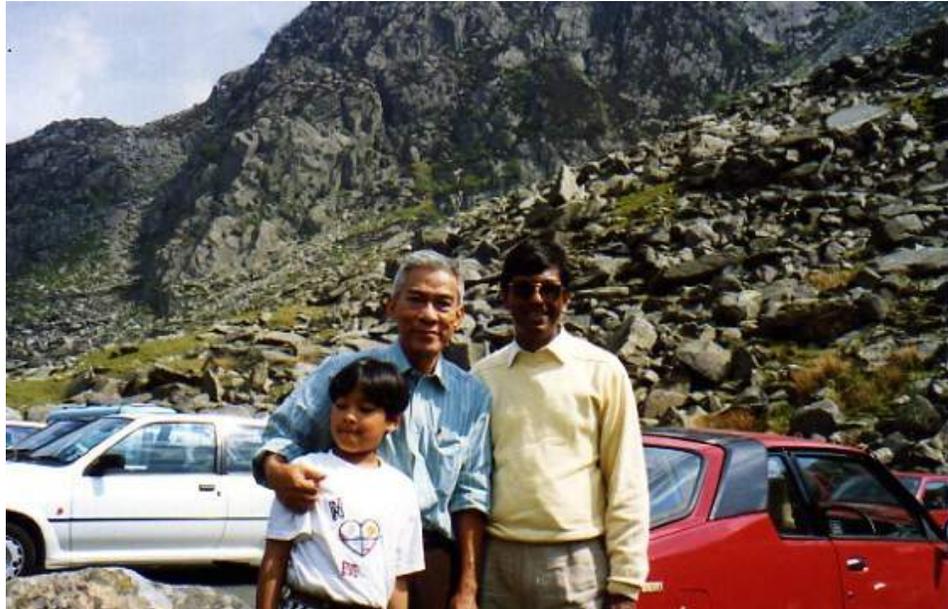
Act 4 (2011)

I am pleased to say I (we) were there when he needed us.

Act 5 (2013)

The Golden Jubilee. Till we meet Sayagyi again.....

Arthur Sun Myint
*Liverpool,
Dec 2012*



Thurane (Dr. Sun Myint's son),
UMMS and Dr. Sun Myint.

Thurane "Reach for the Sky" and Saya UMMS



Dr. Sun Myint





Photo from: www.im2.co.uk/

IM2 1968 batch



Photo
from:www.im2.co.uk/

IM2 1970 batch

5. WE SING 27



Photo
from:www.im2.co.uk/

IM2 1971 batch



Photo
from:www.im2.co.uk/

IM2 1972 batch

5. WE SING 29



Photo from:www.im2.co.uk/

IM2 Final Part 1 students in 1983

ALL TRIBUTES IN THIS SECTION WERE WRITTEN FOR
UMMS DURING HIS CRITICAL ILLNESS IN 2011

Perception of genuine respect ...

Dr Than Htut Aung

Thursday, July 7, 2011

<http://maesaigracechurch.blogspot.co.uk/2011/07/perception-of-genuine-respect.html>

Sayamagyi Daw Myint Myint Khin phoned me two weeks ago about Saya U Maung Maung Sein who is getting seriously ill; that he has been admitted to the hospital, and that he needs some assistance. How honorable act of Sayamagyi! As a Chairperson of Healthcare Association for the Aged Medical Doctors, Sayamagyi is still making energetic efforts into the consideration of the healthcare services to her junior doctors although she is 87 years of age. (High costs for healthcare services are hitting hard even successful veteran doctors in Myanmar).

As all students affectionately call her 'Mommy Gyi', she thought I'm her student when I introduced seven years ago. While I was serving my internship as a house surgeon at the Mandalay General Hospital after I graduated from Institute of Medicine (1), Sayamagyi had already retired three to four years ago. Nevertheless, her reputation of being a good doctor is still echoing round the Mandalay General Hospital. Her excellent medical skills, professional conduct, indiscrimination on the grounds of the poor and the rich and absence of inequity in relations with her students were spreading for a long time among doctors, nurses and hospital staff although she had retired as a senior doctor.

When I get more in touch with Sayamagyi, I noticed that she has a self-confidence manner without pretensions. She seems to have no doubt on her good deeds and behaviors in her profession. People who came across with her could benefit from her confidence.

Sayamagyi said, "Ko Maung Maung Sein might not be your teacher. However, he is very sincere." I replied, "I know Sayagyi well. When you visit him, I will accompany you to cheer him up."

All the medical students admired with high impression on Professor/Head for Surgical Department of Institute of Medicine (2). Due to the comments of our senior medical students, we had acutely feared him since 3rd MB. There is only a fifty-fifty chance to pass final part (II) exam if a student was examined by him. Few students hardly passed his oral exam. Sayagyi U Maung Maung Sein is very outstanding. Although he was very kind to the patients, he is firm on principal with all the people. He did not favor any student at the exams.

6. WE SING 2

As a medical student, I appreciated 'Lady's Hands, Lion's Heart'; A Midwife's Saga, the book written by Carol Leonard. At that time, I wanted to become a surgeon and Sayagyi U Maung Maung Sein was my ideal person. Coincidentally, I met with Sayagyi at a short case exam. This was my first encounter in person with Sayagyi. My knees were so trembling with fear in front of him that the table in front of me was shaking.

Fortunately, I could answer all his questions well. He did not smile or berate me during the oral test. At the end of his questions, he said, "You could answer all of my questions well. Why are you so trembling with excitement? If I allow passing medical students who do not understand their subjects well, then it would cause troubles to the patients." He left the table after saying these words.

I met with Saya Sein for the second time as his patient to have a minor operation while I was doing business four years after I had graduated. He did not recognize me, and I did not tell him that I'm a doctor. But I told the nurses that I'm a doctor just before the operation. Wearing the surgical gloves, Saya Sein entered the operating theatre to inject an epidural. He said, "Why didn't you tell me that you are a doctor? I'll not take any charge for this operation." I felt exultation at that time. Sayagyi is still practicing the medical ethics of practitioners up to the operating table according to the Hippocratic Oath that we have to swear during the convocation of medical students! Since then I did not meet again with Sayagyi for over 15 to 20 years. Whenever I talked about medical practitioners, I always affirmed there are some senior doctors who can observe medical ethics up to the operating tables. During the incident of Khaine Shun Lae Ye, which was a regrettable event in the medical history of Myanmar, I had to tell my reporter and editors that a doctor must have skills and good volition similar to Sayagyi to become an admirable genuine medical professional, referring to him.

When I met with Saya Sein for the third time, he could not speak well due to his illness. After I recited his words during our two previous conversations with him and recounted my admiration for him, he became fresh and cheerful. I assured that his endeavors during his lifetime will not be futile. Actual respect can neither be created out of friendship, gratitude, powers and wealth, nor be destroyed it. It will never fade away due to someone's misdeeds.

Genuine respect can be neither created nor destroyed by powers. It radiates from heart and soul.

MEMORIES

As I am sitting down and wading through the fog of more than forty-four years of life since I first met my role model and mentor, I am amazed at my ability to recall events as vividly as I am doing at present.

The time total that I spent knowing him was perhaps not more than three years of intermittent and yet intense contact; first as a student and later as a house surgeon rotating on general surgery at the Defense Services General Hospital.

My ambition to become a surgeon began when I was very young most likely because of my parents' friendship with another renowned surgeon in Rangoon who was also my father's classmate from the [Medical College](#) of the University of Rangoon. U Kyee Paw and my Papa joined the medical profession and armed services on the same day but their ways parted during the war (WWII) until afterwards when they saw each other again quite frequently during my childhood.

The fires kindled then continued to burn and were ablaze by the time I met Dr. Mg Mg Sein, who became the master stoker of the engine-boiler which was already under full steam. The day I met him was towards the end of my Final Part I year. This man of a rather short stature whose body proportions, I noticed, were not esthetic: His head and face were disproportionately longer and larger than most others in comparison to his body frame which he held erect and with purpose. He had a clear voice with good enunciation, quite commanding and authoritative I felt. Anyway I don't remember any nonsense issuing from those lips and the knowledge powered by his enormous brain capacity and storage capabilities. [Short hair](#) parted and slicked down, rolled up shirt sleeves, slacks and strap-leather sandals completed the picture.

One thing that I won't forget is what he used as a dictum: "You should be able to draw it if you know what you are saying" but what he really meant was "A man can BS all he wants but give him a pencil and paper to prove his point." This was vividly illustrated when on rounds one time we got into a discussion of the Brachial Plexus; thankfully I could satisfy him diagrammatically since it was my special interest in Anatomy and kidding aside, I can do so even to this day.

He is a fellow of two Royal [Colleges](#) of Surgeons, we all knew, but the greatest asset he possesses is his keenness in imparting the knowledge he has to the students of the day. He was in many ways a disciplinarian but then most surgeons are, but his ways helped me tremendously in my learning process. I was fortunate that he had just returned from McGill University in Montreal, PQ, Canada and brought back with him teaching methods from there. Whereas almost all teaching was didactic in Burma at that time, he introduced to us a back and forth dialectic learning which prepared me for my future.

6. WE SING 4

Though I didn't know it at that time I was experiencing a glimpse of my life-to-be in North America , which fate unbeknownst (to me) then, will place me. His journal clubs were a novelty and a hoot and actually whetted my appetite for journal reading which became my life long habit.

My first stomach perforation repair was as a house surgeon under his supervision and that also furthered my interest in operative surgery. Curiously I did not see a single similar case anymore in America . I regret that I did not have much post-graduate [training](#) or practical experience, but the foundation I received was more than adequate.

Saya, since coming to America I have had the pleasure of seeing you twice in 1974 and 1994; those were times well spent and as of this moment my wishes and prayers are for your recovery from this illness. Saya, been there done that*so take it from one veteran to another!

Get well soon!



Win Htin aka Winston Chu, USA
IM2, 1968

Comments from Jennifer Chu, M.D.

The author was a student in the first batch of MC2 later IM2 graduates in 1968 with distinctions in Surgery amongst others. *The author experienced a near-death experience in 2008-2009.

Editor: Those who serve to save others' lives with compassion, empathy and professionalism often get saved when their time comes for serious life events I had a belief that the impossible can come true and the miracles do happen, thanks to everything, their luck, their deeds, modern medicine, superb doctors, and the blessings and prayers of everyone who cares. Just do not scare us like this anymore, please! Please repeat after us: Do not repeat this "been there , done that *...." Jen

6. WE SING 5

I had only the privilege of being his student briefly when he was U Kyee Paw's assistant. But, I admire him a lot for many reasons. One of them was what he did on 19 September 1988. When informed that many young doctors and medical students had been shot, he came into the emergency in RGH where I was. He had such a strong character and a very tough exterior. Yet he broke down on seeing the number of students wounded and dying. Saya called for gloves and gown immediately joined U Ko Win and U Ye Myint to save the lives of many young doctors and students.

With fond regards

Thane Oak Kyaw Myint
IM1, 1967

I wish the earliest recovery of our saya, our most beloved mentor and teacher who always inspired his students to achieve their best.

Truly,

Maung Maung
IM2, 1971.



Yes Saya is loved respected and feared :)

Khin Nyo Thet
IM2,1970

It must be a real blessing to have this larger than life person as a teacher and mentor.
[May Saya get well soon so that he will be able to read all Tributes,](#)
[flowing from the hearts of his beloved students. Warm regards](#)

Christine KLM
Sydney
IM1, 1984

Saya UMMS:

Little did I realize when I heard my name on the BBS in 1964, as one of the pre-selected students to study at IM2, that I was fated to enjoy the most wonderful years of my life. The days at IM2 has had a forever impact on me. Not only did I learn new things but met new friends and new teachers who became fixtures in my life forever. The best part of going to IM2 for me was the clinical years.

Guess what made the clinical years at IM2 so precious, special, memorable and joyous? There is this one great teacher, whose impeccable, formidable and awesome reputation arrived before him. He is to be feared, he is to be respected, he is brilliant, he is powerful, he is the best, he is inquisitive, he asks a lot of questions, he takes no nonsense, he is this and he is that, the list goes on and on.

However, when I first experienced this great physician and surgeon's enthralling and most entertaining lecture, it was a revelation. Yes, one does need this type of combination of talent, skills and reputation to be who he is. For me, I saw and felt vibrant sunshine and yet also saw and felt the calming effect of the moon and the stars simultaneously. How beautiful and colorful. How does he do it? I aspired to be so much like him. Like this great man, I wanted to be able to enter a room filled with young hopefuls with a commanding presence and with passion and leadership, transform them to not only to dream but to reach beyond their dreams and pursue what they want to do in the best way they can, ethically, morally and with great showmanship. I wanted to be THE earnest, empathetic physician educator who can be an exemplary leader. Big shoes to fill, but I can at least try?

Guess who this great leader is, Saya UMMS? It is always the singer, not the song, as you say.

You are the best. When asked, you have been known to say "Time will tell". Yes, nothing like the test of time to get to the truth, even forty years later. Memories are made of this Saya and thanks for all the memories. Most importantly thanks for being YOU!



Jen
IM2, 1971

6. WE SING 7

"Acariya Gu naw Anantaw Aham Vandami"

To a much-deserved person, Saya U Maung Maung Sein

We now have the opportunity to give acknowledgement and appreciation.

After having established as a highly-skilled surgeon, Saya had also chosen to teach, progressing to Head, Professor, Rector and Director General, with good admin and communication skills.

Saya didn't just teach Surgery that we should learn, he taught the Lessons of Life, inspiring and becoming role models to many of us.

"Our Gratitude to you Saya for your *Cetana* and for being a Great Teacher,
Worthy of our *Ananta* Respect as one of the Five Great Benefactors"



Maung Maung Lwin
2010 London
IM2, 1971

"He has shown us the way. Many patients have benefitted through his beloved students around the world who are doing good work from the inspirations that he has given. The eternal flame of his good deeds will live on forever."

I would like to thank the team of doctors and nurses who are looking after him on behalf of all his relatives, students, friends and colleagues." (July 2011)



Arthur Sun Myint
2011 Yangon
IM2, 1972

CELEBRATE LIFE, THE KING AND ME

Jennifer Chu, M.D. IM2 , 1971

News travel fast, and in these times even faster still. Yet by the time most of us knew that Saya U Maung Mg Sein was critically ill, it was serious. The horrific email news arrived to me on June 16th 2011. I was just preparing to go to bed and my ritual is to check my email and catch up with news in the other time zones. Saya UMMS has been silent for a while and now to get news that the chances are very high that he will be silenced forever? My first reaction of course was that of shock and horror. Systemic histoplasmosis? Goodness, that's unreal. And he's not responding to his medications? Compound that with not eating at all and so many other medical complications. It seemed his fate was sealed.

By that time we were getting this news, Saya Johnnie TOKM had already mobilized forces, rounding up funds from among UMMS' students and friends so that the appropriate medications can be timely delivered in person to the one and only UMMS, the great teacher and mentor to many, who now was on the brink of life about to be snuffed out. Eventually, we came to know that Dr. Zaw Aung and his brother Dr. Win Zaw Aung and group were critical in obtaining the all important IV medications in time. One of the things I could at least do was to assist in fund raising so that this great person whom I have always considered as the almighty King of Teachers, King of Showmanship, King of Wisdom, King of Witty Remarks and King of Frank Opinions can be saved in some way, at least in conditions where money was the answer. We were all so far away, helpless and unable to physically assist.

We were assured that a great group of physicians and surgeons were taking care of the clinical needs of this all important person on a daily basis. All I can do was to keep on repeating "Please do not let him die and please let him come out of this safely without any residual deficits, disabilities or impairments". I tried to contact everyone within my batch of 1971 IM2 graduates, as well as 1970 and 1972 graduates. Many of them I have not seen or talked to for 40 years! The response for donations and emotional support was fantastic and we were all glued together with a bond to pull back UMMS from wherever he was heading toward that would not be too conducive for him. He cannot leave this earth. Oh no, not yet. Not like this. Not out of the blues. Not because of some esoteric disease, even in the homeland. Yes, TB we can understand but this systemic fungal disease that will snuff the life out of the King *ad infinitum* and the light of brilliant knowledge? Clearly unacceptable!!

The emails came fluttering in and out faster than I can read of news passed on by his following. Dr. Maung Maung Lwin put up a UMMS support page immediately : <http://www.thisismyanmar.com/umms.htm#us> . We listed all the donors and day by day news whenever we could receive some. We were all anxious and hungry for the news of UMMS health status, day by day news was not good enough since we actually wanted hour by hour report! Anybody visiting Rangoon from overseas had to give all of us a detailed report and if they were slow in imparting UMMS news, they underwent an inquisition (hint, hint : Dr. Arthur Sun Myint). Anyone from the Institutes of Medicine Retired Teachers Fund (IMRTF) who could give us UMMS reports and photographs were thanked and appreciated. Dr. Soe Win Oo was very helpful and timely in his reports via email and also personally delivered our living tribute write-ups to UMMS. We were happy to see photographs at the time when UMMS was well enough to sit up to read our tributes. We made these tributes because we want to infuse positivity and rev up his immune system. He needs to fight back his disease and come back a winner. Everything must have clicked well since we were later informed that he was recovering enough to be able to feed himself and walk from bed to chair. The crisis had passed by the end of July 2011.

Then I had to go on business trip to SE Asia. The need and urge to go see UMMS was unstoppable. This great person had so much influence on me while I was at IM2 and literally shaped me by his ethics, his wide scope of knowledge, his wits and his funny quips, not to mention his leadership skills and ability to charm an audience. So I was in Rangoon in August. When I walked into his room, he was asleep. As soon as I greeted his son, UMMS woke up and recognized my voice and he has not even seen me yet. That is remarkable. What a good memory considering that the last time I saw him was 10 years ago. The recovery is truly good or that I am truly unforgettable or that he is this person who has this huge frontal lobe and hippocampus. (Let alone that my voice may have an unusual pitch, twang, or a memorable way of speaking in a singsong way)? Anyway, I had to see UMMS recovery stage with my own eyes. After all, years have been added to his life by good medicine and medicines, great physicians like Dr. U Nyunt Thein and a very supportive system. Is not my role as a Rehabilitation Physician to add life to his years? I immediately noted many physical conditions some I know will be transient and some will be permanent. Saya UMMS in the recovery phase was easier for me than if I should have visited him earlier and see him real sick. Now, I can at least prognosticate.

What went through my mind was a saying that UMMS actually blogged later: "Cure sometimes, relief often and hope forever ". The saying reminds me too much of the acute, sub-acute and chronic conditions that one is faced with daily. In medicine, time and knowledge and opportunities are the critical factors between life and death. The irony is that death is easy. According to Steve Jobs, death is actually the best invention making room for the new. It is the act and process of dying that is the difficult one, dying must be just like going to sleep, unfortunately never to wake up. Living well and to be able to celebrate life is hard and living with a disability must surely be the most difficult. So seeing Saya UMMS in the recovery phase was easier for me than if I should have visited him earlier and see him real sick. Now, I can at least prognosticate.



So in the two days that I was in Rangoon, I visited UMMS twice giving him the donations from my batch of 1971. As soon as I saw him, I knew he was in pain in his left arm and I went to work on him and treated him with my new work in eToims for neuromuscular pain using the utmost passion and compassion not to cause him any discomfort. I know that there needs to be a lifetime of work not only on the left arm, but of his total body and my two days in Rangoon was not going to be enough. So when I shifted back to the non Physician mode, my first words to him were very provocative. I know what the mission of my visit was all about. I would like to establish a lectureship in his name to keep the light of his knowledge eternally shining but he wanted to hear nothing of it. We argued of course, what else? And then I understood that he is the brand, "the real thing". In the end, I let him win as always, of course. Is he not the almighty of IM2, the King? Well the real reason I let him win was because I had already accomplished my mission which is to let him know that there are people who care enough that they are willing to do things that will honor him for time immemorial. He had already thought of how he wanted to leave a legacy. And that is to write. He has written a book he says, 5 volumes. Fantastic. One must write to be remembered.

One of his first questions to me was whether I had experienced near death. I know he was going to speak to me about his near death experience. If I were a good student, I would let him speak first but I did not come to visit him to listen about death. After all, I just stepped out of the plane and I had made a beeline to NYGH to see him. Yes I said, not only have I experienced near death when I was 14, I lost my sister at the same time because we were the first cases of Dengue Hemorrhagic Fever in Burma and I was the first case diagnosed and survived even with fever over 105 and unresponsive. U E (pronounced as U Aye, the medical specialist since I was in the adult ward at RGH at age 14 and stayed there for over a month) and Dr. Harry Saing wrote an article in the BMA at that time about Dengue Fever using me as a case report. With a twist of fate U E and I met again later when he became rector of IM2. Whether anything I said mattered to UMMS was not the primary issue. I just wanted him to know that life changing events do change life. Prior to age 14, I had no intention of desiring to be a Physician, too much studying involved. Besides I saw a dissected fish drawn and labeled by my medical student brother Winston and the name of a simple 4 letter word like fish stretched 2 feet long in Latin. Oh no. That was not for me if I cannot even spell fish. I wanted to be in a more creative field. But after that life changing event, I went into medicine so that I can do good for the world. In other words, a life given and spared should always have a reason. To find that reason rest on one's shoulders as to why one was lucky to receive these benefits and must celebrate life by giving back. Anyway, after I got my piece in, I dutifully listened to his story about his late mother coming to retrieve her 4 sons including UMMS from this earth. He then said other Physicians have told him that it must be an illusion. Yes I said, cerebral hypoxia. Did I not have that experience too? Deja vue?

My next step is to make sure that he should not bow down, curl up and die. Being supine and just having to look at the ceiling for months on end has to be boring to say the least. We need him on this earth to do much more good than if he went to the here yonder. So if anything, even though he was still in the nascent recovery phase, I was going to rile him to infuse strength and vitality back and give him the fighting spirit. Did I not travel from the other part of the world to cheer him up or at least let him know that life is wonderful? Or I could be just pleasant and nod my head at everything he had to say since he was the patient and patients should not be upset, at least not by a transient visitor whom he has not seen for 10 years. So, agreement of the day was not in order. I have already done that many times in his surgical clinics as a naïve student. Since I was devoid of any surgical knowledge and with no innate surgical talent, I just agreed since a disagreement with the great UMMS would be akin to stupidity and ignorance exposed!

So, I basically told him that he is not allowed to die. That certainly woke UMMS up for sure. While he was shifting positions in bed, I was trying to look at the palm of his right hand and he guessed what I was up to must be in trying to read his palmistry and the story of his life. He caught my gaze and shut me off saying " I'm not going to die". He knew my intentions. And that is how I knew the disease has spared his intellect. And I tried to keep a straight face. Words need not be spoken in moments like this. Well done, Saya UMMS.

Yes, the attractiveness that we all have to this great man is his superior intellect. He is now up and about and quite active in his blogging. I am delighted at the richness of content, expressiveness, the scope, breadth and depth of his topics and knowledge of the language. I enjoy reading all his blogging. And I truly believe that the way forward for every one is to be interested in life and make changes in whatever way one can and leave an indelible or permanent mark if one can, in what ever area of interest that one has. See, Saya UMMS, I am beginning to be thinking like you? Press on, regardless.

Make love. Not war. Celebrate life.

I SING

Jennifer Chu, M.D. IM2, 1971

Note: I Sing is not an Apple product line as in iTunes, iPad, iPhone, iTV etc. JCMD your editor, however is an Apple from Burma, fortified in USA.

ALL I REALLY NEED TO KNOW I LEARNED IN KINDERGARTEN by Robert Fulghum.

- Share everything.
- Play fair.
- Don't hit people.
- Put things back where you found them.
- Clean up your own mess.
- Don't take things that aren't yours.
- Say you're sorry when you hurt somebody.
- Wash your hands before you eat.
- Flush.
- Warm cookies and cold milk are good for you.
- Live a balanced life - learn some and think some and draw and paint and sing and dance and play and work every day some.
- Take a nap every afternoon.
- When you go out in the world, watch out for traffic, hold hands and stick together.
- Be aware of wonder. Remember the little seed in the Styrofoam cup: the roots go down and the plant goes up and nobody really knows how or why, but we are all like that.
- Goldfish and hamsters and white mice and even the little seed in the Styrofoam cup - they all die. So do we.
- And then remember the Dick-and-Jane books and the first word you learned - the biggest word of all - LOOK.

7. I SING 2

- “Everything you need to know is in there somewhere. The Golden Rule and love and basic sanitation. Ecology and politics and equality and sane living.
- Take any one of those items and extrapolate it into sophisticated adult terms and apply it to your family life or your work or government or your world and it holds true and clear and firm.
- Think what a better world it would be if we all - the whole world - had cookies and milk at about 3 o'clock in the afternoon and then lay down with our blankies for a nap.
- Or if all governments had as a basic policy to always put things back where they found them and to clean up their own mess.
- And it is still true, no matter how old you are, when you go out in the world, it is best to hold hands and stick together”.

One thing that stuck with me from kindergarten was the fostering of singing that brought out the natural desire to sing. At the Methodist English High School where I attended from kindergarten to the 10th standard, we sang with gusto. We sang daily and went to church every Tuesday, regardless of beliefs and religions. We sang hymns, psalms, carols, the school song to songs from all nations including the National Anthem. I passionately sang so much I can still remember the songs together with the page numbers of the songbook, really.

After graduation from high school, while living at IM 2's Thida Saung, I participated in more singing but now in Burmese. Singing was a favorite pastime for most of us for seven years. Everyone seemed to enjoy singing whether in groups or solo, we will sing all popular and classic songs on a daily basis usually spontaneously. The voice does not matter. Just sing!

In my next phase of life in the United States, spontaneous individual or group singing was virtually absent except for organized singing as in churches and going to church was not on my horizon. Life became suddenly and eerily silent. It was surreal because there was always a cacophony of activity, ambulance sirens, beepers and news of violence galore. The environment was foreign and turbulent but the people all seemed to be suffering from the “locked in” syndrome. Singing for the sheer joy of it was not anywhere. If you sung out aloud spontaneously in public in an unstructured manner, you will be stared at, or you can get reported and the police can issue a ticket for disturbing the peace! I missed the camaraderie and the singing at Thida Saung and the night-time, spontaneous but soulful singing of people on the streets in Rangoon. The only singing that I heard in the USA was through passive listening and participation using electrical and then electronic devices. The human touch and making and keeping relationships was subsidiary.

7. I SING 3

Life as I knew it was over or so I thought. To appease me, I started to sing to myself for myself, since singing made me happy and gave me a security blanket in this new, uncharted world with so many choices, confusion, commotion and culture shock. With singing, I had a built-in compass and I felt cool, calm and collected. Though I was alone, I was not ever really lonely, sad, blue or depressed. Actually I was always so high on endorphins through the joy of singing that I could not understand why people need caffeine, booze or drugs to activate and deactivate their moods.

At times of confusion, questions or stress, singing familiar songs that I knew from kindergarten through high school and medical school, gave me a sense of stability, direction and well being. Nursery songs such as ABCDEFG, Are you Sleeping, Brother John? and တစ်ကြော့

နှစ်ကြော့တေးကိုသိ မောင်လေးရေထပါတော့ ရောင်နီလာလှပေါ့ told me where I came from and where I should go. I sang everywhere and anywhere that I had a chance, while driving, working, cooking etc. I sang myself to sleep and sang as soon as I woke up even before I got up from bed.

When my two children were young, I sang to them every day at bedtime until my son Justin gave me the ultimatum to stop singing to him when he was 11. My voice got to him, I guess. My daughter Jasmine was more patient and kinder and allowed me to sing to her nightly until she was 12. Even then at 12, enough was enough. I got the ultimatum again. No more singing to her either.

However, my truly American children appreciated some Burmese songs and their favorite was "Shwe O-Zi" since I would act out any Burmese song I sang to them and made it fun and entertaining, especially showing the golden fist. To this day, they will never object to my singing this song. And I know one of the great memories they will have of me will be my singing. How many of their counterpart friends in the USA had the warmth and delightful experience I gave them with my nightly singing?

I then took my singing outside the home. The idea came when one patient started to croon "Oooohhhhhh" in operatic style while I was working on her with a pain relief therapy using needle stimulation of trigger points! One day while I was needling a well known tenured professor, I happened to hum "Tom Dooley" and he joined me and we sang together, lyrics included. It was very funny because the lyrics contain words like "Hang down your head and cry, poor boy you're bound to die!". To this day, I am wondering whether it was his sense of humor, sarcasm, or love of singing that made him join in! Nowadays, such a diagnostic dilemma will never occur if the patient should join me in singing while I'm working with them. This is because after 20 years, I became savvy. I have invented and redesigned this painful treatment to be totally painless and non-invasive and named it eToims (www.etoims.com).

7. I SING 4

Singing is really a great way of breaking ice. Among people whom I know will enjoy singing, I will start singing a few lines and we will all sing together fast and furious in a frenzy trying to fit in all songs we know within an allotted time. No restaurant personnel or other customers have had us removed yet when they see us so enjoying the lively companionship. While standing and waiting on the pavement we will be singing and laughing until we choke!

Now being a rehabilitation medicine specialist, I am enthusiastic that music and singing speech therapy has become important for brain trauma patients. Anything that helps the brain to function better using neuronal plasticity by a simple act like singing is laudable. Unused neural pathways can be facilitated to open and to reconnect with singing. I sang nursery rhymes daily to my densely aphasic father while he was acutely ill with a hemorrhagic stroke in 1977. I did it for speech and memory facilitation using simple words as in nursery rhymes. During those days singing to patients with a stroke was not even realized as speech therapy.

I know that Saya UMMS loves music and art passionately. When I was at the DSGH, my memories of Saya's operating room was that it was always filled with music. Personally though I have never heard him singing songs as we know it, at least not yet! "Cure sometimes, relief often and hope forever", Saya? Maybe you will join in and sing with your talented choir.

Since "Memories are Made of This", is the core of this book, here is one of my UMMS induced epiphanies. One day as an unenlightened intern, I happened to walk into UMMS' operating theater, while the song "It's Impossible" was playing on a transistor radio. I overheard UMMS commenting that he cannot stand that song. I marveled that he listens to songs as he works! However, I was so amazed at that comment that to date, I can remember exactly where UMMS was standing; the OR where we were in, the bigger one that Colonel Myint Aung uses, the time of day and where I was standing. I had never heard UMMS talk anything extracurricular prior to that day. Why had UMMS taken a dislike to a beautiful love song? My eureka moment came when I figured out that it was the title he was objecting to.

It's impossible does not exist in UMMS' vocabulary. So I too erased "it's impossible" from my vocabulary as I became "awakened". This mental attitude is very fortifying since it gives me a compass to use with courage and confidence. My father has always told us "the sky's the limit". I live with such instilled principles. This ability to take on new challenges sparks my life.

Finding time to do this book in four months so that Saya UMMS can receive it by December 27, 2012 is very difficult indeed. This is time I must secure within the sphere of my very long daily work hours in bringing forth my big eToims mission for global neuromuscular health. However, nothing is impossible, except in restoring lost time and health. So I got to work on my laptop in the car, in airplanes, on trains, in waiting areas, at home, at the office, burning mid-night oil daily. I must re-gift UMMS with the gift of joy, hope and life he instilled in me.

7. I SING 5

Saya UMMS, may I now take this opportunity to describe you with songs as my birthday present to you. Since life begins at 40, I have selected 40 classic and memorable songs titles with sentences, phrases and lyrics that were absolutely waiting to be plucked by me to describe you. These timeless song titles and chosen lyrics are perfect and can be used for every 40 year segments of your past, present and future life. I did a free-hand drawing for your birthday when you were 40 and now I am e-singing to you at 80, a progress of the times! So when you are 120, I will send you something magical that will be invented then.

Sing along with me Saya and enjoy being sung to with the help of You Tube. These songs will now have a new face after you see my customized passionate emphasis and adaptations for you. This adds to further confirm that it is **The Singer, Not the Song**. Even in space, it is not silent and there is indeed a "chorus" of audible radio waves emitted by energetic particles within the magnetosphere. "We're making music" so let the show begin! And of course, you can grade me to see if I have any showmanship at all? I did catch the UMMS inspirational and aspiration bugitis, so please let me sing the မင်္ဂလာခုံ မင်္ဂလာတေး. If I can re-gift you with laughter and smiles, isn't it all that matters?



L to R: Janette, Jayne (filled with eternal gratitude for your care), my father Dr. C. A. Chu, Jen (me JCMD), Alex and Jean (1973).

Winston

Jen, IM2, 1971

7. I SING 6

ဇေယျတုသဗ္ဗမင်္ဂလာ



ဆရာဦးမောင်မောင်စိန်

1932
CLASSIC

အသက် (၈၀) ပြည့် မွေးနေ့ မင်္ဂလာ

သက်ဆိုင်သူသို့

- တေးရေးဗိုလ်ကလေး ဦးတင်အောင်

ပို့ မေတ္တာတေးလွှာဝေ ဘေးဘယာတွေ ကင်းပါစေ
သပြေနေငွေ ခရုဇေယျတု ပြုတယ်လေ။



ဆရာဦးမောင်မောင်စိန်



ဘဝသခင် ဘဝ၏လက်ဦးဆရာ သခင်ကျေးဇူးရှင်

ဆို - အံ့ကြီး



Saya's Speech to 82-87 IM2 Batch in 2003

ဆရာကန်တော့ပွဲ အခမ်းအနား

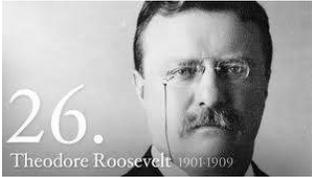
Saya UMMS' respect for his parents can be heard in his lectures and is obvious in his writings.

