THE APFCB AT 25: WORKING FOR THE COMMON GOOD

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The Asian-Pacific region is the largest of the various regions that are associated with the IFCC. It is one of striking contrasts, containing some of the largest and smallest countries in the world. The region also has the poorest countries with GDP per head of less than US\$1,000 and the richest with GDP per head exceeding US\$40,000. It contains half of our planet's population and its two most populous countries, China and India. The region has some of the fastest growing economies which include those of both these countries (1). Yet, despite all the hype, we need to remember that the increasing prosperity has been unevenly spread. The rising tide of the economy has not raised all boats.

The growth of clinical biochemistry within Asian and Pacific Federation of Clinical Biochemistry (APFCB) members has mirrored the economic progress of the region. Some of the most sophisticated laboratories and some of the most rudimentary are found here, sometimes within the same country.

The APFCB was founded in 1982, at a time when the region was, economically, a far cry from what it is today. We turned twenty five in 2007. The original reason for the APFCB's formation, as expressed by its founding fathers in the constitution, was, "to promote improvement in the health and well-being of the communities it serves through improving the development and practice of clinical biochemistry." This begs the question: in practical terms, what then should the APFCB do to achieve this noble aim?

The federation brings together national or "area" societies of clinical biochemistry, or, their proxies where such societies do not exist, under a common umbrella. Implied in this

arrangement is a sharing of knowledge and resources for the common good. Little was done on a regional basis until fairly recently, save for the triennial Asian-Pacific Congresses of Clinical Biochemistry (APCCB). However, that has changed. In the last decade, APFCB has endeavoured to fulfil its original premise by working for the common good in several areas.

Our foremost endeavours have been in the field of dissemination of knowledge where we have notched up a few achievements. The three travelling lectureships that we organise on a regional basis are probably the best known of our activities. These lectureships have had the benefit of collectively bringing to the doorsteps of our members the latest advances in our field, in an inexpensive and efficient manner. Besides these, we have created the means in 2005, by way of the APFCB Philanthropic Fund, to provide travel awards for our promising scientists to present their research findings at conferences within and outside our region. The fund will also be used to enable the training of clinical biochemists.

As a scientific organization, we have not neglected scientific activities for the common good. We have undertaken a truly regional study of reference intervals, the results of which will be published in Clinical Chemistry in early 2008. Such studies are uncommon and we are proud that our region has been one of the few to have undertaken it. Since 2005, we have also undertaken three trials within the region to assess variation of HbA_{1c} estimation. This is an important analyte whose standardization is a matter of much concern among clinical biochemists. Other studies include eGFR and yet more scientific projects are in the pipeline.

The APFCB is unable to do everything itself, but notes with pride that its members have, on their own, acted for the common good outside of their countries/areas. The Australasian Association of Clinical Biochemists' (AACB) project on quality assurance in Vietnam and its workshops on laboratory quality held in Kuala Lumpur are fine examples of bilateral activities among its members without the intervention of the APFCB. So too are the speciality meetings jointly

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undertaken by the AACB and the Hong Kong Society of Clinical Chemistry (HKSCC).

These activities have not escaped the attention of organizations outside the region. The Asia-Pacific region is the only one where the IFCC's Visiting Lectureship Programme is organised on a regional basis. The American Association for Clinical Chemistry (AACC) has held three speciality meetings within our region in conjunction with our members in the Asia Pacific region.

A remarkable achievement has been the growth in our membership in recent years. Until 2002, our total membership stood at just 12 ordinary (voting) members. Currently, we have 14 ordinary members and 2 affiliates; our corporate membership has grown from zero in 2002 to 14 today. We expect to add two more ordinary members in 2008.

In keeping with the wishes of our founding fathers, the APFCB continues to be one of the very few organizations that does not charge its ordinary members an annual subscription. This was done so that cost would not be a deterrent to membership at a time when many of our members could ill-afford fee remittances and had yet to see prosperity that we see today. The wisdom of this may seem at odds with an age driven by cost-consciousness. Yet, this tradition has survived, the APFCB has thrived and our coffers have grown, all of which are a splendid testament to the desire to act for the common good.

Much of the credit for this unusual phenomenon has been due to the support that we have received from two important sources, namely the IFCC and our own corporate partners. Success attracts support. When we help ourselves and do things well, there will always be others who will want to work with us or to lend a hand.

Underpinning all our activities have been the services provided by its office-bearers all of whom are volunteers. The reality of our growth in recent years may have compelled us to have an office for the management of financial matters and to meet certain statutory requirements. However, it is these dedicated people who have come up with ideas to better serve their colleagues and worked hard to put those ideas into effect. They are often senior clinical biochemists who selflessly devote a lot of their valuable time for the good of others.

While we can afford to look back with a smile, we will need to keep a keen eye to the future. Though much has been achieved, so much more needs to be done, bearing in mind that we will need to cater to all of our very diverse membership.

What then are the challenges for the future?

One of the most important will be to try and increase both our ordinary and corporate memberships. There are many countries in our region where clinical biochemistry is practised but which remain outside our membership. The newer central Asian republics, the Pacific islands and many countries in North, South and South-east Asia have yet to become members. We will need to attract more companies that are indigenous to our region to come under the umbrella of the APFCB.

We will also need to address new issues in laboratory medicine as they emerge in order to be relevant. One such issue is patient safety and the laboratory's part in it. At a time when awareness of safeguarding our environment is a serious concern, we will need look at our practices to see if there are ways to make the clinical laboratory more eco-friendly.

We should strive to keep alive the science and the scientific traditions of our profession in an era where this is increasingly and willingly being abdicated to others. The clinical laboratory may be an information centre, indeed an information "factory" in the eyes of some, but let us never forget its scientific origins and basis.

As we grow, we will need to think of contributing outside our region. We have the resources to do so. Already, this is slowly being done by nominating scientists from our region for the provision of visiting lectureships.

Nobility of purpose and a common cause built on a foundation of altruism, dedication, plain hard-work and strong partnerships have made the APFCB what it is today. Let us persevere with these qualities in our quest for the common good.

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