MALAYSIAN MEDICAL ASSOCIATION

International Day for the Elimination of Violence against Women

25 November

New: science-based practical tools for your practice

Two new practical tools are now available. These tools are designed for health and nutrition professionals to use during consultations.

Nutrition for healthy pregnancy

This useful tool contains key information on vital nutrients, recommended weight gain, a pregnancy checklist and dietary guide to support a healthy pregnancy. Information in this practical tool is sourced from international and national guidelines and research. Healthcare professionals may find this a useful tool to share with patients.

Functional constipation in infants and children

Functional constipation is a common problem among children, with an estimated prevalence of 3% worldwide. This handy tool provides checklist for ROME IV's diagnostic criteria, red flags to watch out for during screening and diagnosis, and practical tips for management. Healthcare professionals may find this a useful tool to aid patient management.

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Living with COVID-19

Dr Ashok Philip
Editor
ashokphilip17@gmail.com

The presence of those seeking the truth is infinitely to be preferred to the presence of those who think they've found it. *– Terry Pratchett*

Official figures show that more than 90% of the adult population of Malaysia is now vaccinated against the COVID-19 virus. Total infections, severe disease and deaths seem to have come down somewhat. Restrictions have been eased, and the long-restrained population has taken to the roads en masse, it apears. It seems we are out of the woods.

However, this virus has shown even the experts to be wrong or over-optimistic, over and over again. Declaring victory and throwing caution to the winds will certainly lead to yet another surge, and possibly the emergence of new and more virulent variants. Our politicians, who are not known for their outstanding intellect or devotion to the public good, have decided that this is a good time to have a state election in Melaka. Sabah's example seems to have been forgotten.

In the face of wilful ignorance and misguided optimism, what should we as doctors do? Follow the facts, be aware of new findings, encourage our patients to exercise caution in public places and encourage them to get vaccinated (or get a booster shot).

Many will say that there is no established consensus about booster vaccines, but I believe the data from several countries shows that vaccine efficacy wanes over time. Measuring antibody levels may not be a very accurate indicator of immunity, because cellular immunity also plays a part in antiviral responses. However, studies show that waning antibody levels and rising infections are related. Perhaps cellular immunity wanes in tandem. Data from Israel shows that a booster dose successfully improves protection.

> "Throwing caution to the winds will certainly lead to yet another surge."

Of course, some questions remain. Should we use the same vaccine as the primary immunisation, or is it better to mix and match? Will the adverse events like myocarditis and thrombosis be more frequent after a third dose? Will we need to have these vaccines every year for life? The answers will come with time and experience.

For now, what should we expect? I believe that the virus will continue to infect vulnerable individuals, and we will probably see waves of infection that will correlate with school terms, holidays and mass gatherings. In time, the combination of natural and vaccine-induced immunity will lead to the virus

being unable to gain a significant foothold in the population, and COVID-19 may disappear. Perhaps some new coronavirus will jump from some animal reservoir to start a new pandemic, or perhaps milder versions of COVID-19 will become a seasonal tribulation, like influenza.

To reach that elusive goal, all doctors need to remember that what they tell their patients must be based on established science. One of the features of science, of course, is that it changes (or progresses). People might say that if Newton's Theory of Gravitation has been replaced by Einstein's Theory of General Relativity, nothing is certain. Anything could be proven false tomorrow. However, Newton's theory is not "false". It is the limiting case at low velocities and densities of Einstein's theory. Newton's formulation is contained within Einstein's equations as velocity and density tend towards zero.

Equally, different and seemingly contrary experimental findings about COVID-19 have generally been fitted into a more uniform framework. The use of monoclonal antibodies, the efficacy of antivirals, the role of steroids – these have all become clearer as data has accumulated. Vaccines have also generated vast volumes of data as billions of doses have been administered. Unfortunately, some have chosen to misinterpret or even misrepresent data.

Of course, vaccines may have adverse events. Not all of these will be picked up in trials because trial populations are smaller and less diverse than the general population. However, the adverse events largely mirror the effects of infection, e.g. myocarditis and thrombosis, but are usually less severe and less common. Overall, vaccines reduce morbidity and mortality. They represent our quickest route back to a normal life. Of course, every patient must be evaluated individually, but we should also consider the risks and benefits to society as a whole in our assessment.

As society pulls in different directions, doctors should follow the science and work together. We can provide the firm basis on which the recovery of our nation and the world can proceed. BMMA

Editor's Note

To streamline the process of article submissions, members should adhere to the following guidelines:

- spotlight articles <1000 words, <3 photos/charts/tables.
- MMA convention & scientific conference (<700 words, <3 photos)
- SCHOMOS. PPSMMA, SMMAMS (<700 words, <3 photos)
- MMA society/committee (<700 words, <3 photos)
- general & all other articles (<700 words, <3 photos)
- branch news (<200 words, <5 photos)

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ABOUT PRINCE COURT MEDICAL CENTRE

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- CEO, Prince Court Medical Centre
receiving the award for Medical Tourism Hospital of the Year

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- Head of Orthopaedic Surgery
receiving the award for Orthopaedic Service Provider of the Year

Datuk Dr. Tan Si Yen
- Head of Nephrology, Dialysis & Renal Transplant
& Dr. Ravindran T. Visvanathan
- Senior Consultant Nephrologist
receiving the award for Nephrology Service Provider of the Year

Dr. Datesh Daneshwar
- Head of Urology
receiving the award for Men's Health Service Provider of the Year

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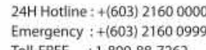
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President's Message

Dr Koh Kar Chai
President
president@mma.org.my

It is now into the second month of my term of office in this Council year 2021/22. I landed into this term running at speed as there is so much that needs to be done in this one short year. Having declared that this year is going to be about the reformation of our healthcare system means that there is no time to be wasted if we are to get the ball rolling.

The current pandemic has shown us that there are shortfalls in our healthcare system that need to be rectified if we are to look at a reform.

It is good that our Hon. Health Minister is also looking at ways to change our healthcare system for the better and our Director General of Health is also in tandem with us on this.

It is not going to be an easy task which can be completed in a few short years and we have got to start somewhere to get the ball rolling.

The first will be to have an adequate budget for healthcare. It has been proposed by some that it is to be 4% of the GDP of our country, but I say, why stop there? The healthcare system has been operating on what seems to be a shoestring budget and it is indeed remarkable that we have been able to provide "universal healthcare" to our public. But there are indeed shortcomings which can only be rectified if only we have enough money to spend.

It is from here that we can then look at improving the lot of our healthcare providers, upgrading our infrastructure and provide exemplary health services amongst many others that require attention.

The MMA Exco had made it a priority to reach out to our Health Minister as well as our Director General of Health the moment we came into office in order to map our way forward. There will be a midterm review on our progress to be shared with the both of them.

Minister of Health & MMA President Officiating MMA's Doctors' Day

Of note is also the visit by our Health Minister to MMA House on 10 October 2021 to commemorate the Malaysian Doctors' Day.

Meetings have also been held with Dr Mohd Azman bin Yacob, the Director of Medical Practice Division on several subject matters. Here too, it has been positive engagements with pledges to look into ways to improve private medical practice in this country.

Of note is the proposal by MMA to have a Healthcare Commission. Though viewed positively by some, this is going to be an uphill task due to many issues involved.

Meet Our Consultant

Dr Thangesweran Ayakannu

GYNAECOLOGY & GYNAECOLOGY ONCOLOGY & ROBOTIC SURGEON

MBBS (Trinidad, West Indies), MLiP (UK), DFFP (UK), MRCOG (UK), PhD (UK), Colposcopist (UK), Laparoscopic Pelvic Surgeon (UK), INTUITIVE Registered Gynaecological Robotic Surgeon (UK), British & Irish Association Registered Robotic Gynaecological (UK)

A-5-23A, 5th Floor, Tower A

+603-7491 9191 (Ext. 16494)

CLINIC SCHEDULE

Monday – Friday : 8.30 am – 1.00 pm | 2.00 pm – 5.00 pm

Saturday : 8.30 am – 1.00 pm

Subject to changes. Please call the individual clinics for appointments/enquiries

First in Malaysia

- **INTUITIVE Registered Gynaecological Robotic Surgeon (UK)**
- **British & Irish Association Registered Robotic Gynaecological Surgeon (UK)**

Dr Thangesweran Ayakannu graduated from the University of West Indies and continued his training in Obstetrics and Gynaecology in the North West of England. He completed a PhD in Gynaecology Oncology (awarded by the University of Leicester). After completing his CCT in Obstetrics and Gynaecology, he completed his post CCT Clinical Fellowship in Gynaecology Oncology and Laparoscopic Oncological Surgery at Maidstone Hospital and post-CCT Senior Clinical Fellowship in Gynaecology Oncology and Robotic Surgery at the Royal Surrey Hospital, Guildford. Following that, he took his consultant post position at the Gynaecology Oncology Cancer Centre in Liverpool Women's Hospital NHS Foundation Trust.