UMMS: "My father told me, don't do things just because you want something. You do things because you want to do. Please help people".

ကိုယ်ဒူးကိုယ်ချွန်

ဆို - အံ့ကြီး

တံ့ဥက်ကိုယုံကြည်စွာ
ကိုယ်ကိုကိုယ်အားကိုးပါ
လိုရာကိုစိတ်ကူးကာ
အောင်လမ်းကိုတွေ့ အောင်ရာ



Theodore Roosevelt, the 26th US President is the youngest President and also a Nobel Peace prize winner.

I wish to preach, not the doctrine of ignoble ease, but the doctrine of the strenuous life - the life of toil and effort. Far better it is to dare mighty things, to gain glorious triumphs even though checked by failure, than to take rank with those poor souls, who neither enjoy much nor suffer much, because they live in the grey twilight that knows not victory nor defeat.

Theodore Roosevelt

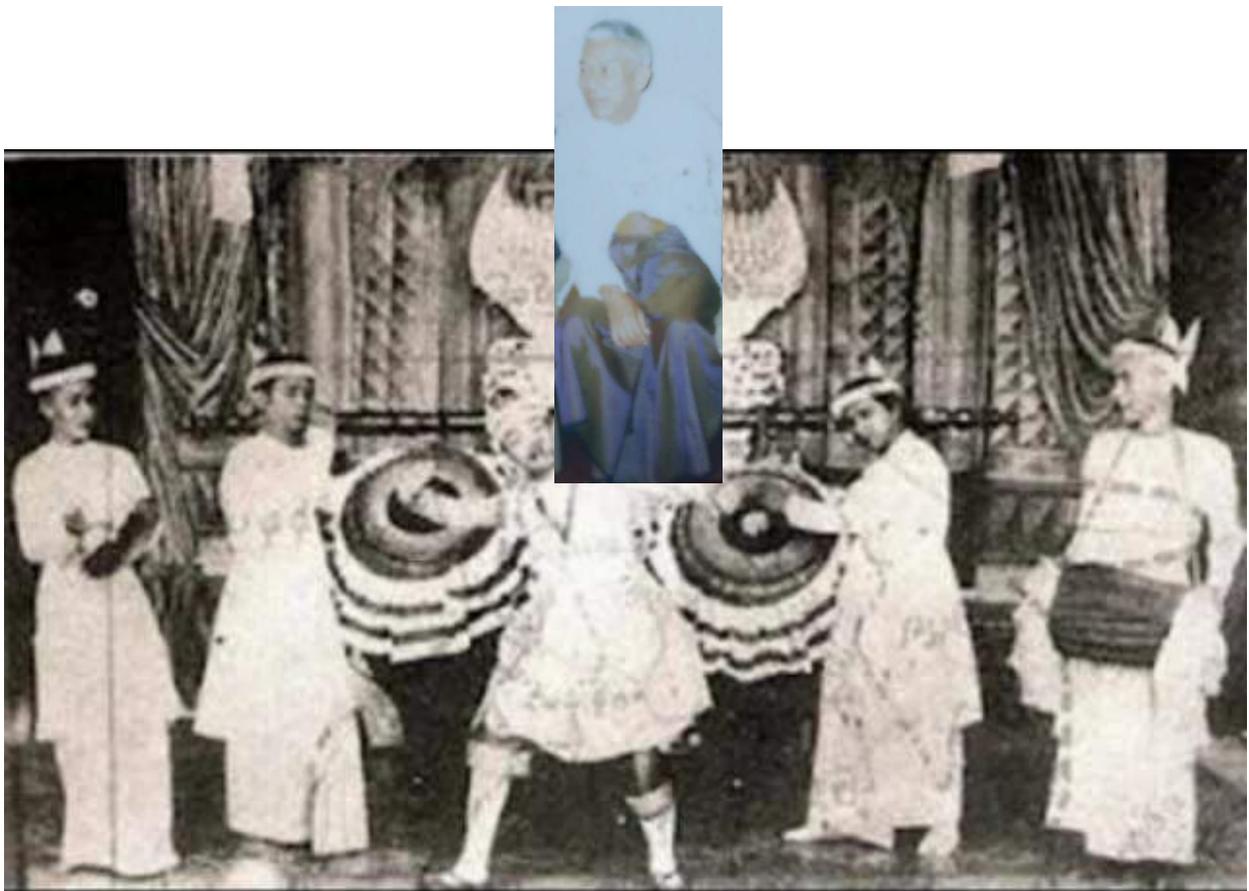
Date..... 1858 - 1919

Saya UMMS' handwritten note of Theodore Roosevelt doctrine. Written in 1964. (Contribution from Dr. Daisy Saw, IM1, 1964).

စည်တော်ကြီး

တေး နန်းတော်ရှေ့ ဆရာတင်

Saya UMMS is the စည်တော်ကြီး of Surgery, Teaching, Administration and Mentoring. He is the **Majestic Maestro and Scientist (MMS)** and The Almighty King of IM2



ယဉ်တစ်ကိုယ်မယ်

တေး မြို့ မငြိမ်း

ကမ္ဘာသူအလယ် လျှောက်သွားမယ်
အလွန်တင့်တယ်



Photo: Courtesy of Dr. Arthur Sun Myint, IM2, 1972



Conferences / Study Tours / Training: Seminar on the role of pathology in modern education in New Delhi, 1969; Conference on world problems in surgical manpower, Geneva, 1970; Training in Portocaval and cardiovascular surgery, McGill University, Canada; Medical Education, Australia (1980).

UK (Royal College of Surgeons (England), F.R.C.S., 1963; Royal College of Surgeons, Edinburgh, F.R.C.S., 1963; M.Ch. (U.K.). 1974.

Gold Medal recipient, Royal College of Surgeons Edinburgh, 1994, Visited USA (1974 and 1994). Also visited Malaysia and Hong Kong, 1994

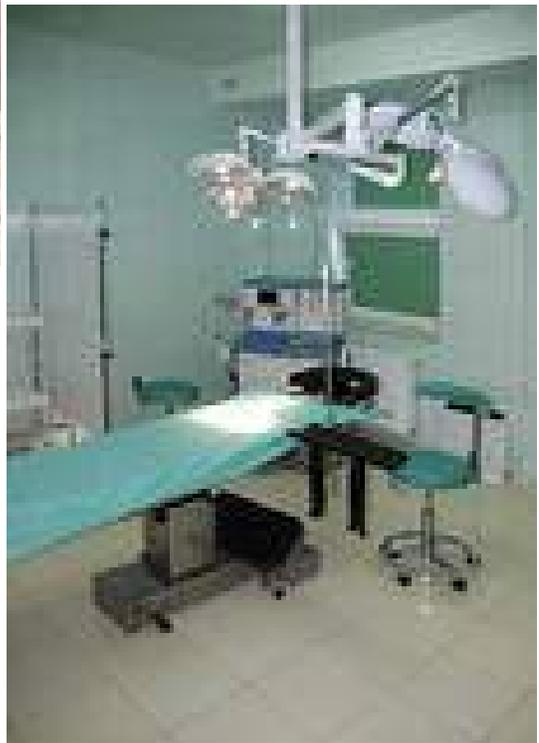
ရန်ကုန်သူ

ဆို - အံကြီး

ရွှေဘိုသနပ်ခါး



ဆရာ စိန်
နန်းတော်ရှေ့



သားရှင်ပြုပွဲ



My son Justin became a novice monk after he had an exalted honor bestowed. He had his hair cut and head shaved by the best and most professional of barbers:

Mr. U Maung Maung Sein
F.R.C.S. (Eng)
F.R.C.S. (Edin.)
Ch.M.(U.K.)

Our gratitude to you Saya!

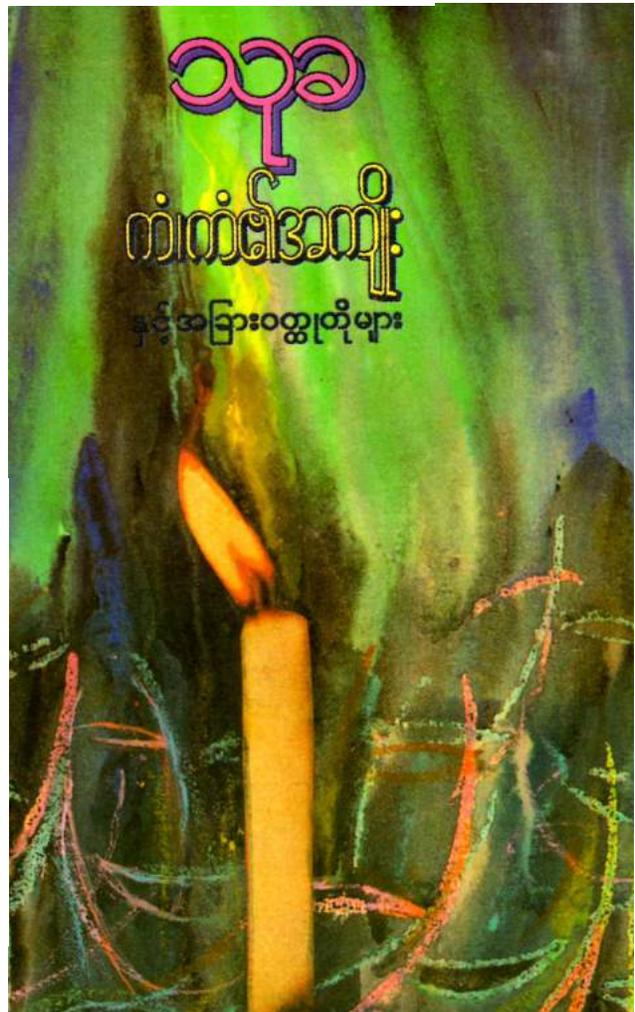


ဘဝသံသရာ

ဖော့ ဖြီး၊ ချိုး ခါး ပါ
ချိုး ခါး ဖြီး၊ ဖော့ ပါ

ဝေဇ် ဝေဇ်

February 2, 2000

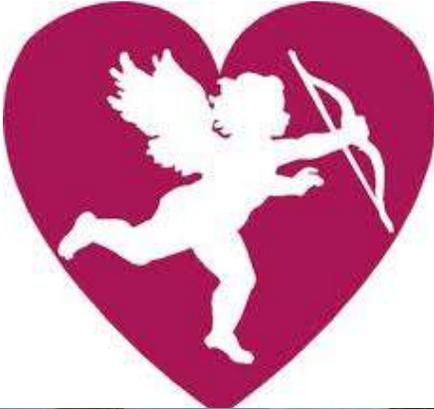


သုခ

ကံ ကံ၏အကျိုးနှင့်
အခြားဝတ္ထုတိုများ

သီရိဂေဟာ

ဆို - ဝင်းဦး



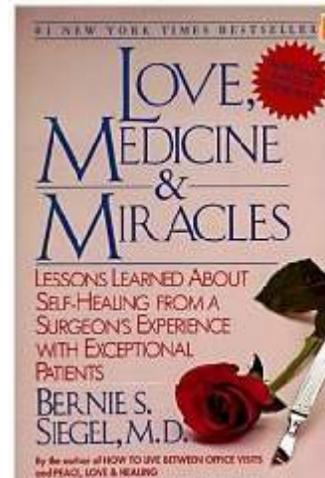
ချစ်တာကိုရှူးတယ်လို့
ဆိုကြရင်ကွယ်
ဟောဒီ မောင်ဟာ
ပထမတန်း တစ်ဂဏန်း
ရှေ့တန်းကနေမယ်



MUSIC FROM THE ORIGINAL
MOVIE SOUNDTRACK



*Love means
not having to say
good-bye.*



Honours / Awards: First Overseas Recipient of the Royal College of Surgeons of Edinburgh Gold Medal, 1994.

ရွှေအိုးစည်

ဆို - အံကြီး

မောင့်လက်သီးကို လက်သီးကို
မောင့်လက်သီးကို လက်သီးကို
အလိုဗျာလက်သီးကို ရွှေချပါတော့မယ်



မေ့ပါနိုင်

တေး ရွှေတိုင်ညွန့်

ယောက်ျားတံခွန် ထူးလို့ချန်



Saya UMMS and group in surgery, 1970

Photo: Courtesy of Dr. Thane Toe Thane, IM2, 1968.

ဒိုးကလေး



ဒိုးကလေးကို
ပြိုင်မယ့်သူမပေါ်သေး

Saya UMMS and group in surgery, 1970

Photo: Courtesy of Dr. Thane Toe Thane, IM2, 1968.

နှစ်သစ်ချစ်ဦး

ဆို - အံ့ကြီး



မောင်ထူးပါမယ်လေ

UMMS photo:
Courtesy of Dr. Kyaw
Swa

**Professor Dr. U Maung
Maung Sein**
M.B., B.S. (Rgn)
F.R.C.S. (Eng)
F.R.C.S. (Edin.)
Ch.M.(U.K.)



နှစ်ယောက်ထဲ

ဆို - ဝင်းဦး

Snow Capped Mount Everest



Sahara Desert



North Pole



The inseparable Keinayi and Keinaya

Photo is courtesy of JCMD. This exquisite silver rendition of Keinayi and Keinaya is beautifully displayed on the wall at Mingaladon Airport.



UMMS and Beloved:

The Scalpel

“I have worked with numerous surgeons around the world, and I can, without hesitation, say that he is one of the best general surgeons to ever wield a scalpel”.

Excerpt from the Foreword by Dr. Ram Naidu



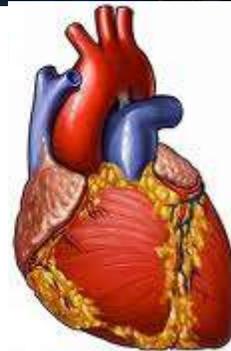
သက်ဝေ



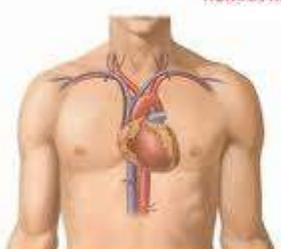
UK AND EU



CANADA



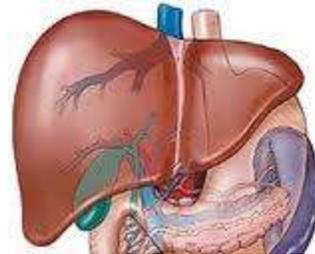
USA



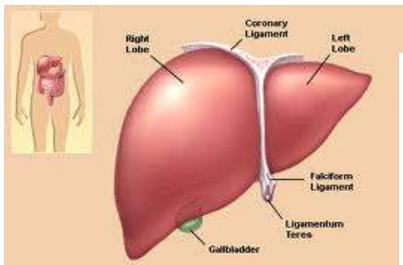
ASIA



AUSTRALIA



UAE



AFRICA



MYANMAR

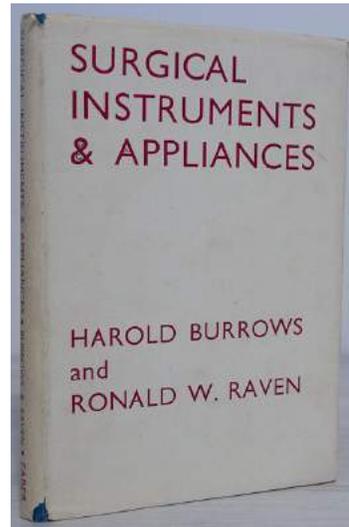


ENTIRE WORLD

ကိုလူပျို

တေးရွှေပြည်အေး

အထုပ်ကလေးပိုက်လို့
ဘယ်ဆီကို ဆိုက်လိုက်မယ်



မီးပုံပွဲ

ဆို - ဝင်းဦး



စုကာဝေးကာ
ပေါင်းဖော်များ နဲ့ ပျော်ရွှင်ဖွယ်

Photo: Courtesy of Dr. Than Aye



ရွှေမင်း ဂံ

ဆို - အံကြီး



J
is for
Jaundice

အသားတော်ဝင်း ဝင်းလို့
ဝါဝါရည်ရွှင်

ကြည်ကြည်လင်လင်

“SHE HAS JAUNDICE”

SAYA UMMS IS EVER A DIAGNOSTICIAN!

DIRECT QUOTE OF UMMS
MARCH 2001 WHEN WE SANG

ရွှေမင်း ဂံ

L to R: Dr. Rosalind Ba Ohn, JCMD, Dr. Khin Myo Hla, UMMS, Dr. Soe Lwin, Dr. Tommy Aung and Dr. Maung Maung Than. Photo: Courtesy of JCMD



မင်္ဂလာတေး

တေးတုံတေးသိန်းတန်



IM 2 Began in မင်္ဂလာဒုံ
၁၉၆၃
Golden Jubilee Feb 2-3,
2013

The global adhesive:
UMMS

HISTORICAL BACKGROUND OF INSTITUTE OF MEDICINE 2, MINGALADON YANGON

<http://www.im2.co.uk/> (courtesy of Dr. Maung Maung Lwin, IM2, 1971)

The Institute of Medicine 2 was opened initially in Mingaladon as Medical College 2, a faculty of the University of Rangoon, under the Ministry of Education on 15th July 1963. The college became an independent institute, the Institute of Medicine 2, with the reorganization of the system of higher education in Myanmar in 1964. In 1963, the Defense Services General Hospital was affiliated as the only teaching hospital of the Institute.

Children

Khalil Gibran

Your children are not your children.

They are the sons and daughters of Life's longing for itself.

They come through you but not from you,

And though they are with you, yet they belong not to you.

You may give them your love but not your thoughts.

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.

You may strive to be like them, but seek not to make them like you.

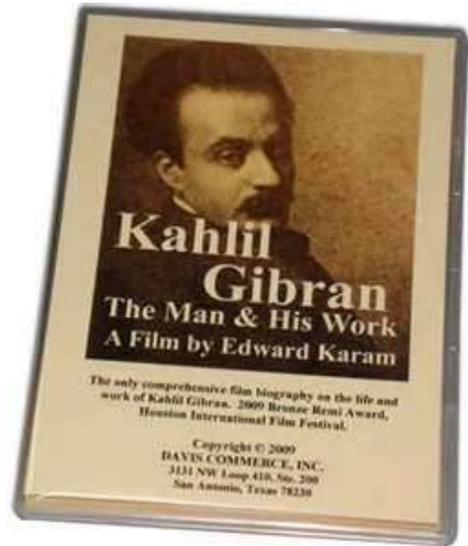
For life goes not backward nor tarries with yesterday.

You are the bows from which your children as living arrows are sent forth.

The archer sees the mark upon the path of the infinite, and He bends you with His might that His arrows may go swift and far.

Let your bending in the archer's hand be for gladness;

For even as he loves the arrow that flies, so He loves also the bow that is stable.



အောင်ပင်လယ်

တေးနန်းတော်ရှေ့ ဆရာတင်

ကောင်းဘို့ ရွယ်သောခေတ်ကို အထူးသဖြင့်မျှော်မိတယ်



Procession at the IM2 Convocation, late 1970's

Saya UMMS, Rector Prof. U Tin Aung Swe, Professors Dr. Khin Hlaing, Dr. Maung Maung Nyo, U Soe Myint

(Courtesy photo from Dr. Saw Aung Hla Win IM2, 1971 and Dr. Lucy Kyaw Mya, IM2, 1972)

မပြီးသေးသော ပန်းချီကား

မျက်စိမှိတ်လည်း စိတ်ထဲစွဲကာမြင်



The Agnew Clinic (1889)

The Agnew Clinic depicts Dr. Agnew performing a partial [mastectomy](#) in a medical [amphitheater](#). He stands in the left foreground, holding a [scalpel](#). Also present are Dr. [J. William White](#), applying a bandage to the patient; Dr. Joseph Leidy (nephew of paleontologist [Joseph Leidy](#)), taking the patient's pulse; and Dr. Ellwood R. Kirby, administering [anesthetic](#). In the background, Dr. Agnew's nurse, Mary Clymer, and [University of Pennsylvania](#) medical school students observe. Eakins placed himself in the painting – he is the rightmost of the pair behind the nurse – although the actual painting of him is attributed to his wife, [Susan Macdowell Eakins](#).

Location: John Morgan Building at the University of Pennsylvania, [Philadelphia, Pennsylvania](#)

လူချွန်လူကောင်း - အံ့ကြီး

ဆရာဝန်ပညာကိုသင်
ရှေးသမားကျော်များပင်
လူထုကိုကိုယ်နဲ့ထပ်တူချစ်ခင်ရင်ဝယ်ထား

Will Mayo, co-founder of the Mayo Clinic, that “the best interest of the patient is the only interest to be considered”.



Sir Samuel Luke Fildes, [KCVO](#), [RA](#) (3 October 1843 – 28 February 1927) was an [English](#) painter and illustrator born at [Liverpool](#) and trained in the [South Kensington](#) and [Royal Academy](#) schools.

Fildes' first son, Philip, died of [tuberculosis](#) in 1877. The image of the doctor at his son's side during the ordeal left a lasting memory of professional devotion that inspired Fildes' 1891 work "The Doctor" .

ပြုံးတုံပြုံးလှယ် -

မြို့ မငြိမ်း



UMMS SMILE
LOCATION: RANGOON,
BURMA.

OUR MOST PARODIED
WORK OF ART FOR
SHOWMANSHIP.



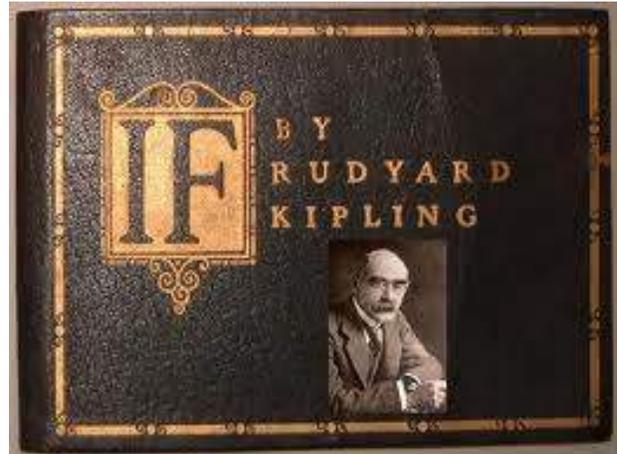
The *Mona Lisa* (*La Gioconda* or *La Joconde*, or *Portrait of Lisa Gherardini, wife of Francesco del Giocondo*^[1]) is a half-length portrait of a woman by the [Italian](#) artist [Leonardo da Vinci](#), which has been acclaimed as "*the best known, the most visited, the most written about, the*

Location	Musée du Louvre , Paris <i>most sung about, the most parodied work of art in the world."</i>
----------	--------------------------------------------------------------------------------------------------------------

မေတ္တာပုလဲပန်း

အခက်အခဲဟူသမျှရယ် အားလုံးပဲလွယ်ရပါသည်ကွယ်

If you can keep your head when all about you
 Are losing theirs and blaming it on you;
 If you can trust yourself when all men doubt
 you,
 But make allowance for their doubting too:
 If you can wait and not be tired by waiting,
 Or, being lied about, don't deal in lies,
 Or being hated don't give way to hating,
 And yet don't look too good, nor talk too wise;



If you can dream---and not make dreams your
 master;
 If you can think---and not make thoughts your aim,
 If you can meet with Triumph and Disaster
 And treat those two impostors just the same.:
 If you can bear to hear the truth you've spoken
 Twisted by knaves to make a trap for fools,
 Or watch the things you gave your life to, broken,
 And stoop and build'em up with worn-out tools;

If you can make one heap of all your winnings
 And risk it on one turn of pitch-and-toss,
 And lose, and start again at your beginnings,
 And never breathe a word about your loss:
 If you can force your heart and nerve and sinew
 To serve your turn long after they are gone,
 And so hold on when there is nothing in you
 Except the Will which says to them: "Hold on!"

If you can talk with crowds and keep your virtue,
 Or walk with Kings---nor lose the common touch,
 If neither foes nor loving friends can hurt you,
 If all men count with you, but none too much:
 If you can fill the unforgiving minute
 With sixty seconds' worth of distance run,
 Yours is the Earth and everything that's in it,
 And---which is more---you'll be a Man, my son!

တူရိယာလုလင် - အံ့ကြီး

စကားတစ်ခွန်းတော့ မှတ်မိသလိုပင် သူတခါတလေပြောဘူးတယ်

Since I look serious and conspicuously not laughing (JCMD is at the far left), did I miss the joke? Or was I the butt of the joke? See the following page and find out why I am not laughing? Imagine Saya teaching about needles and threads and different stitches used in surgery (see his hands in the photo)? Me having no surgical talent was more into hand-stitching longyis and sewing on buttons. That must have brought the house down and got the crowd in stitches? ဦးလူးပတ်ကလာ is what Saya used to say in IM1 in the 1960s, I learnt from Dr. Daisy Saw. In IM2, he switched over to “my foot”. Are IM2 students only good for his foot and not the ဦး ? A bit of UMMS history folks!



ရှေးရေစက်

မယုံဘူး ၊ မယုံဘူး ချစ်ဦးပျိုသက်လယ်

Student: You don't seem to have your usual level of patience, Saya?

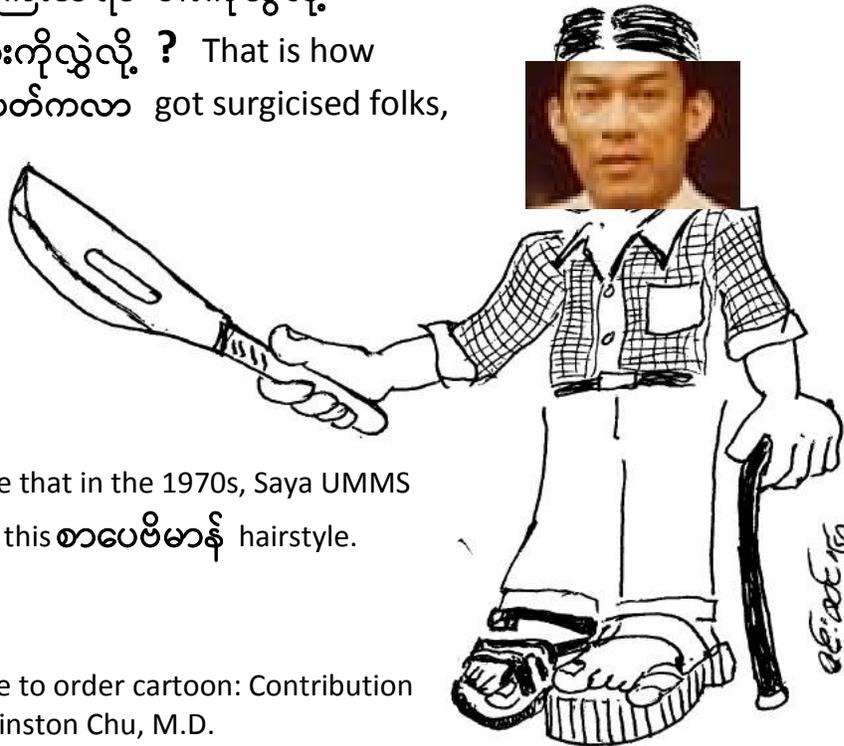
မျက်ထားညို ဘာအလိုများမကျ စကားမဆိုဘို့အောင်ကွယ်

UMMS: I cannot believe this. I just cannot believe this. Someone made fun of "My foot"!

Darn it. These IM2 students aggravate me so much I can't ဦးလူးပတ်ကလာ anymore!

Editor JCMD knows how to darn it, stitch it and sew it but never မယ်ခုမျှော် this result!

မောင်ကြီးသိရင် ဓါးကိုဆွဲလို့
တအားကိုလွှဲလို့ ? That is how
ဦးလူးပတ်ကလာ got surgicised folks,
QED!



Note that in the 1970s, Saya UMMS had this စာပေဓိမာန် hairstyle.

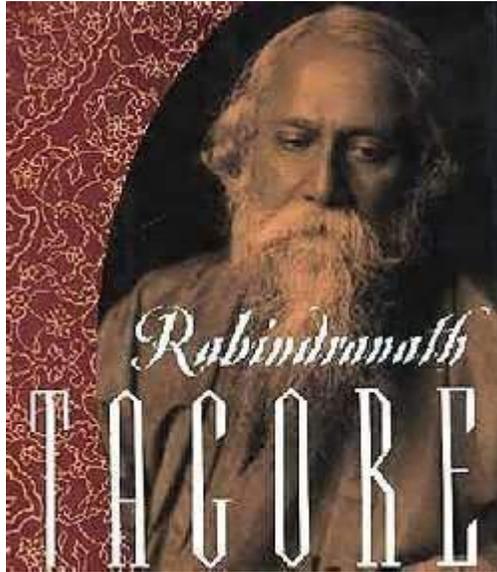
Made to order cartoon: Contribution of Winston Chu, M.D.

[etoims](#) says: July 5, 2012 9:24 PM

If anyone was Saya's student during the period of 1968-72, you will remember that the famous foot did get a toe fracture (left 5th toe). He had on this ခုံဖိနပ်, a harbinger of foot fashion for the O.R. since people wear these clogs in the O.R. now. Talk about showmanship!

Flower

by Rabindranath Tagore



Pluck this little flower and take it, delay not! I fear lest it droop and drop into the dust.

I may not find a place in thy garland, but honour it with a touch of pain from thy hand and pluck it. I fear lest the day end before I am aware, and the time of offering go by.

Though its colour be not deep and its smell be faint, use this flower in thy service and pluck it while there is time.

နှင်းဆီလိုလို စပယ်လိုလို

JASMINE LITERALLY TRANSLATES TO “GOD’S GIFT” IN THE PERSIAN LANGUAGE. DESCRIBES UMMS WELL, INDEED.



ချစ်ရေစင်

ကြူကြူသင်းတယ် ရွှေနှင်းဆီရယ်
ဆင်းရနံ့ ကမွှေးတယ်

IF YOU GOT PRICKED, YOU DID NOT KNOW HOW TO HANDLE HIM. IF YOU WANT TO SMELL LIKE A ROSE JUST OBSERVE UMMS OR ASK HIM HOW?



နားပန်းဆံ

PURE WHITE AND VERY AROMATIC, THE GARDENIA CAPTURES YOU IN THE SAME MANNER AS UMMS' KNOWLEDGE. YOU WILL NEVER WANT TO DEVIATE AND DEPART FROM UMMS' EFFECTIVE EDUCATIONAL BRAND.



THE LOFTY PADAUK SIGNALS A NEW YEAR. SAYA UMMS IS A VERY WELCOME PRESENCE TO ALERT YOU TO SHED OLD IDEAS AND LOOK FORWARD TO ENJOY THE NEW JOURNEY INTO THE FUTURE.

