

# Empowerment of Medical Toxicology in Asia Pacific Region

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In the website of Asia Pacific Association of Medical Toxicology (APAMT), it has been stated “our goal is to promote chemical safety, poison control and treatment within the Asia Pacific region” (1). Do we efficiently promote these objectives? Shall we expand our activities?

APAMT was established 24 years ago (1). It grew significantly since then. The majority of its regional members; however, are from a handful of countries, and consist of very few female scientists. While we have no prejudice in APAMT, we probably have not actively worked on promoting equality among different nations and genders.

We have taken strong steps including organizing APAMT annual meetings and providing travel grants for young scientists within region (2). North-South (e.g. Australia and Sri Lanka) and South-South collaborations are the highlights of these activities. Recently, Asia Pacific Journal of Medical Toxicology (APJMT) has also been established to promote regional research (Figure 1) (3).

It seems that we have been successful to some extent. Despite these achievements in the region, next questions would be who is going to analyze the gaps and needs for setting in research and capacity building? Who is going to facilitate translation of scientific evidence into action? Who is going to foster harmonization and alignment of efforts to control poisons? Are not these issues essential to fill the gaps between scientific facts and policy makers?

We should bring related key stakeholders onboard to materialize scientific findings. This can be achieved via forming national societies of medical toxicology in each country. At the moment, just a few countries in the region have established their national society. Majority of the countries including Australia, lack these infrastructures. A further step for APAMT would be supporting national societies of medical toxicology and their annual meetings. These societies could use research evidence and in future, they may set policies and strategies. It seems forming national society of medical toxicology should follow these steps (2,4): (a) A medical toxicology ambassador should be appointed (b) A feasibility study into current capacities and gaps should be performed (c) A range of potential stakeholders should be approached (d) National and international funding should be sought (e) A team of around 5 medical toxicologists or related disciplines should register the society in their country (f) First national meeting should be arranged with the purpose of determining toxicology incidents and qualitative research on chemical safety (g) Workshops and short courses should be held with the help of APAMT.

Besides, a major step should be taken towards the improvement of poison control centers in the region. All countries should be encouraged to establish these settings and to facilitate proper reporting of statistics. These settings are at the frontline of actively promoting public health, controlling disasters and educating and informing the public about poisonings (5,6). This issue of APJMT especially addressed these key roles.

Ultimately, APAMT should not wait for development of medical toxicology to happen locally, we should impose its advancement.

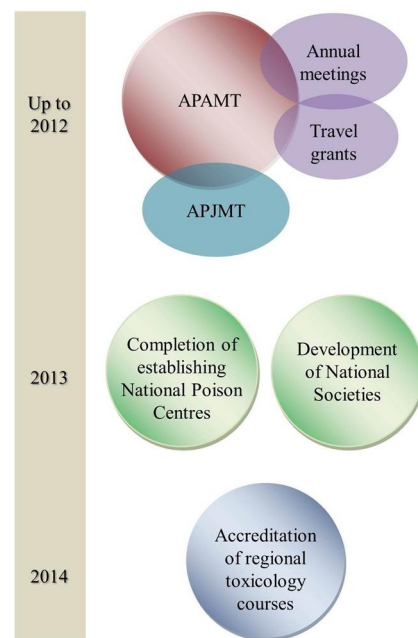


Figure 1. APAMT empowerment plan of action

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