He counts his key achievement as having developed and introduced the robotic surgery service in Gynaecology & Gynaecology Oncology in Liverpool Women's Hospital and having performed the first robotic total hysterectomy and bilateral salpingoophorectomy for endometrial cancer patients in the same centre. Dr Thangesweran is also an internationally recognized researcher, having presented his research in the UK and international meetings, and was awarded the prestigious Sir Willian Gilliatt Award for 'Best oral presentation' at the RCOG conference in Singapore. He has also presented his research to the Princess Royal on London and published original research articles in esteemed journals, such as Scientific Reports, Cancers (Endo) Cannabinoids and Gynaecological Cancers (mdpi.com), and abstract forms in The Lancet (www.thelancet.com/journals).

Robotic Surgery for Gynaecology & Gynaecology Oncology

What are the common benign and malignant gynecological conditions?

Benign gynecological conditions	Sign and symptoms
Cervical abnormal cells (dysplasia) or precancerous changes in cervical cells	Irregular PV bleeding, abnormal vaginal discharge, Post coital bleeding, Intermenstrual bleeding
Adenomyosis	Abnormal menstrual patter, pelvic pain
Uterine fibroids	Abnormal menstrual pattern, heavy periods, painful periods, flooding episodes, pelvic pain, pressure symptoms and abdominal distension
Endometriosis	Pelvic pain, pain during sex

Gynecological cancer conditions	Sign and symptoms
Cervical cancers	Irregular PV bleeding, abnormal vaginal discharge, Post coital bleeding, Intermenstrual bleeding, weight loss, foul smelling discharge
Uterine cancer	Abnormal or dysfunctional menstruation pattern, intermenstrual bleeding, heavy periods with large clots, foul smelling discharge
Tubal cancers/ Ovarian and peritoneal cancers	Abdominal distension, bloating sensation, diarrhea, constipation, pelvic pain, loss of appetite, vague abdominal discomfort, increasing in abdominal girth,

What gynecological conditions can be treated using robotic surgery?

- Robotic total hysterectomy - removal of cervix, uterus, fallopian tubes or both ovaries for conditions such as precancerous stage, cancer (uterine and cervix), uterine fibroids (menorrhagia), endometriosis (pelvic pain)
- Robotic endometriosis resection (severe pelvic pain/ infertility problem)
- Robotic myomectomy (fertility sparing treatment)
- Robotic oophorectomy (ovarian cyst benign or suspected tumor)
- Robotic surgery for staging in assumed early stage ovarian cancer
- Robotic lymph node sampling
- Robotic pelvic organ prolapse repair

What are the benefits of robotic surgery over conventional surgery for gynaecological problem?

Less pain with minimal blood loss

Smaller incisions, less scaring

Reduced need for narcotic medications

Early return to normal activity

Low risk of infections

MMA will attempt to see this through.

Efforts have also been made to network with other health related organisations and societies and this has been a success so far with a few meetings being held to discuss on common issues affecting all of us in the healthcare industry. The MMA cannot and should not go it alone.

Our association has been prominent in the media with a few hard hitting statements which made many to sit up and either offer bouquets or hurl brickbats at us. Nonetheless, the MMA will continue to stand up for matters relating to the health of the nation.

We see that unity among healthcare practitioners, both among the public sector as well as the private sector to be at an all-time high lately. Of course, there are still many who do not believe in this concept of unity and prefer to work in silos to the detriment of the welfare of healthcare practitioners as a whole. I presume that the driver of this move towards unity is the COVID-19 pandemic. Whilst hoping to see an end to the pandemic, the drive towards unity shouldn't stop as we aspire towards an improvement in the healthcare system.

Anti-vaxxers among the healthcare community is a cause for concern. Instead of educating our public and creating an awareness on the need to be vaccinated, the opposite is being done by this group. Some believe that it is within anyone's right to question the safety of vaccines, but not when lies and false information are being used to create fear among the public. A meaningful discourse using reliable evidence should be the way to go. Vaccine hesitancy is something which will always be there and we shouldn't penalise anyone for exercising their personal choice. However those who are still hesitant about receiving the vaccines will need to be convinced with verified information on the need to be vaccinated.

> "The MMA Exco had made it a priority to reach out to our Health Minister as well as our Director General of Health."

YBMK at MMA

Dr Koh presenting a gift to YB Muhammad Khairy

President handing over a gift basket to YB

The drive to administer booster doses of COVID-19 vaccine is being rolled out as we speak. There are many General Practitioners (GPs) who have voiced out concern and shown their skepticism on this roll out based on their less than favourable experience with the National Immunisation Programme for the previous phases of vaccination. Dato' Dr Anas Alam Faizli from Protect Health has been engaging the GPs on a continuous basis in order to recruit enough to be on the panel of clinics offering the booster doses under the NIP, and it seems that more GPs are coming on board for this round. Here's hoping that there won't be any more teething issues now that we have experience from the initial phases of the NIP, otherwise the private sector doctors will shy away from signing on to vaccinate the public. I hope to be able to give a favourable report on this in next month's BERITA.

The upcoming election in Melaka has the medical fraternity worried. We had voiced our concern on holding elections at this time when we have not been able to curb the pandemic. Media statements have been issued to make known our stand against home visits and public gatherings in the campaigning period. The Health Minister has since issued a ban on political gatherings for this election.

The members of our MMA Exco this year are all who have had experience serving on various capacities before. I believe in the meritorious rise in positions within MMA as it will deliver up office bearers who will be experienced in matters concerning the association and its members. BMMA

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From the Desk of the Hon. General Secretary

Dr Thirunavukarasu Rajoo
Hon. General Secretary
secretary@mma.org.my

COVID-19 Booster Dose Vaccination

The government recently made an announcement on the rolling out of the booster dose, for those whose second dose was six months ago. The government is currently offering voluntary booster doses for eligible recipients which, at present include front-liners and senior citizens aged 60 and above who have received their last dose over six months ago (Pfizer) and over three months ago (Sinovac).

It has been announced that the COVID-19 booster dose will be tasked to the private practitioners. As of now 3000 GP clinics have registered to participate in the PICK Booster. As of 3 October 2021, general practitioners and private specialist clinics have collectively administered 12,524,290 doses, 61% of the total administered via ProtectHealth Corporation (PHCorp). Number of doses for the booster in the next six months is estimated at 19,516, 874 and 99% of these doses are being projected to be administered by the private medical practitioners.

The current daily average to be administered by the private medical practitioners is 10,217 and at the peak projected at 23,944 doses. The latest number of GP clinics in Malaysia is 8300, and 3,415 GPs and 77 Private Specialist Clinics have registered to participate in PICK. Only 1,714 PPV GP and 24 PPV KP have been actively participating. In the last few weeks, we have seen more private medical practitioners showing interest and many of the onboarding processes have been simplified. MMA has also proposed an online module with CPD points for ease of the onboarding processes. Two components of the program that need training and education are the Technical and Operational of which PHCorp is conducting regularly. The usage of the system and cold chain management are crucial for a seamless process and to maintain the integrity of the processes at all times.

MMA hopes there will be more participation in this historical vaccination programme, which will be historic in showing how the private medical practitioners have played a pivotal role in overcoming the pandemic apart from the COVID-19 screening and home monitoring.

Kindly fill up the form (refer QR code) to notify ProtectHealth Corporation Sdn. Bhd. on your interest and readiness to participate in this initiative.

If you are yet to register as a PPV GP, kindly click on the link below:

For PekaB40 clinics:

For Non PekaB40 clinics:

Updates on Meeting between Hon. Health Minister and DG of Health on 27 September 2021

This meeting yielded positive outcomes as the nine issues brought forward were well received. In follow-up conversations, particular interest was shown in Pandemic Preparedness GP Clinics as well as the idea of a public-private partnership. The recent COVID-19 pandemic has highlighted the importance of a well-functioning primary healthcare system. As such, the introduction of Pandemic Preparedness GP Clinics will enable us to be better conditioned in the event of another surge in cases.

On a more general scale, public-private partnerships would serve as beneficial in enhancing the efficiency of healthcare delivery and avoiding resource wastage. We are currently in close talks with the Ministry of Health (MOH) aiming to expand on the concepts presented and devise effective solutions to the current issues faced by medical professionals in the Malaysian healthcare

“MMA hopes there will be more participation in this historical vaccination programme.”

scene. One of the low-hanging fruit is a total outsource of COVID-19 screening as it will take the burden away from the public health sector which is understaffed and overworked.