ပန်းပန်ရင်နန်းဆန်တယ်

**UMMS IS GENTLE AND
TENDER TO PATIENTS AND
TREAT THEM LIKE A FRAGILE
THAZIN OR JASMINE**

**HE SPREADS SUNSHINE TO STUDENTS,
STAFF, FRIENDS, COLLEAGUES AND
PATIENTS**



စစ်ကိုင်းတောင်

ကံ့ကော်ဝတ်မှုန် သင်းတဲ့ရုံ စုံတောခြေ

HE IS HEADY ALL CEREBRAL , LIKE THE FRAGRANT တရုပ်စကား AND ကံ့ကော်



ပေဒါလမ်း -

တေး ဆရာဇော်ဂျီ

**RESILIENT, TENACIOUS AND ALWAYS THE WINNER LIKE BAYDAR.
PERFECT AND FIT DESCRIPTION FOR UMMS.**

လှိုင်းတက်ရာ ပေဒါတက်



ပေဒါက တပင်ထဲ
ပန်းပန်လျက်ပဲ

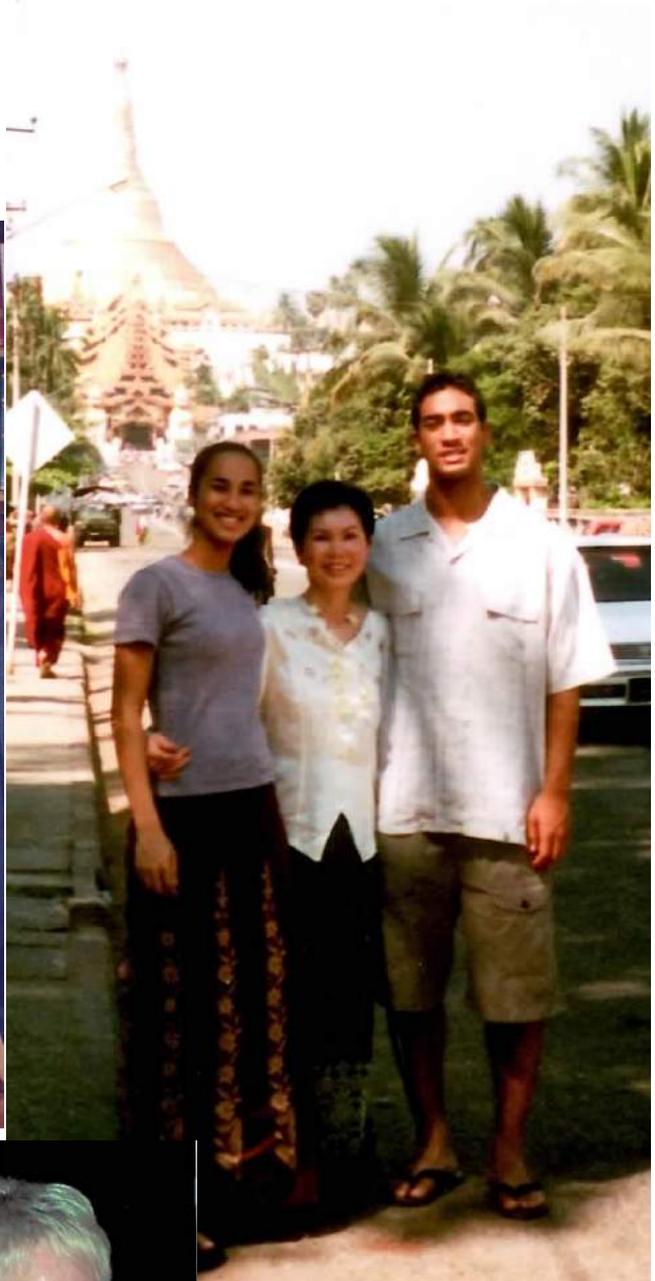


လက်ရေတပြင်တည်း ရှေးကတော့ ပိုချစ်ကြတယ်



မယ်ခုမှော်

စိန်



မြူး (Jasmine, Jen and Justin 2002)

စိန်မြူးကြာညောင်

Winston and Paulette Chu မြူး

ဆုတောင်းမေတ္တာ

တေး ဦးဘသန်း

မေတ္တာပို့မှာနေ့ရောညရောမလွတ်ပါ



ဆွမ်းတော်ပျို တေးရွှေပြည်အေး



Dr.MaungMaungsein says:

March 11, 2012 9:59 PM

Category – Experience (1)

ဂျပန်လက်ထက်က ပုတ်သင်ညှိတစ်ကောင်ကို လောက်လေးခွနဲ့ ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက် ပစ်ချမိခဲ့ပါ သည်။ အဲဒါကို ဖေဖေကမြင်ပြီး ဘုန်းကြီးကျောင်းကို ကျွန်တော်တို့သုံးယောက်စလုံးကို ဘုန်းကြီးကျောင်းသားအဖြစ် အပ် လိုက်ပါတယ်။ ဘုန်းကြီးတွေဆွမ်းဘုန်းပေးပြီးတဲ့အခါ ကျောင်းသားတွေကတိုင်းလှစားပြီး ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက် ငတ်ခွဲပြီး မစားခဲ့ရပါဘူး။ အဲဒါကို ကျောင်းထိုင်ဘုန်းကြီးကမြင်ပြီး သူ့ရဲ့ကျောင်းသားတစ်ဦးကို ကျက်သရေဆောင်ခန်းမှ ငှက် ပျောသီးတစ်ဖီးကို ဒီညီအစ်ကိုသုံးယောက်စားဖို့ စွန့်ကြဲပေးခဲ့ပါတယ်။ ကျောင်းအပေါ်ထပ်၌ ငှက်ပျောသီးတက်ယူတဲ့ ကျောင်းသားနဲ့ကျွန်တော်အောက်ပြန်ဆင်းလာတော့ ဆရာတော်ဘုရားက အမိန့်ရှိတာက ဒီကောင်ခွေးဖြစ်လို့ သူ့ရဲ့ ကျောင်းသားကိုပြောကြားခဲ့ပါသည်။ ကျောင်းမှာ အမှိုက်သိမ်း၊ တံမြက်စည်းလှည်း၊ ဘုန်းကြီးကုဋီဆေး ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက်လုပ်ခဲ့ရပါတယ်။ နေ့လည်မှာ စာချဆရာတော်ဦးပစိန်ဒက ကျားပွတ်နဲ့ ကျွန်တော်တို့ ဘုန်းကြီးကျောင်းသား များကို စာချပေးပါတယ်။ အဲဒီစာချပေးပြီး မကြာခင်ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက်က စာချပေးတဲ့အတိုင်းပြန်ပြီး အံ့နိုင်ပါ တယ်။ အဲဒီရဲ့ ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက် "မင်္ဂလာသုတ်" "ဓမ္မစကြာသုတ်" "အနတ္တလက္ခဏာသုတ်" ရွတ်ဖတ်သရဇ္ဈယ်တတ်လာ ပါတယ်။ ညှိငှာရီခွဲ ရှာရီလောက်မှာ အိမ်ပြန်ခွင့်ရလာပါတယ်။ တစ်နည်းအားဖြင့် ဖြစ်ပြီးပျက်တဲ့သဘာဝနိယာမတရား ကို ဖော်ကျူးခြင်းဖြစ်ပါ။ အရေးကြီးတာက ဖြစ်ပြီးပျက်သွားတဲ့အချိန် မိမိရဲ့အဆင့်၊ ယခင်ကထက်ကျမသွားဖို့ အဲလိုအ ရေးကြီးပါတယ်။



SAYA UMMS, HAVE YOU EVER BEEN DESCRIBED SUCH AS DAYS OF THE WEEK? YOU NEVER HAVE THE FAINTEST IDEA AS YOU TURN THE PAGES !!

Monday's child is fair of face
Tuesday's child is full of grace,
Wednesday's child is full of woe
Thursday's child has far to go,
Friday's child is loving and giving,
Saturday's child works hard for a living,
But the child who is born on the Sabbath Day
Is bonny and blithe and good and gay



DAYS OF THE WEEK!		
Sunday	Sun.	
Monday	Mon.	
Tuesday	Tues.	
Wednesday	Wed.	
Thursday	Thurs.	
Friday	Fri.	
Saturday	Sat.	
Yesterday was ...	Today is ...	Tomorrow will be ...



စုံတောမြိုင်

တေး ရွှေတိုင်ညွန့်



ပြောင်ဆင်ကျား.....

နဂါး ဂဠုန် လွန်ပျော်မြူး

GALONE: KNOWN FOR POWER, INTELLIGENCE AND SOCIAL ORGANIZATION. UMMS WAS WAY AHEAD FOR SOCIAL CONNECTIONS BEFORE OTHERS HAD THE CONCEPT.

NEVER RUN JUST BECAUSE UMMS ROARED. THERE IS SUBSTANCE BEHIND AND MORE!



HARD TO DEFINE UMMS IF YOU ARE ONE OF THE BLIND PEOPLE FEELING THE ELEPHANT. UMMS CAN BE ANYTHING YOU FEEL HE IS, UNLESS YOU GET IT AS TO WHO HE REALLY IS.

8. I SING 20

UMMS HATES THE RAT RACE



**HE IS A RESEARCHER AND SCIENTIST SO HE KNOWS WHAT
THE GUINEA PIG IS ABOUT**



နဂါးနီ

**UMMS SHOWMANSHIP SKILLS INCLUDES THE DRAGON'S FIRE
THAT GETS HIS MESSAGES ACROSS TO US. TIME TELLS!**



မန်းတောင်ရိပ်ခို ကျုပ်တို့ မြို့ မ(စိန်) က ကျေနပ်တယ်



**Our fierce and fearless
lion-hearted leader
UMMS**

**THE ALMIGHTY AND
RENOWNED KING OF
IM2**

တို့ ဆရာကြီး ကျန်းမာပါစေ



**Working committee and secretariat discussing during
Clinical Decision Making Seminar (1992)**

Photo: Courtesy of Dr. Saw Aung Hla Win (IM2, 1971) and Dr. Lucy Kyaw Mya (IM2, 1972)

အောင်စေပိုင်စေ

အလံ ကာစောင်းဦးဘသန်း



BLACK TIE DINNER HONORING GOLD MEDAL RECIPIENT UMMS, ROYAL COLLEGE OF SURGEONS, EDINBURGH, 1994. THE LATE SIR ROBERT SHIELDS IS ON THE RIGHT.

Photograph: Courtesy of Dr. Kyaw Swa, IM2, 1974

UMMS BLOGS

<http://profmaungmaungsein.blogspot.com/>



Dr.MaungMaungsein says:

March 11, 2012 9:56 PM

Date: Fri, 9 Mar 2012 00:58:52 -0800

Prof: U Mg Maung Sein Personal

M.B.B.S (Ygn) FRCS (Edin) FRCS (Eng) Ch.M Education

(Pen name Myoma Sein) Experience

Category – Personal (1)

(Time-Author Critical Condition At Hospital)

အဲဒီနေ့တွင် မီးပိုင်းကြီးက ကျွန်တော်လက်ယာဘက်ကို သွားနေတာတွေ့တယ်။ အဲဒီနောက်ကို ကျွန်တော်ကလိုက် ပြီး
 ငါ့အမေသူသားလေးယောက်ကိုလာခေါ်နေပြီဆိုပြီး ကျွန်တော်ကလိုက်ခဲ့ပါသည်။ နောက်တစ်ဘက် ချက်ချင်းကြည့်တော့
 ကျွန်တော့်ခြေထောက်ကိုဆွဲပြီး ကိုကို၊ မေမေ၊ ကျော်ကျော်တို့က ဒီမှာရှိတယ်မသွားနဲ့ဟု ပြောနေပြန်တာ ကြားရပြန်တယ်။ အဲဒီမှာ
 ကျွန်တော့်လက်ယာဘက်က မီးပိုင်းပိုင်းကြီးနောက်ကို ကျွန်တော်မလိုက်တော့ပါ။ သတိပြန်ရလာတော့
 ဒီကမိသားစု ခြေထောက်ကိုဆွဲထားတာ တွေ့ရပါသည်။ သူငယ်ချင်းတစ်ယောက်က အဲဒါကို illusion ဟု ကျွန်တော်ကိုပြောပါသည်။
 ကျွန်တော်ကတော့ ကိုယ့်ရဲ့ခံစားချက်ကို တင်ပြခြင်းဖြစ်ပါသည်။
 ကျွန်တော်တို့အသက် ၆၀ကျော်၊ ၇၀ကျော်အသက်အတွက် မရကပုံစံလေးတစ်ခုရှိပါသေးတယ်။ Boarding Pass ပုံ စံရှိပါတယ်။
 တစ်ယောက်နဲ့တစ်ယောက်တွေ့ရင် ခင်ဗျား flight လာရင် Boarding Pass နဲ့တက်လိုက်သွားရုံပဲ။ ကျွန်တော် တို့သက်ကြီးရွယ်အိုမျှ
 မရက၏ဆန်းကြယ်ပုံတစ်မျိုး။
 ဤစာတန်းတွင် grammer, composition နဲ့ spelling တွေကို ဂရုမစိုက်ဘဲ စာတန်းရဲ့သဘောသဘာဝကို နား
 လည်အောင်ဖတ်ရှုလေ့လာကြပါရန် မေတ္တာရပ်ခံအပ်ပါသည်။

Myoma Sein



Dr. Maung Maungsein says:

March 11, 2012 9:59 PM

Category – Experience (1)

ဂျပန်လက်ထက်က ပုတ်သင်ညိုတစ်ကောင်ကို လောက်လေးခွနဲ့ ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက် ပစ်ချမိခဲ့ပါ သည်။ အဲ့ဒါကို ဖေဖေကမြင်ပြီး ဘုန်းကြီးကျောင်းကို ကျွန်တော်တို့သုံးယောက်စလုံးကို ဘုန်းကြီးကျောင်းသားအဖြစ် အပ် လိုက်ပါတယ်။ ဘုန်းကြီးတွေဆွမ်းဘုန်းပေးပြီးတဲ့အခါ ကျောင်းသားတွေကဝိုင်းလှစားပြီး ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက် ငတ်ခဲပြီး မစားခဲ့ရပါဘူး။ အဲ့ဒါကို ကျောင်းထိုင်ဘုန်းကြီးကမြင်ပြီး သူ့ရဲ့ကျောင်းသားတစ်ဦးကို ကျက်သရေဆောင်ခန်းမှ ငှက် ပျောသီးတစ်ဖီးကို ဒီညီအစ်ကိုသုံးယောက်စားဖို့ စွန့်ကြဲပေးခဲ့ပါတယ်။ ကျောင်းအပေါ်ထပ်၌ ငှက်ပျောသီးတက်ယူတဲ့ ကျောင်းသားနဲ့ကျွန်တော်အောက်ပြန်ဆင်းလာတော့ ဆရာတော်ဘုရားက အမိန့်ရှိတာက ဒီကောင်ခွေးဖြစ်လို့ သူ့ရဲ့ ကျောင်းသားကိုပြောကြားခဲ့ပါသည်။ ကျောင်းမှာ အမှိုက်သိမ်း၊ တံမြက်စည်းလှည်း၊ ဘုန်းကြီးကုဋီဆေး ကျွန်တော်တို့ညီအစ် ကိုသုံးယောက်လုပ်ခဲ့ရပါတယ်။ နေ့လည်မှာ စာချဆရာတော်ဦးဗစိန်ဒက ကျားပွတ်နဲ့ ကျွန်တော်တို့ဘုန်းကြီးကျောင်းသား များကို စာချပေးပါတယ်။ အဲ့ဒီစာချပေးပြီး မကြာခင်ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက်က စာချပေးတဲ့အတိုင်းပြန်ပြီး အိမ်ပြန်ပါ တယ်။ အဲ့ဒီရက် ကျွန်တော်တို့ညီအစ်ကိုသုံးယောက် "မင်္ဂလာသုတ်" "ဓမ္မစကြာသုတ်" "အနတ္တလက္ခဏသုတ်" ရွတ်ဖတ်သရဇ္ဈယ်တတ်လာ ပါတယ်။ ည ၄နာရီခွဲ ရှုနာရီလောက်မှာ အိမ်ပြန်ခွင့်ရလာပါတယ်။ တစ်နည်းအားဖြင့် ဖြစ်ပြီးပျက်တဲ့သဘာဝနိယာမတရား ကို ဖော်ကျူးခြင်းဖြစ်ပါ။ အရေးကြီးတာက ဖြစ်ပြီးပျက်သွားတဲ့အချိန် မိမိရဲ့အဆင့်၊ ယခင်ကထက်ကျမသွားဖို့ အဲ့လိုအ ရေးကြီးပါတယ်။

Category-Education(1) (1)

What the mind does not know, the eyes do not see, the ears do not hear and the hands do not feel. ဒီကိစ္စမှာ ကျွန်တော်တို့တစ်တွေ ပြဋ္ဌာန်းစာအုပ်၊ မှတ်စုအစရှိသည့်ပစ္စည်း ပထမဦးဆုံးကိုယ့်ကိုယ်ပြည့်စုံအောင် မဖြည့်နိုင် သ၍ Reply ဘာလမ်းအနေနဲ့ စိတ်ကူးတွေအကြီးအကျယ်များမှာကို ဖော်ကျူးထားခြင်းဖြစ်သည်။ မျက်စိနဲ့ကြည့်ရင်မြင်တာ

နားထောင်တဲ့နေရာမှာကြားတာ၊ လက်နဲ့ထိတွေ့တဲ့နေရာမှာ အစိုအနွဲ၊ နာ မနာသိဖို့ အရေးကြီးတာကို ဖော်ကျူးခြင်းဖြစ်ပါ သည်။ အတိုချုပ်ပြောရရင် မျက်စိနဲ့မြင်အောင်ကြည့်ပြီးရင် အဲဒီလူပုဂ္ဂိုလ်မှာ မိမိရဲ့နေထိုင်မှုကို ပြောင်းလဲသွားမှာကို တွေ့ရ မှာဖြစ်ပါတယ်။ အဲဒီမှာ ကြောင်တောင်ကန်း၊ ကြောင်တောင်ပင်းတွေအတွက် ဖော်ကျူးခြင်းဖြစ်ပါတယ်။ (ဥပမာ။ ။ အ ခန်းတစ်ခန်းမှာ မြွေတစ်ကောင်တွေ့ခဲ့လျှင် သူကြည့်ခဲ့လို့မြင်ရင် သူ့ဟာသူဘာလုပ်ရမယ် သူသိတယ်။)

Category – Experience (2)

Cure Somwtime. Relief often. Hope always. ကျွန်တော်တို့တစ်တွေ ဆရာဝန်တစ်ယောက်အနေနဲ့ လူမမာတစ် ယောက်ကို မျက်နှာချင်းဆိုင်နေရမှာပါ။ အဲဒီနေရာမှာ ပမာဏအားဖြင့် ကြည့်ရုံခွဲလျှင် ရောဂါတစ်ချို့ဟာ (ဥပမာ။ ။ အူ အတက်ပေါက်တယ်ခွဲလို့က်တယ်) ရောဂါပျောက်သွားတယ်။ တစ်ခါတလေ လေနာ၊ (ဘေးကျပ်နံကျပ်) ဖြစ်ရင် ဆေးထိုး၊ ဆေးစားသက်သာအောင်ပြုလုပ်လို့ရပါတယ်။ ဒါပေမဲ့ ကျွန်တော်တို့မမေ့ရမှာက ဒီလူမမာကြီးအတွက် မျှော်လင့်ချက် hope ကိုတော့ အမြဲပေးနိုင်ပါတယ်။

Category – Experience (3)

ကျွန်တော်ပြန်လည်ပြီး အရင်တုန်းကတပည့်လေးများ ရေးသားခဲ့တဲ့ မှတ်စုတွေအတွက် သူတို့ တစ်တွေကိုအထူး ကျေးဇူးတင်ပြီး မေတ္တာပို့သအပ်ပါတယ်။ Memories are made of this ဆိုတဲ့စကားရှိပါတယ်။ ယခုအဲဒီအတိုင်းဖြစ်လာပါပြီ။ တပည့်လေးတွေကို စာသင်စဉ်က ကျွန်တော်ဖော်ကျူးခဲ့တဲ့ It is always the singer and not the so ဆိုသော မူကို လေးလေးနက်နက်စဉ်းစားခဲ့ပါတယ်။ အဲဒီအချိန်မှာ time will tell ဆိုတဲ့အတိုင်း ယခုကျွန်တော်တို့ကောင်းကောင်း လေ သင်ယူခွင့်ရနေပါပြီ။ ကျွန်တော့်မူကတော့ လူတစ်ယောက်ကိစ္စတစ်ခုကို သေသေချာချာပြောဆိုတတ်ခဲ့ရင် အဲဒီပုဂ္ဂိုလ်ဟာဒီ ကိစ္စ ပြန်ပတ်သက်၍ပုံဆွဲပြီး ဖော်ကျူးနိုင်စွမ်းရှိရမယ်။ အဓိပ္ပါယ်ကတော့ ကိုယ်သိတာဟာ ကိုယ်ပိုင်ဖြစ်ဖို့ စာအုပ်ထဲ ကအတိုင်းသိရုံနဲ့ မလုံလောက်ဘူးကိုဖော်ကျူးခြင်းဖြစ်ပါတယ်။

Category – Education (2)

ကျွန်တော်က အမြဲတမ်းကိုယ်သင်နေတဲ့ကျောင်းသားတွေအပေါ် စေတနာအပြည့်ဖြင့် တာဝန်ထမ်းဆောင်ခဲ့ပါသည်။ McGill Univer Montreal, PQ, Canada မှအပြန် ဆွေးနွေးပညာသင်ကြားစနစ်ကို ကျောင်းသားအချင်းချင်း၊ ကျောင်း သားနဲ့ဆရာ၊ ဆရာအချင်းချင်း၊ သုံးဖက်မိတ်များဆွေးနွေးတိုင်ပင် စာသင်ယူပုံကို မိမိသင်ကြားနေသောတက္ကသိုလ်တွင် ပြု ပြင်ပြောင်းလဲပြင်ဆင်ခဲ့ပါသည်။ Journal clubs ကိုလည်း စည်စည်ကားကား စီစဉ်ပြေပြေဖြ Canada မှအပြန် မိမိ သင်ကြားရေးဌာနတွင် ဆောင်ရွက်နိုင်ခဲ့ပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:01 PM

Category – Education (3)

ဆေးပညာနဲ့ပတ်သက်ပြီး ကျွန်တော်တို့နိုင်ငံမှာ အဖန်ဖန်ညှိနိုင်ရေးဆွေးနွေးပွဲများ ပြုလုပ်ခဲ့ပြီးဖြစ်ပါသည်။ အဲဒီဆွေးနွေး တိုင်ပင်ပွဲတွေထွက်လာသော ရလဒ်တစ်ချို့ အကောင်အထည်ဖော်နိုင်သမျှဖော်ခဲ့ပါသည်။ အဲဒီအထဲမှာ ကျွန်တော်အနေနဲ့ ဘွဲ့ကြိုသင်တန်းကျောင်းများမှ ကျောင်းသား၊ ကျောင်းသူများသည် မနစ်နာရဟူသောခံယူချက်ရှိပါသည်။ ထို့နည်းလည်း ကောင်းဘွဲ့လွန်ကျောင်းသားများမှာတော့ အောင်နိုင်သူဖြင့်ထွက်ပြောက်နိုင်ရန် ယုံကြည်မျှော်လင့်ပါတယ်။ ယခုလည်း အဲဒီလို training ယူခဲ့တဲ့ပုဂ္ဂိုလ်များ ကမ္ဘာအနှံ့မိမိရဲ့အတတ်ပညာနဲ့ပတ်သက်ပြီး လုပ်ကိုင်စွမ်းရည်အပြည့်နဲ့ လုပ်ကိုင်နေကြပါ သည်။ Champion of Champions.

Category – Education (4)

ယခုလောလောဆယ် နောက်ဖေးအိမ်ကင်ဆာ retal cancer ကိုမခွဲစိတ်ဘဲ ပြုရကုသနည်းဖြင့် တစ်ချို့နိုင်ငံများတွင် ပေါ်ထွန်းနေပါသည့်စက်ဟာ Papillon 50™ ဖြစ်ပါသည်။ ဤကုသမှုများကို အထူးသဖြင့် အနောက်နိုင်ငံများတွင် လုပ်နိုင်ရန်များသည်။ Review များပေါ်ထွက်ခဲ့ပါသည်။

Category – Education (5)

မိမိအတွေ့အကြုံအရ တင်ပြခြင်းဖြစ်တဲ့ ဝေါဟာရလေးတစ်ခုရှိပါသည်။ အဲဒါကတော့ "ပဲခူးစား" ဝေါဟာရလေးဖြစ်ပါ သည်။ ကျွန်တော်တို့ငယ်ငယ်က ဝေဘူဆရာတော်ဘုရားကြီး ဆွမ်းဆန်စိမ်းအလှူခံရန် လမ်းထဲသို့ကြွပါသည်။ အဲဒီအချိန်မှာ လမ်းလူကြီးများ "ဟိုအိမ်ကဆန်အိတ်ရှေ့ထွက်နေတယ်။ ဒီအိမ်ကဆန်အိတ် နောက်ရောက်နေတယ်" ဟိုရွှေ၊ ဒီရွှေရွှေ ခိုင်းပါသည်။ အဲဒီမှာ ကျွန်တော်ပဲခူးစားတွေလာနေကြပြီဟုပြောပါသည်။ အဲဒီပွဲမှာတော့ ဘယ်လုပ်ငန်းလုပ်လုပ် (အဲဒီပဲခူးစားရဲ့ပြုပြင်ပြောင်းလဲမှုကိုခံရခြင်း) နိယာမကိုခံရခြင်းဖြစ်ပါသည်။ Champion of the Champions.

Category – Experience (5)

ကျွန်တော်တို့အနေနဲ့ ပြောလေ့ပြောထရှိတဲ့ စကားပုဒ်လေးတစ်ခုရှိပါသည်။ အဲဒါကတော့ It is always the singer and not the song ဖြစ်ပါတယ်။ ကိစ္စအဝဝမှာတစ်ကယ်ကိုယ်တွေ့ဖြစ်ရပ်များပြောပြနိုင်တဲ့သူက တစ်ခြားသူတစ်ဦးထက် အရေးပါအရာဝင်ကြောင့် တင်ပြခြင်းဖြစ်ပါသည်။ ပြဿနာတစ်ခုကြောင့် သူတစ်ဦးက တင်ပြနိုင်စွမ်းမရှိရင် ထိုပြဿနာ၌ မိမိ တို့အရုံးကြီးရုံးခဲ့ပေသည်။ ဘယ်ကိစ္စကိုမဆို အချိန်၊ အခါအားဖြင့် ဆုံးဖြတ်နိုင်စွမ်းရှိပါသည်။ Time will tell (တရုတ်ယဉ်ကျေးမှု အတတ်နဲ့အဆင်း) ပြင်သစ်တော်လှန်ရေး၊ အမေရိကန်လွတ်လပ်ရေး စစ်ပွဲနဲ့သမိုင်းများ ဥပမာတစ်ချို့ပဲဖြစ်ပါသည်။ Jerusalem အစို့ယခုထိအဖြေရှာနိုင်ခြင်းမရှိပါ။ သို့သော် ကျွန်တော်တို့အားလုံး ဒီပြဿနာတစ်ချိန်ကျရင် ပြေလည်မယ်ဆိုတာ မြေကြီးလက်ခတ်မလွဲစားမိပါသည်။ အဲဒါကြောင့် ဒီအဖြစ်အပျက်တွေအားလုံးကြိုသိခဲ့လျှင် ကျွန်တော်တို့တစ်ဦးချင်းရဲ့ memories ဖြစ်လာတာကိုတွေ့ရပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:08 PM

Category – Experience (6)

Honour ဆိုသည်စကားလုံး၏အဓိပ္ပါယ်ကို လူတော်တော်များများဖော်ကျူးလိမ့်မည်ဟု ယူဆပါသည်။ သမိုင်းအရ ပြန်စဉ်းစားလျှင် တစ်ချို့ကအမျိုးသမီးရဲ့ ငါ့ခြေ၊ တစ်ချို့ကမိမိရဲ့ ပြောဆိုလုပ်ကိုင်သောကတိ၊ တစ်ချို့ကအမျိုးရဲ့ဂုဏ်သိက္ခာ စသည်ဖြင့် အဓိပ္ပါယ်ဖော်ကျူးပုံများလှပါသည်။ ဒီကိစ္စနဲ့ပတ်သက်လို့ Irish သမိုင်းအရ ဖြစ်ပျက်ခဲ့ပုံကို တင်ပြလိုပါသည်။ ထို အစဉ်ကာလ၌ Irelar သူပုန်များပုန်ကန်ထကြွလျက်ရှိပါသည်။ နိုင်ငံတော်အစိုးရ၏အမိန့်အရ ဦးစီးခေါင်းဆောင်ဖြစ် သော မိသားစုတစ်ခုမှာ ဦးစီးခေါင်းဆောင် (အဖေ)၊ သူပုန်များနှင့် ရင်ဆိုင်ကာ အိမ်မှထွက်ခါနီး အဖေလုပ်သူကမိမိ၏ဖနီး၊ သားကလေးနှစ်ယောက်အား သူမထွက်ခွာမီ defend honour ဟုပြောပါသည်။ အဲ့ဒီမှာ သားတစ်ယောက်က What is honour? ဟုမေးပါသည်။ အဖေကပြန်ဖြေသည်မှာ It is a worth y yourself ဟုပြောပြီး စစ်တိုက်ဖို့ထွက်သွားပါ သည်။ မကြာမီ သူပုန်များက ၎င်းတို့နေအိမ်ကို တိုက်ခိုက်ပြီးတော့ အမေကိုအနိုင်ကျင့်ပြီး သားနှစ်ယောက်ရှေ့မှာသတ်ခဲ့ပါ သည်။ သားကလေးတွေက သူတို့ဟာသူတို့လိုအပ်တဲ့လေ့ကျင့်မှုများပြုလုပ်လျက် အဲဒီသူပုန်တွေပုန် အုပ်စုထဲဝင်၍ သတ်ဖျက်ခဲ့ပါသည်။ အဲ့ဒီနောက် အမေရဲ့အုတ်ဂူဆီသွားပြီး သားနှစ်ဦးစလုံးက “အမေ ကျွန်တော်တို့ရဲ့ အော်နာထိန်း ပါသည်။” ဒီနေရာမှာ honour နဲ့ ကလဲ့စားချေခြင်းကွာဟပုံကို ကောင်းကောင်းကြီးနားလည်သဘောပေါက်မယ်ဟု ယူဆပါ သည်။ Hounorific title ဟူ၍ရှိပါသေးသည်။ ဥပမာ။ ။ ဆရာဝန်များသည် M.B.B.S အောင်ပြီးလျှင် တရားဝင် ၎င်းတို့ အား ဒေါက်တာရယ်လို့မခေါ်နိုင်ပါ။ သို့သော် ပြုစုကုသခြင်းခံနေရသောလူအများစုက Honorific title ပေးခြင်းအားဖြင့် ယခင် M.B.B.S အောင်ပြီးသူများကို ဒေါက်တာအဖြစ်သတ်မှတ်လိုက်ပါသည်။

Category – Education (5)

လောကကြီးမှာ လူအဖြစ်နဲ့လည်ပတ်စဉ် လူတကာတို့တွေ့ကြုံပြီး ပညာယူထိုက်တဲ့ စာရေးဆရာကြီး ဦးသုခ ရေးခဲ့ သည့် ဘဝသံသရာသီချင်းမှ ကောက်နုတ်တင်ပြအပ်ပါတယ်။

“ဘဝသံသရာ”

ဘဝသံသရာရည်လျား၊ ထွေဖျား မနေမနား တစ်သွားတည်းသွားကြတာ....
 အဲ့ဒီလိုသံသရာမဆုံးခြင်းသွားကြတာ....ဘယ်သူတွေ့ရဲ့ပယောဂလဲ စဉ်းစားကြည့်တော့....
 လောဘရယ်၊ ဒေါသရယ်၊ မောဟရယ် အဂိဇ္ဇာ ပစ္စုရ သင်္ခါရာ....
 ငိုလိုက်၊ ရယ်လိုက်၊ ဘယ်အခါမတည်မြဲ...ဖောက်လွှဲ၊ ဖောက်ပြန် အကြောင်းကံ ကံမသကာ....
 ပျော်လိုက်၊ ရွှင်လိုက်၊ ငိုကာ၊ ရယ်ကာ၊ ဖောက်လွှဲ၊ ဖောက်ပြန် အကြောင်းကံ သာမကသာ....
 တွေ့ကြုံ၊ ဆုံကွဲ၊ ခရီးနည်း ဝမ်းနည်း ဝမ်းသာ ဖြစ်ချင်တလည်းမဖြစ်ရပါ...မဖြစ်ချင်တာလည်းဖြစ်ရတာ..
 အဲ့ဒါ အဲ့ဒါ ဘဝသံသရာ...
 ခြေတံ (၃၁)ဘုံ ဖြစ်ခြင်းရောက်တော့ ကရွတ်ကွင်းရောက်တဲ့...
 ဒုက္ခသစ္စာ၊ သမုဒ္ဒယသစ္စာ၊ နိရောဓသစ္စာ၊ မဂ္ဂသစ္စာကို ကျင့်ကြံအားထုတ်နိုင်ခဲ့လျှင် ဒီဘဝသံသရာကလွတ်မြောက် နိုင်မှာ (အဲဒါ အဲဒီ ဘဝသံသရာ...)
 စာဖတ်သူပရိတ်သတ်အနေဖြင့် ဦးသုခရဲ့ ဆိုဆုံးမစကားကို တိကျစွာလိုက်နာကျင့်သုံးကြရန် အလေးအနက်မေတ္တာ ရပ်ခံအပ်ပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:10 PM

Category – Education (6)

ကျွန်တော်တို့တစ်တွေ ဒီရုပ်ခန္ဓာကြီးပြုပြင်ပြောင်းလဲလုပ်ကိုင်နေရတာ စဉ်းစားကြည့်လျှင် သဘောခန္ဓာဖြစ်ကြောင်း တွေ့ရပါသည်။ ဘုရားရဲ့တရားအရ မဟာဘုတ်ကြီး (၄)ပါးဆိုတဲ့ မြေကြီးပထဝီ၊ အာဘော ရေ၊ တေဇော မီးနဲ့ ဝါရော လေ၊ အပေါ်တို့ တည်ရှိနေပါသည်။ ထိုတည်ရှိချက်ကို နာမ်ခန္ဓာဟူသောစိတ်နှင့် စေတသိတ် ငါးဆယ့်နှစ်ပါးများက ပင်ရောက် ချယ်လှယ်ပြီး လူအဖြစ်နဲ့လှုပ်ရှားနေရပါသည်။ ဆိုလိုသည်မှာ ရုပ်ခန္ဓာကြီးသည် ဦးနှောက်မရှိဖြစ်ပြီး ၎င်းအတွက်လှုပ်ရှားရန် အမိန့်ပေးသောအရာမှာခေါင်းဖြစ်ကြောင်း ရှင်းနေပါသည်။ အဲဒီခေါင်းထဲမှာ အာရုံအားဖြင့် စက္ခုအာရုံ မျက်စိ၊ သောတအာရုံ နား၊ ယာနာအာရုံ နှာခေါင်း၊ ဖိဖာအာရုံ လျှာအရသာ၊ ဖောဋ္ဌဗ္ဗာအာရုံ တွေ့ထိခြင်းကိုသိခြင်းတို့အပြင် မွေ့ရုံဖြစ်ပျက်နေသော ကိစ္စအဝဝကို ဉာဏ်ကပညာအဖြင့် သိလာသည့်တိုင်အောင် အာရုံအားဖြင့် ခြောက်ပါးရှိပါသည်။ ဒါကြောင့် ရှေးလူကြီးများဆို ရိုးစကားတစ်ခုရှိပါသေး အသက်ကိုဉာဏ်စောင့်သည်၊ ဥစ္စာကိုကံစောင့်သည် ဟူ၍ ဆိုရိုးစကားဖြစ်ပါသည်။ နောက်တစ် နည်းပြန်စဉ်းစားလျှင် ကျွန်တော်တို့သမ္မာဒိဋ္ဌိဖြင့်နေကြောင်း တွေ့ရှိရပါသည်။ လောကတွင် ပရမတ်ထသစ္စာအနေနဲ့ တည်ရှိနေသည်မှာ ၁။ စိတ်၊ ၂။ စေတသိတ်၊ ၃။ ရုပ်၊ နိဗ္ဗာန်ကျန်တဲ့အရာအားလုံးသည် ပညတ်များဖြစ်နေပါသည်။

