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S'wak ready to fund CCMS at more health clinics

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GEDONG: Sarawak will work closely with the federal Health Ministry to provide healthcare facilities in the state, including allocating funds where necessary, says Premier Tan Sri Abang Johari Openg.

He said the cooperation included expanding the digitalisation of public health clinics and provision of mobile dental clinics, based on the ministry's recommendation.

For example, he said, the ministry currently has eight mobile dental clinics serving the state.

"Our remote areas are now

connected by road and bridges. We can work together to increase the number of mobile dental buses," he told reporters after launching the state-level cloud-based clinic management system (CCMS) here yesterday.

Abang Johari said the Sarawak government had already allocated RM10mil for the implementation of CCMS at 153 health clinics in the state.

Asked if the state government would provide more funds to implement the system in the remaining healthcare facilities, he said it would not be a problem.



"It depends on what they need. We financed the RM10mil because it was what they needed," he said.

Abang Johari added that the digitalisation initiative reduced bureaucracy for the healthcare profession, enabling patients to be served

more efficiently. "To visit a doctor in the clinic takes less than 30 minutes for the whole process," he said.

Health Minister Datuk Seri Dr Dzulkefly Ahmad (pic), who was also present, said Sarawak was the leading state in implementing CCMS, with 153 healthcare facil-

ties equipped with the system and 70% of patient records digitalised.

Nationwide, the system has been deployed in over 300 healthcare facilities, with plans for its expansion to 2,489 primary healthcare facilities this year.

"This initiative aims to eliminate reliance on burdensome manual systems while establishing a strong digital foundation for the national healthcare system," Dzulkefly said in his speech.

He said preliminary data from CCMS indicated that 75% of patients in Sarawak received treatment within 30 minutes, while the remaining 25% were attended to within 30 to 60 minutes.

Ministry seeks feedback on emergency assistance

PETALING JAYA: The Health Ministry is seeking feedback on whether members of the public should provide voluntary assistance in emergency situations.

The public feedback will allow the government to consider the best way forward in adopting a Good Samaritan law for the nation.

The “Good Samaritan approach” is a principle, often supported by law, that protects individuals who voluntarily help someone in an emergency from being sued for negligence.

This will encourage bystanders to offer reasonable assistance without fear of legal repercussions.

The statement said that hesitation due to fear of harm, lack of knowledge, and concerns over the perception of their actions may impact a person’s willingness to assist someone in need.

The ministry aims to gather and identify the main reasons that discourage or encourage people from helping those in need, whether legal uncertainty is a prominent factor or not, as well as the types of safeguards for those who provide emergency assistance.

The feedback gathered aims to “improve public education and awareness on how to help safely, expand access to training such as CPR and first aid, provide clearer information on existing legal protections and consider whether additional legal or policy measures are appropriate”, as stated in a public consultation paper by United Public Consultation (UPC).

Members of the public are asked to provide their input on the online survey linked and/or submit written comments through the UPC platform.

Johor forms panel to probe alleged negligence in IUCD insertion

JOHOR BARU: The Johor Health Department has formed an investigation committee following claims that a patient experienced complications after the insertion of an intrauterine contraceptive device (IUCD) at the Pekan Nanas Health Clinic in Pontian on Dec 19.

In a statement, the department said the complaint, which recently went viral on social media, was received by the Pontian District Health Office, via the Public Complaints Management System, on Dec 23.

It said the investigation, conducted by the health office, found that the patient had undergone the IUCD insertion procedure by a medical officer, before being referred to the Obstetrics and Gynaecology Department of Hospital Sultanah Aminah here, for further treatment and monitoring after experiencing complications.

"The department views this incident seriously. An investigation committee has been established to thoroughly examine the matter, and appropriate action will be taken, based on the findings of the investigation," the department said, Bernama reported.

It also stressed that the Health Ministry is committed to ensuring that all healthcare services are delivered in accordance with established standards and guidelines, and does not compromise on any form of non-compliance or practice that could affect patient safety and service quality.

The issue came to public attention after a Facebook post by the woman went viral, in which she alleged negligence by a medical officer at a health clinic following an IUCD insertion procedure.

In the post, the woman claimed that she later had to undergo surgery to remove the IUCD, which was believed to have penetrated her uterine wall, leading to serious injuries to her intestines and appendix.