The entire process of registration, pre-assessment, preparing a patient for screening, the conduct of the screening, biological waste management, lab collection management, reporting, notification and monitoring requires a lot of manpower and resources.

Scan the QR Code for the slides:

MMA meeting with Medical Practice Division Director

Some of the issues of importance that need immediate attention are regulating the managed care organisation, deregulation of the 7th Fee Schedule and for a one-stop centre in managing all issues pertaining to the private sector. We have reminded that the private sector is contributing 49% of the Total Expenditure in Health and equally important and treated as partners, rather than just regulating and micromanaging.

The minister has also ordered Medical Practice Division to address this quickly and a meeting is scheduled soon to further discuss this, and it was agreed that the discussion will commence from the previous decisions made rather than starting all over again.

Private Medical Practitioners Role during the Pandemic

MMA was invited by the Selangor State Health Department to present on the roles played by the general practitioners during the pandemic. They acknowledged the important role that the GPs have played especially on the COVID-19 screening,

National COVID-19 vaccination program and now the booster dose and Home Monitoring for post COVID19 patients. While we are slowly moving from pandemic to endemic, the GPs will play an even more important role as the public health facilities will slowly start focusing back to other illnesses.

QR Code for the slides:

MEDEFEND Updates

Reserve your dates for the upcoming MEDEFEND events organised by Marsh Malaysia:

- Breakfast Talk – 12 November 2021 @ 8.30am
  Stay informed on medico-legal issues with our Legal Claims Manager, Ms Christine Ellis.

- Medico-legal Implications in Aesthetic Medicine – 18 November 2021 @ 5pm
  By Associate Professor Dr Ramamurthy (Dr Morthy), President of the International Institute of Wellness & Aesthetic Medicine (IIWAM)
- Talk to Us – 25 November 2021 @ 4pm
  Understand your MEDEFEND coverage better and find answers to any queries you may have. This session is open to all MEDEFEND clients.

For more details on the events listed above, you may contact Ms Shalini via email or phone (shalini.vuthayakumar@marsh.com or 03-2786 2431)

MIMS

MMA and MIMS have a longstanding relationship that is built on years of mutual trust and understanding, and a strong commitment to advancing medical education.

The MMA-MIMS partnership aims to provide quality medical education that is easily accessible online and through mobile devices. The newly revamped MIMS education website provides a more seamless experience to the subscribers, with up-to-date e-learning modules focused on clinically relevant topics launched every month.

MIMS is MMA's preferred CPD partner, and we are constantly working together to provide accessible, quality education to all Malaysian doctors.

In our continuous effort to break the barrier and to reach out to the fraternity, following are the link of our social media pages.

Telegram:

WhatsApp:

Twitter – @malaysianmedic1

"Success is not final; failure is not fatal. It is the courage to continue that counts." ~ ***Winston S. Churchill, former British Prime Minister***

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From the Desk of the
Hon. General Treasurer

Dr Vasu Pillai Letchumanan
Hon. General Treasurer
treasurer@mma.org.my

Update on Resolutions Related to Finance Passed in AGM

I did write about the resolutions in my last article.

Guidelines were drawn on the bereavement payment that was passed as resolution during the recently concluded MMA AGM. The guidelines are based on legal advice and it will be distributed to members.
It is important for members to inform MMA regarding their nominee.

We request kind consideration and cooperation from the members to provide the necessary details as requested. This is one of the important benefits for the members and MMA is obliged to take necessary action in the implementation of resolution. Meanwhile, we hope the members or state MMA informs MMA on the details of deceased members.

This was the same reason for the next of kin information which was requested via an update on MMA mobile app.

Accounts and Taxation for 2020

We are still waiting for date for session with tax agent and council members and state treasurers to give explanation on tax treatment for the society. This will be a useful session for better understanding of tax treatment and tax submission, to help in future submissions.

As agreed by council, cloud accounting will be implemented in 2022, the process to engage the vendor and training of the users will be started before end of year. Majority of the states has agreed and chosen the appropriate package suitable for them.

Property Issues:

Regarding purchase of Melaka property, MMA Foundation has obtained approval from land office but still in the process of getting approval from Minister of Domestic Trade and Consumer Affairs Malaysia. This action is pending and MMA Foundation has been following it up.

For the property purchased by MMA HQ at Plaza Sentral, our lawyer has forwarded the Receipt and Reassignment and Deed of Assignment for the Developer to endorse their consent on both the documents.
The developer has requested additional documents from the seller to complete the action. This is expected to be completed soon. Then we will settle the final payment.

The purchase of second property at Plaza Sentral, we have signed the sales and purchase agreement. The investment in these properties expected to increase revenue of MMA in coming years.

For Selangor property, the Deed of Assignment was forwarded for Developer's endorsement then need to submit for assessment of stamp duty.

With all the proper steps followed; we are assisting with the purchase of the property.

> “We will be organising MMAC 2022 from 27-29 May 2022 and it will be a hybrid event.”

Kenanga Fund Investment:

As written in previously, MMA has invested RM 250,000 into Kenanga's MoneyEXTRA Fund. As this is still short period post investment, the profit at the moment still stands at less than 1%. I shall update periodically on the performance of the fund.

Group Personal Accident insurance (GPA)

MMA has purchased GPA for members, there have been three claims so far. Claimants need to provide adequate information and documents as required by insurer within a time period, we sincerely hope for the kind cooperation of claimants on this matter.

The coverage for death/permanent disablement from accident is RM50,000. Following a covered accident, if the insured is required to undergo outpatient or inpatient treatment or surgical interventions, policy will cover the medical expenses up to RM 2500 per annum.

For any queries on claim purposes, please contact:
BrokingEB@bsompo.com.my

MMA Congress 2022

MMA successfully organised MMAC 2021 in May 2021. We will be organising MMAC 2022 from 27-29 May 2022 and it will be a hybrid event as per allowed SOPs and if it is feasible. This will be another new experience and new endeavour organising a hybrid event. We will update regarding the details once finalised.

As usual, the income and expenditures being monitored closely, strictly adhering to financial guidelines. I would like to thank my finance team headed by Ms Pathma for the great work being done in keeping good financial records for MMA. Please do contact us at treasurer@mma.org.my if any queries or suggestions.

Are you a senior healthcare professional who's retired, retrenched, returning to work, or just simply wish to contribute your experience and be compensated for your time?

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Matching Good Intentions with Appropriate Actions

Health facilities have been identified as one of the first places where domestic violence victims seek help. Thus, any inappropriate responses from the healthcare providers can lead to victims' loss of trust with the services. Worse still, victims return home to their harmful relationship unprepared.

While domestic violence can come in the form of physical, psychological or sexual; victims usually suffer multiple types of abuse at one time. The abuse does not come as a one-off episode but tends to recur and escalate with time.

Domestic violence does not only occur while being married or in a de facto relationship. It usually commences from the early courtship days and can last even after separation has occurred. Victims can feel trapped, fearful of the abuser and isolated from their social support. The clinical encounters can provide opportunities to support these victims, considering the relatively easy access to health facilities.

Victims' Presentations to Health Facilities

Victims of domestic violence are found to have more visits to healthcare facilities than other patients with no domestic violence situation. This is not a surprise considering the chronic nature of domestic violence.

Clinical presentations go beyond the ill health directly impacted from the physical abuse such as physical injuries. Victims may present with anxiety issues such as post-traumatic stress disorder, depression and suicidal tendencies.

They may also present with nonspecific symptoms, chronic pain, and harmful health behaviours including abuse of analgesic, benzodiazepine or other drugs. Unfortunately, the frequent visit and non-specific complaints can cause them to be wrongly classified as 'problematic' patients.

Unplanned pregnancies, miscarriages, and poor pregnancy outcomes are common reproductive health issues in domestic abuse. Victims are more likely to have no appointment or a late booking with poor compliance of antenatal follow-up. Also, not forgetting that victims can also be at health facilities when accompanying their children for childhood immunisation or attending consultations for people under their care.

It is important for healthcare providers to have a high index of suspicion for domestic violence during clinical encounters to avoid missing the underlying issue of violence. Failure to identify abuse leads to victims managing their abusive situation in isolation, causing them to return home ill-equipped of their safety and knowledge of the available options to take.

Discussing Abuse

Initiating a discussion on their abuse experience can be challenging for victims. Consequently, the history of abuse frequently remains hidden despite recurring clinical encounters. Some traditional Asian values leave a strong influence on victims'

> **“Domestic violence does not only occur while being married or in a de facto relationship.”**

decision to disclose abuse to others. This is despite the harm they are going through living in an abusive relationship. The belief in the private nature of issues occurring within an intimate relationship, the need to maintain loyalty and preserving the family sanctity are among the examples of traditional Asian values that hinder victims from disclosing their abuse.

