AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 6
RUANGAN : NATION

NST m/s 6 NATION 22/3/2025 (SABTU)

19 COMPOUNDS ISSUED

Langkawi health authorities fine Ramadan bazaar traders

LANGKAWI: The Langkawi District Health Office has issued 19 compounds totalling RM1,900 to Ramadan bazaar traders here since early Ramadan.

District health officer Dr Mansor Ismail said the fines were for various offences, including failure to undergo food handling training, improper attire and poor personal hygiene.

"A total of 209 traders were inspected during an enforcement operation at the Kuah, Padang Matsirat and Ayer Hangat Ramadan bazaars.

"Three offences were identified under Regulation 30, relating to food handler training, while 15 notices were issued under Regulation 32 for improper food handler attire," he said in a statement yesterday.

Dr Mansor added that one notice was also issued under Regulation 33 for non-compliance with personal hygiene requirements for food handlers.

"During the same operation, 10 ready-to-eat food samples, classified as 'high-risk', were collected from the Kuah and Ayer Hangat bazaars for microbiological analysis.

"The total amount in fines was RM1,900.

"So far, no food stalls at the Ramadan bazaars have been ordered to close," he said.

AKHBAR : THE STAR
MUKA SURAT : 14
RUANGAN : NATION

THE STAR m/s 14 NATION 22/3/2025 (SABTU)

Doctor charged with raping clinic worker

KUALA LUMPUR: A doctor has claimed trial in the Sessions Court here to raping and committing carnal intercourse against the order of nature on a clinic assistant.

The 35-year-old was charged with raping the 21-year-old woman between 4am and 5am on March 15 in a storeroom of a clinic in Pantai Dalam here.

The offence was framed under Section 375(b) of the Penal Code, punishable under Section 376(1), which provides for a maximum 20-year imprisonment and whipping, upon conviction.

He was also accused of committing carnal intercourse against the order of nature on the woman at the same place and time.

The charge under Section 377C of the same Code provides for jail between five and 20 years with whipping, upon conviction.

The accused pleaded not guilty before judge Mohd Zaki Mohd Salleh after the charges were read out here yesterday.

Deputy public prosecutor Nidzuwan Abd Latip did not offer bail.

Lawyer Adi Zulkarnain Zulkafli pleaded for bail to be granted, saying that his client is a practising doctor who has to support a wife and three children.

"The defence does not object if additional conditions are imposed on the accused," he said.

Mohd Zaki allowed bail at RM18,000 in one surety.

He also imposed additional conditions whereby the accused must surrender his passport to the court and report himself to the nearest police station twice a month.

The court also ordered the accused to stay away from prosecution witnesses.

The case is fixed for mention on April 23.

AKHBAR : THE STAR
MUKA SURAT : 8
RUANGAN : ARTIKEL

NST m/s 10 NATION 22/3/2025 (SABTU)

RM18,000 BAIL PAID

Doctor pleads not guilty to raping clinic assistant

KUALA LUMPUR: A doctor yesterday claimed trial at the Sessions Court here to raping and having unnatural sex with his clinic assistant last week.

Dr Mohd Rafi'uddin Hamidon, 35, entered his plea after the charges were read out to him before judge Mohd Zaki Mohd Salleh.

The father of three was accused of raping a woman, aged 21, in a store room at the clinic in Pantai Dalam here between 4am and 5am on March 15.

The charge under Section 375(b) of the Penal Code, and punishable under Section 376(1), carries a maximum jail term of 20 years and caning upon conviction.

He was also charged with committing carnal intercourse against the order of nature against the victim at the same time, place and date.

The charge under Section 377C of the same code provides a jail term of not less than five years and a maximum of 20 years, as well as caning, if found guilty.

Deputy public prosecutor Nidzuwan Abd Latip did not offer bail for the non-bailable offences.

In mitigation, lawyer Adi Zulkarnain Zulkafli asked the court to use its discretion to allow bail as his client was supporting his wife and children.

The judge asked the accused if he was still working at the clinic.

Rafi'uddin answered: "No, I am no longer practising at the clinic."

Zaki then allowed Rafi'uddin bail of RM18,000 with one surety for both charges.

The judge ordered him to surrender his passport to the court, report twice monthly at the nearest police station and barred him from harassing the prosecution witnesses.

The court set April 23 for mention.

Adi said his client had posted bail at about 1.30pm.