Category – Personal (2)

ကျွန်တော်ဆေးတက္ကသိုလ် (၂)ကို အစည်းအဝေးသွားရန် အိမ်မှကားဖြင့်ထွက်ခဲ့ပါသည်။ မြို့ထဲတစ်နေရာတွင် Reply မှာမှားသွားပါသည်။ ကျွန်တော်ကပလက်ဖောင်းပေါ်တွင်ရပ်၍ အသိကားတစ်စီးကို မျှော်နေမိပါသည်။ အဲဒီအချိန်

အမျိုးသမီးဝတ်စုံဦးသည် ကျွန်တော့်အနားမှဖြတ်သွားသော ဆိုက်ကားကိုလှမ်းခေါ်ပါသည်။ ဆိုက်ကားသမားက ဒီအိမ်ကို ကြီးငှားကြ ကျွန်တော့်အားလက်ညှိုးထိုးပြပါသည်။ အမျိုးသမီးဝတ်စုံက ဒီလိုဆိုလည်းပြီးရော ဟူ၍ ထွက်သွားပါသည်။ အမျိုးသမီးကြီးကထွက်သွားပြီးနောက် ကျွန်တော်ကဆိုက်ကားသမားအား မင်းဘာကြောင့်ငါ့မင်းကိုခေါ်ထားတာဟုသွားပြော တာလဲ ဆိုက်ကားဆရာက ဟာ... ဟိုဝတ်စုံဘယ်ပိုပို့ ဒီပိုက်ဆံပဲရမှာပဲဟုပြောပါသည်။ အဓိပ္ပါယ်က သူဒီဝတ်စုံကို ပို့ရင် ပိုပင်ပန်းမယ်ဟုဆို အဲဒီတွင် ကျွန်တော်က ဒီဆိုက်ကားသမားကြီးပေးသောပညာကိုရလိုက်ပါသည်။ အဲဒီ ကိစ္စအဝဝကို မင်္ဂလာဒုံကျွန်တော်စာသင်တဲ့နေရာမှာ ပြောဆိုသင်ကြားတဲ့အခါ အတန်းအတွင်းက မိန်းကလေးကျောင်းသူ တစ်ချို့သည် မိန်းကလေးဆိုက်ကားနင်းရင် ဒုက္ခရောက်တော့မှာပေါ့ဟု ပြောပါသည်။ ကျောင်းသား၊ ကျောင်းသူတွေက ပိုင်း ရယ်နေသည်။ ကျွန်တော်ကဝမ်းနည်းစွာနှင့် အဲဒီတော့မှပိုကောင်းမှာပေါ့ကွာဟု ပြောလိုက်ပါသည်။ ဒီနေရာမှာ ကျွန်တော်က ဆိုက်ကားသမားရဲ့ absence (ဖြတ်ထိုးဉာဏ်) ကိုချီးကျူးနေခြင်းဖြစ်ပါသည်။ ယခုတော့ ဓားရာတစ်လွဲ ဒုတ်ရာတစ် လွဲဖြစ်ခဲ့ပါသည်။ သူတို့တစ်တွေ ဆိုက်ကားသမားကပေးသော ပညာကိုရယူနိုင်စွမ်းမရှိ၍ ဝမ်းနည်းမိပါသည်။ လောကတွင် ကျွန်တော်တို့လူအဖြစ်ရှင်သန်လှုပ်ရှားနေသ၍ ယခုလိုဖြတ်ထိုးဉာဏ်သည် အဓိကကျတဲ့နေရာတွင် ပါဝင်နေပါသည်။ ဒါပေမဲ့ ပြန်လည်စိတ်ကြည့်ခဲ့ရင် ဖြတ်ထိုးဉာဏ်ဟာလောကကြီးမှာ များစွာရှားပါးနေတာကို လေ့လာတွေ့ မြင်ရပါတယ်။ ဥပမာအား လမ်းမကြီးပေါ်တွင် ကုန်တင်လာသောကားဟာ အပေါ်မှလှုပ်စစ်ကြီးဖြင့်ငြိ၍ လူကြီးတွေဦး နောက်ခြောက်နေစဉ် ကလေးလေးတစ်ကားလေးလျှော့ပြီးတွန်းထုတ်ရန် ဖြတ်ထိုးဉာဏ်ဖြင့် ပြောပြပါသည်။ လူ ကြီးများ တအံ့တဩဖြင့် ကလေးလေးရဲ့ဖြတ်ထိုးဉာဏ်ကို ချီးမွန်းရပါသည်။



Dr. MaungMaungsein says:

March 11, 2012 10:11 PM

နိုင်ငံခြားမှ FRCS စာမေးပွဲစစ်ရန် ပုဂ္ဂိုလ်များရောက်ရှိလာပါသည်။ ၎င်းတို့အား ပြုစုစောင့်ရှောက်သူ (laison) အဖြင့် ဝန်ကြီးမှတာဝန်ပေးပါသည်။ ၎င်းတို့အဖွဲ့နှင့် ရွှေတိဂုံဘုရားပေါ်သို့ လေ့လာရေးခရီးတစ်မနက်တွင် သွားခဲ့ပါသည်။ အဲဒီနေ့ တွင် မြေညီထပ်မှစေတီရင်ပြင်သို့ ခါတ်လှေခါးဖြင့် တက်ခဲ့ပါသည်။

ရင်ပြင်ပေါ်မှအဆင်း ခြေထောက်ဖြင့်တစ်ထစ်စီဆင်းကာ မြန်မာ့ဗုဒ္ဓဝင်သမိုင်းကို အေးအေးဆေးဆေးသေသေချာချာ ၎င်းတို့အား ရှင်းလင်းတင်ပြနိုင်ခဲ့ပါသည်။ ယခုလို မိမိလိုချင်တဲ့ ရည်ရွယ်ချက်ကို ကိုယ်ကာယမပင်ပန်းဘဲ ဖော်ကျူးနိုင်ခဲ့ခြင်းကို ထို FRCS အဖွဲ့မှ ပြောပြသွားပါသည်။ ၎င်းအဖွဲ့ဝင်များက ကျွန်တော်အား တော်ဝင်ကောလိပ်စာမေးပွဲကြီးမှာလည်း အအောင်၊ အရုံးသတ်မှတ် ဒီ common sence အထွေထွေဖြတ်ပိုင်းဉာဏ်မှာ အလေးအနက်ပါဝင်တယ်လို့ပြောသွားပါသည်။

Category – Experience (7)

တစ်ခါတုန်းက ကျွန်တော်တို့မိတ်ဆွေလေးယောက် ကိစ္စတစ်ခုအတွက် တိုင်ပင်ဆွေးနွေးခဲ့ပါသည်။ အဲဒီဆွေးနွေးပွဲ တွင် တစ်ဦးနဲ့တစ်ဦးတိုင်ပင်နေသည့်ကိစ္စအတွက် အပြစ်တင်နေကြပါသည်။ အဲဒါကြောင့်သံသရာ တော်တော်ရည်ခဲ့ပါသည်။ စာရေးသူအ မူတစ်ခုချွန်ဆွေးနွေးခဲ့ပါသည်။ အဲဒီမူကတော့ "အသင်သည်သူတစ်ဦး ဒါမှမဟုတ် ကိစ္စတစ်ခုအပေါ်မှာ မိမိ၏ feeling ခံစားချက်ပြောဆိုခွင့်ရှိသလို အဲဒီလိုကိစ္စမျိုးတွင် စီရင်ဆုံးဖြတ်ချက်ကိုမူအားဖြင့် လက်မခံရန်" တင်ပြဆွေးနွေးခဲ့ပါ သည်။ You can't do what you cannot express your decision. ဒီကိစ္စသည် ကျွန်တော်တို့ တစ်ဦးနှင့်တစ်ဦး ပြဿနာဖြေ ရှင်းရာတွင် လိုက်လံကျင့်သုံးသင့် မှုတစ်ခုဖြစ်ပါသည်။

Category – Experience (8)

တစ်ခါတုန်းက မြောက်ဥက္ကလာပဆေးရုံ clinician teaching session တွင် စာမေးမရတာများလာတော့ နင်တို့တွေ ဝါခုံဖိနပ်စာတော့ ဖြစ်တော့မှာပဲဟု ကြိမ်းမောင်းခဲ့ပါသည်။ ကျောင်းသူ၊ ကျောင်းသားတွေကမေးပါသည်။ "ဒါဘယ်လိုအမိ ပွယ်နဲ့ဆရာပြောပါသလဲ" ဟုမေးပါသည်။ ကျွန်တော်ကစိတ်ထဲမှာ စာမေးလို့မရရင် မိမိကိုယ်တွင်းမှာဖြစ်လာသော ခံစားချက် တစ်ခုဖြစ်ကြောင်းပြောပြီး မိမိရုံးခန်းအတွင်း ပြန်လည်ဝင်ရောက်ခဲ့ပါသည်။ အချိန်အတန်ကြာတဲ့အခါ သူတို့အထဲမှကျောင်း သူ၊ ကျောင်းသားတစ်စုလာပြီး ကျွန်တော်အား "ဆရာရယ် ကျွန်တော်တို့တစ်တွေအားလုံး ခုံဖိနပ်အရိုက်မခံရသော ဆိုက် ကားမနင်း၊ ဆရာကြီးပေးသမျှအပြစ်ကို ကျောက်တုံးသဖွယ်ခံဖို့ ဆုံးဖြတ်ချက်နဲ့ လာရောက်တင်ပြခြင်းဖြစ်ပါတယ်" လို့ ပြောပါသည်။ အဲဒီမှာတင် ဤကျောင်းသူ၊ ကျောင်းသားများကို ကျွန်တော်ရဲ့ ညီအစ်ကိုရင်းချာကဲ့သို့ လက်ခံဝက်ယူမိခဲ့ပါ သည်။



Dr. Maung Maungsein says:

March 11, 2012 10:13 PM

Category – Experience (9)

လောကကြီးမှာ စိတ်ဝင်စားဖွယ်ကောင်းသော နိယာမတစ်ခုတွေ့ရှိရပါသည်။ အဲဒါဘာလဲဆိုရင် ကိုယ်လိုချင်တာ လည်းရ၊ အခြားတစ်
 မပျက်စီးဘဲ ရှင်သန်လာတဲ့နိယာမဖြစ်ပါသည်။ ဓမ္မပဒတွင် ပျားပိတုန်းတို့သည် ပန်းမှမိမိလို ချင်သော ဝတ်ရည်ကိုစုပ်ယူစဉ် cross po
 ပန်းပွင့်တွင်ပို၍လှုပ်ခြင်းနဲ့ မျိုးရိုးဗီဇကောင်းလာသော နိယာမဖြစ်ပါသည်။ It is the bee that robs the flower that it fertilizes
 သဘာဝနိယာမကို ဘယ်သူမှလွန်ဆန်နိုင်စွမ်းမရှိပါ။ အဲဒါကြောင့် ကျွန်တော်တို့တစ်တွေ နေ့စဉ်၊ လစဉ်၊ နှစ်စဉ်
 ပရိရေသနာဝမ်းစာရှာမိစဉ်လိုက်နာသင့်သော သဘာဝနိယာမ ဖြစ်ကြောင်းသိရှိ ရန်လိုပါသည်။ လောကကြီးမှာ တစ်ကယ်ကြည့်ရှုခဲ့လျှ
 လူတွေဟာမကောင်းတဲ့ ဟိတ်သုံးပါးနဲ့လုပ်ကိုင်စားသောက်နေတာ ကို တွေ့ရှိမှာဖြစ်ပါသည်။
 ကိစ္စတစ်ခုလုပ်ကိုင်ဆောင်ရွက်ရာမှာ လောဘနဲ့စပြီးတော့ နောက်မှ မသိလိုက်မသိဘာသာ ဒေါသ ကပါလာတယ်။ ဝမ်းနည်းဖို့ကော
 သူတို့ဒီလိုဖြစ်နေတာကို မောဟကဖုံးထားပါသည်။ အဲဒီတော့မတရား အပြိုင်အ
 ဆိုင်တွေဖြစ်လာပြီး နှစ်ဦးနှစ်ဖက်စလုံးမှာ ကောင်းကျိုးချမ်းသာနဲ့ဝေးပါတော့သည်။

Category – Experience (10)

ခေတ်တစ်ခေတ်က အကြီးအကျယ်စကားအဆိုတစ်ခုထွက်လာတဲ့ ပြဿနာအကြောင်းတင်ပြလိုပါသည်။ အဲဒါက (အူ
 လက်ကပ်သီလစောင့်နိုင်တယ်) ဟူ၍ဖြစ်ပါသည်။ စတင်သုံးလိုက်သူ၏စေတနာကို ကျွန်တော်မသိပါ။ ဒါပေမဲ့ အဲဒီယူဆမှု ကြောင့်
 (Reply ပုလဲနားဖွင့်များတွင် လာဘ်ပေးလာဘ်ယူမှုများစွာ ပေါ်ထွန်းခဲ့သည်ကို ယခုတိုင်ဝမ်းနည်းစွာ တွေ့မြင်ရပါသည်။ ဒီ

ကိစ္စဟာ ပြည်တွင်းဆက်ဆံရေးသာမက အပြည်ပြည်ပေါင်းသင်းဆက်ဆံရေးကိုပါ ထိခိုက်နေကြောင်း ထင်ရှားစွာ တွေ့မြင် နေရပါသ
 တစ်ချို့တွေက အဲဒီလိုလုပ်တာကို greasing the hands ဆိုတဲ့ဝေါဟာရကို အသုံးပြုကြပါသည်။ ဒီလိုဖြစ်လာ တဲ့ကင်ဆာရောဂါကြီး
 အပြီးပပျောက်ပါစေလို့ ကျွန်တော်တို့တိုင်းပြည်အတွက် ဆုတောင်းမိပါသည်။
 ကမ္ဘာပေါ်တွင် လူအမျိုးမျိုး တစ်ဦးတစ်ဦးပေါင်းသင်းဆက်ဆံနေထိုင်လှုပ်ရှားနေကြပါသည်။ အဆိုပါ လူအချင်းချင်း ၏
 တန်ဖိုးအတိမ်အနက်သည် အဲဒီပုဂ္ဂိုလ်၏ကိုယ်ကျင့်တရား (character) အပေါ်မှာ ရေရဲ့အနက်ကိုကြာရိုးကြာစွယ်ဖြင့် သိသကဲ့သို့
 သိအပ်ပါသည်။ အဲဒါကြောင့် ရှေးတုန်းက ဆိုရိုးစကားဖြစ်တဲ့ "အသက်"ကို ဉာဏ်စောင့်ပါတယ်ဆိုတဲ့ စကားလုံး ကို
 ပိုမိုနက်ရှိုင်းစွာဖော်ပြလိုက်ခြင်းဖြစ်ပါသည်။ (ဥစ္စာကို ကံစောင့်သည်)။



Dr. Maung Maungsein says:

March 11, 2012 10:14 PM

Category – Personal (3)

ကျွန်တော်နေထိုင်မကောင်းစဉ် ဝိုင်းဝန်းပြီးနေညမပျက် ပြုစုပေးတဲ့သူများ၊ ပြည်တွင်းပြည်ပအဖွဲ့များကို အထူးတ လည် မိမိနလုံးသားခံစားချက်ဖြင့် ကျေးဇူးဥပကာရတင်ရှိကြောင်း စာရေးသူက ပတ်ဝန်းကျင်လောကကြိုကို အသိပေးကြေညာအပ်ပါသည်။ နေ့တိုင်းတွင်တစ်ဖွဲ့၊ ညပိုင်းတွင်တစ်ဖွဲ့ ကျွန်တော်၏လိုအပ်ချက်များကို လိုလေသေးမရှိအောင် ဖြည့်စွက်ပံ့ ပိုးပေးဆရာ၊ ဆရာမ၊ ဘွဲ့လွန်ကျောင်းသား၊ ကျောင်းသူများအပါအဝင် ဆရာကြီးများအား စာရေးသူအနေနှင့် အလေးအနက်ဂုဏ်ပြုကျေးဇူးတင်ကြောင်းမှတ်တမ်းတင်လိုပါသည်။

Category – Personal (4)

ဘုန်းကြီးတော်မူသော မြတ်စွာဘုရား၏ဆိုဆုံးမစကားသုံးခုရှိပါသည်။
၁။ မကောင်းတာဟူသမျှ ရှောင်ရှားပါ။ လုပ်ပြီးသားမကောင်းတာတွေကို ဆက်မလုပ်ပါနဲ့။ လုပ်ပြီးသားကောင်းတာတွေကို ဆက်လုပ်ပါ။
၂။ မကောင်းတာဟူသမျှရှောင်ပါ။ မရှောင်ရသေးတဲ့ မကောင်းတာတွေကိုရှောင်ပါ။ ရှောင်ပြီးသား မကောင်းတာတွေကိုဆက် ရှောင်ပါ။
၃။ စိတ်ကောင်းတစ်ခုမွေးပါ (ထားပါ)။ အဲ့ဒီစိတ်ကကြည်လင်အေးမြပြီး မကောင်းတဲ့စေတသိတ်တွေကို လာရောက်မဖျက်ဆီးနိုင်ရန် ယောနိသောမနသီကာရဖြင့် တည်ကြည်အေးချမ်းတဲ့စိတ်ကိုမွေးပါ။ (သင့်တင့်လျောက်ပတ်စွာ)

Category – Education (7)

ကမ္ဘာပေါ်တွင်နာမည်ကြီး Durant ညီအစ်ကို ရေးသားဆိုဆုံးမမှာခဲ့သော နိယာမတစ်ချို့တင်ပြလိုပါသည်။
1. It is darkest before dawn နေ့စဉ်ထိုနေ့ရဲ့ အမှောင်မှိုက်ဆုံးအချိန်သည် အာရုံတက်ခါနီးအချိန်ဖြစ်သည်။
2. Gods granary is never full and yet they gring very slowly အဓိပ္ပါယ်က ကမ္ဘာပေါ်မှာစားနပ်ရိက္ခာလုံလောက်မှုရှိ သည်ဆိုအလွန်လက်ခံဖို့ခဲယဉ်းပါသည်။
3. It is the bee that robs the flower that it fertilizes ပျားပိတုန်းတို့သည် ပန်း၏ဝတ်ရည်ကို စုပ်ယူသောပန်းအားပို၍ လှ၊ ပို၍ရှင်သန်အောင် cross fertilization ပြုလုပ်ဆောင်ရွက်နိုင်ပါသည်။

Category – Experience (11)

A thing of beauty is a joy forever it never diminishes and it goes on forever, John Ruskin
Beauty လှပခြင်းအကြောင်းကို လေးလေးနက်နက်စဉ်းစားခဲ့လျှင် လှပသောမိန်းကလေး၊ ပဲရစ်တွင်ရှိသော MonaLesae၊ ဝါရှင်တန် ဂျပ်စ်တို့တွင် တစ်ပြိုင်နက်ပွင့်သော ချယ်ရီပန်းပွင့်ပွဲ၊ ပြိုင်မြင်းတစ်ကောင်ပြေးနေတာမြင်ရတဲ့အခါ၊ မိမိကိုယ်ပိုင်အိမ်တွင်မွေးထားသော တိရစ္ဆာန်တို့ကို ပြုပြင်ပြောင်းလဲ သင်ထားခြင်း၊ နေဝင်၊ နေထွက်ရှုခင်းကို ပင်လယ်ပြင် ပေါ်၌ရှုမြင်ရခြင်း။ လပြည့်နေ့လကြီး လဝန်းအပြည့်ထွက်လာသည်ကိုမြင်ရခြင်း။ စသည်ဖြင့် မိမိကြည့်တတ်ခြင်းအပေါ်မူ တည်ပြီး ကျွန်တော်တို့ဝန်းကျင်၌ beauty အမြဲတမ်းလှပနေပါသည်။ ဝမ်းနည်းဖို့ ကောင်းသည်မှာ တစ်ချို့လူတွေ၏ လောကကြီးရဲ့တောက်ပခြင်းကို မခံစားနိုင်တဲ့အခြေအနေရောက်ပြီး နောက်ဆုံးပိတ်တွင် မိမိအသက်ကိုမိမိအဆုံးသတ်သွား ကြသည်များကို တွေ့ရတဲ့အခါလွန်စွာ ဝမ်းနည်းမိပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:16 PM

Category – Experience (12)

ကျွန်တော်အနေနဲ့ ခွဲစိတ်ဆရာဝန်အကြောင်းမူတည်ပြီးရေးသားဖော်ပြသော်လည်း အခြားဘာသာရပ်မှ ပုဂ္ဂိုလ်များ လည်း ယခုရေးသားတင်ပြခြင်းကို အကြံပေးပင်ပါသည်။ The mindset of professional surgeon (Myanmar journal of Current Medica 2008 volume 12, pages 9 မှ 11) ပုဂ္ဂိုလ်တစ်ဦးသည် ခွဲစိတ်ကုဆိုင်ရာဘွဲ့ ပညာနှင့် ခွဲစိတ်ကု အတတ်ပညာကို သင်ကြားပြီးစီးပေမဲ့၊ professional surgeon ဖြစ်ပြီးဟုမသတ်မှတ်နိုင်ပါ။ သူတစ်ထူးအနေနှင့် လုပ်ရည်ကိုင်ရည်ပေါ် မူတည်၍ မိမိလူနာများခံစားချက်ဝေ သိရှိသဘောပေါက်လာသော humane surgeons အဖြစ်လည်း အသိအမှတ်ပြုခံရပြီး (ရေပိုက်ဆက်သော plumbers နှင့် အိမ်တွေဆောက်သော carpenters လက်သမားမဖြစ်ရန် အရေးကြီးလှပါသည်။) တစ်နည်းအားဖြင့် ငွေစားရှင်မဖြစ်စေလိုပါ။

(၁။ Action and attitudes ဤနေရာတွင်ခွဲစိတ်နည်း၊ လူနာဆောင်ထဲတွင် ခွဲစိတ်မည့်ဆရာဝန်၊ ခွဲစိတ်ခံရမည့် လူမမာနှင့် ၎င်း၏ဆွေမျိုး၊ နီးနှောဖလှယ်ပြီးမှဘာလုပ်မည်ဟု ဆုံးဖြတ်ချက်ချသင့်ပါသည်။ ခွဲစိတ်ဆရာဝန်သည် သူ့ရဲ့စား အောက်မှာ အသက်ရှိသောပုဂ္ဂိုလ်တစ်ဦးရှိကြောင်း အမြဲတမ်းသတိရသိရှိနေဘို့ အရေးကြီးပါသည်။)

(၂။ Responsibility ခွဲစိတ်ကုသပြီးနေသောလူနာအတွက် ဆရာဝန်မှာ ဤတာဝန်ရှိမှုဆိုသော ဝေါဟာရသည် အရေးကြီးဆုံးဖြစ်ပါသည်။ (၃။ အဓိပ္ပာယ်တစ်နည်းအားဖြင့် ပြန်ကောက်လျှင် ဤခွဲစိတ်ဆရာဝန်တစ်ယောက်သည် ခွဲစိတ်နိုင်စွမ်း အတတ်ပညာရှိသည့်အပြင် မိမိ၏လုပ်သက်အလျောက် ပို၍ပြည့်စုံသောခွဲစိတ်ဆရာဝန်ဖြစ်ကြောင်းကို တာဝန်ယူလိုက်ခြင်း ဖြစ်ပါ သည်။) Concern များသောအားဖြင့် ငွေစားရှင်တော်တော်များများ

သူ့ရဲ့ဘွဲ့နှင့်လေ့ကျင့်မှုအပြီး ပြဿနာများ ပြေလည် အောင်ခွဲစိတ်ပြုလုပ်နိုင်မည်ဟုယူဆပါသည်။) တကယ်အားဖြင့်စဉ်းစားလျှင် သူ့အနေနဲ့ လူမမာကို ဘေးရန်ကင်းစွာနှင့်မှန် ကန်သော ခွဲစိတ်ကုသမှုပေးနိုင်ခြင်းက အရေးကြီးပါသည်။

လက်ကယ်ဖြစ်ခဲ့လျှင် နောက်ထပ်မရှောင်ရှားသင့်သည့် အချက်မှာ အဆိုပါခွဲစိတ်ဆရာဝန်၏ practice (ငွေရှာခြင်း) များသောအားဖြင့် မိမိသည်တစ်သက်တာ ပညာသင်လျက် ရှိတဲ့ ကျောင်းသားဖြစ်ကြောင်းမမေ့သင့်ပါ။

(၄။ (Concern)စာရေးသူအနေနှင့် Rudolf Mattis ပြောသွားသည်များပြန်သတိရပါသည်။ ၎င်းကစားအား ကိုင်၍ရ သောငွေစားရှင်(သူတစ်ကယ်စိတ်ပူပြီး ပထမဦးဆုံးခွဲစိတ်မှုပြုရာမှာ ၎င်းသည် သူ့ရဲ့ခံစားချက်၊ သူ့ရဲ့အတွေး တောမူ၊ သူ့ရဲ့သနားမှု ဆိုတဲ့အချက်ဝေ သူ့ရဲ့တစ်နေ့တာခံစားမှုအပြည့်ရှိသော ခွဲစိတ်ဆရာဝန် (humane surgeons) အဖြစ်ရောက်ရှိနိုင်ကြောင်း တွေ့ရှိရမည်ဖြစ်ပါသည်။

(၅။ Accountability ခွဲစိတ်ဆရာဝန်သည် မှန်ကန်ခြင်း၊ သစ္စာတရားကိုအမြဲတမ်း တာဝန်ယူဆောင်ရွက်ရမည် ဖြစ်ပါ သည်။ တစ်ခုခု(ပြဿနာ)ခွဲစိတ်ဆရာဝန်သည် ပွင့်ပွင့်လင်းအသိပေး ဆွေးနွေးတိုင်ပင်နိုင်သည့် သတ္တိရှိရပါမည်။ မိမိ၏လူမမာ၊ လူမမာ၏ဆွေမျိုး၊ မိမိ၏လုပ်ဖော်ကိုင်ဘက်၊ ကျန်းမာရေးအလုပ်သမားများကို ရှင်းရှင်းလင်းလင်းတာဝန်ယူရှင်း ပြနိုင်ရပါမည်။ ထိုအတွက်လည်းလိုအပ် စာရွက်စာတမ်း၊ စာရင်းဇယားများကို ပြီးပြည့်စုံအောင် ဖြည့်ဆည်းထားရပါ မည်။ စာရွက်စာတမ်းအပေါ်မှာရှိသော အချက်အလက်မျှ တရားရုံးတွင်အရေးကြီးသော အထောက်အပံ့အဖြစ်ပေးပါ သည်။)

(၆။ The patients interest များသောအားဖြင့် ငွေစားရှင်များသည် ၎င်းတို့၏လူမမာအတွက်အကောင်းဆုံးလုပ်ပါ သည်ဟုပြောစမြဲ သို့သော်အမှန်တကယ် လေ့လာသည့်အခါ (informed consence)ဟိုဘက်ဒီဘက်၊ ဘေးဘက်၊ ညာ ဘက်ပါတင်ပြဆွေးနွေးသည်မှ အလွန်နည်းပါးသည်ဟု တွေ့ရစမြဲပါ။)

(၇။ Conclusion ကျွန်တော်တို့တစ်တွေဟာ အတိတ်နှင့် ပစ္စုပ္ပန်ဖြစ်ပျက်နေသည်များကို လေးလေးနက်နက်လေ့ လာသုံးသပ်ပြီး အနာဂတ်ရဲ့လမ်းစဉ်ကို ချမှတ်သင့်ပါသည်။ ဤကဲ့သို့ humane professional surgeons ဖြစ်လာနိုင်ရန် သမိုင်းတွင် နာမည်ကျော်ကြားခဲ့သော Great teachers or hero ကိုသမိုင်းစာအုပ်များမှယူ၍ ၎င်းတို့အား မိမိတို့၏ hero များအဖြစ် အကောင်အထည်ဖော်ပြီး ပြုစုပျိုးထောင်ရန်လိုပါသည်။)



Dr. Maung Maungsein says:

March 11, 2012 10:17 PM

Category – Personal (၅)

ကျွန်တော်အနေနဲ့ စဉ်းစား၍ အဖြေရှာရခက်လေဖြစ်နေပါသည်။ အခုခေတ်အခုကာလ ဆေးပညာသိပ္ပံမှာဘဲဖြစ်ဖြစ် အင်ဂျင်နီယာတွေဘဲဖြစ်ဖြစ် တစ်ဦးနှင့်တစ်ဦး ဆက်ဆံရင်းဘဲဖြစ်ဖြစ် လေ့ကျင့်မှုနဲ့ ပတ်သက်၍ တိုးတက်ရင်းဘဲဖြစ်ဖြစ်၊ သူ့ကဏ္ဍနှင့် တီထွင်မှုအသစ်၊ လုပ်ကိုင်ဆောင်ရွက်မှုအသစ် ထွက်လာကြသည်ကိုတွေ့မြင်ရပါသည်။ အင်ဂျင်နီယာတွေ မှာဆိုရင် အဆောက်အအုံ လျှပ်စစ်ဓာတ်နှင့်ရေသုံးဓာတ်နည်းသွားတာကို တွေ့ရပါသည်။ ဆက်သွယ်ရေးပိုင်းမှာဆိုရင် ကမ္ဘာကြီးမှာ ရွာကလေးလိုဖြစ်သွားပါသလား ဒီနေရာမှာ ဖြစ်ပျက်မှုကြည့်တဲ့သူဆိုရင် နောက်တစ်နေရာမှာချက်ခြင်းသိနိုင်ပါ သည်။ ကျွန်တော်တို့တစ်တွေ မိမိရဲ့ ကမ္ဘာမက တစ်ခြားကမ္ဘာတွေမှာ နေထိုင်နိုင်အောင် တစ်ခြားကမ္ဘာတွေထွက်တဲ့ သဘာဝပစ္စည်းများ (resource)ကို လိုက်လံရှာဖွေနေတဲ့အချိန်ဖြစ်နေပါသည်။ စာရင်းပညာသိပ္ပံတွေထောင့်အရ တိုးတက်မှုတွေ ဟာ မယုံနိုင်အောင်ဖြစ်ရပါသည်။ Human project အကြောင်း၊ Genetic ဆေးများ၏ biochemical structures ပြောင်းလဲပြီး chemotherapy လုပ်လို့ ရပါပြီ။

လူ့ရဲ့ ဟိုမုန်းများကို ပြုပြင်ပြောင်းလဲနိုင်လာသလို လူ၏ခန္ဓာကိုယ်အပြင်တွင် ကလေးကိုဖန်တီးနိုင်လာသည်။ အက်ထရာစောင်း CT scan ပေါ်ထွန်းလာသဖြင့် ရောဂါရှာဖွေတဲ့နေရာနှင့် ရောဂါကုသတဲ့ နေရာမှာ အများကြီးအထောက်အကူရခဲ့ပါသည်။ တစ်နည်းအား ဟိုဒုတိယကမ္ဘာစစ်အပြီး အနုမြူကိုစမ်းသပ် ခွဲစိတ်ခွဲနိုင် သည့်အချိန်ကဲ့သို့ အချိန်ဖြစ်နေကြောင်း လက်တွေ့သိရှိနေပါသည်။ ဒါပေမဲ့ ယခုခေတ်လောလောဆယ် တွေ့ရှိနေရသောပြ သာနာများမှာ ကမ္ဘာရာသီဥတုများ ပြောင်းလဲခြင်း၊ ကမ္ဘာပေါ်တွင်ဓာတ်ငွေ့များဖြင့် အုပ်ထား၍ ပူနွေးလာခြင်း၊ တိုင်းပြည် တိုင်းတွင် အန္တရာယ်ဖြစ်စေသည့် အခြေအနေများ၊ ပင်လယ်ပေါ်တွင် ဆီဖိတ်စင်ခြင်း၊ သစ်ပင်သစ်တောများဖြုန်းတီးခြင်း၊ အစာရေစာငတ်ခြင်း၊ သောင်းကျန်းသူများထခြင်း အစရှိသည့်ခေတ်သစ်ပြဿနာများ ရင်ဆိုင်နေရပါသည်။ တစ်နည်းအား ဖြင့် ကြည့်တတ်လျှင် တိုးတက်ပြီးသောနိုင်ငံကြီးများအနေနဲ့ ၊ ၎င်းရဲ့တိုးတက်မှုအတွက် အရေးကြီး energy လိုအပ်ချက်များအတွက် လူတို့ရဲ့ အလွန်နူးညံ့တဲ့ ခံယူချက်များကိုဖျက်ဆီးလျက် လောဘ၊ ဒေါသ၊ မောဟတို့၏ ကျော့ကွင်း ထဲတွင် ရောက်ရှိသွားကြပါသည်။ ယခုအခါ လူနာ၏ကိုယ်အတွင်း endoscopy ဖြင့် ကြည့်မရသည့်နေရာ မရှိတော့ပါ။ အဲဒီရဲ့ ဆိုးကျိုး ဆရာဝန်တော်တော်များများလူမမာကို ကိုယ်ထိလက်ရောက်စမ်းသပ်ခြင်း မရှိတော့ဘဲနှင့် သွေးစစ်တာ၊ ဆီးစစ်တာ စာရွက်စာတမ်း အပေါ် မူတည်ပြီး လူမမာတွေကုသလာတာတွေကို ဝမ်းနည်းစွာသတိထားမိပါသည်။ ဟိုအချိန်အ ခါက စာရေးသူကုတင်ဘေးနှင့်ခွဲစိတ်ခန်းများ၌ ဆရာကြီးများပြောခဲ့သည့် (၁၀)ချက်ခန့် ကို တင်ပြအပ်ပါသည်။ ဤကဲ့သို့ ပညာသင်နည်းပုံ လူမမာ၏အိပ်ရာဘေး၊ ဒါမှမဟုတ်ခွဲစိတ်ကုသခန်း၊ ဆရာကြီးများကိုယ်တိုင် ပြောဆိုဆုံးမတာကအစ ပညာရနိုင်ပါသည်။ (မှတ်ချက်။ ။ CD, DVD နဲ့ သင်ကြားရာ မဖြစ်နိုင်ကြောင်း ထင်ရှားပါသည်။) အဲဒီဆေးကျောင်းမှဆရာကြီးများ ပြောသွားသည့်အချက် (၁၀)ခု တင်ပြလိုပါသည်။