Victims tend to minimise their experience, blame themselves for their partner's abusive behaviours and have a deep feeling of embarrassment about their life situation. They fear retaliation from the abuser if ever the abuser gets to know about their disclosure. Importantly, when it comes to the decision to leave the relationship; the concern of their ability to 'survive' their new life, particularly their financial capability, the risk of losing their children to the abuser and lack of social support can strongly make them hesitate their decision of leaving.

The way healthcare providers communicate can affect victims' decision to reveal their abusive experience. Unfortunately, victims reported negative experiences during clinical encounters. These include being rushed during the clinical consultations, lack of privacy to discuss abuse, perceived lack of interest by the healthcare providers and feeling of being judged upon abuse disclosure.

Similarly, it matters how healthcare facilities provide appropriate signals to indicate its availability to support domestic violence victims. Many community members may not be aware that healthcare services can provide support to victims beyond medical treatment.

The well-established one-stop-crisis centres that are in the emergency department of all public hospitals in Malaysia have been offering both medical and social support (including arranging a safe place to stay and assisting with legal process) in one place. The availability of primary care services in the community, both public and private sectors, can provide early and appropriate domestic violence prevention before the situation turns critical.

Healthcare providers must not wait for the victims to make the first move in discussing abuse; instead, they should start asking their patients regarding domestic violence among patients suspected of having a high risk of abuse.

Worldwide

1 in 3 women
worldwide have been subjected to either physical and/or sexual intimate partner violence in their lifetime

Peterman A, Bleck J, Palermo T. Age and intimate partner violence: an analysis of global trends among women experiencing victimization in 30 developing countries. J Adolesc Health. 2015;57(6):624–30

Malaysia

9% of ever partnered women in Malaysia have been subjected to either type of domestic violence in their lifetime

Shuib R, Endut N, Ali SH, Osman I, Abdullah S, Oon SW, et al. Domestic violence and women's well-being in Malaysia: issues and challenges conducting a national study using the WHO multi-country questionnaire on women's health and domestic violence against women. Procedia – Soc Behav Sci. 2013;91:475–88

1 in 5 women attending Community Clinics
were found to experience domestic violence in the past 12 months

Othman, S. , Choo, W. Y., Mohd Zain, N., Abdul Samad, A. Exploring intimate partner violence among women attending Malaysian Primary Care Clinics. Journal of Interpersonal Violence. 2019 https://doi.org/10.1177/0886260519839426

>1 in 3 women
had experienced violence during pregnancy

- Psychol. violence (29.8%)
- Physical violence (12.9%)
- Sexual violence (9.8%)

Haron K, Shaffie Z, Ghazi HF, Isa ZM. Women's Attitude and Its Influence on Violence During Pregnancy in Northern State of Peninsular Malaysia: Cross-Sectional Study. J Interpers Violence. 2021 Mar;36(5-6):NP2576-NP2600.

Figure 1: Prevalence of domestic violence in the population and health setting

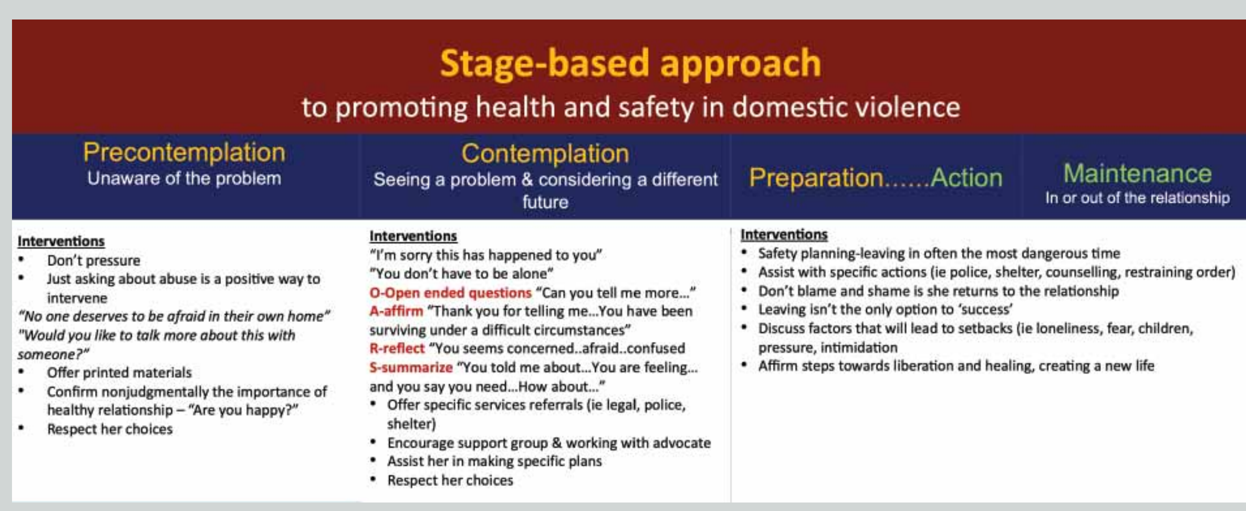

Figure 2: Staged-based intervention for domestic violence

Care when Responding to Abuse Disclosure

Upon hearing a disclosure of domestic violence from an individual, how many of us would automatically advise the person to make a police report? Do you have the urge to get the person to leave their relationship immediately? These seem to be common reactions particularly for healthcare providers who feel the need to remove patients from any kind of harm.

Unfortunately, there are instances where victims of violence are put in a difficult situation when seeking help from others. One of it is about the healthcare providers putting threats of withdrawing support if the victims refuse to make a police report or to leave the relationship.

It is true that making a police report is one of the processes towards a legal intervention in domestic violence and leaving the abusive relationship is a way to prevent further harm. However, victims may not be ready for the suggested actions due to various reasons, which can be hard for those not experiencing abuse to understand.

Placing threats and removing their autonomy to make decisions in clinical encounters unfortunately causes victims to face similar experience as they received from their abuser; that is being controlled and dominated.

Guidance for Appropriate Action

In 2014, the World Health Organization (WHO) produced a clinical handbook to guide healthcare providers in providing care and support for victims of domestic violence and sexual violence. It clarifies ways to fulfil the immediate emotional/ psychological health needs, immediate physical health needs, ongoing safety needs and ongoing support and mental health needs for the victims.

However, there is still a need for locally developed guidelines to suit the local community value system and the resource availability in different health facilities in Malaysia. In addition, a structured training for healthcare providers on this topic should be made available considering that not all healthcare providers receive training on domestic violence management during their professional training.

Acknowledgement:

Acknowledgement to IIRG grant (IIRG004A-2020HWB) for contributing effort to this article.

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THOMSON HOSPITAL
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How does diabetes harm your eyes?

What is diabetes?

Diabetes is a leading cause of ischemic heart disease, stroke, kidney failure, vision loss and lower limb amputation. Diabetes worldwide has increased tremendously over the past few decades, affecting 108 million people in 1980 to 422 million in 2014.[1] The number has continuously risen and it is now a threat to population health. Malaysia is no exception. In fact, we have the highest prevalence of diabetes among Southeast Asian countries (18.3%), with nearly one in five Malaysian adults (18 years and above) having diabetes.[2]

What is Diabetic Retinopathy?

Diabetic Retinopathy (DR) is a progressive disease in which chronic hyperglycaemia causes vascular injury, resulting in leakage and occlusion of small vessels in the eye, which can cause irreversible vision impairment and blindness. The National Eye Survey II (2014) reported that almost all patients with Type I diabetes would develop DR after 20 years of having diabetes, while for Type II diabetes, nearly two-thirds will have some form of retinal changes and retinopathy.[3]

Why is early screening important?

Many people with diabetes are less aware that this chronic disease can cause blindness. The early stages of DR are mostly asymptomatic. However, sight-threatening vision loss can occur if a patient presents late to treatments. In Malaysia, DR is a major cause of blindness in 10.4% of Malaysian older persons.[3] Without undergoing safe and effective routine fundus screening and hence early detection and timely intervention, patients may miss the golden opportunity to preserve their good eyesight. Thus, healthcare professionals play a crucial role in educating the public by making health information available and accessible to them.

When to have a fundus check

When a patient is first diagnosed with diabetes. In cases where the patient has normal fundus, monitoring retinal changes with annual fundus photography can detect and prevent vision loss caused by diabetes.[4]

Diabetic Retinopathy screening programme

The World Health Organisation recently published a short guide for DR screening. This programme is a cost-effective preventive measure to preserve good eye health.[5] Thomson Hospital Kota Damansara is therefore launching a DR screening programme that can benefit patients with diabetes. We are also working to increase public awareness of diabetic-related eye conditions so that Malaysians need not suffer from avoidable vision loss.