AKHBAR : SINAR HARIAN
MUKA SURAT : 13
RUANGAN : NASIONAL

SINAR HARIAN m/s 13 NASIONAL 22/3/2025 (SABTU)

Harian

Doktor didakwa rogol

Mengaku tidak bersalah, ikat jamin RM18,000 bagi dua pertuduhan

Oleh NOOR AZLIDA ALIMIN
KUALA LUMPUR

Dr Mohd Rafi'uddin (tengah) dibawa ke Mahkamah Sesyen Kuala Lumpur pada Jumaat, bagi menghadapi dua pertuduhan merogol dan melakukan persetubuhan luar tabii terhadap pembantu klinik, dua minggu lalu.

Seorang doktor sebuah klinik mengaku tidak bersalah di Mahkamah Sesyen di sini pada Jumaat, atas dua pertuduhan merogol dan melakukan persetubuhan luar tabii terhadap pembantu klinik itu dalam stor, dua minggu lalu.

Dr Mohd Rafi'uddin Hamidon, 35, membuat pengakuan itu selepas pertuduhan dibaca di hadapan Hakim, Mohd Zaki Mohd Salleh.

Mengikut pertuduhan pertama, lelaki itu didakwa merogol seorang wanita berusia 21 tahun di dalam bilik stor sebuah klinik di Pantai Dalam di sini antara jam 4 hingga 5 pagi pada 15 Mac lalu.

Pertuduhan dibuat mengikut Seksyen 375(b) Kanun Keseksaan yang boleh dihukum di bawah Seksyen 376(1) kanun sama yang memperuntukkan hukuman penjara maksimum 20 tahun dan sebatan, jika sabit kesalahan.

Pertuduhan kedua, bapa kepada tiga anak itu didakwa telah melakukan persetubuhan bertentangan aturan tabii terhadap mangsa sama di lokasi, waktu dan tarikh sama.

Pertuduhan dibuat Seksyen 377C Kanun Keseksaan yang membawa hukuman penjara antara lima hingga 20 tahun dan sebatan, jika sabit kesalahan.

Hakim Mohd Zaki membenarkan tertuduh diikat jamin RM18,000 bagi kedua-dua pertuduhan termasuk syarat tambahan, menyerahkan pasport kepada mahkamah, tidak mengganggu saksi dan melapor diri di balai polis berdekatan dua kali sebulan.

Mahkamah menetapkan sebutan semula kes pada 23 April ini.

AKHBAR : THE STAR
MUKA SURAT : 11
RUANGAN : ARTIKEL

KOSMO M/S 12 NEGARA 22/3/2025 (SABTU)

Doktor dituduh rogol pembantu klinik dalam stor

- **Wanita 22 tahun jadi mangsa ketika waktu sahur**
- **Bapa tiga anak turut didakwa lakukan seks luar tabii**

Oleh NUZULSHAM SHAMSUDDIN

KUALA LUMPUR – Seorang doktor sebuah klinik didakwa di Mahkamah Sesyen, di sini semalam atas pertuduhan merogol dan melakukan persetubuhan luar tabii terhadap seorang pembantu klinik wanita minggu lalu.

Tertuduh Dr. Mohd. Rafi'uddin Hamidon, 35, mengaku tidak bersalah terhadap dua pertuduhan yang dibacakan di hadapan Hakim Mohd. Zaki Mohd. Salleh.

Mengikut pertuduhan pertama, tertuduh didakwa telah merogol seorang wanita berusia 22 tahun dalam bilik stor sebuah klinik di Pantai Dalam, di sini antara pukul 4 pagi hingga 5 pagi pada 15 Mac lalu.

Bagi kesalahan itu, pertuduhan terhadapnya dikemukakan mengikut Seksyen 375(b) Kanun Keseksaan yang boleh dihukum di bawah Seksyen 376(1) Kanun sama yang memperuntukkan hukuman penjara maksimum 20 tahun dan sebatan jika sabit kesalahan.

Mengikut pertuduhan kedua, tertuduh dengan sengaja didakwa telah melakukan persetubuhan yang bertentangan dengan

DR. MOHD. RAFI'UDDIN ketika dibawa ke Mahkamah Sesyen Kuala Lumpur semalam.

luar tabii terhadap mangsa sama pada tempat, waktu dan tarikh sama yang didakwa mengikut Seksyen 377C Kanun Keseksaan.