(၁။ လူမမာများဟာ ပညာသင်ရင်ကောင်းဆုံး ဓာတ်ခွဲခန်းများဖြစ်ကြပါသည်။)

(၂။ ဆရာဝန်တစ်ဦးသည် သူ့ဆရာဝန်ဖြစ်တာကအစ သေသွားသည့်တိုင်အောင် သူ့ကိုယ်သူ့ကျောင်းသားအဖြစ် သတ်မှတ် ရပါမည်။

(၃။ လူမမာမပါဘဲစာသင်ရင် ပင်လယ်ပြင်အပေါ်မှာ တက်မပေတဲ့လှေနဲ့ လှော်တာအတူတူဘဲ။)

(၄။ ကျောက်ခဲသေးသေးလေးတွေက ခွေးငယ်ငယ်ကလေးတွေလိုဘဲ အသံအမြည်ဆုံးဘဲ။)

(၅။ လူမမာရဲ့ ဖင်ထဲကို လက်ညှိုးထိုးဖို့ မေ့သွားရင် သူများကမင်းဖင်ကောင်းထဲကို လက်ညှိုးထိုးလိမ့်မည်။)

(၆။ ကလေးစမ်းသပ်တဲ့အခါ ပါးစပ်၊ နှာခေါင်း၊ နား၊ လည်ပင်းကိုမစမ်းသပ်ရင် ရာဇဝတ်မှုကျူးလွန်ခြင်းဖြစ်ပါသည်။)

(၇။ မျက်စိသည် ပထမ၊ လက်ကနောက်မှ ပါးစပ်ပေါက်ကို ပိတ်ထားပါ။)

(၈။ နင်နားထောင်ရင်ကြားအောင်နားထောင်၊ နင်ကြည့်လျှင်မြင်အောင်ကြည့်၊ နင့်လက်နဲ့ စမ်းရင်ထိအောင်စမ်း။)

(၉။ မင်းမှတ်ထား တစ်ခါတစ်လေရောဂါကုရင် တစ်ခါတစ်လေရောဂါသက်သာအောင် လုပ်ပေးနိုင်သည်။ ဒါပေသိ မျှော်လင့် ချက် အမြဲတမ်းပေးနိုင်ရမည်။)

(၁၀။ လူမမာပြုစုကုသတဲ့နေရာမှာ လူမမာကပြုစုကုသပါ။ ဓာတ်မှန်တို့၊ သွေးစစ်တဲ့နေရာက ရတဲ့စာရွက်တို့နှင့် မကုသပါ နှင့်။ ဒီလိုအဖိုးတန်တဲ့ စကားစုတွေ ကျောင်းသားနဲ့ ဆရာကြီးနဲ့ လူမမာရဲ့ အိပ်ရာဘေး၊ ခွဲစိတ်ကုသတဲ့အခန်းများ ဒါမှကြားရမည်။ သိရမည်ဖြစ်ပါသည်။)

စာရေးသူလက်ထက်က ဆရာဝန်တစ်ဦးဖြစ်ရန် (၇)နှစ် ကြာခဲ့ပါသည်။ ယခု(၆)နှစ် ဖြစ်နေပါသည်။ အဲဒါကြောင့် ကျွန်တော်တို့ တစ်ဖက် အခြေခံကြတဲ့သင်ပုံသင်နည်း၊ အဲဒီအပေါ်မှာမှ ကောင်းသတဲ့ကောင်းအောင် ဖန်တီးနိုင်စွမ်းရှိသော clinical methods များလိုက်လံရှာ အရေးကြီးပါသည်။ ဒီအတိုင်းပစ်ထားလို့ မရပါ။ ကျွန်တော်ကြားဖူးတဲ့ သီချင်းလေးနဲ့ နိဂုံးချုပ်ပါရစေ

"ပန်းတွေဘယ်ကို ရောက်ကုန်သလဲ

လုံးဝမပွင့် အချိန်ကြာလှပြီ

ငှက်အပြာတွေအကုန် ဘယ်ရောက်ကုန်ပြီလဲ.....

အချိန်အပေါ်မှာကြာလှပြီ

Reply သံတော့ သိလာမှာလဲ.....



Dr. Maung Maungsein says:

March 11, 2012 10:18 PM

Category – Education (8)

Danial Webster တစ်ခါက ကျောက်တုံးကျောက်ခဲ၊ ဒါမှမဟုတ် ကြေးများအပေါ်တွင် စာပေများရေးထားခဲ့လျှင် အချိန်ကြာရင် ပျောက်ကွယ်သွားမှာဖြစ်ပါသည်။ အဲဒီကျောက်တုံး၊ ကြေးတုံးတို့ကိုသုံးပြီး ဘုရားရှိခိုးကျောင်းများ ဆောက်ရင် လည်းအချိန်ကြာလာရင် ဒါတွေဟာပျောက်ကွယ်ပျက်စီးသွားမှာဖြစ်ပါသည်။ ဒါပေမဲ့ လူတစ်ဦးရဲ့ မပျက်စီးနိုင်သော စိတ်ဓာတ်အပေါ် မူအားဖြင့် မိမိ၏ပြိုင်ဆိုင်သူဖြစ်သော တစ်ခြားသူများကို ချစ်ခင်အောင်နှင့်မှန်ကန်သော တရားကို လက်ခံကျင့်သုံးသော ဘုရားတို့ရဲ့ ဒီလူတွေရဲ့ စိတ်ဓာတ်အပေါ် ဖော်ကျူးနိုင်ခဲ့လျှင် အဲဒီမူဟာဘယ်တော့မှ ပျက်စီး ပြောင်းလဲသွားမှာမဟုတ်တော့ပါ။

M.B.B.S အောင်ပြီးလူတွေက အဆိုပါဆရာဝန်ကို Honourific title

အဖြစ်ဒေါက်တာဟု ခေါ်ဆိုယူဆလိုက်ခြင်းအားဖြင့် ဒေါက်တာတစ်ဦးဖြစ်သွားပါသည်။ သို့သော် doctor as an education persor အများကြီးလိုသေးကြောင်း သဘောပေါက်နားလည်ဖို့ လိုပါသည်။ တစ်နည်းအားဖြင့်ပြောရင် ဆရာဝန်တစ်ဦး သူတစ်သက် မှာ တွေ့ကြုံရမယ့် ပြဿနာအမျိုးမျိုးကို နိုင်နင်းစွာ ဖြေရှင်နိုင်စွမ်းအသိပညာ၊ အတတ်ပညာ ရှိသင့်ပါသည်။ ထိုအသိပညာ၊ အတတ် အလျားဘယ်လောက်ရှည်ကြောင်း၊ အနံ့ဘယ်လောက်ရှည်ကြောင်း၊ ထုထည်ဘယ်လောက်ရှည်ကြောင်း မည်သူမှ တွက်ချက်တွက်ချက်ပေးနိုင်စွမ်းမရှိပါ။ တကယ်စဉ်းစားကြည့်လျှင် ထိုအသိဉာဏ်သည် မိမိ၏လုပ်သက်အပေါ်မူ တည်ပါသည်။ အဘယ်ကြောင့်ဆိုသော် ဆရာဝန်တစ်ဦးသိသင့်သိထိုက်၊ ပိုသင့်ပိုထိုက်သော အသိပညာ၊ အတတ်ပညာ သည် ၎င်း၏လုပ်သက်အပေါ် လုံးဝမူတည်နေပါသည်။ ဥပမာပြောရလျှင် လူအများကသူ့အပေါ်ကို ခေါင်းဆောင်တစ်ဦး အနေနဲ့ ရှုမြင်လာပါသည်။ အဲဒါကြောင့် V Osler; the Father of Medicine ကဆရာဝန်တစ်ဦးသည် သူ့တစ်သက်မှာ ကျောင်းသားဖြစ်သည်ဟု ဆိုခဲ့ပါသည်။ "လုပ်ကိုင်လှုပ်ရှား အသက်ဖြစ်သည်။" ဒါကြောင့် ကျွန်တော်တို့ ဆရာဝန်ဟာ မိမိရဲ့ အလုပ်ကိုလုပ်ကိုင်လှုပ်ရှား နေရင်း ၎င်းဟာ ကျောင်းသားတစ်ယောက် နားလည်သဘောပေါက်ဖို့ ကောင်းပါ သည်။ ဒီကိစ္စမှာ ကျောက်စရစ်အတုံးကြီးကို ရုပ်ထုဖြစ်အောင်လုပ်သလို ပညာသင်ယူခြင်းသည် လူရဲ့နလုံးသားကိုအကောင် အထည် ဖော်ပေးပါသည်။ (Addison)။ ကျွန်တော်တို့ကို ပညာသင်ယူတဲ့နေရာမှာ ဘယ်လိုစဉ်းစားရလဲ၊ ဘယ်လိုဆုံးဖြတ်ရ မလဲကို ဦးတည်ပြီးသင်ထိုက်ပါသည်။ ပညာသင်ယူခြင်းရဲ့ အဆုံးဟာ စည်းကမ်းရှိလာခြင်းဖြစ်ပြီး မိမိဦးနှောက်ကို အပြည့်ဖြင့်သုံးနိုင်ခြင်းဖြစ်ပြီး၊ သူများတွေပညာသင်ယူခြင်းရဲ့ အဆုံးဟာ စည်းကမ်းရှိလာခြင်းဖြစ်ပြီး မိမိဦးနှောက်ကို အင်အား အပြည့်ဖြင့်သုံးထားခြင်းမဟုတ်ပါ (TWETRS)။

ဆရာဝန်တစ်ဦးရဲ့ ပညာသင်ကြားပုံကို တစ်နည်းအားဖြင့် အမျိုးအစားသုံးမျိုးဖြစ်ကြောင်း တွေ့ရပါသည်။

၁။ သိပ္ပံနည်းကျ ဖွံ့ဖြိုးခြင်း။

၂။ အနုပညာအရ ဖွံ့ဖြိုးခြင်း။

၃။ အတွေးအခေါ် မူများဖြင့် ဖွံ့ဖြိုးခြင်း ဖြစ်ပါသည်။ စိတ်ဝင်စားဖို့ ကောင်းသည်မှာ တစ်ချို့ ဆရာဝန်များသည်၊ နိုင်ငံရေး သမား၊ စီးပွားရေးသမား၊ ဘဏ်အလုပ်သမား၊ အင်ဂျင်နီယာဖြစ်သွားကြသည်ကို တွေ့ရပါသည်။ အဆိုပါ ဆရာဝန်များသည် သူတို့ဆောင်ရွက်သင့်သော ကိစ္စရပ်များနှင့် ပြောင်းပြန် အလုပ်များပြုလုပ်နေတာကိုတွေ့ရပါသည်။ အရှေ့အလယ်ပိုင်း ဒေသနှင့် ဘောလ်ကန်ဒေသများတွင် လူတွေကိုအစုလိုက်သုတ်သင်နေတဲ့ ဆရာဝန်တွေကိုတွေ့ရပြီး အံ့သြမိပါသ ထိုနည်းတူစွာဘဲ ဒေါက်တာ Albert Switzer ဟာပြင်သစ်အုပ်ချုပ်တဲ့ အာဖရိကနိုင်ငံတွင် အသက် (၃၁) M.B.B.S ဆရာဝန် အဖြစ် ကြိုးစားအားထုတ်ခဲ့ပြီး သူ့ရဲ့ယူဆချက် philosophy of civilization 1923 ကိုစာတန်းတင်ခဲ့ပါသည်။ ဒီကိစ္စအတွက် ၁၉၅၂ ခုနှစ်တွင် peace prize ဆက်သခြင်းခံခဲ့ရပါသည်။ တကယ်အားလုံးစာရင်းစစ်ရရင် "မိမိကိုယ်မိမိလိုအပ်တဲ့ ပညာပြည့်စုံတဲ့ဆရာဝန်လား" ဆိုတဲ့မေးခွန်းကို အဖြေရှာကြည့်ရုံပါဘဲ။ တကယ်လိုတာက ကိုယ့်ကိုကိုယ်ကောင်းသတဲ့ ကောင်းအောင် အလုပ်ကြိုးစားလုပ်၊ လိုအပ်တဲ့အသိပညာ၊ အတတ်ပညာစုဆောင်း၊ ဖြတ်ထိုးဉာဏ်ကောင်းကောင်းရရှိလာ အောင် ကြိုးစားရမည်ဖြစ်ပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:21 PM

The Gift of Hippocrates

Medicine as we know it to-day-the same medicine practiced and advanced by the "pioneers" -can trace its roots to roughly 2,400 years. The time would be about 400 years before Christ was born; the scene, ancient Greece under great perils; and the man who is most truly the "Father of Medicine" was Hippocrates, a Greek physician who was on the little island of Cos and who lived from about 460 B.C. until about 367 B.C.

It was Hippocrates who first insisted that sickness was not a form of punishment dealt to men by their angry gods, rather one of man's own problems, to be faced and solved by man himself. And thus, for the first time, medicine and religion were separated. It was Hippocrates, too, who first distinguished between diseases.

Previously it had always been assumed that all diseases were pretty much one and the same. But Hippocrates no instance, that the thin, pale, hollow-cheeked man with the racking cough was not in danger of immediate death and even recover if he were removed from the city to rest, flushed patient, who complained of pain in the chest and became delirious, was in much more immediate danger. Within a few days, Hippocrates learned, such a patient might either die or be well on the way to recovery. And all of this was 2400 years ago.

The center of the Greek medical world in Hippocrates' time was the great temple of Aesculapius, where students learned from the masters. There at the conclusion of their learning and before going out into the world to practice, student took an oath designed of all physicians- and like so much of Hippocrates' work, it too has lived for 2,400. For today, the high code of ethics set down in the Hippocratic Oath is about as applicable as it was 400 years before Christ.

Hippocratic Oath

I SWEAR

By Apollo the physician, and Aesculapius, and Hygiea, and Panacea, and all the Gods and Goddesses, that accord my ability and judgement, I will keep this Oath and this stipulation. To recognize on him who taught me this art equal to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring on the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation. I will impart a knowledge of the art to my own sons, a

of my teachers, and to disciples bound by stipulation and oath according to the law of medicine, but to none other. I will follow that system of regimen which, according to my ability and judgement, I consider the benefit of my patients, and I will abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest such counsel; and in like manner I will not give to a woman a pessary to produce abortion, with purity and holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by more rare practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of free men or slaves. Whatever, in connection with my professional practice or not in connection with it I see and hear in the life which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all in all times! But should I trespass and violate this Oath, may the reverse be my lot!



Dr. Maung Maungsein says:

March 11, 2012 10:24 PM

Category – Education (9)

ယခုခေတ်ယခုအခါတွင် ကင်ဆာရောဂါသည် လူအများကို ဒုက္ခပေးလျက်ရှိပါသည်။ ကျွန်တော်တို့အနေနှင့် ဒီရောဂါတည်ရှိနေသောသူ့အဆင့်အတန်းအလိုက် စောနေသေးရင်ကျွန်တော်တို့ဘာမှမသိသေးပါ။ သိလာတဲ့အချိန်တွင်

အတော်နောက်ကျနေပြီ ဖြစ်ကြောင်းတွေ့ရပါသည်။ ယခုတင်ပြမည့်အချက်များမှာ အမေရိကန်ကင်ဆာအဖွဲ့အစည်းမှ ကမ္ဘာသို့ ဖြန့်လွှင့်ပေးသော ကြေငြာချက်(၁၀)ချက်ဖြစ်ပါသည်။

၁။ ကိုယ်အလေးချိန်ကျခြင်း၊ ဒီကိစ္စတွင် မိမိတွင် အဓိပ္ပာယ်မရှိကိုယ်အလေးချိန်ကျခြင်းကို ဆိုလိုပါသည်။ (Weight loss)

၂။ မိမိတွင်မဖြေရှင်းတတ်သော သွေးအားနည်းမှုဖြစ်ခြင်း၊ (anemia)အဲဒါကြောင့် ဘာကြောင့်ဖြစ်တယ်ဆိုတာ ဖော်ကျူး ရန်လိုပါသည်။
၃။ တစ်ခါတစ်လေလူနာသည် မစားချင်မသောက်ချင် သူ့ရဲ့ခံတွင်းအဓိပ္ပာယ်မရှိပျက်တတ်ပါသည်။(appetite) ဒီလိုပုဂ္ဂိုလ်များသည် ၎င်းတို့၏အစာအိမ်အမြဲတမ်း ပြည့်နေတတ်ပါသည်။ ဒီကိစ္စကို စုံစမ်းစစ်ဆေးသင့်ပါသည်။

၄။ တစ်ခါတစ်လေကျရင် လူတစ်ဦးများ အဓိပ္ပာယ်မရှိ ရှေးခင်းခြောက်ကြီးဆိုးတတ်ပါသည်။ တစ်ခါတစ်လေကျရင်လည်း ချွဲပါ တတ်ပါ (cough) အဲဒီလိုအချိန်မှာကောင်းမွန်သော ရင်ဘတ်ဓာတ်မှန်ရိုက်ခြင်းသည် အရေးကြီးပါသည်။

၅။ အရေပြားတွင် အနာတစ်ခု အနာမျိုးစုံဖြစ်ပြီး ပျောက်သင့်တဲ့အချိန်မပျောက်ခဲ့လျှင် အဲဒီအနာရဲ့ဘေးနာခမ်းကို (biopsy) လုပ်သင့်တယ်အခါဖြစ်ဖြစ်မှဲ့ကို လူတစ်ကာမြင်ရသောနေရာ ဒါမှမဟုတ် ခဏခဏတိုက်မိဖျက်ဆီးမှုဖြစ်ခဲ့လျှင် ထိုမှဲ့ကိုထုတ်ပစ်ပါ။

၆။ မိမိကိုယ်အတွင်းမှ အပြင်သို့အရည်ထွက်ခြင်း၊ ပါးစပ်၊ နှာခေါင်း၊ မျက်စိ၊ နား၊ ကလေးမွေးလမ်းကြောင်း၊ အဲဒီမှာ အနာ၊ အရောင်နာကျင်မှု ဖြစ်ခဲ့လျှင်အရေးကြီးသည့် အင်္ဂါရပ်ဖြစ်ကြောင်း သတိထားသင့်ပါသည်။

၇။ အလုံး၊ အဖု၊ အကျိတ်၊ အဆိုင်အခဲ ကိုယ်ပေါ်တွင်စမ်းမိပြီဆိုရင် ဆရာဝန်ကိုသွားပြဖို့ အရေးကြီးပါသည်။ (Swelling)

၈။ Headaches မျက်စိကောင်းကောင်းမမြင်ခြင်း၊ ခေါင်းကိုက်ခြင်းဖြစ်ခဲ့လျှင် ဆရာဝန်ကိုချက်ခြင်းပြုပါ။ စုံစမ်းစစ်ဆေးဖို့

၉။ ကြာရှည်စွာ ဝမ်းကိုက်ခြင်း၊ ခဏခဏဝမ်းကိုက်ခြင်း သက်ဆိုင်ရာအထူးကုဆရာဝန်နှင့် အကြောင်းအရင်းသိရန်အတွက် ဖော်ထုတ်ရန်အရေးကြီးပါသည်။

၁၀။ ဝမ်းသွားခြင်းအနေမျိုးပြောင်းလဲခြင်း များသောအားဖြင့် လူတွေဟာဝမ်းချုပ်တတ်ပါသည်။ သို့သော်တစ်ချို့မှာ ပိုပြီး ဝမ်းချုပ်ဝမ်းပျက်လျက် မမှန်မကန်ဖြစ်လေ့ဖြစ်ထရှိပါသည်။ အဲဒီအချိန်တွင်သက်ဆိုင်ရာ Specialist ကိုပြ၍ အမြန်လိုက်ရှာ ရန် အရေးကြီးပါသည်။

ဤအချက်(၁၀)ချက်ကို လေးစားစွာလိုက်နာကျင့်သုံးခဲ့လျှင် ကင်ဆာရောဂါဖြစ်ခဲ့တာတောင် ခပ်စောစောက သိရ မည်ဖြစ်ပါသည်။

Category – Experience (13)

ကျွန်တော်တို့တိုင်းပြည်တွင် အထွေထွေရောဂါကုဆရာဝန် GP(General Praticce) ကိုပျမ်းမျှခြင်းရေတွက်လျှင် အခါတစ်ပါးက မြန်မာနိုင်ငံတွင်မှတ်တမ်းတင်ထားသော ဆရာဝန် (၁၄၇၀၉)သောင်းလေးထောင်ခုနစ်ရာကိုးဦး ရှိခဲ့ပါသည်။

ဒီအထဲကဆရာဝန်(၃၆၀၈)သုံးထောင်ခြောက်ရာရှစ်ဦးသည် ကျန်းမာရေးဝန်ကြီးဌာနအောက် ဆေးရုံ၊ ဆေးကျောင်းတွင် တာဝန်ထမ်းဆောင်ကြပါသည်။ ကျန်သောဆရာဝန် (၁၀၁၀၁)တစ်သောင်းတစ်ရာတစ်ဦးသည် ထွေထွေရောဂါကုဆရာဝန် (General) လုပ်ကြပါသည်။ တစ်ချို့မှာ စီးပွားရေးလုပ်ကြပါသည်။ ဒါကိုမှန်ဆွတ်ချက်ခြင်းအားဖြင့် ကျွန်တော်တို့ မြန်မာနိုင်ငံကို GP အနေနဲ့ ၇၅%လောက် တာဝန်ယူထမ်းဆောင်နေပါသည်။ ကမ္ဘာကုလသမဂ္ဂ GP ၏ကြေငြာချက် ၁၉၉၁ ခုနှစ်တွင် GP များကို “ဆရာဝန်တင် လူမမာ၏ကျန်းမာရေးပြဿနာအပေါ်ကို ဖြေရှင်းပေးတာသာသူ” အဖြစ်သတ်မှတ် ခဲ့ပါသည်။ GP

များသည်ကျန်းမာရေး စောင့်ရှောက်မှုတွင် ရှေ့တန်းကစစ်သည်များပမာ မိမိတို့၏လူနာနှင့်တွေ့ထိသည့် ပုဂ္ဂိုလ်တစ်ဦးဖြစ်ပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:25 PM

GP အနေနှင့်သူဖွင့်ထားသောဆေးခန်းကိုလူမမာက သူ့အချိန်သူလာခြင်း၊ အိမ်ကိုပင့်ရင်လည်းအိမ် ကိုလိုက်ကြည့်ပေးခြင်း၊ တစ်ခါတစ်လေဆေးရုံကိုပင့်လျှင်လည်း ဆေးရုံထဲထိ လိုက်ကြည့်ပေးခြင်း ထိုနည်းအားဖြင့် GP များ သည် ကျန်းမာရေးပြဿနာ ဖြစ်နေသောလူအုပ်စုနှင့် အမြဲတစ်စေ ထိတွေ့နေသော ပုဂ္ဂိုလ်များဖြစ်ကြောင်းထင်ရှားနေပါ သည်။ ဒီ GP တွေကိုနာမည်မျိုးစုံပေးထားတာကိုတွေ့ရပါသည်။ (Primary Physician)(Family Doctor) (Family Physi ci an) စသည်ဖြင့်န အတပ်ခံရပါသည်။ GP အနေနှင့် လုပ်ငန်းကြီးကိုကြည့်လိုက်လျှင် ကျန်းမာရေးပြဿနာ၊ အတိုင် ပင်ခံပုဂ္ဂိုလ်၊ လူမမာများလိုအပ်တဲ့အကျိုးအကြောင်း ဒါမှမဟုတ် စီးပွားရေးလုပ်ငန်းကိစ္စ စသည်ဖြင့်တာဝန်ကျယ်ပြန့် လာပါ သည်။ GP နေနှင့် မြို့ ဖွင့်လှစ်လျှင် သူ့ပြဿနာက ကျန်းမာရေးပြဿနာအပြင် ဆေးလက်မှတ်တို့၊ ထောက်ခံစာတို့၊ စသည်ဖြင့် လုပ်ကြရပါသည်။ ရွာမှာခံ ကျန်းမာရေးပြဿနာအဝဝစောင့်ရှောက်တဲ့အနေနှင့် ပထမဦးဆုံး တာဝန်ယူဆောင်ရွက်ရပါသည်။ ရှေ့မှာဆိုခဲ့တဲ့အတိုင်း ပညာအများကြီးတတ်တဲ့ ပုဂ္ဂိုလ်အနေနဲ့ ဘာဘဲလုပ်လုပ် သူ့ကိုတိုင် ပင်တဲ့ ပုဂ္ဂိုလ်အနေနှင့် ရှုမြင်ရပါသည်။ ဒီကိစ္စတွေအကြောင်းကို ဆေးတက္ကသိုလ်သင်ရိုးညွှန်တမ်းတွင် သင်ကြားပေးမယ်ဆို ရင် အကြီးအကျယ်အထောက်အကူပေးမည်။ (များအတွက် NGO မြန်မာနိုင်ငံဆိုင်ရာဆေးအဖွဲ့ချုပ် (အချိန်အခါ ကာလ အလျှောက် မွန်းမံသင်တန်းများပေးလျှက်ရှိပါသည်။) လူမမာများသည် GP များကို သိပ္ပံပညာတတ်သောသူ၊ ဒါမှမဟုတ်အ လွန်အားကိုးရသောပုဂ္ဂိုလ်ကြီး၊ ဒါမှမဟုတ် (shop keeper) [Reply](#) နှင့်ရှောက်သောသူအဖြစ်မြင်တတ်ကြပါသည်။ သိပ္ပံ ပညာရှင်များအဖြစ်သိပ္ပံနည်းကျ လူမမာကိုစမ်းသပ်ပြီးနောက်

ဆီလျော်သောဆုံးဖြတ်ချက်ပေးသော ပုဂ္ဂိုလ် GP ကို အမှန် တရားအမြဲတမ်းလက်ကိုင်ထားတဲ့ ပုဂ္ဂိုလ်အဖြစ်၊ ၎င်းတို့၏ ပြဿနာကို စဉ်းစားဆုံးဖြတ်ပေးတဲ့ပုဂ္ဂိုလ်အဖြစ် တစ်ခါတစ်လေ ရောဂါပျောက်အောင်ကုနိုင်ခြင်း၊ တစ်ခါတစ်လေ ရောဂါသက်သာအောင်ကုသခြင်း၊ မျှော်လင့်ချက်အမြဲတမ်းပေးတဲ့သူအနေနဲ့ ရှုမြင်ကြပါသည်။ Shop keeper အနေ များကို လူမမာတွေက သူတို့ရဲ့လုပ်ပိုင်ခွင့်နဲ့ ဆီလျော်တဲ့ လုပ်အားခကို တောင်းလိမ့်မယ်လို့ မျှော်လင့်ပါသည်။ တစ်နည်းအားဖြင့်ဆိုရင် GP ထဲမှာ SGP များလည်းပါပါသည်။ ဒီလူနည်းစုက တော့ဘွဲ့လွန်ပညာတတ်မြောက်ပြီး မြန်မာနိုင်ငံကျန်းမာရေးဝန်ကြီးဌာနတွင် လုပ်သူများအဖြစ်ပါသည်။ ၎င်းတို့အားချိန်တွင် GP ထိုင်ခြင်းကိုဆိုလိုပါသည်။ ဤပုဂ္ဂိုလ်၏စိတ်ရောက်ကိုယ်ရော ကျန်းမာပြီး ဒီပုဂ္ဂိုလ်ရဲ့ နေသောပတ်ဝန်းကျင်အတွက် တစ်နေ့ထက်တစ်နေ့ တစ်လထက်တစ်လကောင်းလာဖို့ ဆောင်ရွက်နိုင်စွမ်းရှိရပါမည်။ ဤကြေငြာချက်အတိုင်းကြည့်ရှုမည်ဆိုရင် GP များသည် ကလေးနေကောင်းခြင်း၊ မိမိလူမမာ ချောင်းဆိုးပျောက်ခြင်း၊ ဝမ်းလျောတာပျောက်ခြင်း၊ ဝမ်းနာတာပျောက်ခြင်း စသည်ဖြင့် အဲဒီနေရာမှာ မပြီးဘဲ ပြုစုစောင့်ရှောက်ခြင်းဟာ ဆက်လက် သွားနေ ဆိုလိုပါသည်။ လောကတွင်လူတိုင်းသည် မိမိ၏ပျော်ရွှင်မှုကို လိုလားကြပါသည်။ တကယ်ပြန်စဉ်းစားလျှင် မိမိမွေးလာကတည်းက မိမိ၏မိသားစု၊ မိမိ၏ပတ်ဝန်းကျင်စသည်ဖြင့် သူတို့အပေါ် မျှမှုတည်နေတာကို တွေ့ရပါ သည်။ အဲဒါကိုစဉ်းစားကြည့်လျှင် မွေးကတည်းကဒီလိုအခြေအနေမျိုးပုဂ္ဂိုလ် မရှိသလောက်ဖြစ်ပါသည်။ တကယ်စဉ်းစားလျှင် မေးခွန်းတစ်ခုစာရေးသူက မေးချင်ပါတယ်။ မေးခွန်းကအသင်သည် ဒီပျော်ရွှင်မှုတည်းဟူသောမျက်နှာဖုံး (mas k) မိမိတစ် သက်လုံးရကောင်းရလိမ့်မည်ဟူ၍ လိုက်ရှာမလား၊ ဒါမှမဟုတ် ဘဝကပေးလိုက်တဲ့မျက်နှာဖုံး (mask)နဲ့ တူအောင် မိမိ၏မျက် နှာကိုဖန်တီးပေးမှာလားလို့ မေးချင်ပါသည်။ ယောနိသော မနသိကာယကျင့်ကြံအားထုတ်နိုင်ပါစေလို့ ဆုတောင်းပါသည် ကျွန်တော်တို့အကုန်လုံးဟာ M.B.B.S အောင်ပြီး ဒေါက်တာများဖြစ်ခဲ့ကြပါသည်။ ထိုမှတစ်ဆင့်တစ်ချို့က GP ဖြစ်ပြီးနောက် တစ်ခဲ SGP ဖြစ်ကြတာကို တွေ့ရပါသည်။ ဒါပေမဲ့ ဘဝတက္ကသိုလ်(Life University)၌ ဆက်လက်သင်ပြပြီး ဤတိုး တက်မှုရှိမရှိဆိုတာကို မိမိကိုယ်မိမိ အမြဲတမ်း စိစစ်ဝေဖန်နိုင်ဖို့အရေးကြီးပါသည်။ ယခုကြားရတာက တစ်ချို့ GP နှင့် GSP တို့သည် လောဘကြောင့် မိမိလူနာများကို စီးပွားရေးပမာမြင်လာကြတာကို ဝမ်းနည်းစွာကြားသိရပါသည်။ ကျွန်တော်တို့ ဆရာဝန်ဖြစ်တုန်းက ယူခဲ့တဲ့ (Hippo Oath) ကျိန်စာထဲမှာ ဒါမပါပါ။ စာရေးသူအနေနှင့် ဆရာဝန်တစ်ယောက်ဟာ သင့်တင့်လျောက်ပတ်စွာ နေနိုင်ခြင်း၊ မိသားစုပျော်ရွှင်စွာနေနိုင်ခြင်း၊ ကလေးများပညာသင်နိုင်ခြင်း၊ ငွေကြေးလိုသည်ကိုသိပါ သည်။ ဒါပေမဲ့လူနာတွေကို စီးပွားရေးဆံဆံ



Dr. Maung Maungsein says:

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၁။ မေပဒထဲတွင်ဗုဒ္ဓသည် ကံ၊ ကာမပြုလုပ်ခြင်းသည် ဦးဆောင်ဦးရွက်ဖြစ်သည်။ မကောင်းသောစိတ်ဖြင့် ပြုလုပ်ဆောင်ရွက် သောသူ့ရဲ့ နောက်သို့ ဒုက္ခအမျိုးစုံတို့သည် နွားခြေရာရဲ့နောက် လှည်းဘီးလိုက်သကဲ့သို့ လိုက်မည်။

၂။ စိတ်၊ ကံပြုလုပ်ခြင်းသည် ဦးဆောင်သည်။ ဖြူစင်မြတ်နိုးအပ်သောစိတ်ဖြင့် ပြုလုပ်ဆောင်ရွက်သူနောက်သို့ ပျော်ရွှင်မှုတို့ သည် သူ့ရဲ့နောက်သို့ အမြဲတမ်းလိုက်နေသောအရိပ်ကဲ့သို့ အမြဲတမ်းလိုက်လေသည်။ ဒါတွေကိုခြုံငုံပြီးကြည့်ပြန်လည်း ကျွန်တော်တို့ဆေးကျောင်းတွေမှာ ဆေးကျောင်းတံဆိပ်ရဲ့ပတ်လည်မှာ ဤဆေးကျောင်းကြီး၏ကြေးကြော်ချက်အဖြစ်ပါ သော (Sei Sympathy and Humanity) အဲဒါတွေဘယ်ရောက်ကုန်လဲ။ စာရေးဆရာဦးသုခပြောခဲ့သော လောဘ၊ ဒေါသ၊ မောဟတို့၏ မကော အကုသိုလ်ကံတွေကို ရှောင်ရှားရမည် ဖြစ်ပါသည်။

လူတွေအားလုံးဟာနေ့စဉ်နှင့်အမျှ အလုပ်လုပ်ကိုင်ဆောင်ရွက်နေရာတွင် အမြဲတမ်းဆုံးဖြတ်ချက်များ ချမှတ်ပြီးနေ ကြတာကို စိတ်ဝင်စားစွာတွေ့ရပါသည်။ ဥပမာ - ဆံပင်ညှပ်မယ်၊ ရေချိုးမယ်၊ ထမင်းစားမယ်၊ အပြင်ထွက်မယ် စသည်တို့ ဖြစ်ပါသည်။ သို့သော် ဤကဲ့သို့ မလေးနက်သော ဆုံးဖြတ်ချက်များချရာတွင် ပြဿနာသိပ်မမြင်ပါ။ သို့သော် တာဝန်နှင့်ဝတ္တ ရားအကြည့်မှန်း ရှုပ်ထွေးသော ဆုံးဖြတ်ချက်များချမယ်ဆိုရင် စိတ်ဝင်စားဖွယ်စဉ်းစားပုံ၊ စဉ်းစားနည်းများတွေ့မြင်ရပါ သည်။ ဥပမာ-လူမမာသူ့ရော၊ ခွဲစိတ်ကုသရန်လို၊ မလို တစ်ချို့ကျတော့သူတို့ရဲ့မွေးမယ့် သားသမီးတွေကိုနက္ခတ် ပေးခြင်းအရ တိကျသောအချိန်တွင် ဗိုက်ခွဲမွေးဖွား တစ်ချို့ကျတော့လူမမာရဲ့ရောဂါလွန်နေသော်လည်း ၎င်း၏ဆွေမျိုး များနှင့်အတူ လူမမာစိတ်သက်သာရရန် ပြောင်လိမ်တတ်ကြပါ။ ဒီလိုဆုံးဖြတ်ချက်မျိုးများသည် သဘာဝတရားနိယာမ နှင့်ဆန့်ကျင်လျက်ရှိပါသည်။ သို့သော် သက်ဆိုင်ရာပုဂ္ဂိုလ်များသည် ဒီအတိုင်းဆုံးဖြတ်ကြပါသည်။ ဤကိစ္စအဝဝကိုကြည့်ခွဲ လျှင် ကျွန်တော်တို့တစ်တွေဘဝတွင်၊

ဆုံးဖြတ်ချက်များချမှတ်ခဲ့သည်ကို ပြန်ပြီးစဉ်းစားခဲ့လျှင် ပုဂ္ဂိုလ်တစ်ဦး အသက်ကြီး၍ နေဝင်သည့်ဘက်သို့ ဦးတည်၍ သူ့ရဲ့ခြေလှမ်းများသဲသောင်ပြင်အပေါ်၌ ချသွားပုံကဲ့သို့ ဖြစ်ပါသည်။ အမှန်တကယ်စဉ်း စားခဲ့ရင် Mr Norman Gibbon ဆိုဆုံးမခွဲ လူတစ်ယောက်ကို ခွဲစိတ်တော့မည်ဆိုရင် မိမိကိုယ်မိမိမေးရတော့မည့် မေးခွန်းတစ်ခုရှိကြောင်း အဲဒီမှာမေးခွန်းက တို့ခွဲစိတ်ခြင်းဖြင့် လူမမာပိုကောင်းလာမှာလား၊ အဲဒီမေးခွန်းအတွက်အဖြေက သုံးမျိုးပဲရှိပါသည်။

၁။ ပိုကောင်းလာပါမည်။ အဲဒါဆိုရင် လူမမာကိုခွဲပေတော့။

၂။ ကျွန်တော်လုပ်လိုက်လို့ ကောင်းမှာမဟုတ်ဘူး၊ အဲဒါဆိုရင် လူမမာကိုမခွဲပါနှင့်။

၃။ ကျွန်တော်သိပ်မသေချာပါ။ နံပါတ်သုံးမေးခွန်းဟာအဖြေအဖြစ် အများဆုံးတွေ့ရပါသည်။ ဒါတွေကို ခြုံငုံကြည့်တော့ လူနာတစ်ဦး ခွဲစိတ်ဖို့အခါကြုံခဲ့ရင် သုံးခါမှာ တစ်ခါသာရှိကြောင်း လေးနက်စွာသိသင့်ပါသည်။



Dr.MaungMaungsein says:

March 11, 2012 10:30 PM

Category – Experience (15)

၁၉၅၈ ခုနှစ် BCG အဖွဲ့ခေါင်းဆောင်အဖြစ် ဖျာပုံခရိုင်တွင် တာဝန်ထမ်းဆောင်ခဲ့ရပါသည်။ အဲဒီအခါက ဘိုကလေး ကိုကျွန်တော်တို့အဖွဲ့ညကြီးရောက်ရှိပြီး ဘိုကလေးပြည်သူ့ဆေးရုံမှ ဒေါတာ Harry နှင့်ဆုံတွေ့ခဲ့ပါသည်။ သူကသူ့ဆေးရုံမှာ ကဒုံက အမျိုးသမီးတစ်ယောက် ကလေးမွေးနိုင်၍ တင်ထားရပါသည်။ ထိုအချိန်မှာလက်ထောက် ကျန်းမာရေးအရာရှိ ဒေါက်တာတင်အောင်လွင် ရောက်ရှိနေကြောင်းသတင်းရရှိ ဝမ်းသာနေမိပါသည်။ အမျိုးသမီးလူနာမှာ ၃၅ နှစ်ဖြစ် ကိုယ်ဝန် ရှိတာမြင်ရပြီး ရေမွှာပေါက်ခဲ့သည်များ (၂)ရက်ရှိပြီး အဖျားတွေအကြီးအကျယ်တက်နေပါသည်။ အနီးမှာရှိတဲ့ သားဖွားဆရာမ လေးလည်း သူတတ်သမျှလုပ်ပေးနေတာတွေ့ရပါသည်။ ကျွန်တော်တို့ ထိုအမျိုးသမီးကို စမ်းသပ်တဲ့အခါ သွေးပေါင် (normal)၊ သွေးခဲနုနှုန်းအရမ်းမြန်နေတာတွေ့ရပါသည်။ ကျွန်တော်အောက်ကစမ်းကြည့်တော့ ကလေးရဲ့နဖူးသည် သားဖွား လမ်းကြောင်းထဲတွင် ညှပ်နေတာတွေ့ရပါသည်။ ကလေးဟာသေနေကြောင်း ထင်ရှားပါသည်။ ဒီကလေး ကိုဆွဲထုတ်ဖို့

ကိရိယာတန်ဆာပလာ ဒေါက်တာHarryတို့ဆေးရုံတွင် တွေ့ရှိရပါသည်။ ၎င်းတို့အား မြစ်ရေဖြင့်ပြုတ်ပြီး အသုံး ချရန်ဆုံးဖြတ်ခဲ့ပါသေး အဲဒီအချိန်မှာ ကျွန်တော်တို့ M.B.B.S ကျောင်းသားဘဝတန်းက ပါမောက္ခဒေါ်ရင်မေနှင့် ပါမောက္ခ De Silver နှစ်ဦးတို့ပြောကြားခဲ့သည့်စကား ခေါင်းထဲမှာပြန်ပေါ်လာခဲ့ပါသည်။ မင်းတို့တစ်တွေ ဒီကိရိယာတန်ဆာပလာကိုသုံး မယ်ဆိုရင် ကလေးကအသေ၊ အမေကအရှင်ဆိုတဲ့မူကို အမြဲတစေလိုက်နာရပါမည်။ အဲဒီအချိန်တွင် ခလယ်ကောင်ကကိရိယာကို သေနေတဲ့ကလေးဦးနှောက်ထဲကိုဖောက်ပြီး ဟိုလည်ပင်းထဲသို့ထည့်ရပါသည်။ ဒုတိယအနေနှင့် မိမိ၏လက်ယာ လက်ကိုသုံး ဘယ်ဘက်ကကိရိယာကို သားအိမ်ထဲကိုသွင်းရပါသည်။ တတိယအနေနှင့် မိမိရဲ့လက်ဝဲလက်ကိုသုံးပြီး ညာဘက်ကကိရိယာကိုထည့်ရပါသည်။ ထို့နောက် ဒီကိရိယာသုံးခုကို အပြင်ဘက်မှာအကုန်လုံးစုပြီးကျပ်ရပါသည်။ အဲဒီအချိန် မှာ ကျွန်တော်ဆွဲထုတ်ဖို့အင်အားသိပ်မရှိပါ။ ကျွန်တော်သူငယ်ချင်း ဒေါက်တာအောင်လွင်နှင့် သားဖွားဆရာမတို့က ကျွန်တော်နောက်ကနေဆွဲပြီး ဒီသေနေတဲ့ကလေးကို အချင်းနဲ့အတူဖြည့်ဖြည်းချင်းဆွဲထုတ်နိုင်ခဲ့ပါသည်။ ကလေးဟာနံပြီး ညှပ်ပြီး ပြာနမ်းပြီးပုပ်နေတာတွေ့ရပါသည်။ နောက်တစ်နေ့လူမာရဲ့ သွေးခဲနုနှုန်းရော၊ ကိုယ်ပူချိန်ရောသာမာန်ကျဆင်းသွား ပြီး အမျိုးသမီးလည်း ဆေးရုံမှအေးအေးဆေးဆေးဆင်းသွားပါသည်။ ဒေါက်တာ Harry ဒီဆေးရုံကို ကလေးမွေးဖို့လာတဲ့အ ထဲမှာ ဒီအမတ်ပထမဦးဆုံးအသက်ရှင်ပြီးထွက်သွားတာကို ဒေါက်တာ Harry ပြောလို့သိရပါသည်။ ကျွန်တော်အနေနဲ့ မီးယပ်နှင့်သားဖွားဆေးရုံမှာ မလုပ်ဖူးပါ။ အလုပ်သင်ဆရာဝန်အဖြစ်နဲ့လည်းမလုပ်ဖူးပါ။ ကျွန် တော်အား မြတ်စွာက ကူညီသည်ဟုယုံကြည်ပါသည်။ အဲဒါကြောင့် ယခု M.B.B.S ကျောင်းသားများသည် သူတို့ကို ဆရာများစာသင်နေချိန်တွင် အဲဒီအတိုင်း အသိပညာကို အာရုံအထူးစိုက်၍ သင်ကြားထားရန် အကြံပြုပါသည်။ ဘယ် တော့၊ ဘယ်နေရာမှာ၊ ဘယ်လိုလုပ်ရမယ်ဆိုတာ ဘယ်သူမှမသိပါ။ တွေ့လာတဲ့တာဝန်ကိုဖြေရှင်းဖို့က မိမိရဲ့တာဝန်ဖြစ်ပါ သည်။



Dr.MaungMaungsein says:

March 11, 2012 10:32 PM

Category – Experience (16)

တစ်ခါက (၃၉)နှစ်အရွယ် လပွတ္တာမှယောက်ျားလူမမာ သူ့ရဲ့လိပ်ခေါင်းအပြင်ကိုဆူထွက်ပြီး အကြီးအကျယ်ပြဿ နာရင်ဆိုင်နေရပါ အသားဝါဖျား၊ အနံ့ထွက်နေသည်။ အဲဒီလိုဖြစ်ရတာ ဦးပွင်းတစ်ပါးမှ ထွက်နေသောလိပ်ခေါင်းကို စားဆေး (ကွမ်းရွက်ကြီး)တင်ရာ စတင်ထွက်နေကြောင်းသိရပါသည်။ ၎င်းလူနာကိုစောင့်ရှောက်နေသော GP ကခိုက်တာ မင် antibiotics နဲ့ရေခန်းထိုင်စေပြီး တော်တော်သက်သာလာတဲ့အချိန် ဒီလူမမာရဲ့ပြဿနာပြေလည်အောင်ဖြေရှင်းဖို့ လူမမာအား ဆေးရုံတင်ခဲ့ပါသည်။ ဆေးရုံတွင် လူမမာ၏ကုတင်ခြေရင်း (၁၈)လက်မမြင့်ပြီး လိုအပ်တဲ့ရေနှင့်ဆားဓာတ်နှင့် ဝိုက်တာမင်အစားအစာနှစ်ပတ်ကျော်ကျော်လောက်ပေးခဲ့ပါသည်။ အဲဒီတွင် ဆရာဝန်ဖြစ်သူက သူ့၏လိပ်ခေါင်းရောဂါကို ခွဲစိတ်ကုသပေးနိုင်ခဲ့ပါသည်။ လူနာသည် စအိုမှ လေနှုတ်ခန်းမှန်မှန်ပါနိုင်ခဲ့ပါသည်။ ဒီကိစ္စတွေအားလုံးကို (Family)ဒေါက်တာ အကျိုးအကြောင်းစာရေးပြီး ကျွန်တော်တို့ထံပို့ပေးပြီး သိရခြင်းဖြစ်ပါသည်။ ၎င်း၏စာ၌ ကျွန်တော်သည် ကျွန်တော့်ရဲ့မူလ ဆေးပညာဆရာဝန်ကြီးများ၊ ဆေးဂျာနယ် (Article) များနဲ့ Clinical Meeting များမှ ရသည်ဟု ပြောပြပါသည်။ GP တစ် ယောက်အနေနှင့် လောဘမကြီးဟုလည်း သတိထားခဲ့မိပါသည်။ သူ့စာအဆုံးသတ်ပုံမှာ ဒီလူမမာသူပြဿနာနားလည် အောင် ၎င်းသုံးခဲ့သောစာရွက်စာတမ်း၊ အနောက်တိုင်းဆေးနဲ့အရှေ့တိုင်းဆေးနဲ့ပတ်သက်တဲ့ ၎င်းသုံးနေသောစာရွက်စာ တမ်း၊ မိခင်နဲ့ကလေးစောင့်ရှောက်ရေးလုပ်ဆောင်ချက်များ၊ ကျန်းမာရေးပညာရေးအနေနဲ့ HIV, SARS အကြောင်းသုံးသော စာရွက်စာတမ်းများစုစည်းပြီး ပြသခဲ့ပါသည်။ စာရေးသူအနေနဲ့ ဤကဲ့သို့လုပ်ပုံကိုပုံသေသပ်ပြီး လိုလေသေးမရှိအောင် ဆောင်ရွက်နိုင်သောဆရာဝန်တစ်ဦးမှာ ကျွန်တော်တို့တစ်တွေမှာ အရားဆုံးဖြစ်တဲ့ ဖြတ်ထိုးဉာဏ် (common sense) တဲ့ သူတစ်ဦးအဖြစ် အသိအမှတ်ပြုရပါသည်။

Category – Personal (6)

Youthful Ageing ဤခေါင်းကြီးပိုင်းသည် အသက်ကြီးသူနှင့်အသက်ငယ်သူ ဆိုရိုးပါ၍အတော်ဝှကျပါသည်။ Youthful ကိုဘဝရဲ့အစ အစီပြည့်ဆုံးအချိန်ဟု သတ်မှတ်သည့်အခါ ထိုသူသည်အင်အားအပြည့်ဘဝ၌ ဘဝအ ကြောင်းကိုသင်ယူနိုင်သည့်အခြေအနေရှိကြောင်းသိရပါသည်။ သူ့နဲ့ပြောင်းပြန်ကြည့်လိုက်ပြန်တော့ Ageing သည်အသက်ကြီးသောသူ၏အခြေအနေကဘဝမှာ အခြောက်သွေ ဆုံး ဆံပင်ဖြူအရေပြားတွေခြောက်၊ ကိုယ်ကရဲ့ တွေ့နေပြီးအခြေအနေကို ဆိုလိုခြင်းဖြစ်ပါသည်။ ဒီအခြေအနေနှစ်ခုရဲ့ အကျိုးအကြောင်းပြန်လည်တွေးတောတဲ့အခါ လူတွေကိုကလေးအဖြစ်မွေး၊ နောက်ကျတော့ လေးဘက်တွား၊ နောက်ကျတော့နှစ်ဖက်သွား၊ နောက်ကျတော့အသက်ကြီးလာရင်ကြီး အသက် ၇၀၊ ၈၀၊ ၁၀၀အဖြစ်သတ်မှတ်ကြပါသည်။ သို့သော် youth လူငယ်များအဖြစ် သတ်မှတ်ရာတွင် လေးဖက်သွားနှင့် မတ်တပ်ရပ်အသက်ကြီးသော သူတို့၏အသက်ကြားထဲကို သတ်မှတ်ကြတာများပါသည်။ ဤကဲ့သို့ဆိုရင် ယခု Youthful Ageing အချိန်သည် သူတို့၏စိတ်၊ ဘဝ၏ခံစားမှုအပေါ်မှာမူတည်နေကြောင်းထင်ရှားပါသည်။ တစ်ဖက်ကအသက်ကြီးပြီး ရောဂါတွေ ထူလာသလို အသက်ကြီးလာတာနဲ့ရောဂါဖြစ်သည့်ဆိုသည့်ခံယူချက်ကို လက်ခံလိုမရပါ။ ရောဂါမှာ တစ်ချို့လူများအသက် ငယ်ငယ်နှင့် အရွယ်အိုများကဲ့သို့ဖြစ်သွားပြီး၊ တစ်ချို့မှာ အသက်ကြီးပေမဲ့ လူငယ်လေးကဲ့သို့ဖြစ်သွားကြောင်း စိတ်ပါဝင်စား စွာတွေ့မြင်ရပါသည်။ အဲဒါကြောင့် ကျွန်တော်တို့အားလုံးသည် အသက်ကြီးလာသော်လည်း Youthful ငယ်ရွယ်သူအဖြစ် နေထိုင်စားသောက်ရန် စောစောကစီမံဆောင်ရွက်ထားသင့်ပါသည်။ Ciscero သည် လူငယ်စိတ်ထားနှင့် အသက် (အဲဒါရဲ့ပြောင်းပြန်) အသက်ကြီးသူမှာ လူငယ်စိတ်ထား အဲဒီလိုနှစ်ဖက်မျှနေသူမှာ ဘဝရဲ့အောင်နိုင်မှုကို ရရှိ သွားမှာဖြစ်ပါသည်။ နောက်တွင်ထည့်သွင်းလိုက်သောစာတန်းကို Samuel Ullman ရေးသားခဲ့ပါသည်။ အဆိုပါစာတန်းဖတ် ကြည့်ငါ ဒီစာရေးဆရာ၏ Youthful Ageing အဓိပ္ပါယ်ကိုပေါ်အောင် သဘောပေါက်နားလည်လိမ့်မည်ဟု စာရေးသူက မျှော်လင့်ပါသည်။ Youth ဟာအသက်ကြီးတာငယ်တာအပေါ်မှာ ဘာမှမပတ်သက်ဘဲ စိတ်နေစိတ်ထားအပေါ်မှာပတ်သက်တာ ထင် ရှားပါသည်။ အဲဒီကလေးများချီသော rosy cheeks, red lips and supple knees အဲဒါတွေမဟုတ်ဘူး။ ဘာလည်းဆိုတော့

စိတ်အနေနှင့် ခံစားနိုင်တဲ့ ဟိုဘဝအတွင်းမှာရှိနေတဲ့ “စမ်းရေ”ဖြစ်တာကိုဆိုလိုသည်။ Youth ဆိုတာဟာ ခံစားမှုအပြည့်နဲ့ရှိ (Reply) ကြောက်ခြင်းမဟုတ်။ ဘယ်ကိစ္စလုပ်လုပ်ထမြောက်အောင်မြင်ချင်စိတ် ဒါတွေအားလုံးဟာ အသက်အားဖြင့် (၆၀)ရှိ တဲ့အတွက်

အသက် (၂၀)ရှိတဲ့ ကလေးထက်ပိုများတာကိုတွေ့ရတယ်။ အဓိပ္ပါယ်အားဖြင့်ပြန်ကြည့်သော် ကျွန်တော်တို့ တစ်တွေ့ အသက်အိုသွားတဲ့ကိစ္စမှာ ကျွန်တော်တို့ကိုယ်အတွင်းမှာရှိတဲ့ စမ်းရေပျောက်သွားတယ်ဟု ဆိုလိုပါသည်။ ကြောက်နေတတ်တာ နှစ်ပေါင်းပရိဇေတစ်ကိုကြည့်လိုက်လျှင် ကိုယ့်ကိုကိုယ်မယုံကြည်တော့တာ စိတ်ဓါတ်ကျစေ အဲ့ဒီတော့ အသက် (၆၀)ပဲဖြစ်ဖြစ်၊ (၁၆)နှစ်ပဲဖြစ်ဖြစ် လူတကာရဲ့နလုံးထဲမှာ ကမ္ဘာကပို့နေတဲ့ "စမ်းရေ"မှထွက်လာသောသ တင်းတေ့ ဖမ်းယူနိုင်တဲ့ "အင်တာနာ"ထောင်ထားပြီး လာနေတဲ့သတင်းအချက်အလက်အစုံကို ဖမ်းယူခံစားနိုင်ခြင်းဖြစ်ပါ သည်။ ထိုအင်တာနာ၊ မိမိရုပ်သိမ်းလိုက်ပြီဆိုရင် အသက် (၆၀)ပဲဖြစ်ဖြစ် အသက် (၂၀)ပဲဖြစ်ဖြစ် အဲ့ဒီပုဂ္ဂိုလ်ဟာခံ စားမှုမရှိတော့တဲ့ပုဂ္ဂိုလ်တစ်ဦးဖြစ်သွားကြောင်း ရေးသားခဲ့ပါသည်။

Category – Personal (7)

Healthy Aging

၁၉၉၉ခုနှစ်တွင် ကမ္ဘာ့ကုလသမဂ္ဂတွင် ပထမဦးဆုံး "လူအိုများ၏နေ့"အဖြစ် သတ်မှတ်ကျင်းပခဲ့ပါသည်။ ထိုအချိန် က အဓိကကျသောပုဂ္ဂိုလ်တစ်ဦးသည် ၂၀၂၅ခုနှစ်တွင် AGE QUAKE ဖြစ်လိမ့်မည်ဟုပြောကြားခဲ့ပါသည်။ ကမ္ဘာပေါ်တွင်ရှိ သောအသက်၆၀ကျော်ပုဂ္ဂိုလ် ၁၂%သည် ဖွံ့ဖြိုးနေသောနိုင်ငံများတွင် ရှိသည်ဟုပြောကြားခဲ့ပါသည်။ အဲဒီလူတွေအားလုံးမ သေရန်ကာကွယ်ရမည့်ပြဿနာမှာ စားနပ်ရိက္ခာအတွက် စဉ်းစားရန်လိုပါသည်။ စိတ်ဝင်စားစရာကောင်းသည်မှာ မွေးသက္က ရာဇ်နှင့်အိုလာသောအသက် လူတွေကမယူတော့ဘဲ သူတို့ရဲ့စိတ်နေစိတ်ထားအသက်၊ သူတို့ရဲ့ဟိုမုန်းအနေအထားအသက် သူတို့ရဲ့လိင်ကိစ္စအသက်၊ လူတွေကိုသတ်မှတ်ခဲ့ကြပါသည်။ ဒီကိစ္စကိုထိန်းချုပ်နိုင်ရန် ပတ်ဝန်းကျင်အပေါ် မှာ မူတည်နေတာ ကိုတွေ့ရပါသည်။ အဲ့ဒီထိန်းသိမ်းတဲ့နေရာမှာ နှစ်ပိုင်းမြင်ပါသည်။ ပထမအပိုင်းဟာ အဲ့ဒီသက်ကြီးရွယ်အိုတို့ရဲ့ ကျန်းမာရေး၊ စိတ်နေစိတ်ထား၊ တစ်ဦးနှင့်တစ်ဦးပေါင်းသင်းဆက်ဆံတာ၊ သူတို့ရဲ့စီးပွားရေး၊ အစရှိတဲ့ကဏ္ဍများအပေါ်မူတည်နေကြောင်း တွေ့ရပါမယ် (GERONTOLOGY) နောက်တစ်ခုက ဒီစမ်းရေတစ်ရွှားတွေက သူအချိန်နှင့်သူအသက်ကြီးသွားတဲ့ (GEDIATRICALS)အဖြစ်ဖြင့် ဆေးပညာလောကတွင် ပေါ် ထွန်းလာပါသည်။ ဒုတိယပိုင်းအနေနှင့် ပြန်စဉ်းစားရင်အသက်ကြီး သူ၏ လုပ်ရပ်အောက်တွင်ရှိပါသည်။ ခန့်မှန်းခြေအားဖြင့်အသက် (၆၀)ကျော်လာရင် နေမကောင်းတာတစ်ခုခုဖြစ်တတ်ကြပါ သည်။ အဲ့ဒီလိုဖြစ်တာကြောင့် ပြဿနာအမျိုးစုံပေါ် လာပုံတွေ့ရပါသည်။ ဥပမာ-မျက်စိကောင်းကောင်းမမြင်ခြင်း၊ တိမ်စွဲခြင်း၊ သွားလာရင်းမှချော်လဲခြင်း၊ နားကြားခြင်းမုန်းလေးခြင်း၊ နှလုံးနှင့်အဆုတ်ပတ်သက်လို့ နှလုံးရောဂါ၊ သွေးပေါင်တတ်ခြင်း၊ အ ကြောအဆစ်နှင့် ပတ်သက်၍နာခြ ကျိုးခြင်း၊ ဦးနှောက်နှင့်ပတ်သက်လို့မေ့တတ်ခြင်း၊ နေထိုင်ပြောဆိုခြင်းနဲ့ပတ်သက်၍ ကိုယ့်ကိုကိုယ်အထင်သေးခြင်း၊ သတ်သေခြင်း၊ ကင်ဆာများ၊ အဆုတ်အားများ၊ ဆီးကျိတ်စသည်ဖြင့်၊ တဖြည်းဖြည်း ပျက်စီး တတ်သော မျက်စိတိမ်စွဲတာ၊ မျက်စိကွယ်တာ၊ နားမကြားတော့ဟူ၍နားလေးသွားခြင်း လူတစ်ယောက်ကို ဘာမှန်းမသိညာ မှန်းမသိလမ်းလေးမှာလမ်းလျှောက်နေတာတွေ့ခြင်း၊ သူထမင်းချက်ပြုတ်တဲ့နေရာမှာ မီးထလောင်ခြင်း ဒါမှမဟုတ် ကိုယ့်ကို ကိုယ် သေ ကြောင်းကြုံခြင်း၊ ဒါမှမဟုတ် မိမိကိုကြည့်နေသောဆွေမျိုးကိုရန်လုပ်ခြင်းစသည်တို့သည် အလွန်လေးနက် သောလက္ခဏာ များဖြစ်ကြပါသည်။ အထက်တွင်ဆိုခဲ့သည့်အချက်များကို နည်းနိုင်းသမျှနည်းအောင်ပြုလုပ်နိုင်ခဲ့လျှင် HEALTHY LIVING ဟု ခေါ်ဆိုနိုင်ပါသည်။ တစ်ကယ်ပြန်စဉ်းစားကြည့်လျှင် ဒီအချိန်ဟာ ငယ်ငယ်တုန်းကကောင်းကောင်း မွန်မွန်မနေခဲ့ရခြင်းဖြစ်ပါ သည်။ Healthy Aging အတွက်ပြုလုပ်နိုင်သည့်အကြောင်းအရာများ ဆေးလိပ်မသောက်ခြင်း၊ အရက်မသောက်ခြင်း၊ လှလှ ပပရှိခြင်း၊ ဟင်းသီးဟင်းရွက်များစားခြင်း၊ အသားအဖြူ (ကြက်သား၊ ငါး၊ ပုစွန်စားခြင်း)၊ အသားအနီ (ဝက်သား၊ အမဲ သား၊ ဆိတ်သားရှော့ သတ္တဝါအဆီသည်အကောင်းသော ကိုလက်စ်ထရော များပါသည်။ အဲ့ဒီအထဲမှာ ထောပတ်၊ cheesa cream၊ foritified milk and cl အဆီစားတဲ့နေရာမှာ သတ္တဝါတွေ မှရသော အဆီမစားပါ။ သတ္တဝါမှရသောအဆီသည် မကောင်းပါ။ Starch အာလူး၊ ပေါင်မုန့်၊ ပဲ ဒီလောက်ပဲစားသင့်သည်။ အစားအသောက်စားတဲ့နေရာမှာ ဆားရယ်၊ သကြားရယ်၊ ထမင်းစားကောင်းတဲ့နေရာမှာသုံးတဲ့ ဆော့ (s ခလ်ရှောင် တာကောင်းပါသည်။ ဝက်တာမင်တွေစားတဲ့နေရာမှာ လိုသလောက်ပဲစားတာကောင်းပါသည်။ အသက်ကြီးလျှင် ဝမ်းချုပ် တတ်ပါသည်။ ဝမ်းနှုတ်ဆေးမစားပါနှင့်။ သင်္ဘောသီး၊ ရှောက်သီး၊ ကျောက်ကျောတို့သည် သဘာဝဝမ်းနှုတ်ဆေးများ ဖြစ်ကြပါသည်။



Dr. MaungMaungsein says:

March 11, 2012 10:35 PM

(၁. Physical activity မိမိရဲ့ တန်းတူလူတွေလုပ်သင့်ပါသည်။) (၂။ မိမိရဲ့ တစ်ဦးပြဿနာတစ်ဦး ဆွေးနွေးတိုင်ပင် သင့်ပါသည်) (၃။ ဒါတွေအားလုံးခြုံငုံကြည့်လျှင် သာယာပြီးတော့ အေးချမ်းသောပတ်ဝန်းကျင် ကိုယ့်ပတ်လည်မှာရှိအောင် လုပ်သင့်ပါသည်။ အောက်တွင်နာမည်မဖော်ပြသော စာရေးဆရာတစ်ယောက်၏သဘောထား၊ သူ့ရဲ့ ဆုတောင်းသည့်စာပိုဒ် များ ဒီအတိုင်းထည့်ပေးလိုက်ပြီး သေသေချာချာလိုက်နာရန်လိုပါသည်။

A PRAYER
LORD, Keep me from the habit of thinking I must say
something
On every subject and on every occasion
Release me from craving to straighten out
everybody's affairs
Keep my mind free from the recital of endless details
-give me wings to listen to tales of other's pains
I ask for grace enough to tales of other's pains
Help me to endure them with patience
But seal my lips on my own aches and pains-they
are increasing
and my love of rehearsing them is
becoming sweeter as the years go by
Teach me the glorious lesson that occasionally it is
Possible that I may be mistaken
Keep me reasonably sweet
I do not want to be saint – some of them are so hard
to live with
But a sour old person in one of the crowning works
Reply vil
Give me the ability to see good things in unexpected

places, and talents in unexpected people
And, give me, O Lord, the grace to tell them so
Make me thoughtful, but not moody:
helpful but not bossy,
With my vast store of wisdom, it seems a pity not to
use it all.
But Thou knowest, Lord, that I want a few friends
at the end.
စာဖတ်ပရိတ်သတ်များ အထပ်ပါကဗျာကိုလေ့လာမှတ်သားကျင့်ကြံပါခင်ဗျား။
စာရေးဆရာ
Myoma Sein



Dr.MaungMaungsein says:

March 11, 2012 10:36 PM

Category – Experience (17)