Creating Awareness, Preventing Blindness!

If you have patients or clients who will benefit from DR screening, do consider Thomson Hospital Kota Damansara's screening programme. Schedule an appointment with our Eye Health Centre at **+603-6287 1363**.

This article is written by
Thomson Hospital Kota Damansara's
Chief Optometrist
Ms Yong Ai Chee

References:

1. World Health Organisation - Diabetes. https://www.who.int/news-room/fact-sheets/detail/diabetes. Accessed October 21, 2021.
2. Arunah Chandran, Mohd Nazri Abdullah FA. National Diabetes Registry Report 2013-2019.; 2019.
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5. WHO. Diabetic Retinopathy Screening: A Short Guide. Vol 53.; 2020. http://publications.lib.chalmers.se/records/fulltext/245180/245180.pdf%0Ahttps://hdl.handle.net/20.500.12380/245180%0Ahttp://dx.doi.org/10.1016/j.jsames.2011.03.003%0Ahttps://doi.org/10.1016/j.gr.2017.08.001%0Ahttp://dx.doi.org/10.1016/j.precamres.2014.12.

MEET OUR CONSULTANT OPHTHALMOLOGISTS

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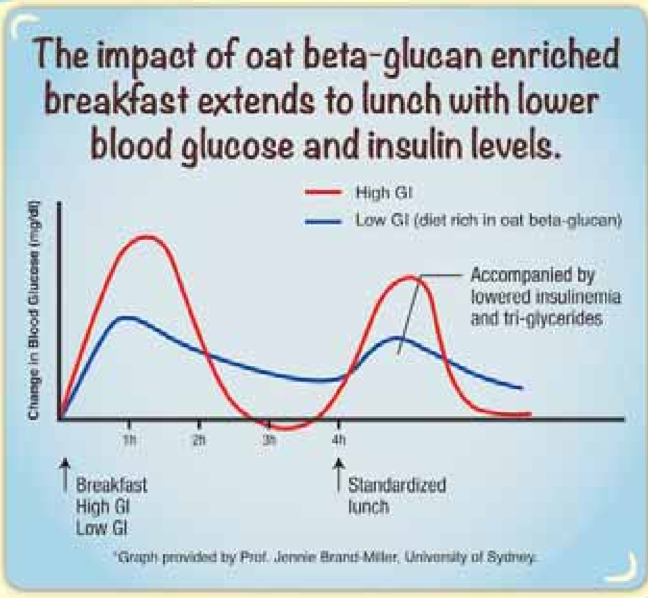
Maintaining Healthy Cholesterol & Blood Glucose Levels with Oat Beta-Glucan

An average Malaysian diet is highly packed with carbohydrates from starchy staples, trans fats and sugars from overly-processed foods – all making it difficult for an average person to get enough fiber and nutrition through diet. Poor diet and sedentary lifestyles might have been contributed to the high prevalence of metabolic disorders such as high blood cholesterol and hyperglycemia in the country.

According to the **European Society of Cardiology (ESC)**, carbohydrate digestion and absorption could be delayed by choosing foods with a low glycemic index. The Glycemic Index (GI) allows identification of those with "fast" and "slow" absorption among carbohydrate-rich foods[1]. It measures how carbohydrate-containing foods raise blood glucose. High GI foods can cause a sudden spike in blood sugar level, which trigger large amount of insulin to be secreted to lower the sugar spike. Consequently, it can increase the risk of type 2 diabetes and other health complications. When low GI foods are consumed, the sugar is gradually absorbed into the body, and therefore the blood sugar level rises gradually, resulting an appropriate amount of insulin is secreted and sugar is promptly taken up by the tissues. Therefore, daily intake of foods high in GI should be limited through **portion size control**.



[1]Graph provided by Prof. Jennie Brand-Miller, University of Sydney.

Oats and oat bran powder are **naturally rich** in the heart-healthy soluble fiber – oat beta-glucan. The cholesterol -lowering and blood glucose-regulating effects of oat beta-glucan depend highly on the molecular weight and bioactivity of the oat beta-glucan, which often destroyed by poor processing control[2]. According to experts, not only we need to consume the recommended 3g oat beta-glucan per day, but also the clinically researched oat beta-glucan in order to achieve the desired health benefits.

Health claims for oat beta-glucan approved by European Food Safety Authority and Ministry of Health Malaysia:

- 3g of oat beta-glucan daily help lower cholesterol.
- Oat soluble fiber (beta-glucan) helps to lower the rise of blood glucose provided it is not consumed together with other food.
- Consumption of beta-glucan from oats contributes to the reduction of the glucose rise after a meal.

Biogrow Oat BG22 oat bran powder provides the 2-in-1 health benefits in a much smaller and easy-to-consume serving size. Some of the advantages of Biogrow Oat BG22 as follow:

- **Provide only the clinically researched bioactive oat beta-glucan with more than 20 published human studies on cholesterol-lowering and blood glucose-regulating effects worldwide[3].**
- **Easy-to-serve daily portion with only 2 scoops/sachets (≈18g) oat bran powder for the recommended 3g bioactive oat beta-glucan.**
- **Lower in calories, higher in total fiber and lactose-free.**
- **Laboratory-tested low in GI (<55), suitable for pre-diabetics and diabetics.**

References:

[1] European Heart Journal (2011).
[2] Holm J et. al., J Cereal Sci. (1985).
[3] EFSA Journal 2010;8:1885[15 pp.].

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References:
1. EFSA Journal 2010; 8(12): 1885
2. Diets that are of low in GI and high in dietary fiber are protective –WHO Europe Diabetes

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The Future of Junior Doctors

“I urge my fellow junior doctors to have a Plan B (and even plan C!) should things not materialise in time for their personal career timelines.”

Since December 2016, junior doctors have been employed on a contract basis. This gave rise to numerous issues at various levels of management. At the ministry level, contract officers were not afforded equal welfare benefits and treatment as permanent officers. At the hospital and departmental levels, there were widespread reports of discrimination against contract officers in terms of assignment to their preferred departments of choice and preferential selection for COVID-19 deployment across the country.

After constant engagement by MMA SCHOMOS with the Ministry of Health (also known as *Kementerian Kesihatan Malaysia*, or KKM), things for contract officers are finally starting to look better. Harmonisation of pay grades between contract and permanent medical officers has been successfully accomplished. YBMK Tuan Khairy Jamaluddin has also reaffirmed the Ministry's commitment towards ensuring that contract doctors are given equal treatment on par with their

permanent counterparts. More importantly, KKM is working on ensuring that contract doctors have equal opportunities to undergo specialist training, be it through parallel pathways or master's programmes with provision of HLP (or its equivalent). We at MMA SCHOMOS are optimistic and hopeful that Tuan Khairy's sincere persistence, together with the perseverance of KKM's top management, will begin to yield positive results soon.

Optimism must nevertheless be tampered with pragmatism. Contract doctor issues extend far beyond just KKM; it also requires the cooperation of the Ministry of Finance, Public Service Department, and the Parliament of Malaysia, to name a few. Apart from an overhaul of the hiring schemes, our Malaysian healthcare system also requires major reform to adequately support our junior doctors in pursuing their professional interests and careers (and ultimately improve healthcare services in Malaysia). The success of these efforts requires the concerted coordination between multiple stakeholders, making the future highly unpredictable. It is therefore prudent to ensure that our own future as a junior doctor in Malaysia remains secure regardless of the circumstances, considering the volatile political situation in our country which can potentially derail previous efforts and progress anytime.

In our bid to secure our futures, it is important to remember that KKM is not the only option for employment in Malaysia. Granted, the Medical Act necessitates that we complete our housemanship training programme and two-year compulsory service within government hospitals, which more often than not are KKM hospitals. It also can be done in university hospitals under Ministry of Higher Education and military hospitals under Ministry of Defence. After completion of compulsory service, some may choose to leave for the private sector as general practitioners. For those whose circumstances allow, furthering their training and careers overseas can be considered – United Kingdom, United States, Australia, and Singapore are popular choices.

While MMA SCHOMOS continues to engage the government in improving on our healthcare system in Malaysia, I personally would like to urge my fellow junior doctors to have a Plan B (and even plan C!) should things not materialise in time for their personal career timelines. Decide on your 10-year goal (e.g., become a specialist), then come up with several possible routes on how to achieve it. Identify common denominators across all routes and prioritise these checkboxes so that one single achievement would help you progress on every route. Find opportunities to strengthen your curriculum vitae and ensure that you remain an undeniably strong candidate regardless of where you land. Finally, be as nimble as possible in switching between the different routes while adapting to the changing circumstances. Do not be afraid to take paths less travelled. On the contrary to what Robert Frost suggests in The Road Not Taken, it does not make a difference as long as the destination remains the same.