Hukuman bagi seksyen itu memperuntukkan hukuman penjara tidak lebih lima tahun dan maksimum 20 tahun dan sebatan jika sabit kesalahan.

Terdahulu, Timbalan Pendakwa Raya Nidzuwan Abd Latip tidak menawarkan jaminan terhadap tertuduh kerana kedua-dua pertuduhan itu tidak boleh dijamin selain kesalahan yang dilakukan serius.

Bagaimanapun, peguam Adi Zulkarnain Zulkafli yang mewakili tertuduh memohon mahkamah memberikan ikat jamin dengan alasan anak guamnya mempunyai tanggungan keluarga.

"Tertuduh merupakan bapa tiga anak dengan anak bongsu yang baru lahir. Pihak pembelaan juga tiada bantahan sekiranya mahkamah meletakkan apa-apa syarat tambahan," kata peguam itu.

> "Tertuduh merupakan bapa tiga anak dengan dengan anak bongsu yang baru lahir. Pihak pembelaan juga tiada bantahan sekiranya mahkamah meletakkan apa-apa syarat tambahan."

Mendengar perkara itu, Hakim Mohd. Zaki kemudian bertanya adakah tertuduh masih berkhidmat di klinik itu (tempat kejadian), dan tertuduh menjawab tidak.

"Saya tidak lagi beramal (berkhidmat) di klinik tersebut," kata tertuduh.

Selepas mendengar permohonan kedua-dua pihak, mahkamah kemudian membenarkan tertuduh diikat jamin RM18,000 bagi kedua-dua pertuduhan berserta syarat tambahan.

Syarat-syarat tambahan itu ialah pasport perlu diserahkan kepada mahkamah, tidak menganggu saksi pendakwaan serta melapor diri di balai polis berdekatan dua kali sebulan.

Mahkamah kemudian menetapkan 23 April ini bagi sebutan semula kes.

AKHBAR : THE STAR
MUKA SURAT : 16
RUANGAN : OPINION

Medicine based on care, not price

THE Federation of Private Medical Practitioners' Associations Malaysia (FPMPAM) supports the recent statement by the Association of Private Hospitals Malaysia (APHM) rejecting the call by insurance and takaful operators to freeze private healthcare costs, and for the Health Ministry to regulate prices of medication – the latter would mean restricting the choice of medicines given to patients based purely on price rather than on need and cost effectiveness.

The rising cost of medical care is influenced by multiple factors beyond the control of the doctor; this includes wages, higher prices for medical supplies, increased operational costs and the growing burden of medical liability (ie rising insurance premiums for doctors and hospitals). Any attempt to artificially freeze costs could compromise the quality of healthcare services and restrict patient access to timely and necessary treatment.

Furthermore, FPMPAM strongly advises private doctors to report any insurer or managed care organisation guarantee letter conditions that interfere with clinical decisions or contain exclusion clauses that compromise patient care and safety. We urge all practitioners to document and escalate such instances to the relevant authorities, including the Health Ministry's Private Medical Practice Control Division (CKAPS) as well as Bank Negara Malaysia.

It is crucial that patient care remains the top priority, free from influence by payers seeking to profit at the expense of medical decisions. We also question what grounds and expertise insurers and payers have to impose exclusions and limitations on treatment as such decisions must be based on sound medical evidence and clinical judgment rather than financial considerations.

FPMPAM will continue working with all stakeholders, including APHM, to advocate for a balanced and sustainable healthcare financing model that safeguards professional autonomy and ensures that patients receive the best possible care.

DR SHANMUGANATHAN TV GANESON
President
Federation of Private Medical Practitioners' Associations Malaysia

AKHBAR : THE STAR
MUKA SURAT : 6
RUANGAN : NATION

THE STAR M/S 6 NATION 22/3/2025 (SABTU)

First aid responders call for more AEDs in public spaces

PETALING JAYA: More automated external defibrillator (AED) devices should be installed in places such as public buildings, places of worship and schools, say first aid responders.

St John Ambulance of Malaysia executive manager Kevin Peter Ryapan said teaching the community on awareness, skills and use of equipment related to cardiac arrest emergencies can lead to improved survival rates.

He said his organisation has installed, via public donations, more than 90 AED devices within and outside of Klang Valley.

"We saw with our own eyes that cardiopulmonary resuscitation (CPR) alone could not solve the challenges but AED will make a lot of difference," he said in an interview.