Dental procedures don't raise cancer risk

CANCER is a frightening word, and claims linking routine dental procedures to serious diseases can easily create doubt.

The belief that dental infections could cause diseases elsewhere in the body dates back more than a century, to what was known as the "focal infection theory", says International Islamic University Malaysia kulliyah of dentistry clinical lecturer and endodontist Dr Mohd Nazrin Mohd Isa.

In the early 1900s, medicine was still developing its understanding of microbiology, immunity, and infection control. At that time, it was proposed that bacteria from infected teeth could spread silently through the body and cause a wide range of systemic illnesses.

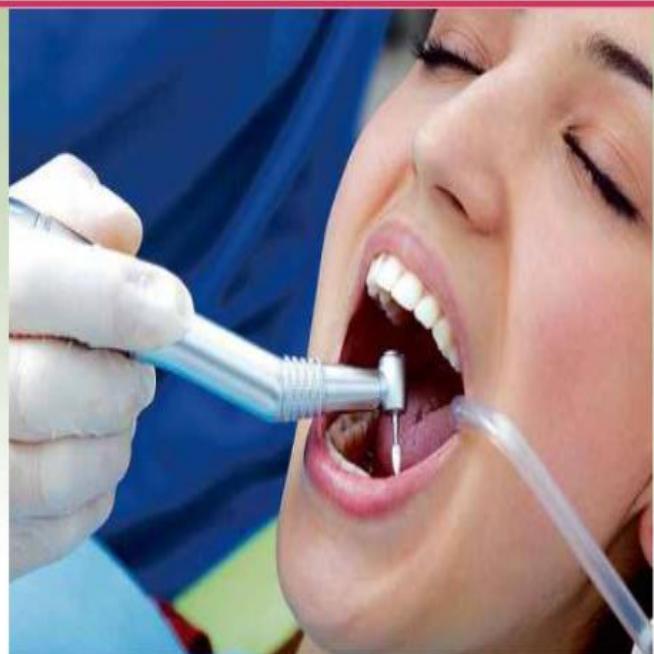
As a result, some early research-

ers and clinicians advocated for aggressive tooth extraction, including the removal of teeth that had undergone root canal treatment.

These recommendations were largely based on animal studies, anecdotal observations, and uncontrolled case reports, conducted long before the advent of sterile techniques, advanced imaging, antibiotics, and modern epidemiological research, he explains.

Over time, this theory was rigorously re-examined and large clinical studies failed to support its claims, and the focal infection theory was ultimately abandoned by mainstream medicine and dentistry as scientifically unsound.

"Claims such as '97 per cent of cancer patients have had root canal treatment' are often circulated online, yet these figures have never been



The belief that dental infections could cause diseases elsewhere in the body dates back more than a century, to what was known as the "focal infection theory". PICTURE: NENSURIA - FREEPIK

Heal

By Meera Murugesan

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published in peer-reviewed scientific journals and lack any methodological credibility," says Dr Mohd Nazrin.

Root canal treatment is one of the most commonly performed dental procedures. While serious illnesses such as cancer may occur over the course of a person's lifetime, particularly as people grow older, the presence of both in the same person does not imply a cause-and-effect.

Research published in a journal of the American Medical Association (JAMA Otolaryngology — Head & Neck Surgery) shows that undergoing root canal does not raise the risk of cancer.

The claim that root canal treatment causes cancer is not supported by scientific evidence and is based on outdated theories that have long been disproven adds UiTM faculty of den-

tistry clinical lecturer and endodontist Dr Afzan Adilah Ayoub.

In today's digital age, health information found online is not always accurate, and fear-based messages especially those involving serious illnesses such as cancer can spread rapidly without proper scientific context.

Unfortunately, old and unverified ideas are sometimes repackaged as "hidden truths," creating unnecessary anxiety among the public.

For this reason, individuals are encouraged to seek information from reliable, evidence-based sources and to discuss any concerns with qualified dental or medical professionals, who are best equipped to provide accurate guidance and support informed health decisions.

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Luka TERBUKA

Risiko Jangkitan dan Langkah Pencegahan

LUKA terbuka merujuk kepada kecederaan pada kulit yang menyebabkan tisu dalaman terdedah kepada persekitaran luar. Keadaan ini boleh berlaku akibat kemalangan, terjatuh, terkena objek tajam, pembedahan, gigitan haiwan atau kecederaan semasa melakukan aktiviti harian.