To this end, MMA SCHOMOS has implemented a few initiatives to support junior doctors in their career and professional development. We recently instituted the SCHOMOS Committee for Research (SCoRe), which aims to support fledging junior doctors in research and academic writing. The Malaysian chapter of Junior Doctors Network (JDN), currently housed under SCHOMOS, is also actively expanding and looking for representatives for each year of service; JDN aims to be an avenue for networking among doctors in their first 10 years of service, forming a foundation for collaborative professional pursuits. These initiatives are, of course, on top of the ongoing efforts to liaise with the government in improving welfare benefits and career prospects of our doctors.

SCHOMOS welcomes any other suggestions which would benefit our junior members – just drop us a message at our Facebook page! BMMA

Dr Leonard Goh Zhong Ning
Hon. Treasurer SCHOMOS
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Reopening the Nation, Lessons Learned and the Way Forward

At last, after a long period of 18 months, there is light at the end of the tunnel. It's been the ride of our lives for almost everyone, no person or family is left untouched by COVID-19.

Some can never recover from the pandemic having lost family members, business or livelihood and others may take a long time to heal.

Private medical practitioners had been part and parcel of the pandemic response playing integral part in all aspects either officially or on personal basis.

It's safe to say now that without the parts played by private medical practitioners from GPs to private hospitals, the trajectory of the pandemic would not be what it is today.

In all aspects from procurement of donations, COVID-19 testing & management, vaccination and treatment of non-communicable diseases, and so on, the private sector is an invaluable and integral component of Malaysia's COVID-19 fight.

There have been many invaluable lessons learned, sprinkled with some notable successes and also some less-than-ideal outcomes or failures. In each, we must take them positively; upscale what works and strive harder for what needs improvements.

The pandemic has unequivocally shown us that factors such as collaboration, coordination, and the willingness to venture out of our comfort zone, are all key ingredients for positive outcomes and success.

The public-private partnership which was just an abstract conversation all these years when put into real practice proved totally workable that it seems there will be no turning back.

This is reflected from private medical practitioners (PMP) participating in PICK, CAC, COVID-19 testing, Peka B40 and other programmes.

We had also seen key success when initiatives are coordinated well at the height of the pandemic or lukewarm effects when coordination goes haywire.

Physical space replaced by virtual space and conventional methods replaced by "out of the box" methods proved our resilience and innovation when faced with the greatest challenges of our practice and careers.

Practising in isolation, oblivious to the need of others, self-serving agendas, questionable practices, staying only in one's comfort zone, misplaced priorities and ignoring the dictum "primum non nocere" or "first do no harm" had proven to be the down fall for some of us in the fraternity.

We must as private Practitioners put the patients and public interest's above all else, seek collaboration with all and go beyond what is conventional or usual in a post Covid world.

There is no turning back and what was "normal" pre-COVID-19 will never be "normal" again post COVID-19.

The success of PMPs lie in our ability to change and strive harder in a more efficient and innovative approach bearing in mind collaboration and coordination is key for the private sector.

The change we seek all these years from other stakeholders must start with the change in how we think, see and approach a whole new post COVID-19 World. BMMA

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Malaysian Medical Students' Network

> "MMSN is unique in that two systems are running simultaneously."

The Malaysian Medical Students' Network (MMSN), a networking platform for all medical students in Malaysia. How wonderful does it sound? A brainchild of the SMMAMS chairperson 2020/21, it was created to introduce opportunities to medical students who are known to only study and insulate all social or external activities. As he said, as medical students we should know that practising medicine isn't just confined to the four walls of the hospitals, but far beyond it.

We aim to build a robust medical student coalition across the nation by encouraging more national collaboration. MMSN provides a platform where medical students can come together to share, analyse and work in the development of medical education, networking, discussion, event sharing, team building, knowledge exchange, advocacy, and many more.

MMSN is unique in that two systems are running simultaneously; one is a network of all representatives from medical student organisations, while the other is a network of all medical students from 33 MMC recognised medical universities or colleges in Malaysia. With these systems, we hope to increase medical students' opportunities with responsibilities from the representatives to share their activities on the networking platforms.

These structures sound ideal for making Malaysian medical students connect more to each other. However, there are a few obstacles that are in place. Academic

schedules, exam-oriented mind-set, passiveness, the culture of self-sufficiency, lack of understanding between people of different backgrounds have impeded the potential that MMSN could bring. So, what can be done to solve that?

We, the MMSN coordinators, came up with an idea to start a tea session amongst the representatives from each medical student organisation. This would allow them to introduce their organisation and reach out to others if there are any collaborative opportunities. With our busy schedules it was a challenge to align a time where everyone was free. Eventually, some of the absentees had to record a video instead.

During the tea session, the passiveness of some representatives towards networking with each other was still noticeable, which may probably be caused by the other commitments that they have as the leaders of their organisations. We have made sure to ask for feedback from the representatives and plan for further sessions if necessary, to overcome once again the obstacles that the MMSN faces. BMMA

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A Brief Update on Primary Osteoporosis Prevention

> "Current statistics predict a surge in aged population, thus preventing osteoporosis in high-risk groups is essential."

Osteoporosis and related fragility fractures are a global public health problem. Postmenopausal or primary osteoporosis remains the most common metabolic bone disorder. Primary osteoporosis predisposes to brittle bones due to the gradual lack of bone preserving effect of estrogen hormone.

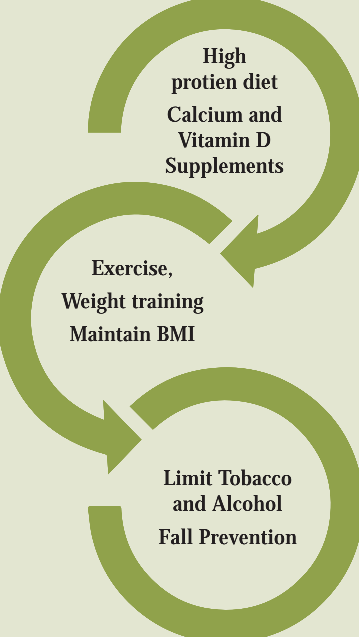
"Osteoporosis-related fractures are common even with minor stress or incidental, which commonly occur in the lumbar spine, hip and wrist." Lim *et al.* reported that osteoporosis among postmenopausal women is about 1-in-4 females in central Malaysia.

Current statistics predict a surge of aged population domestically from 5.3 million in 2013 to 13.9 million in 2050. Thus the role of disease prevention of osteoporosis in high-risk groups becomes essential.

The following review will outline the main prevention methods, including the role of calcium and vitamin D intake, maintaining an ideal weight, high protein diet, maintaining balance and flexibility, fall prevention and pharmacological agents.

Increase Calcium Intake

The availability of calcium is essential for general wellbeing and bone health. However, daily calcium intake recommendations vary between countries. Multiple studies, including a recent meta-analysis by Yingjie *et al.*, demonstrate the positive effect of increased calcium-rich diet and maintenance and protective effect of BMD levels.



The recommended dose is 1200 miligrammes and good natural sources of calcium-rich diets are low-fat dairy products, dark green leafy vegetables, canned salmon or sardines with bones, soy products and calcium-fortified milk, cereals and orange juice.

Vitamin D

Lui *et al.* in 2020 meta-analysis reported vitamin D is essential for the absorption of calcium. Combining Vitamin D and calcium had an additive effect on improving BMD levels and helped reduce the risk of falls. Although we can derive vitamin D3 (cholecalciferol) in the skin when exposed to UV-B rays in sunlight, patients with low mobility and poor accessibility to sunlight would benefit from supplementation.

The recommended dose is between 800-1000 IU per day and suggested natural food includes cod liver oils, salmon, fortified foods (like milk, yoghurt), beans, lentils, nuts, and seeds.

Maintenance of BMI, Protein Intake and Healthy Balanced Diet

Maintaining ideal body weight is important. Systemic reviews have suggested that excess weight may be preferable, rather than underweight (BMI less than 19) as a risk factor.

Increase protein intake as it is one of the building blocks of bone. Maintaining a high protein diet becomes a challenge for a selected part of society, especially low socioeconomic risk groups and vegetarians.

Recommendation for maintenance of normal BMI is aprotein intake of 0.8 gm/kg/day, reduction of smoking, excessive alcohol, sugar and saturated fat.

Exercise and Strength Training

An exercise programme for people with osteoporosis should specifically target posture, balance, gait, coordination, and hip and trunk stabilisation rather than general aerobic fitness. Recent studies support the role of multimodal programs that incorporate short bouts of novel or diverse weight-bearing impact loading activities, progressive resistance exercises targeting muscles attached to or crossing the hip and spine, and functionally challenging balance and mobility activities. Balance exercises such as tai chi, yoga, and walking aids improve overall muscle tone and coordination.