အမျိုးသမီးများသားမြတ်အတွင်း အကျိတ်တွေ့ရှိခြင်း။

ရှေးယခင်က ဤကဲ့သို့ပြဿနာမျိုး အသက်ကြီးသူများတွင် တွေ့ရတာများပါသည်။ အမျိုးသမီးအသက်ငယ် သူများ
 ၎င်းတို့သားမြတ်များကိုပြုရန်ရှက်နေတတ်ပါသည်။ ယခုအခါမီဒီယာ၊ တီဗွီ၊ သတင်းစာများတွင် ကျန်းမာရေးပညာစ သည့်တို့ကြောင့်
 အမျိုးသမီးငယ်များသည် ၎င်းတို့သားမြတ်အတွင်းတွေ့နေသောအကျိတ် လွယ်လင့်တကူဆရာဝန်များလာ ပြုပြီး
 ကင်ဆာဟုတ်မဟုတ်သိလိုရပါသည်။ ကျွန်တော်တို့ဆရာဝန်များတာဝန်မှာ အဆိုပါအမျိုးသမီးသားမြတ်အတွင်း အကျိတ်ရှိ၊ မရှိ ရှိခဲ့ရ
 စိုးရိမ်ရသောအခြေအနေရှိ၊ မရှိ သေသေချာချာစစ်ဆေးပြောကြားရန် အရေးကြီးပါသည်။ (၁။ အကျိတ်ရှိ/မရှိ စစ်ဆေးရာတွင်
 အမျိုးသမီးမွေတာလာချိန်၊ သူ့ရဲ့မိခင်အခြေအနေ၊ သူ့ရဲ့ညီမတို့အစ်မတို့ရဲ့အခြေအနေ စသည်တို့ကိုမေးမြန်းမှတ်တမ်းတင်ထားရန်
 ၎င်းအနေနှင့် မိမိသားမြတ်အတွင်း ဒီအလုံးကိုမည်ကဲ့သို့သတိထားမိ ခဲ့ပုံကို မေးမြန်းမှတ်တမ်းတင်ထားသင့်ပါသည်။ များသောအားဖြင့်
 အမျိုးသမီးများသည် မိမိတို့သားမြတ်ကို ရေချိုးသောအခါ ဘယ်ဘက်သားမြတ်ကို ညာဘက်လက်ဝါးဖြင့်တိုက်၍လည်းကောင်း၊
 ညာဘက်သားမြတ်ကို ဘယ်ဘက်လက်ဝါးဖြင့် မိမိ ကိုယ်မိမိဆပ်ပြာတိုက်စဉ် စမ်းကြည့်ပြီး မှတ်တမ်းတင်ထားသင့်ပါသည်။
 မျက်စိနှင့်ကြည့်လျှင် ထိုသားမြတ်၏နီသီးခေါင်းအထဲ ဝင်ခြင်း၊ ရှုံ့၍တွဲကျခြင်း၊ အလုံးပေါ်တွင်သားမြတ်အရည်ရုံ့၍ကပ်နေခြင်း စသည့်
 မှတ်တမ်းတင်ထားသင့်ပါသည်။) (၂။ အလုံးရှိတာသေချာခဲ့လျှင် ဆရာဝန်၏တာဝန်မှာ ထိုအကျိတ်ကိုရှုသောအားဖြင့်
 အကျိတ်မှသားမြတ်တစ်ရှူးအတွင်း၊ ခွဲ၍ Biopsy လုပ်သင့်ပါသည်။ ထိုကဲ့သို့လုပ်စဉ် ဓားသွားသွားနေတဲ့နေရာမှာ
 ကြမ်းတမ်းသောသဘာဝကိုတွေ့ရှိခဲ့လျှင် ထိုသား မြတ်ကိုထုတ်ပစ်သင့်ပါသည်။ (simple mastectomy) လုပ်သင့်ပါသည်။ Biopsy
 တွင်အမှန်တကယ်တွေ့ရှိခဲ့စိတ်ပြီးနောက် Consultant Oncologist
 ထံသို့ခွဲစိတ်ပြီးနောက် ရေဒီယိုခါတ်ရောင်ခြည်ကင်ခြင်းနှင့် ဆေးသွင်းခြင်းတို့ကို လိုအပ်သလိုဆက် လက်ဆောင်ရွက်နိုင်ရန်
 လွှဲပေးရမည်ဖြစ်ပါသည်။

Category – Personal (8)

ဂျူလိုင် (၂၀၀၄)ခုနှစ်က ခြောက်ဆယ့်ခုနစ်အရွယ်အဘိုးကြီးတစ်ဦးကို သူ့ရဲ့သားနဲ့သမီးတွဲ၍ခေါ်လာပါသည်။ အဘိုးကြီးမှာခိုက်ကြီးဖောင်းနေပြီး သွေးအားနည်းပုံရပြီး ခြေဖမ်းတွေရောင်နေသည်။ သူ့စကားအဆိုအရ သူ့ပြဿနာမှာ ဝမ်းမသွားနိုင်ခြင်းဖြစ်ပါသည်။ လေတော့နည်းနည်းပါပါသည်။ ဒီလိုဖြစ်နေတာ (၁၀)ရက်ကျော်နေပါပြီ။ သမီးနဲ့သားနဲ့စကား ပြောကြ ၎င်းတို့မိသားစုအနေနှင့် သူ့အဖေအတွက်ဆေးကုတာ ကျပ် (၂)သိန်းကုန်ခဲ့သည်။ ဒါပေမဲ့ အဖေကအခုထိ ခံနေရတုန်းပြောပါသည်။ သူတို့မောင်နှမနှစ်ယောက်နဲ့ထိုင်ပြီး စကားပြောရာတွင် ကျွန်တော်တွေ့ရှိချက်မှာ ၎င်းတို့ဆရာဝန် တစ်ဦးအားသွားပြရာတွင် စစ်ဆေးကြည့်တဲ့အခါ အဘိုးကြီးတွင် နောက်ကျောရိုး (T12)ပျက်ဆီးပြီး ပျက်စီးရသည့်အကြောင်း မှာ ကင်ဆာနှင့်ပတ်သက်ကြောင်း သူတို့မိသားစုသည်အခြားအထူးကုကြီးများကိုပြုပြီး အဆိုပါ (T12)၌ တွေ့သည်ဆိုသော် ကင်ဆာရောဂါ၏ ဖြစ်မြစ်လိုက်ရှာဖွေကြပါသ အဲ့ဒီအထဲမှ-

(A) ရင်ခေါင်းထက်မှ ဝိုက် CT scan အစာအိမ်နှင့် ဝမ်းကြောင်းခါတ်မှန်ကို ကိရိယာဖြင့်ကြည့်ခြင်း၊ ECG, Ultrasoundလုပ် ထားတာတွေ့ရပါသည်။ သူတို့ရှာတွေ့သည်မှာ (T12)(L1) နှင့် (L3)တို့တွင် ရောဂါရှိကြောင်းသူ့ရဲ့လက်ဝဲနံရိုးနှစ်ချောင်း ဘယ်ဘက်ကိုရွှေ့နေကြောင်း၊

(B) နှလုံးသွေးကြောရောဂါရှိကြောင်း၊

(C) ပန်းနာရှိကြောင်းတွေ့ရပါသည်။ လူမမာကိုစမ်းကြည့်ရာတွင် 1980နှစ်တွင် F.I.A ကိုနှစ်ကြိမ်ခွဲထားတာတွေ့ရပါသည်။ အဲ့ဒီမှာအောက်ကဝမ်းသွားကြောင်း (Anus) ကျဉ်းနေပါသည်။ အဲ့ဒီမှာ ဝမ်းသွားကြောင်းစအိုကို မှန်မှန်ချဲ့၊ ဝမ်းချူဆေး ရည်နဲ့မှန်မှန်ချူပေးခိုင်းပါသည်။ သုံးရက်အကြာတွင် အဲ့ဒီအဘိုးကြီးသူ့သားနဲ့သမီး ပံ့ပိုးမှုမရှိဘဲ ကျွန်တော်နေကောင်း သွားပြီဟု လာပြောပါသည်။ “လူမမာများ မလိုအပ်ဘဲ မနှစ်နာ၊ မခံစားစေရန်တို့ ဂရုစိုက်ဖို့” သာကေသက်သေတစ်ခုဖြစ် ပါသည်။ ကျွန်တော်တို့တစ်တွေအလွန်အခြေခံကျတဲ့ ပျော်ရွှင်မှုနဲ့ ပေါင်းသောင်းဆက်ဆံမှုကို စိတ်ရောကိုယ်ရော တစ်စုတစ် စည်းတည်းကျန်းမာရေးအတွက် ရှေးရှုပေးဖို့အရေးကြီးပါသည်။ စာရေးသူမေးချင်ပါသည်။ ၁။ လူမမာတစ်ဦးမှာ ကင်ဆာရော ဂါပျံ့နေတာတွေ့ရင် အဲ့ဒီကင်ဆာရဲ့အရင်းအမြစ်ကို လိုက်ရှာဖို့လိုသေးသလား။ ဟိုလုပ်ဒီလုပ်နဲ့တွေ့နေတဲ့စာရွက်စာတမ်း ထက် လူမမာရဲ့ခံစားမှုက ပိုအရေးကြီးဘူးလား။ သွေးတွေဆီးတွေကို စစ်ပြီးထွက်လာတဲ့ရလဒ်တွေကိုကြည့်ပြီးဆေးကုနေမဲ့ အစား လူတစ်ယောက်မနေနဲ့စား၊ အိပ်၊ အသက်ရှူ၊ ဝမ်းသွားနေတာပိုမကောင်းဘူးလား။

ကျွန်တော်တို့ဟာဘုရားနဲ့နေတာ ငွေယူလို့မရဘူး။ ဖြစ်လာတဲ့ဟာ ဖြစ်လာမှာပဲ မဟုတ်ဘူးလား။ ကျွန်တော်တို့ဟာ ကျွန်တော်တို့ဘယ်လောက်ပဲ ပညာတတ် တတ်မိမိလုပ်လို့ လူမမာခံစားသွားခဲ့ရလျှင် နောက်ဘဝတွေမှာပင်လိုက်မှာ မကြောက်ဘူးလ ဒီမေးခွန်းတွေကို စဉ်းစားဆင် ခြင်ခြင်းအားဖြင့် လူမမာတစ်ဦးကိုဆေးဝါးကုသတဲ့နေရာမှာ အဖက်ဖက်မှခြုံငုံ၍ စုံအောင်ကြည့်တဲ့အလေ့အထကို ဆရာဝန် တိုင်းလေ့ကျင့်သင့်ပါသည်။



Dr. MaungMaungsein says:

March 11, 2012 10:39 PM

Category – Experience (19)

Cost effective decision making Investigations

လူမမာပြုစောင့်ရာတွင် အလွယ်တကူဖြစ်တတ်သော ပြဿနာနှစ်ခုကိုအောက်တွင် ကျွန်တော်တို့တစ်တွေအလွန် အခြေခံကြသော basics နဲ့လိုအပ်သည့် investigations များပြုလုပ်တွေ့ရှိချက်များသည် ကျွန်တော်တို့ရဲ့လူမမာ အပေါ်တွေ့ရှိတဲ့အတွေ့အကြုံကို မပြောင်းလဲစေရန်ရည်ရွယ်ချက်ဖြင့် ဤစာတန်းကိုရေးပြပါသည်။

1. Lower abdominal pain လူတစ်ယောက်သူ့ရဲ့ ဗိုက်အောက်ပိုင်းအောင့်လာပြီဆိုရင် သူ့အိမ်တွင်လုပ်နေကြနည်းလမ်းများ ကို ပထမလုပ်လေ့ရှိပါသည်။ အဲ့ဒါတွေနဲ့မသက်သာမှ သူတို့မိသားစုကိုကြည့်တဲ့ဆရာဝန်ထံရောက်ရှိပါသည်။ အဲ့ဒီအချိန်မှာ ဒီဗိုက်နာတဲ့ကိစ္စဘာကြောင့်နာတယ်။ သူ့ကိုသက်သာအောင်လုပ်ဖို့ ဒီဆရာဝန်အပေါ်တာဝန်ရောက်လာပါသည်။ ထုံးစံ အတိုင်း လူမမာရဲ့ ပြောပြချက် မိမိ၏လူမမာကိုစမ်းသပ်ချက်များအပေါ်မူတည်ပြီး ဖြစ်နေတဲ့ကိစ္စသည် acute abdomen (အဖျားနည်းနည်း၊ သွေးရန်နှုန်းမြန်ခြင်း၊ အဲ့ဒီဗိုက်အောက်ပိုင်း လက်နဲ့ထိတာမခံနိုင်ခြင်း) တွေ့ရှိလျှင် သက်ဆိုင်ရာဆေးရုံသို့ ပို့ပေးရ ဆရာဝန်မှာတာဝန်ရှိပါသည်။ ဤကဲ့သို့ ပြတ်ပြတ်သားသားမဖြစ်ခဲ့လျှင် ဆက်လက်ပြီးကြည့်ရှုနေရမှာဖြစ်ပါသည်။ ဒီလိုကိစ္စမျိုးမှာ လူနာကိုပထမစမ်းသပ်သောဆရာဝန်သည် အရေးကြီးပါသည်။ ရိုးရိုးခါတ်မှန်ပိုင်း၊ ဗိုက် Ultrasound၊ တို့သည် အဲ့ဒီဆရာဝန်၏တွေ့ရှိ အစားထိုးယူရန်မဟုတ်ပါ။ ပြောင်းလဲနေသောလူမမာ၏အခြေအနေသည် အရေးကြီးဆုံးဖြစ်ပါ သည်။

ပြဿနာဆက်တွေ့နေရလျှင် ဒုတိယဆရာဝန်၏တွေ့ရှိချက်ကို တောင်းခံသင့်ပါသည်။ (2nd opinion) ခွဲစိတ်ကုသဖို့လိုခဲ့ လျှင် ဗိုက်နာတဲ့အချိန်မှ ဇနာရီကို Golden period ဟုခေါ်ပါသည်။

လူမမာအခြေအနေစောင့်ရှုကြည့်ပြီး လိုအပ်တဲ့စုံစမ်းစစ်ဆေးမှုများ သူ့ရဲ့အကုန်အကျခံနိုင်ရည်ပေါ်မူတည်ပြီး ပြုလုပ်ပြီး နောက်ဆုံးဘာလဲဆိုတာ သိရှိရပါသည်။

2. စအိုမု သွေးထွက်ခြင်း

ဤနေရာတွင် သွေးသည်အရည်လား၊ အခဲလားကြည့်ခြင်းအားဖြင့် အူရဲ့အထက်ပိုင်းနှင့် အောက်ပိုင်းမှာထွက်တာကိုခွဲခြားနိုင် သည်။ ဗိုက်အောက်ပိုင်းနာပြီးသွေးထွက်လျှင် အူရောင်နေတာကိုပြသသည်။ ဝမ်းပါတဲ့အချိန်ကျရင် စအိုနာတာဟာ (fissure, fistula) တို့ကြောင့်ဖြစ်ပါသည်။ သွေးဟာဝမ်းနဲ့ရောနေတာ၊ နောက်မှသွေးဟာဝမ်းနဲ့ နောက်မှထွက်လာတာကို ပထမဦးဆုံး ရှာဖွေလိုပါသည်။ (polyp) ဒီဖြစ်ရများကိုလူမမာထံမှ သူတို့ဖြစ်ပျက်နေတဲ့သမိုင်းများကိုမေးလျှင် သိရှိနိုင်ပါသည်။ ဒီလူ မမာအားစမ်းသပ်ရာတွင် ပထမဦးဆုံးမျက်စိဖြင့် စအိုဝနှင့် စအိုပတ်ဝန်းကျင်ကို ကောင်းကောင်းကြည့်ပြီး မိမိ၏လက်ညှိုးကို စအိုအတွင်းထည့်၍စမ်းသပ်ရန် (r examination) ထို့နောက်ကိရိယာတန်ဆာပလာဖြင့် စအိုဝထဲသွင်း၍ ကြည့်ရပါ သည်။ (Proctoscopy)။ ထိုမှတစ်ဆင့် ဘာမှမတွေ့ (Barium emema) လုပ်ဖို့စဉ်းစားလိုက်ပါသည်။ အဲ့ဒီအထဲမှသွေး ထွက်တဲ့နေရာကိုမတွေ့သေးလျှင် အထူးကုဆီပို့၍ (Colonoscopy) လုပ်ရပါမည်။ ဘယ်ဟာပဲလုပ်လုပ် လူမမာရဲ့ သွေးအားအ ခြေအနေစုံစမ်းဖို့ လိုပါသည်။ ဖြစ်နေတာကြာသော Fistulas နဲ့ Perianal ရှိနေခဲ့လျှင် (TB) ဖြစ်နေနိုင်ကြောင်း သတိပြုပြီး ESR နှင့် ရင်ခေါင်း ခါတ်မှန်ရိုက်သင့်ပါသည်။ ဒီလူပြုစောင့်ခြင်း လူမမာအိမ်ရာသေးမှ ပြုလုပ်နိုင်သော ကိစ္စများ ဖြစ်၍ လေးစားစွာပြုထိုက်ပါသည်။



Dr. Maung Maungsein says:

March 11, 2012 10:40 PM

Category – Experience (20)

Study is a healing her လူမမာတွေနဲ့သူ့ရဲ့ဆွေမျိုးတွေကတစ်ဖက် surgeon နဲ့ သူနဲ့အတူတူလုပ်တဲ့အဖွဲ့ဝင်တွေ ကတစ်ဖွဲ့ရှိကြစေ၊ သူတို့နှစ်ဖက်စလုံးဟာ လူမမာနေကောင်းပြီးအသက်ရှင်အောင်ဖြစ်သော်လည်း တစ်ခါတလေကျရင် ဝိ ရောဂါပြဿနာများပေါ်ပေါက်လာပါသည်။ တစ်ခါတလေလူမမာနဲ့ဆွေမျိုးတွေက ဘာလုပ်သင့်တယ်ဟု စိတ်ကူးကြပြီး ခွဲစိတ် ဆရာ နောက်တစ်မျိုးစဉ်းစားလျှင် ပြဿနာတက်တတ်ပါသည်။

Reply

လူမမာရဲ့ဆွေမျိုးတစ်စု

တစ်ခါတလေ ၎င်းတို့သည် သူတို့လူမမာအတွက် အမှန်တကယ်လုပ်ထားတဲ့ကိစ္စအဝဝကိုခွဲစိတ်ကုသဆရာဝန်အဖွဲ့ ကို မပြောရဲကြ။ အဲ့ဒါကြောင့်ခွဲစိတ်ဆရာဝန်အဖွဲ့ဟာ လူမမာနှင့် သူ့အဖွဲ့တွေကြတဲ့အခါ သူတို့ပြောတာကိုကြားအောင်နား ထောင်ပြီး အချိန်ပေးနားထောင်ဖို့လိုပါသည်။

ခွဲစိတ်ကုဆရာဝန်နှင့် သူ့ရဲ့အသိုင်းအဝန်း

ကျွန်တော်တို့တစ်တွေ့များတဲ့ ဆုံးဖြတ်ချက်လုပ်ခဲ့လျှင် လူသေနိုင်ပါသည်။ တစ်ခါတစ်ပါးက by pass surgeon ထံ သွားပြီး လူနာက auuerysm ခွဲခဲ့လို့သေတာတစ်မှုရှိခဲ့ပါသည်။ ခွဲစိတ်ခန်းထဲတွင် မေ့ဆေး ဖီးလောင်ခြင်း၊ HIV, HVB, HCV ရောဂါကူးဆက်ခြင်းသည် ကြောက်စရာကောင်းတဲ့ရောဂါတွေဖြစ်ပါသည်။ အရေးကြီးဆုံးက ခွဲစိတ်ဆရာဝန်သည် လူမမာနှင့်တွေ့ဆုံဆွေးနွေးစကားပြောရာတွင် စိတ်ပါဝင်စားစွာအချိန်ပေး၍ လူမမာအားကြည့်ရှုပေးသင့်ပါသည်။ လူမမာနှင့်ပါ လာသောခါတ်မှန်၊ သွေးစစ်တဲ့ရလဒ်၊ ဆီးစစ်တဲ့ရလဒ်တို့ဟာ surgeon ရဲ့ရလဒ်ကိုအကူအညီပေးနိုင်သော်လည်း ဆရာဝန်ရဲ့ ဆုံးဖြတ်ချက်ကိုမပြောင်းလဲနိုင်ပါ။ အဲ့ဒါကြောင့် ခွဲစိတ်ကုဆရာဝန်ရဲ့ ပခုံးပေါ်မှာကောင်းမွန်ပြီးပြည့်စုံသောအဖွဲ့ good team မွေးထားဖို့အရေးကြီးဆုံးဖြစ်ပါသည်။ ခွဲစိတ်ဆရာဝန်သည် ကောင်းမွန်စွာဆက်ဆံတတ်ရပါမည်။ ခေါင်းဆောင်ကောင်းဖြစ်ရ ပုံ ပညာလည်းတတ်ရပါမည်။ လူမမာနှင့်ပတ်သက်သော တစ်ခြားအဖြစ်အပျက်တွေကို သိရပါမည်။ ကျွန်တော်တို့မမေ့ ရမှာ ခွဲစိတ်ဆရာ သူရဲ့ဘွဲ့ဒီဂရီရပြီး အလုပ်သင်စ၊ ငွေစားရှင်မဖြစ်ရန်အရေးကြီးပါသည်။ ကျွန်တော်တို့တစ်တွေဟာ ကိုယ့်ရဲ့ဆရာကြီးများရဲ့ သားရေအိတ်ကိုကိုင်ပြီး နောက်ကလိုက်၍ ပညာရည်နိမ့်တတ်ဖို့အရေးကြီးပါသည်။ အဲ့ဒီတော့မှ ကောင်းသော ခွဲစိတ်ကုသဖို့ဆရာဝန်များ ဖြစ်လာမည်ဖြစ်ပါသည်။

ဤစာပိုဒ်ကို ခွဲစိတ်ဖို့ဆရာဝန်များနှင့်ပတ်သက်၍ ရှေ့တွင်ရေးထားသော စာတန်းကြီးများနှင့် ပူးတွဲဖတ်သင့်ပါသည်။

Myoma Sein

A good community health professional

Professor U, Maung Maung Sein, M.B., B.S.(Rgn.), Ch.M, F.R.C.S.(Edin.), F.R.C.S.(Eng.)

We saw a 39 year old patient from Laputta in obvious pain and suffering, in July this year. He had a peri anal phlegmon where the piles (primary and secondary) were protruding and infected, with fever and tinge of jaundice.

He gave a history of being treated for "piles" with indigenous medicine (local application) given by an U Pa Zin (Reverend Phongyi). After two days he could not bear the suffering anymore and saw his family doctor. He prescribed broad spectrum antibiotics, vitamins and asked the patient to sit regularly in siltz baths, using Aseptol as the antiseptic solution. He also made sure of the patient's nutrition using boiled food. Only when the patient felt better did the doctor decide to refer his patient to us for continued care of the "problem". As the patient was suffering from pain and fever, with jaundice coming on, one can imagine the real state of affairs when the patient was seen by the doctor!

In the ward we had to give the patient intravenous antibiotics to cover a very wide spectrum of bacteria, raising his foot end of bed over 18 inches and I.V. fluids with vitamins.

Progress was quite satisfactory and we could perform the definitive surgery in August, after a month from the time we first saw him. He had an uneventful recovery. At his discharge, I told the patient the pivotal role played by their family doctor in his assessment and management (primary care) of the patient, which was the real reason for this happy outcome. That is, the patient is alive and is able to use his natural back passage to pass faeces and flatus! When the patient came for his follow up he brought along a letter from the family doctor, together with pamphlets/newsletters etc. that was being used by him in his "practice".

From his letter, I learnt that he graduated in 1978 - that he was grateful to us for taking care of his patient - that he had been in private practice since graduation. To quote him, "I studied and learnt as much as possible so that I could promote my current medical knowledge from articles, senior doctors, specialist consultations, clinical meetings, conferences etc." He also referred to the article 'Whither General Practitioner' M.J.C.M.P. January 1998 highlighting the golden concept of "General Practitioners", "To avoid using health care as a business concern" and "a G.P. doctor to be a 'Saint' of the family and patients". Of how these beliefs had helped him to keep his profession, "Noble". Closing his letter with those pamphlets and newsletters he described how he has been involved in Health Education, his efforts to bridge the gap between

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traditional and western medicine, his involvement in the various activities of the Maternity and Child Health activities, locally, and the material he used in Health Education on H.I.V., S.A.R.S., eating cooking oil, meningitis, diabetes, smoking, place of honey in nutrition and personal hygiene and Health Care related to family health.

The author would like to congratulate the patient's family doctor for doing all the right things for his patient upon first seeing him. This is what I call (ക്രമം) (common sense) This has indeed been life saving. Apart from his clinical aspect of patient care, we find him to be the "Dream General Practitioner" all of us aspire to; hungry for making oneself better with time, enjoying the act of helping other people in his community, being conscious not to treat "Medicine" in a businessman's way - having the knowledge and wisdom to ask for help (rational referral) when his limitations are obvious to him, and above all, to be truthful to yourself

and your patients and possessing the moral courage to tell them so, not forgetting to say "Thank you" where it is due.

Recently this month, I met a colleague of mine who had graduated in 1987. He introduced himself as a "M.B.,B.S.S." (Bachelor of Medicine, Bachelor of Surgery, Supplementary!) I found him to be practicing as a General Practitioner, in a way very similar to that of the said family doctor.

The author is indeed very delighted to find the above two Medical Professionals playing their role quite well in their communities. It is the author's belief that there will be more of such Medical Professionals through-out the country. The more primary care physicians we have of their caliber, the better will be the health of the country. We would very much like these Medical Professionals to use this journal (letter to Editor, article) as a forum for their activities for the benefit of other colleagues in the profession.

Kindness

Kindness is the golden chain by which society is bound together.

Goethe.

MYANMAR JOURNAL OF CURRENT MEDICAL PRACTICE

VOLUME 8, NUMBER 2, JANUARY 2004

EDITORIAL

A good doctor

We doctors in Myanmar ought to look at ourselves from time to time and ask, "Am I a good doctor?"

But what is "a good doctor"?

The Myanmar Journal of Current Medical Practice which is now in its eighth year of publication has, from its beginning in 1996, tried to help individual doctors and the medical profession answer this question. It has done so through some of its editorials and articles – either directly in those which address relevant issues or indirectly through educational articles describing the latest trends in evidence-based medical practice and in articles pointing to instances of good or bad clinical practice.

The article "The doctor as an educated person"¹ in an early issue of MJCMP describes the attributes of a good doctor and states why the doctor must first of all be an educated person, who has the knowledge and the know-how to consider, decide and do what is necessary for the patient's illness. The doctor must also be broadly educated in order to be able to fully understand the background to the patient's illness, and to fulfil the role of counsellor sometimes thrust upon him/her. From the time of Hammurabi in Babylon and Hippocrates in Greece, and Ziwaka in India the ethical code of conduct of a good doctor has been held almost sacred; and the article "The doctor as an ethical person"² in MJCMP reminds readers of the code and its relevance to modern

day medical practice. In a series of articles – "Whither General Practitioner",^{3,4} "Medical Audit",^{5,6} "Evidence-based Medicine in Myanmar",⁷ "The Powerful Placebo",⁸ and "Injections, use, misuse and overuse"⁹ – some aspects of good and bad medical practice are brought up and discussed in some breadth and depth as relevant to Myanmar. In this issue of MJCMP there is an account of how a general practitioner in Myanmar is trying, in his own modest but commendable way, to be a good doctor.¹⁰

Other articles in MJCMP, like those on "Hazards of Medical Profession"¹¹ and "Episodes in Clinical Practice"¹² describe errors in clinical practice and how to avoid them. The many educational articles keep doctors up-to-date on various aspects of medical care. All in all, these articles inform the doctor what to know and do in order to be professionally competent; a professionally incompetent doctor, or a professionally irresponsible doctor, or an ethically defunct doctor cannot be regarded as "a good doctor".

Aside from MJCMP, other responsible voices have also been raising issues relevant to good medical practice and to being a good doctor. The 2001 Oration of the Myanmar Academy of Medical Science on "Humanism and Ethics in Medical Practice, Health Services, Medical

Education and Medical Research¹³ discusses the positive and negative influences on Humanism and Ethics of current day medical practice and suggest remedies. The joint workshop by the Academy and the General Practitioner's Society of the Myanmar Medical Association on "Quality Assessment for General Practitioners"¹⁴ including medical audit discusses practical approaches to maintain the quality of medical practice.

Apart from the above viewpoints expressed within the medical profession, we should also consider viewpoints from outside our profession. We should reflect on how a "good doctor" or a "bad doctor" is portrayed in movies and television plays and roadside skits; how characters in stories and novels are depicted when they act as a good doctor or bad; how doctors are caricatured in cartoons.

These images, rather than our own subjective impressions, may more truly represent what, in the viewpoint of Myanmar society, a good doctor is or should be. It would be an excellent service to the medical profession and to the public if a person with breadth of vision and balanced judgement could/would study these different portrayals of "a good doctor" and "a bad doctor" and try to make an overall appraisal of what the public expects - which of these expectations are to the patient's benefit and which are detrimental: which are realistic and which too idealistic.

The doctor as portrayed in works of art - sculpture and paintings - could also be revealing. An excellent example is the painting "The Doctor" by Sir Luke Fields (1844-1927) and now hung in the Tate Gallery, London. It touchingly shows the compassion (ဝရုဏာ) on the face of the doctor as he helplessly looks on a sick child (suffering from pneumonia?) with only some poultices and mixtures as the remedies then available, while the

mother weeps in despair in the background.

A good doctor -

- as intended by the producers - the medical educators and teachers of the Institutes of Medicine.
- as stipulated by the consumers - the employers at the Department of Health, other government departments, and increasing number of private hospitals and clinics
- as desired and expected by patients and the general public.
- as understood and acceptable to individual doctors and the medical profession.

These may all be somewhat different yet essentially the same, like the proverbial elephant and the blind men. It may be necessary for an attempt to remove blinkers or the coloured goggles that may be hindering the true picture to be visualised. It would be difficult but worthwhile. Or perhaps there cannot be a single portrait of a good doctor which holds true for all times and places.

Ultimately, the onus of deciding what "a good doctor" is would rest on the judgement of the individual doctor.

So, do ask yourself, "Am I a good doctor?".

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Goodness

Real goodness does not attach itself merely to this life- it points to another world. Political or professional reputation cannot last forever, but a conscience void of offence before God and man - is an inheritance for eternity.

Daniel Webster

Whither General Practitioner

Professor U Maung Maung Sein, M.B., B.S.(Rgn), Ch.M., F.R.C.S.(Edin), F.R.C.S.(Eng.)

The general practitioner (G.P) has been defined as "the physician who is primarily responsible for providing comprehensive health care to every individual seeking medical care, and arranging for other health personnel to provide services where necessary" (World Organization of Family Doctors, 1991⁽¹⁾) "The G.P. deals with patients presenting with undifferentiated problems and the diagnostic task requires that account be taken of the whole circumstances of the person. Ideally, G.P.s have continuing contact with individuals who are their patients and also have connections with the community in which they work and so are able to provide continuing, comprehensive, whole-person care to individuals, families and their community". (Royal Australian Collage of General Practitioners, 1991⁽²⁾) The significance of this definition is perhaps best illustrated with a description of the work of a G.P.

"G.P.s are registered medical graduates who give comprehensive care to individuals, families or other community groups. Patients usually come to them by their own choice in their own time. G.P.s attend to their patients in their consulting rooms, in their patient's homes and sometimes in hospital. They include and integrate physical, psychological, family and social factors in their

considerations about health and illness. Their aims are to define and assess the problems their patients bring to them and to develop with the patient a shared understanding of the problem and a shared plan of management. The ongoing relationship between the doctor and the patient is of paramount importance. Prolonged contact means that G.P.s use repeated opportunities to gather information at a pace appropriate to each patient, and to build up a relationship of trust. They undertake continuing management of their patients with chronic, recurrent or terminal illnesses. They know how and when to intervene to promote the health of their patients and their families through treatment, prevention and education. G.P.s act as both advocates and gatekeepers for their patients in relation to access to other health services. They mobilize and coordinate resources appropriate to their patient's needs, practicing in cooperation with other colleagues, both medical and non-medical. GPs also recognize that as well as a responsibility for the individuals who present themselves for care, they have a professional responsibility to the community". (Adapted from the *Leeuwenhorst Working Party 1974* quoted in Occasional Paper 4. A system of training for general practice. Royal College of General Practitioners, 1977⁽³⁾)

Many names have been assigned to this person- i.e., G.P., Primary Care Physician, Family Doctor, Family Physician etc. Be that as it may, the role that a G.P. plays is not only as a medical doctor but also as a counselor, arbiter, a confidant,

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a store house of information, a business partner, and the list could go on. In a demographic study, we find that the primary unit or cell of human existence and interaction is the "Family". It has been this way and will continue to be, in the years to come. When we see the G.P. functioning in various roles against this background, one comes to realize the important pivotal role the G.P. plays in the overall mechanism of health care delivery - which happens to be one facet of a whole number of interactive social, psychological, economic and educational activities, which we understand as "The Community". Is it not the overall health care of this vibrant-dynamic group that we target by our Health Care Delivery System in our country?

Let us for one moment consider the vital statistics of our health personnel. We have a total of 14709 doctors registered to practice medicine in Myanmar. Out of this 3608 doctors are in the Health Services, working in Hospitals, Health Centers and Clinics and in various Medical Institutes. The rest of the doctors i.e., 11101 of them are in General Practice, a few of whom are in Business. This amounts to 75 percent of our doctors are G.P.s serving the country in their own small way, at the place of their choice and convenience, with whatever they can afford, to the best of their ability.