Walaupun ada luka terbuka yang kelihatan kecil dan tidak serius, hakikatnya luka sebegini berisiko tinggi untuk dijangkiti kuman jika tidak dirawat dengan betul.

Antara risiko utama luka terbuka ialah jangkitan kuman. Apabila lapisan pelindung kulit rosak, bakteria, virus dan kutat dari persekitaran luar mudah memasuki tubuh melalui luka tersebut. Jangkitan boleh menyebabkan luka menjadi merah, Bengkak, panas, bernanah dan menyakitkan. Jika tidak dirawat, jangkitan ini boleh merebak ke tisu sekeliling, aliran darah atau organ lain, sekali gus membawa kepada keadaan yang lebih berbahaya.

Selain itu, luka terbuka juga berisiko menyebabkan pembentukan yang lambat. Jangkitan yang berlaku akan mengganggu proses pembentukan tisu baharu dan menyebabkan luka mengambil masa lebih lama untuk sembuh. Keadaan ini lebih ketara dalam kalangan individu yang menghidap penyakit kronik seperti diabetes, masalah peredaran darah atau sistem imun yang lemah. Luka yang lambat sembuh bukan sahaja menyakitkan, malah boleh meninggalkan parut yang lebih besar dan menjadikan kualiti hidup seseorang.

Risiko lain yang sering dialamkan ialah kemungkinan berlakunya jangkitan tetanus. Tetanus disebabkan oleh bakteria Clostridium tetani yang biasanya terdapat dalam tanah, habuk dan najis haiwan. Luka terbuka, terutamanya luka yang bersifat berkarat atau kotor, boleh menjadi tempat untuk masuk kepada bakteria ini, jika tidak dicegah melalui imunisasi atau rawatan segera, tetanus boleh menyebabkan kekejangan otot yang serius.

Memandangkan pelbagai risiko yang boleh timbul, langkah pencegahan perlu diambil dengan teliti sebaik sahaja luka terbuka berlaku.

Langkah pertama yang penting ialah membersihkan luka dengan segera. Luka hendaklah dicuci menggunakan air bersih dan menggunakan kotonor, darah dan kuman yang melekat. Penggunaan bahan yang terlalu keras seperti alkohol atau antisепik pekat perlu dielakkan kerana ia boleh merosakkan tisu dan melambatkan penyembuhan.

Selepas luka dibersihkan, langkah seterusnya ialah menghentikan pendarahan dan menutup luka dengan

pendarahan dan menutup luka dengan pembalut yang bersih dan steril. Penutupan luka membantu melindungi luka dari kuman dan mengelakkan pendarahan kepada kuman dan kotonor. Pembalut perlu diaturkari secara berterusan untuk mengelakkan kotoran atau kotor, bagi memastikan kebersihan atau luka sentiasa terjaga. Selain itu, luka juga perlu diperiksa secara berkala untuk mengesan tanda-tanda awal jangkitan.

Jangkitan yang berlaku dalam masa 24 jam tidak berhenti lebih daripada 20 minit atau kelihatan dijangkiti, segera pergi ke hospital atau perubatan di klinik berhampiran. Doktor mungkin akan memberikan antibiotik suntikan atau tablet. Jangkitan yang lanjut bergantung kepada tahap kecederaan. Ia wajar bahawa terdapat beberapa komplikasi yang lebih serius dan memastikan luka sembuh dengan baik.

Menutup luka dengan pembalut bukan sekadar kecederaan kecil yang boleh dipandang remeh. Risiko jangkitan tetanus dan infeksi yang perlu perhatian dan penjagaan yang rapat sekali awal. Dengan memahami halaya yang boleh diambil, kita boleh gamalkan langkah pencegahan yang betul seperti membersihkan luka dengan teliti, mencuci dengan baik, menjaga kebersihan, menggamalkan pemakanan seimbang dan menjaga hidup bersih. Selain itu, apabila perlu, risiko jangkitan dapat diminimalkan. Kesedaran dan peringatan awal tentang risiko sahaja mempercepatkan penyembuhan luka, malah melindungi kesihatan dan keselamatan diri secara keseluruhannya.