Kevin said a teenager had helped save a friend's life who had collapsed at her dormitory.

"The 16-year-old with a heart condition which was not detected earlier, fell unconscious in her dormitory.

"She is a badminton player and was training hard for the game.

"Luckily, her friend helped her by using the AED," he added.

He said that St John Ambulance of Malaysia will continue to work closely with grassroots NGOs, schools and communities to install AEDs at their premises.

"We were notified of a teacher who passed away due to cardiac arrest at school some two to three weeks ago. The school then ordered the installation of an AED," he said.

Kevin also hoped the authorities can give an update to the ruling that it will be mandatory for the installation of AED devices at public facilities by 2025.

"There was a previous ruling on this but there was a change of government. So we are unsure what is the latest position on this directive," he said.

Malaysian Association of Private Colleges and Universities president Datuk Parmjit Singh also agreed that the AED should be installed in more places including in private and public learning institutions.

"Cardiac arrests are not just restricted to older persons but are also prevalent among younger people.

"Every university should be equipped with AEDs and have staff trained to deploy them when the need arises," he said.

The correct way: St John Ambulance of Malaysia national staff officer (operation) and tutor Duncan Oh (centre) showing Muslim Nazari, 37, (right) and Lim Sue Lin, 38, how CPR is done and how AED is used on a mannequin in Kuala Lumpur. – SAMUEL ONG/The Star

KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA
22 MAC 2025
(SABTU)

AKHBAR : THE STAR
MUKA SURAT : 6
RUANGAN : NATION

Reports by RAHIMY RAHIM, GERARD GIMINO, RAGANANTHINI VETHASALAM and TRACY GUNAPALAN

THE STAR M/S 6 NATION 22/3/2025 (SABTU)

Heart disease a concern for all ages

Rising cases among youths linked to poor diet and lack of exercise, among others

PETALING JAYA: Having been born with a congenital heart defect, Sheena has battled a life and death situation twice in her lifetime.

"I was born with heart disease and had to undergo open-heart surgery when I was six," says the 28-year-old executive.

"I had another episode at 26 when I collapsed and my colleagues rushed me to hospital. I was hospitalised for a week."

Sheena, who was diagnosed with heart disease as a child, said she was robbed of a normal childhood.

"I had to be extra careful with my diet and I could not participate in physical activities. I often felt left out," she said.

Even as an adult, she remains mindful of participating in physical activities, her diet, and she goes for regular check-ups.

Dr Wong Teck Wee, a consultant interventional cardiologist and physician at the iHEAL Medical Centre in Kuala Lumpur, said ischaemic heart disease is no longer a condition confined to older adults.

YOUR RIGHT to know

He said ischaemic heart disease happens when vessels supplying blood to the heart become narrowed or blocked, mostly due to fatty deposit build-up.

"We are seeing heart disease among younger people, even in their 30s and 40s, and in some cases, even earlier," he added.

Dr Wong attributed the rising number of cases to poor diet, lack of exercise, stress, heavy smoking, and rising rates of obesity, high cholesterol, and diabetes among the younger population.

He said having a balanced diet rich in fruits, vegetables, whole grains and low fats can help lower the risk of heart disease.

Dr Wong said the most common and tricky part of ischaemic heart disease is that early on blockages at less than 70% can be silent.

"Some people may feel fine until it's quite advanced," he said, adding that such conditions can be detected through routine health screenings, electrocardiograms, stress tests or coronary computerised axial tomography (CT) scans.

Consultant cardiologist and electrophysiologist Dr Sathvinder Singh Gian Singh said early heart disease signs include chest pain or discomfort upon exertion.

This can be accompanied with sweating or pain radiating to the left arm, back and jaw.

Other signs are shortness of breath on mild exertion and swelling on the legs, needing to sleep with the pillow at higher angles, waking up at night while gasping for air or experiencing fainting episodes and palpitations.

"These are early signs that you might have a pending heart attack," said Dr Sathvinder, who is attached to Hospital Sultan Idris Shah, Serdang.

Early signs of a heart attack, he added, include sudden pain or pressing on the front of the chest that does not go away or gets worse.

"This can happen with or without accompanying signs of sweating or pain going to the left arm, back or jaw. The patient should be rushed immediately to the nearest health care facility," he added.