Fall Prevention

There is growing evidence that using proper footwear, use of walking aids, increase use of handrails, especially in stairways and bathrooms, external hip protectors, and anti-slip furniture, is advantageous in preventing falls.

Osteoporosis Pharmacological Agents

Three decades of research on the pathogenesis of osteoporosis have resulted in the availability of newer and more effective drugs. The osteoporosis drugs can be classified into anti-catabolic and anabolic drugs that delineate their respective effects on bone remodelling and increase bone strength.

Anti-catabolic drugs reduce perforative resorption and preserve skeletal framework, increasing bone strengths and reducing bone

remodelling, leading to modest increment of bone mass and reducing overall bone turnover. Classic examples of anti-catabolic drugs are bisphosphonates, selective oestrogen-receptor modulators (SERM; raloxifene), calcitonin, and RANKL antibody (denosumab).

On the other hand, anabolic drugs substantially increase multicellular bone units (BMUs) and induce renewed modelling, increase periosteal apposition, and repair trabecular microstructure. Examples of anabolic osteoporosis drugs are parathyroid hormone or parathyroid hormone-related peptide analogues (teriparatide, abaloparatide).

The treatment recommended by physicians is often based on the estimated risk of the patient fracturing a bone in the next ten years based on diagnostic data from bone density tests. Therefore, if the risk is low, the treatment regimen might not even include drugs but rather focus on lowering bone loss risk factors.

Anti-catabolic Drugs

- **Biphosphonates**
  They are chemically stable analogues of pyrophosphate compounds. At present, the four available options are alendronate, risedronate, ibandronate, and zoledronic acid. These drugs inhibit the farnesyl pyrophosphate synthase enzyme that synthesises isoprenoid lipids, which are required for osteoclast viability and function. These drugs are associated with 40-70% reductions in vertebral fractures and 40-50% reductions in hip fractures. However, it does carry the heavy burden of side effects such as atypical femur fractures and osteonecrosis of the jaw and development of drug resistance post-5-year treatment.
- **Denosumab**
  A human monoclonal antibody to RANKL was used as a novel anti-resorptive drug for osteoporosis. Clinical trials have indicated that denosumab treatment resulted in a 68% reduction in vertebral fractures and a 40% reduction in hip fractures. Denosumab are administered subcutaneously every six months once. The side effects of denosumab are rather similar to bisphosphonates. However, studies have shown that this drug need to be prescribed as a life-long medication, as a sudden cease of denosumab indicates a high risk of spinal column fractures.
- **Teriparatide**
  Clinical trials with teriparatide treatment following an FDA-approved dose of 20 µg/day showed a decreased risk of vertebral fractures by 65% and non-vertebral fractures by 53%. FDA-approved treatment duration with teriparatide is up to 24 months. YouLong et al. meta-analysis in 2020 suggests that teriparatide was better than bisphosphonates in preventing fractures in postmenopausal women with osteoporosis both in the short-term and long-term follow-up periods.

Osteoporotic Medication

Anticatabolic Agents
Biphosphonates
Denosumab
SERM
Calcitonin

Anabolic Agents
Teriparatide
Abaloparatide

Conclusion

Current data support the maintenance of ideal weight, balanced diet, increasing calcium intake, adequate sunlight exposure, and improving balance and basic fall prevention. A short course of bisphosphonates or teriparatide is a proven method in preventing fragility fractures. BMMA

*Intellectuals solve problems. Geniuses prevent them. – **Albert Einstein***

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He has a special interest in cryptocurrency, scuba diving and Liverpool football club.He plans to live to see the day Liverpool win the treble again in the near future.

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WHR 2021
Malaysia (Pandemic And Others)

World Happiness Report (WHR) 20211 ranks Malaysia in the 81st spot out of 149 countries. The nine SEA countries surveyed in WHR 2021 are ranked as follows: Singapore (rank 32, Happiness Score 6.38), Thailand (54, 5.98), Philippines (61, 5.88), Vietnam (79, 5.41), Malaysia (81, 5.38), Indonesia (82, 5.34), Laos (100, 5.03), Cambodia (114, 4.83) and Myanmar (126, 4.43).

Malaysia's WHR ranking has worsened, dropping from second among the nine in WHR 2018. Globally, she has fallen from 51st in WHR 2012 when United Nations Sustainable Development Solutions Network first published WHR.

(WHR Happiness Score is the average for three preceding years. In 2020, no poll was done in some countries due to COVID-19, including Malaysia, Singapore, Vietnam and Indonesia. Their WHR 2021 scores were averaged from 2018 – 2019.)

Malaysia 2006-2019

Malaysia's annual performance deteriorated over 2006-2019 (Table 1).

Table 1: Malaysia 2006-2019 (WHR 2021 Data Panel)

Year	Happiness Score	Log GDP Per Capita	Social Support	Healthy Life Expectancy at Birth	Freedom to Make Life Choices	Generosity	Perceptions of Corruption
2006	6.012	9.84	0.87	64.96	0.837	0.201	0.740
2007	6.239	9.88	0.87	65.12	0.844	0.089	0.799
2008	5.807	9.91	0.80	65.28	0.780	0.044	0.884
2009	5.385	9.88	0.79	65.44	0.874	-0.009	0.858
2010	5.580	9.93	0.84	65.60	0.769	0.032	0.844
2011	5.786	9.97	0.77	65.76	0.840	-0.016	0.842
2012	5.914	10.01	0.84	65.92	0.848	0.017	0.847
2013	5.770	10.04	0.83	66.08	0.791	0.264	0.755
2014	5.963	10.08	0.86	66.24	0.808	0.239	0.845
2015	6.322	10.12	0.82	66.40	0.675	0.222	0.838
2018	5.339	10.22	0.79	67.00	0.875	0.127	0.894
2019	5.428	10.25	0.84	67.20	0.916	0.123	0.782

Six key factors are tabulated with Happiness Score. Nostalgically Malaysia improved in 2019 compared to 2018 for three scores: Happiness (+1.7%), Freedom to Make Life Choices (+4.7%) and Perceptions of Corruption (-12.5%).

Remarkably, her GDP and Healthy Life Expectancy rose faithfully over 2001-2019.

How would Malaysia be in WHR 2022?

Malaysia in COVID-19 Pandemic

COVID-19 Pandemic may well be the biggest health crisis in history. It spawned about 84 million cases and more than 1.9 million deaths in 20202.

Malaysia's 'COVID-19 Deaths per 100,000 Population in 2020' was 1.46, 39th lowest among 163 countries (range 0 to 168.50; average 30.70).

WHR 2021 also analysed 'Excess Deaths in 2020 per 100,000 Population Relative to 2017-2019 Average' (Table 2). Only 64 countries had data for this parameter. Malaysia was exemplary for (1) being one, and (2) ranking fourth best with a score of 9.33 (range -26.47 to 323.48; average 109.16).

Table 2: Excess Deaths in 2020 per 100,000 Population Relative to 2017-2019 Average – Best 10 Nations (64 nations surveyed)

COUNTRY	Relative Excess Deaths	Rank
Mongolia	-26.47	1
New Zealand	-7.56	2
Taiwan	-1.20	3
Malaysia	9.33	4
Norway	10.00	5
Japan	10.15	6
Qatar	11.69	7
Singapore	13.66	8
Iceland	21.45	9
Denmark	25.53	10

WHR 2021 identified political leadership, institutional trust (which correlated well with perception of corruption), social trust (belief in the honesty, integrity and reliability of others) and national level of science knowledge as important factors in influencing a country's performance during the COVID-19 pandemic.

How would Malaysia be on this in WHR 2022?

Healthcare's Future

Malaysian healthcare has done well hitherto. Pioneers with great foresight have been crucial in achieving this through their work to: establish various healthcare components, ensure continuous inflow of healthcare personnel, promote basic and specialised healthcare education, enhance the role of primary care, introduce quality assurance, and initiate solid research (biomedical, public health, clinical, information technology). Let's hope such effort continue without being shortchanged by mercenary interests.

The COVID-19 pandemic has showcased the essentiality of healthcare. It presents a potent reminder on the fallacy of atrocious measure like treating healthcare graduates as cash-draining non-essential contract employees, among others.

Youthful personnel worldwide shoulder an immense portion of the burden of managing COVID-19. They are our treasured future captains and reformers. But we hope remedies and reforms come sooner, if governmental leadership measures up to the task needed. BMMA

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yfnhmc@hotmail.com

A chemist visited a pharmacy and asked the pharmacist," Madam, do you have any acetylsalicylic acid?"