The patient usually visits the G.P. because of a health related problem. However the reasons begin to differ according to the locality of the practice. For example, in an urban setting, the reason is usually for a health problem- at times for a medical certificate or a recommendation or just for a talk to allay fear. However in a rural setting the G.P. is usually looked upon as one of the highly educated persons, respected well and is called upon to actively participate in administrative, social and cultural activities, in addition to taking care of their health problems.

So we come to realize how diverse is the perception of the community towards their G.P.s. This is something that should be better covered in the curriculum during their training to become a "Basic Doctor". This is something that should be better taken into account in the curriculum.

From the G.P.'s point of view, we do find the majority of them trying their best to cope with their day to day care of patients. Some are so busy that they have no time to talk / listen to patients! There are those worried about number of patients attending their clinics, about the poor who cannot pay their bills, and about supply and dispensing of medicines. A few of them are busy with their business activities. These are presented here to highlight the actual real life roles that some G.P.s have to play in order to survive! The author does not in any way intend to belittle the G.P. The point here is to highlight some of the difficulties that G.P.s have to face- out of necessity and not out of choice. In spite of such difficulties, there are some G.P.s who are eager to work harder academically, so that they improve their clinical care of their patients. But they face a lot of constraints in their endeavor.

In the training of our "Basic Doctors" there is still room for improvement in our teaching and learning of attitudes and psycho-social skills, so that they may function as more effective G.P.'s. Basically, the majority of G.P.s are medically qualified persons who, although not in service, are nevertheless playing an appropriate role in the whole ecological system of health care delivery of the community, right down to the family level, and are thus serving the country in their own way as best they can. All of them represent a very large proportion of a wealth of health manpower- which could be better trained and harnessed.

It is strongly felt that an effective training programme for those medical graduates who decides to go into General Practice be organized

and executed by an N.G.O like M.M.A. with a proper dynamic curriculum. G.P should not be regarded as one who sees health problems in a mechanistic way, where cause and solutions to disease and illnesses will be found. In actual practice, this whole process of disease and illness is more complex with many interrelated facts occurring along the way. Often patients are sick more in the mind than in their bodies, often the result directly or indirectly from the context in which they live or work or their community, where social, cultural and environmental influences play their part. Therefore it is so important for our G.P.s to be trained to perceive the disease processes and health in a holistic way so that their outlook should not just be cause and cure of various diseases and illnesses, but to be able also to broadly reflect on the complex interrelationships between a number of factors which together produce illness, discomfort or disability in the patient. This concept stresses the G.P.s role in patient education and upbringing. In other words, we need to improve the G.P's personal qualities so that the G.P. will not see disease and illness as a separate entity of its own, but as part of the sick patient in the context of his or her family and community. (Weston 1990⁽⁴⁾)

Generally patients perceive their G.P. as that of a Scientist, a Saint and a Shopkeeper. (Rajakumar.1993⁽⁵⁾). As a Scientist the patients look upon the G.P. as a person seeing their problems scientifically-observing recording, analysing, feeling and weighing to come to a logical conclusion. In other words, adequate scientific medical care which is up to date. As a Saint, they look upon their G.P. as a person who would be patient with them and their various troubles, who would empathize and have feelings like them and become a source of sympathy, comfort and support in pulling them through their troubles - provides care and comfort to those who are poor. The

G.P is also expected to be able to "cure sometimes, to relieve often and give hope, always" .As a Shopkeeper, the patients expect the amount of care and service from the G.P. , proportional to the fee they pay, and for the G.P. to have the ability to make right choices for proper referral to specialist care when required, and to advise them on appropriate investigations.

The General Practitioner should view their patients on one hand as members of their extended families who need help in solving their problems (Health or otherwise) and on the other hand as benefactors- both financially, socially, and educationally. The key word here is "extended family". This would help avoid the GPs perception of viewing health care as a "business concern" and in empathizing with the patient and their relatives. Perhaps it would bring about a more humane approach with a greater acceptance of the patient's problems, filled with the milk of human kindness. This would change the attitude of the G.P. towards their whole responsibility in enjoying their chosen profession. When we look at our patients from this point of view, which is rational, relevant and right, one comes to realize how grateful and thankful we should be, towards our patients!

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SYPHILIS

You never know who you might meet,
No matter how polite and how sweet.
They won't have a sign,
"I've a Chancre on Mine",
Or, "Check into Hotel Spirochete".
It always begins where exposed,
Your backside your front or your nose.
It later will spread,
To take your heart and your head,
Wreaking havoc wherever it goes.
The Treponemal Invader gets in,
And dose all kinds of stuff to your skin.
Macules and scales,
Or mucous patch trails,
To your dermatologic chagrin.
They call it the Great Imitator.
A heart, nerve and bone/joint berator.
Your palms and your soles,
Are two of its goals,
It will get them all sooner or later.
If you had advanced lues today,
We could spot you from here to Bombay.
With you foot slappin. state.
And ataxic wide gait,
And your head that was bobbin' away.

If your lues is treated too slow,
You get tabes and joints of Charcot.
Even your brain,
Becomes gumma terrain,
Your pupils don't react or are slow.
The Jarisch-Herxheimer reaction,
Should actually give satisfaction.
Though you shake and you chill,
And you're violently ill,
It's caused by the bug's liquefaction.
So if your tendency is to transgress,
Look out for a spot that's painless,
Then think back to whome,
Imparted this gloom,
And find someone new to caress.
Without wearing the proper "attire",
There's lots of things you could acquire
But I would just chat,
And do no more than that,
Just sit and hold hands and admire.

Victor F Tapson
Duke University Medical Center,
Durham, NC, USA
The Lancet. (1997), 350: 9075: 452.

Decision making

Professor U Maung Maung Sein, M.B.,B.S.(Rgn), Ch.M, F.R.C.S.(Edin), F.R.C.S.(Eng)

Decision

When we can say "not", not only to things that are wrong and sinful, but also to things pleasant, profitable, and good which would hinder and clog our grand duties and our chief work, we shall understand more fully what life is worth, and how to make the most of it.

C.A. Stoddard

Doctors pass their lives making decisions about their patients. To a layman, it is natural that they see such decisions as empirical. The real mechanism of such decision making is mostly subconscious and perhaps at times – conscious. These decisions result in actions, which are hopefully for the benefit of our patients. As such, we must not forget our duty and responsibility towards our patients following such decisions – i.e., moral and technical. In a way, a Doctor's life is a series of events that are dramatic, not only in an emotional sense but also in an intellectual sense.

Decision making is an interesting mental process where the Doctor consciously or unconsciously draws upon his past learning experience to come to a focal point of thought, with a view to care for the patient. This is of course the "Diagnosis". From the diagnosis, the patient's

ailment receives a 'label' - from which we as Doctors try and work backwards to decide upon the "Pathogenesis" and go further to choose the ideal treatment and predict the outcome - "Prognosis". At this juncture, it is very important to know what sort of a person has the disease, as to know what sort of disease the person has. Our decision should take into account three aspects of the patient - i.e., a physical or organic diagnosis, a psychological or behavioural diagnosis and a social or ecological diagnosis.

For proper working of the process of decision making about the patients and their suffering, we need to gather relevant information. This is where our encounter with our patients at consultation becomes vital. We need to give our "Time" to our patients and learn to listen well, so that we really "Hear". Then we try and answer four simple questions.

1. What is wrong?(if anything) - Diagnosis
2. Why has it happened?] - Pathogenesis
3. What is going to happen?]
4. What should be done? - Management

Time : – Do we give our patients enough time? Do we make them comfortable so that they

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are not afraid to speak freely about their suffering, openly? Do we help them by simple probing questions so that they bring out relevant facts?

Clinical examination : – Do we follow a set of rules/guidelines in examination of our patients or do we feel over confident and work on ‘Spot’ diagnosis? It is so important to get our hands wet and depend upon our own clinical findings, and use investigations to help us arrive at a definite diagnosis.

Recording : - Do we record our patient’s medical history and clinical findings scientifically? This would be of utmost importance in decision making and follow-up.

Many a time we face situations where facts are scarce and the disease process is acute and serious. This entails a decision within a short span of time. At such times, it is important to keep a cool head, get a second opinion and perhaps study and do more investigations, pertinent to the trend of thought. I would like to share a Surgical Wisdom I learnt from Mr. Gibbon of Liverpool. He said we should ask one question before we decide on a critical decision. ‘Are we going to make the patient better?’ That there can be only three answers. “Yes”, in that case go ahead and do it/carry it out. “No”, in that case do not go ahead and do it and thirdly “I don’t know/I’m not sure”. This is the commonest answer of the three that one usually gets. In such situations, we should wait and seek more information, repeat our clinical examination of the patient to look for changes in the clinical progress. To get a second opinion at this stage should not be below our dignity, at least for our patient’s safety. The Doctor should weigh the risks of the disease process and its complications against the benefits of the decision that is under consideration, together with the risks of that decision.

It should be noted that a second opinion may be sought for, but the final decision lies in the

hands of the Doctor looking after the patient. It is here that the Doctor must have the moral courage to accept full responsibility for the decision, a decision made in a kind of solitary responsibility. If the decision is right, the patient lives, but if it is wrong, the patient dies. So at times, Doctors are required to decide on matters of life and death in an environment of loneliness and solitary responsibility. Doctors have to be very conscious that they are not qualified to act as God! Hence there may/will be times when a mistake takes place and at such times, the development of a certain resilience to such a disappointment is essential, so that life can go on. But this resilience should not be developed too far, because such insensitivity tends to blunt the conscience of the Doctor - a conscience that makes the Doctor answerable for mistakes in judgement and action. Therefore it is important that the Doctor cultivates a proper balance between resilience and sensitivity, so that the patients are cared for with full human dignity.

In answering the question - Why it has happened? The Doctor should always try and look beyond the patient: - about the patient’s environment i.e., family and community, because at times we come to find the main cause of the patient’s trouble in the family. Again, in trying to answer the question - What should be done? it is important for the Doctor to be very conscious of the patient’s social and ecological status, so that the decision becomes realistic, relevant and achievable for the patient. This brings us back to the three aspects of our patients with regard to decision making, i.e., a physical or organic aspect, a psychological or behavioural aspect, and a social or ecological aspect of the patient that influences our Final Decision. As examples we are reminded of some O.Gs. deciding on exact time, day and date of an elective caesar delivery (social or ecological aspect); of Surgeons/Physicians speaking with tongue in cheek, at times prodded by the patient’s

relatives, about a serious condition to the patient so that the patient does not go into 'shock' (psychological or behavioural aspect). The author feels that the physical or organic aspect of the patient requires no elaboration.

From all of this, we come to realise how complex decision making can be and how easy it is to make a wrong choice with regard to value and priority, resulting in an unacceptable decision with consequent avoidable complications. An interesting observation is, that at times the Doctor

can make a decision which is not scientifically right - but workable. What should be our standard of acceptance? How should it be assessed as to its correctness/being right? I have no easy answers to these worrying questions. It is hoped that next time when Doctors are confronted with a problem on important matters, they will consider relevant factors that has been discussed and have their values and priorities crystal clear in front of them, and then decide with an understanding of their overall moral responsibility for their decisions.

Example

Lives of great men all remind us
we can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time.

Longfellow, A Psalm of Life

Hazards in medical education

Professor U Maung Maung Sein, M.B., B.S. (Rgn.), Ch.M, F.R.C.S (Edin.), F.R.C.S. (Eng.)

The aim of medical education is to produce a "Good Doctor". There are many interpretations of these two words, such as:-

For "Good" as some one who is:-

- (1) well qualified for the job with the ability to perform and serve under all conditions
- (2) humanistic, humble, full of empathy and humility
- (3) whose need from life is modest, not greedy!
- (4) a team player-helpful, gets along well with patients, their relatives and colleagues
- (5) has an insatiable appetite to learn and make oneself better with time, having an open mind not only for medical science but for all that is of interest in the world
- (6) ethical and has a good character, who has religion as a measure and practises it
- (7) is an artist, being interested in reading literature, poetry, listens to music and appreciates paintings and sculpture

For "Doctor"

- (1) as someone who not only takes care of health problems but

- (2) someone who has "Knowledge" which has no beginning and ending. In fact
- (3) that person must be a student for life
- (4) that person should be fit to be receiving the honorific title of "Dr," by the people/patients in recognition of the knowledge and expertise, acquired.

When we become conscious of such broad and deep expectations in our products, following medical education, it becomes obvious that the "SEED" needs to be of good/high quality and that we need a good "GARDEN" or "FIELD" in which the seed can germinate and grow well. It is equally important that the garden is well looked after by an "ABLE GARDENER". It is also hoped that the "WEATHER" will be good/regular and that unwanted "PESTS/WEEDS" will not come in with their destructive force especially before the crops mature and become fruitful.

With regard to the "SEED", it is quite obvious that the present form of selection for entrance into medical institutes is inadequate. Lord Buddha said that if one plants seeds from a sour mango tree, one has to taste sour mangoes. It is so important that we select good "seeds" with proper attitudes and aptitudes who can be trained to become "Good Doctors". When too many students are accepted by decisions based on examination scores only, there is a great hazard that bad seeds will be included! Starting with an improper attitude and belief would be quite hazardous for the journey and the outcome in

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Medical Education. The garden and the gardener will also suffer. When young minds are set on getting rich, becoming prestigious, hungry for the honorific title of "Doctor" etc. the young trainee's beliefs and acceptable goals, that image of one self, then becomes very hazardous. This type of conviction, acts contrary to the "GOOD" that we aspire as time goes by. Such hazardous thoughts are implanted by some parents, relatives and in some instances, by contamination/pollution in unfortunate role models !!! We know that examination scores alone cannot give a reliable prediction of a person's "behaviour". When selection is solely based on scores, it becomes very hazardous.

Regarding the "GARDEN/FIELD" we have five Medical Institutes accepting a LARGE number of students in consonance with the health care requirement of the country. But when one considers the learning aspect of a "GOOD DOCTOR" i.e., for the product to be competent to perform and serve under all conditions one comes to appreciate the hazardous nature in our "GARDENS and FIELDS" which is most unfortunate. With increase in quantity the quality of our products will surely suffer. When we face problems of student/teacher ratio, facilities such as equipment, apparatus and clinical material, it becomes a hazardous surrounding in creating an academic atmosphere. To prevent such hazards one should seriously consider the creation of an academic environment, conducive to proper learning, where the learning material is freely available, with a forward looking active staff, promoting the young fresh minds to "do" things for themselves with a view to be able to out perform, one another. This will result in an active competitive surrounding which will self perpetuate. In fact, our learning institutes should become like bee hives, bustling with activity, where the bees work and work, because they enjoy working, and not

because they are required to work!

With respect to the "GARDENER" the real hazard is about not accepting reality/responsibility and carrying on "as usual"!!! being afraid to change, with the times. The GARDENER needs to take great care, with dedication and skill, to enable the seeds to flourish well and become productive. A good "GARDENER" knows about the seed, soil, weather, water and sunshine. He/she is very conscious of the seasons and the "time" in relation to ploughing, planting and harvesting. It would be very hazardous for teachers to impart knowledge and pay less attention to skills and attitudes! Teachers should not work for "good scores" only. They should be "good role models" especially in developing the "individual" in a "holistic and humanistic" way. In fact, teachers themselves can become hazardous if they fail in the development of "common sense" in their learners; providing them with everything, ready made so that the learners may score high in examinations!!! The hazard here is teaching too much and not practising patience and silence, to allow the learners to learn!!! It would be hazardous and crazy if one believes that learners can learn from lectures/demonstrations about clinical skills (e.g. tenderness, guarding, rigidity, etc.) There are many other aspects of hazards along the whole course of instruction in Medical Institutes. Another obvious hazard is the association of Dental Pathologies presenting as Medical Problems - which could easily be missed with dire consequences.

With regard to the "WEATHER", in one overall sense, it plays a vital role for the crops to grow and become productive. The majority of problems arise at the implementation level, which has so many variables that can go wrong! We need always to avoid hazards by having our proper and pragmatic values and priorities crystal clear in front of us, and develop the ability to adapt and change with an open mind, according to the

results of our feed back, along the way.

With regard to "PESTS/WEEDS" we can appreciate the hazard they play in the garden/field. We also know the advantage of getting rid of them. "They" are very harmful for the establishment of an active academic environment, making it difficult for proper learning. This hazard would include "bad teachers", "bad students", and "bad environment" around the medical institutes. A teacher can become a bad role model (e.g. the author has met a teacher who spoke of how he taught his students to study the type of wrist watch or ring on fingers, or the ear ring or necklace the patient has "while taking the pulse" so that the doctor can decide on the fee he will charge!) Character and the attitude the teacher has in the interaction socially with students, patients, their relatives and colleagues can also become hazardous in moulding a tender mind. "Bad students" need no explanation. They come from "bad" families where the parents have failed them. They are not interested in learning, but in enjoying life at the expense of breaking discipline. They have a very bad influence on the "good" students. A hazardous environment to a medical institute can be described as a location where the facilities for unwholesome influences are easily available by virtue of their location, communication and ability to advertise in the medical institutes, and the indifference shown by the administrative staff of the respective medical institute.

Medical Education can be described as a series of dynamic processes, involving a number of different people, each responsible in his/her own way on overcoming problems/hazards which are so variable that there can be no set rules to

follow for a favourable outcome. We should accept the fact that this dynamic process requires good team work with a clear vision. Team work is meant to be the ability to work together toward a common vision – the ability to direct individual accomplishment toward the organisational objective (to produce a good doctor). It is indeed, the fuel that allows common people to attain uncommon results. We should realise that coming together is a beginning, keeping together is progress; and working together is success, which is a journey and not a destination in itself. We should accept the fact that there is no limit to what can be accomplished, as long as it does not matter who gets the credit. In fact, together, everyone achieves more. We need to realise that situations change and it is imperative that we also change and select the most pragmatic direction to achieve our objectives in medical education. This requires change in attitudes to develop the courage to take risks of changing and trying out new pathways – accepting the fact that, in the middle of every difficulty, lies opportunity. We cannot discover new oceans unless we have the courage to lose sight of the shore.

The author has tried to present his worries and frustrations in his own small way regarding hazards in medical education. It is hoped that those responsible will be conscious of their role and duty in this dynamic process and develop a change in attitude and vision. This would result in good team work. For us to overcome these difficulties and hazards, we must either find a way or make one. We may not be able to direct the wind, but we sure can adjust the sails of our boat to our advantage!!!

Holistic Medical Care. An Appeal

Professor U Maung Maung Sein, M.B.,B.S.,(Rgn.), Ch.M, F.R.C.S (Edin.), F.R.C.S (Eng.)

We saw patient UKS 67 year old male at our out patient clinic in July 2004. He was brought into the consulting room by his son and daughter, who were at great pains propping him up. He looked quite weak and tired, pale with a distended abdomen and oedema dorsum of both feet. That morning, his main complaint was "difficulty in passing stools". He said he wanted to pass motions but could not. He passed "little wind". Duration 7 to 10 days!!! After making him lie down in a comfortable position, we tried to talk to the tired, weak patient, who said "He wanted to pass motions, but could not". Speaking with the daughter, the first thing she said was that they had spent over two lakhs kyats but her father was still suffering!

Having given the time to talk the brother and sister gave us the following information

- (1) U.K.S. had back pain and was seen by a doctor whose investigation showed a compressed fracture T 12 where a secondary was suspected.
- (2) He was seen by other specialists who had done a lot of other super specialized investigations with a hope to find "the Primary"!!! This

included chest and abdomen CT scans, Gastro duodenal and colono scopies, a radio isotope bone scan, a thyroid scan, apart from the "usual" blood/urine biochemistry, chest X ray, ECG, abdominal ultra sound etc. They brought a whole dossier full of those investigations.

The conclusions we could make was:-

- (a) multiple secondries in T12, L1 and L3 and shaft of 8 and 10 ribs left.
- (b) Ischaemic heart disease.
- (c) Asthma

When we tried to talk about his past history with the patient, we found out that he had an operation for F.I.A in 1980 and another operation for piles in 2000. On inspecting his perianal region there was an obvious scar with evidence of an anal stricture. Without much hesitation, we instructed the son and daughter to use the anal dilator, three times a day in conjunction with balloon enemas. We told them to forget about the search for the primary at present and to concentrate on emptying the patient's bowels.

UKS came back to us after 3 days walking into the consulting room independently by himself, unassisted by his son and daughter, a very different man, happy and confident. The first thing he said to us was "Saya, I feel so good and happy passing stools!" We have seen him at follow up last month (November 2004) and he is up and about, still happy that he can pass faeces and go about and have a full diet!!!

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MJCMP2005, 9, 79-80.

Discussion

We would like to ask a very simple question regarding patient care. *What is our aim/objective in patient care?* We were taught that we can **cure sometimes, relieve often, but give hope always; that our efforts must be directed towards our living patients** and not to shadows and reports; that our patients **must never suffer, unnecessarily.**

A study of U.K.S. is indeed, **shameful!!!**

When a patient comes to see a doctor, he has put his life into that doctor's hands and also the future of his family who depends upon him. These patients and their relatives are the ones who had trusted us and in recognition, given us the honorific title of "Doctor". They also happen to be our source of income. Is it possible for such a thing to happen, when our knowledge and technologies were quite limited, as during the period after World War 2. We do not think so! But during the same period there will be other patients who could have lived a productive life if our knowledge and technologies were as it is to-day Our point here is, as we become more knowledgable, more sophisticated and more advanced technologically, **we need to go back to basic principles of Humanity and Happiness; of the Mind and the Body acting harmoniously resulting in Health and Happiness!**

We need to have our values and priorities crystal clear and correct in front of us. We need to give our time to our patients so that they can communicate well; to listen, so that we hear; to

look so that we see; and to touch so that we feel; not forgetting that we are dealing with a living human being! The author would like to conclude with a few questions.

- (1) In a patient with multiple bone secondaries, can finding the Primary change the final outcome of the patient?
- (2) Which is more important - the technical findings or the patient's suffering?
- (3) Is giving value and priority to abnormal findings radiologically or biochemically more important than to make sure the patient enjoy life like a "human being" ie. eating, sleeping, breathing, passing urine and stools, and going about his own routines.
- (4) Can we act as Gods trying to straighten out everything in the patient or do we need to learn that there are many "things" beyond us and accept this fact with humility, empathy and serenity?
- (5) Does our so called advance knowledge and skill qualify us to do "things" irrationally? Don't we have anyone to answer to in this life and in the hereafter?

The author has attempted in his own small way, using one real living example, to highlight the problems when Medicine became a business concern. There is an undesirable class of doctors resulting in un-natural greed which blinds many medical professionals in the holistic, humanistic care of our patients.

CANCER What to look for ?

Professor U Maung Maung Sein, M.B.,B.S.(Rgn.), Ch.M, F.R.C.S(Edin.), F.R.C.S.(Eng.),

When one is afraid of suffering from cancer, one should be on the look out for it all the time. Then only can we hope to arrive at an early diagnosis, which is crucial to a favorable outcome in its management. Patients always have a complaint when they see their doctor, and it is these "common complaints" that may be vital in the early diagnosis of 'cancer'; provided the doctor thinks and appreciates their significance and analyze and make good use of them.

1. Weight loss.

There are so many causes of weight loss. But when one is faced with an unexplained weight loss in a patient, it becomes significant. Further investigation to identify its cause should be carried out. A good history should help us identify the system / organ to be investigated.

2. Anemia.

Unexplained chronic or sub-acute anemia is a significant finding. 'Cancer' usually hidden somewhere along the gastrointestinal tract keeps on leaking. As it is a slow process

the patients are up and about but clearly show signs and symptoms of chronic/sub-acute anemia (tiredness, breathlessness, fatigue). The causes of the anemia should be established.

3. Appetite.

At times we come across patients who say they have been able to eat everything with relish but over the last few weeks /months, they have lost their appetite and seem unable to eat a normal amount of food because of 'fullness' in their 'stomach'. An early indication of a neoplastic change in the upper gastrointestinal tract. A good gastrointestinal barium series should help.

4. Cough.

We all have suffered a period of cough in our lives, which responded easily to the usual medications for cough and colds. But when a patient has a persistent cough (dry or otherwise) that chronic cough becomes significant, more so if it is accompanied with weight loss and anemia. A good chest X ray should be very helpful.

5. Skin.

(a) When we see a patient with a chronic ulcer that does not heal within the period of treatment that it should heal, it becomes a suspicious ulcer that needs a biopsy soon.

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(b) Whenever we see a pigmented mole at a site that is exposed to repeated trauma or that shows evidence of color/size/contour/margin changes, the possibility of it being malignant should be entertained and dealt with accordingly.

6. Discharges.

Any abnormal discharge from our apertures should arouse suspicion (mouth, ears, eyes, nose, vagina and rectum). If there is a complaint about them, we should find out more about its duration, amount, color, smell, and content and any associated pain or tenderness. A simple use of the clinical pen torch, a nasal speculum, our fore fingers or a vaginal speculum will go a very long way in identifying any significant lesion. Whenever blood and mucus is present it becomes more significant.

7. Swellings.

This is a very common complaint. We have to make use of all our clinical skills to diagnose the "nature and etiology" of such swellings, always remembering to examine the lymphatic drainage area of the palpable swelling in the body. We should also remember to use our forefingers whenever we examine inguinal lymph nodes! (to examine the catchment areas whenever we can palpate a group of enlarged lymph nodes).

8. Headaches

The complaint of headaches associated with nausea/ and or vomiting in addition to having disturbances of vision and balance is significant for an increased intracranial pressure. Relevant investigations to ascertain their origin should be done.

9. Chronic diarrhoea/dysentery

Whenever a patient continues to suffer from diarrhoea or dysentery in spite of routine treatment, it is very important to do a rectal examination and a proctoscopy. The author has had the experience of treating four young patients who suffered from repeated attacks of 'chronic amoebic dysentery' some receiving treatment for it over 2/3 years! A rectal examination revealed a neoplastic ulcer in the rectum! Two had positive vegetative forms of amoebae!

10. Changes in bowel habits

Constipation is a "disease of civilization". Everybody has his/her own personal way of 'handling it'. But it becomes significant when the patient really complains about it and clinical examination shows evidence of sub-acute bowel obstruction. Such patients should have a lower gastrointestinal barium series to exclude a malignant lesion, but first of all, a simple rectal examination is more important!

Similarly, a simple barium swallow would be very useful for those complaining of difficulty in swallowing solids and not liquids or semi-solids.

It is hoped that our health care providers will make use of presently available diagnostic procedures judiciously, being conscious of the financial strain put upon their patients. Being clinical and using simple bedside diagnostic procedures should be the first line of investigation.

REFERENCE

1. Pamphlet from American Cancer Society.

THE BREAST LUMP A dilemma

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Over a couple of decades ago it was common to see middle aged or older women with a 'lump' in their breast that was clinically quite obvious as malignant. Decision as to what to do was quite easily arrived at. Nowadays, the number of younger female patients presenting with a breast lump has increased. In addition, the usual late cases of older age group have decreased. This overall change in presentation may be the result of good health education being carried on by the media/magazines, arousing a sense of "phobia" about breast lumps! In those days, women were bashful to show their breasts, let alone being examined. Nowadays, patients present themselves with a complaint of a breast lump and ask for information from the doctor that her breast lump is not malignant (cancer)!!! This is understandable when one realizes that cancer breast occupies the second position in female neoplastic deaths in the country.

With this change in presentation of breast lumps and the public awareness regarding breast cancer, the responsibility of the doctor becomes quite significant. On one hand we have to make sure that there is really a breast lump/ lumps and on the other, whether that 'lump' is malignant or

benign. It is at this stage of management that we face a number of dilemmas!

The author does not wish to lighten the genetic and hormonal aspects in the history of such patients. One should realize that there are many 'lumps' that can appear in the breasts, but whether they are significant or not is another matter. The author believes that all breast lumps that can be felt by the palm of the hand is significant (like feeling a lemon by the palms of one's hands) This finding can be complemented first by good inspection for any evidence of "infiltration". (superficial e.g., skin thickening, dimpling, changes in nipple contour etc., and deep fixation to the pectoral fascia, peau de orange etc.). All of these clinical findings depends upon the size of the breast and the site of the 'lump' within that breast. When one is faced with a breast lump that does not show significant clinical evidence of neoplastic changes, the dilemma begins. How does one decide what to do ? The simple answer to that question is to collect evidence/data from all aspects of the patient and analyse it. If more evidence is required, go for it. The author has used various ancillary services available from time to time and has been disappointed as to their accuracy and reliability. As we all realize, one should use them to complement one's clinical findings and not replace them ! The important thing is "make no haste" and to record one's clinical findings and opinion very well. This will help us in the period of follow up.

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MICMP 2005, 10, 19-21.

Some common clinical presentations.

- (1) At times the patient complains of a breast lump. Clinically we find a 'lumpy' breast with our fingers but not with the palm of our hand. Various labels have been given and we are worried that we may be missing 'something significant'. Ancillary diagnostic procedures are made and we often find them not useful for our decision as to what to do. At follow up we are tempted to do an open biopsy and at surgery we often find it difficult to exactly pin point the 'lump' we had felt clinically!!! The biopsy commonly comes back labeled under the group of "fibrocystic disease of breasts".
- (2) At times we get a breast lump that can be felt by the palms of the hand. When the question – Benign or Malignant can be easily decided upon there is no problem. But when we are not sure it is always good to consider a wide margin extra capsular excisional biopsy.
- (3) In some patients presenting with more than one lump or a recurrence of a breast lump the dilemma of what should be done arises. These patients are followed up. A definite decision is not easily arrived at. The author attaches particular importance to changes in size, the features on the surface of the lump, changes in consistency and mobility. It is safer to have a wide margin extra capsular excisional biopsy, whenever there is doubt about its nature.
- (4) Having presented some common situations, we must not forget that there are many breast lumps that are benign. Conditions such as fat necrosis and venous thrombosis, especially on large breasts need good follow up.

Personal observations

- (a) Sharp dissection using the scalpel is routinely used by the author together with excision of a wide margin of normal tissue surrounding the 'lump'. During such dissections it is important to feel/look for differing sensations as the scalpel slices through the so called 'normal' breast tissue, including 'fat'. The author remembers a case of a 38-year-old lady presenting with a cyst in her right breast. While dissecting, a grinding/gritty sensation was noticed and a decision to excise the cyst with a wide margin was made. The biopsy of that cyst came back as intraduct carcinoma !!!
- (b) In another case, a 48-year-old lady presented with a very suspicious breast lump with a retracted nipple in her left breast. In addition she had 4/5 'lumps' in her right breast that were smaller. The trend of our thinking and what we intend to do was explained to the patient and her relative before surgery at the out patient consultation and their agreement was obtained. At surgery we performed a simple mastectomy on her left breast and did an open biopsy of the most accessible lump in her right breast. After this the right breast mass was bisected and an obvious malignant lesion was seen/felt. Under the same anaesthesia, a simple mastectomy was performed on her right breast. The patient ended up with a bilateral simple mastectomy!!!
- (c) There was another 60 year old lady we followed up. About 7 years ago she presented with an ill defined breast lump in her right breast that could be felt by the palm of the hand. An open biopsy was performed and we found difficulty in definitely identifying the

'lump' felt at clinical examination. A wide 'segmentectomy' was done and the biopsy came back as "chronic cystic disease – epitheliosis 2 + follow up is recommended". At one of her regular follow ups, (over 2 years after her segmentectomy) we felt a breast lump in the same breast but this time the lump was knobby/coarsely granular and felt heavy. Her axilla was clear. A simple mastectomy was performed and an intraduct carcinoma was reported at biopsy. Other areas of cystic fibrosis and epitheliosis were also reported!

These three experiences highlights the difficulty and dilemma facing the Surgeon encountering a "suspicious breast lump". It is important to be clinical minded executing the correct clinical methods- according to the situations we meet at our out patient clinics (presentation, family history, periods/contraceptive history, past procedures, examination using the palm of the hand/fingers, the various positions of the patient in relation to the size of her breasts). Even the choice of the day to examine or re-examine the breasts in relation to her periods are important points before making a decision The author feels that his hands (palm and fingers) speak to him when "something is amiss". There is no scientific explanation to this situation except to label it "clinical acumen and experience". It has not failed him yet ! It must be stressed at this juncture that all patients with positive

histopathological reports are referred to our Consultant Oncologist for the completion of the treatment regimen of postoperative radiotherapy and chemotherapy as is required.

All these patients who have had surgery for their breast lumps need to be followed up for a long period. We had a patient who had a right simple mastectomy for carcinoma breast followed by postoperative radiotherapy and chemotherapy. Fifteen years later she presented with another lump in her left breast which was found at follow up. A wide excisional lumpectomy was done and the biopsy reported positive !!!

CONCLUSION

When a lady presents with a breast lump, we need to spend time trying to establish any significant facts with regard to neoplastic changes. During clinical examination particular care should be given to 'look for' any abnormal findings, all the time being conscious of the size of the patient's breasts and maneuver the patient's position for better exposure. A systematic palpation is then carried out using the palm of one's hand and together with a thorough examination of the axillary lymph nodes. When it has been established that the 'lump' may be significant (a suspicious lump) a wide excisional biopsy should be performed. If the biopsy report is positive, referral to the Consultant Oncologist should be made. All such patients need regular follow up for a long time.