The pharmacist asked," You mean aspirin?"

He replied "That's it! I can't even remember the name."

If you ask a pharmacist for advice on telling a rash joke, they will ask you to make it topical.

What are the differences between a urologist who has been working for ten years and one year?

A vas deferens in experiences.

Mr Lee consulted a urologist for renal stone...

Urologist: "Sir, you needed a cystoscopy for your problem."

Mr Lee: "What is that, doctor?"

Urologist: "Basically, we are going to YouTube your Peetube."

What is the microbiologist's favourite insect?

An ant, because they love their little antybodies.

Why are microbiologists always so happy?

Because they look at the little things in life.

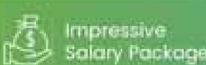
A man goes brings his goldfish to a veterinarian for consultation.

The man: "I think my goldfish is having seizures."

Veterinarian: "But it seems fine now."

The man: "Yeah, but wait, I will take it out from the bowl."

RUMC Careers



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Malay Mail – 29 September 2021

Medical group calls for immediate healthcare reforms as cost for private Covid-19 treatment soars

KUALA LUMPUR, Sept 29 — Malaysia's healthcare urgently needs to be reformed as many patients forced to seek private treatment for Covid-19 have been saddled with pricey hospital bills, the Malaysian Medical Association said today.

Its president Dr Koh Kar Chai said the public may not have been aware of how expensive Covid-19 treatment is — with public institutions heavily subsidised — until now, as private facilities have been roped in, resulting in patients paying up to tens of thousands of ringgit for hospitalisation fees.

He added that without the ability to ascertain the breakdown of the costs, there was no way to justify the bill.

"It does however bring into light the high cost of medical care which has been increasing and will definitely continue to increase, maybe exponentially. Some users of public healthcare services may not realise it but the cost is high in the public sector too.

"We don't see this cost as public healthcare is heavily subsidised by the government," he said in a statement.

He added that many in the lower income bracket would not be able to afford medical insurance and as such would be saddled with bills that they can't pay especially when they've lost their income due to the pandemic.

Dr Koh said the list for government healthcare is also long and not all will survive to get treatment while the 12th Malaysia Plan (12MP) lacked details.

"The current health minister has also been talking about the need for healthcare reforms and we believe that if given the right support, initiation of reforms can happen. Yes, this should be debated in Parliament, but we should not allow it to be all words and no action. Both sides of the political divide need to realise that the time for action is now.

"The 12MP has touched on various aspects of healthcare but is it enough Being included in the 12MP should mean that it has all been thought through and well debated.

"However, some quarters have come out to say that it is not enough and that more should have been included. Without commenting on this, MMA says, 'Work on the reforms immediately',"he said.

In January, the government announced a RM100 million allocation under the Permai assistance package to enhance cooperation between private and public hospitals to combat the Covid-19 pandemic.

Following the announcement, Health director-general Tan Sri Dr Noor Hisham Abdullah said the government has obtained the commitment of several private healthcare facilities to receive referrals and treat Covid-19 patients.

On September 23, the government said it would reimburse Covid-19 patients who were treated privately instead of at public hospitals, but added that payment was case by case.

Health Minister Khairy Jamaluddin said that his ministry has a fund to settle the hospitalisation bills of Covid-19 patients who were referred by public facilities to private institutions.

Malay Mail – 18 October 2021

Get vaccinated before you, loved ones be next Covid-19 victims, Malaysian Medical Association tells anti-vaxxers

KUALA LUMPUR, Oct 18 — The Malaysian Medical Association (MMA) advised the anti-vaxxers to get vaccinated before they or their loved ones become the next Covid-19 victims.

MMA president Dr Koh Kar Chai in a statement said as doctors, the MMA members had seen anti-vaxxer patients changing their tune on vaccines when a family member or they themselves contracted Covid-19.

"Often we see that when a family member dies from Covid-19, all of a sudden the vaccines become important to the surviving family members. So our advice to the anti-vaxxers is to get vaccinated," he said.

Dr Koh said it should be noted that while Covid-19 cases had dipped significantly, there were still patients hospitalised for category three, four and five Covid-19.

"The majority of these cases are unvaccinated individuals," he added.

He said MMA agreed that additional measures on top of the standard operating procedures (SOPs) such as frequent testing would be needed for unvaccinated individuals reporting to work.

"Though it may be an inconvenience to them, it will serve to protect them, their loved ones and colleagues. But the best protection available which they can give themselves is vaccination.

"Sufficient time has been given to educate the public on the benefits of vaccines with more than enough evidence available and yet less than 10 per cent of the population still refuse vaccination," he added.

He said MMA also recommended that aside from educating the public on vaccines, counselling services be offered to those fearing vaccination as fear was a major factor contributing to vaccine hesitancy.

"The government needs to drive the awareness of the need to get vaccinated in order to protect oneself and others around them.

"Malaysia has progressed to phase three and four of the National Recovery Plan (NRP) due to only one reason and that is vaccination," he said. — Bernama

MMA Official Facebook

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ORGANIC FOODS

Chickpeas

Chickpeas are a protein-rich food capable of replacing meat in a meal. A cup of chickpeas provides almost one-third of an adult's daily protein requirements. These high protein contents are essential for bone muscle and skin health.

Chickpeas are also known as garbanzo beans and is a part of the legume family. It has been grown in Middle Eastern countries for thousands of years. Apart from protein, chickpeas are also rich in vitamins, minerals and fibre, which offer a variety of health benefits such as improving digestion, weight control and reducing the risk of several diseases.

One serving of 28 grammes of chickpeas serves a moderate amount of calories (around 46 calories), with approximately 67% of those numbers are from carbohydrates, while the rest comes from protein and a small amount of fat. Recently, this superfood became popular because many people opted to include them in their diet as it suppresses appetite and aids weight loss. The protein and fibre work synergistically to slow digestion, promoting feelings of satiety, which works to lower your calorie intake.

In addition, the low glycemic index (GI) value of chickpeas means that it is good for blood sugar management due to the high fibre content that slows carbohydrate absorption, which supports a steady rise in blood sugar levels rather than a spike. Other excellent benefits of chickpeas are that it is cardioprotective, enhances bone health, reduces cancer risk, improves mental health due to selenium content, and boosts digestion. The bottom line is, this healthy food is incredibly easy to include in the diet, inexpensive, versatile and readily available.

Do you know?

- It is not advisable to consume raw chickpeas as they contain toxins and substances that are difficult to digest
- People who are consuming Beta-blockers to treat blood pressure should eat chickpeas in the small amount due to the risk of high potassium levels when beta-blockers and chickpeas coexist
- Soaking chickpeas overnight before cooking reduces the cooking time, helps breakdown ingredients that can cause gastrointestinal discomfort, and removes some harmful substances in raw legumes
- Regular consumption of chickpeas prevents constipation due to high fibre content
- It is best to avoid canned chickpeas due to high sodium content as a preservative

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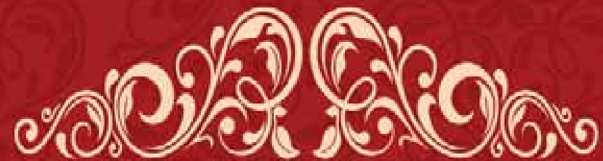

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on the occasion of
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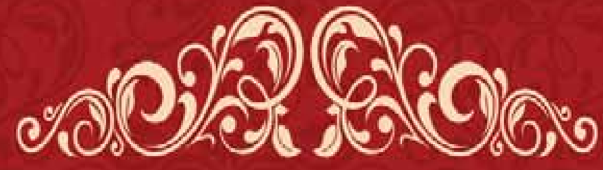
on
9 October 2021



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on the occasion of
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SIGH... MAN, WHAT A HORRIBLE DATE! ALL HE'S DONE SO FAR IS PLAY WITH HIS SMARTPHONE!

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Organiser : MMA SCHOMOS Melaka Branch
Contact : Ms Cindy Ng 012-602 3483
Email : mmamelaka@gmail.com
Website : http://shorturl.at/bxR49

Nov 27

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Venue : Online only
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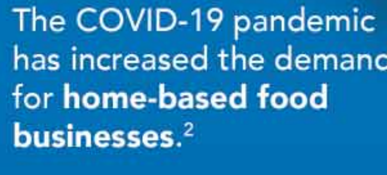
Foodborne diseases may also spread from home-based food businesses[1]



The COVID-19 pandemic has increased the demand for **home-based food businesses**.[2]

However, similar to outside foods, unsafe preparation of home-made foods can also spread **foodborne diseases**.[1]

Typhoid vaccination of home-based food businesses operators protects against the threat of typhoid disease.[3]

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