He said if the person is not responsive, an automated external defibrillator (AED) can be used to assess his heart rhythm and he might need an electrical cardioversion if necessary.

Consultant sports medicine physician Dr Arvin Raj Goonasegaran advised sedentary individuals to get pre-clearance from sports physicians if they want to take part in physical activities.

"This will be helpful in excluding cardiac conditions, allowing physicians to give recommendations on how to go about exercising. Start slowly and progressively increase difficulty and duration of exercise as you adapt to it."

FOR MORE:
See next page

AKHBAR : BERITA HARIAN
MUKA SURAT : 32
RUANGAN : SIHAT

BH m/s 32 SIHAT 22/3/2025 (SABTU)

Sempena Hari Tibi Sedunia 2025

Batuk disertai darah atau kahak berdarah tanda serius

Pakar Perubatan Keluarga, Jabatan Perubatan Keluarga Fakulti Perubatan Sains dan Kesihatan, Universiti Putra Malaysia (UPM)

Oleh Prof Dr Ching Siew Mooi

Tarikh 24 Mac adalah sambutan Hari Tibi Sedunia, iaitu hari yang dikhaskan untuk meningkatkan kesedaran mengenai penyakit tuberkulosis yang kesannya begitu dahsyat terhadap kesihatan awam seluruh dunia.

Tema tahun ini, 'Bersatu Untuk Menghapuskan Tuberkulosis' menekankan kepentingan usaha bersama di seluruh dunia untuk mengatasi tibi daripada mengancaman kesihatan awam.

Walaupun penyakit ini dapat dicegah dan dirawat, tibi masih meragut berjuta-juta nyawa setiap tahun.

Tibi ialah penyakit berjangkit yang disebabkan oleh bakteria *mycobacterium tuberculosis* yang ditemui oleh Robert Koch pada 1882. Ia menyerang paru-paru dan juga boleh menjejaskan organ lain.

Tibi merebak melalui udara apabila individu yang dijangkiti batuk, bersin atau bercakap. Penyakit tibi mempunyai beberapa ciri yang perlu diawasi dengan teliti untuk memastikan diagnosis dan rawatan yang tepat.

Pertama, gejala tibi sering kali tidak spesifik dan boleh disalah anggap sebagai penyakit biasa seperti selesema atau batuk biasa.

Gejala utama termasuk batuk berterusan lebih dua minggu, demam yang berpanjangan, berpeluh malam, penurunan berat badan yang tidak dapat dijelaskan dan keletihan yang melampau.

Batuk yang disertai dengan darah atau kahak berdarah adalah tanda yang lebih serius dan memerlukan perhatian segera.

Selain paru-paru, tibi juga boleh menjejaskan organ seperti tulang, sendi, buah pinggang dan otak yang boleh menyebabkan gejala berbeza bergantung kepada organ yang terjejas.

Oleh itu penting untuk mendapatkan pemeriksaan perubatan jika gejala-gejala ini berterusan atau bertambah teruk.

Individu dengan sistem pertahanan yang lemah, seperti mereka yang menghidap HIV/AIDS, kencing manis atau menerima rawatan kanser seperti kemoterapi, lebih berisiko dijangkiti tibi.

Kumpulan berisiko tinggi lain termasuk perokok, individu yang kurang zat makanan dan mereka yang tinggal atau bekerja di tempat sesak seperti penjara, tempat perlindungan atau kem-kem pelarian.

Rawatan tibi

Rawatan tibi memerlukan komitmen tinggi daripada pesakit dan sokongan berterusan daripada pihak perubatan.

Rawatan standard untuk tibi membabitkan pengambilan gabungan antibiotik selama enam hingga sembilan bulan.

Antibiotik yang biasa digunakan termasuk *isoniazid, rifampisin, pyrazinamide* dan *ethambutol*.

Adalah penting untuk pesakit mengambil ubat secara konsisten dan mengikut jadual ditetapkan untuk mengelakkan rintangan ubat dan memastikan keberkesanan rawatan.

Pendekatan *Directly Observed Treatment, Short-Course* (DOTS) sering digunakan untuk memastikan pesakit mengambil ubat mereka seperti yang diarahkan.

Dalam kes tibi yang tahan pelbagai ubat (MDR-TB), rawatan mungkin lebih panjang dan membabitkan ubat-ubatan yang lebih kuat dengan kesan sampingan yang lebih serius.

Sokongan psikologi dan pemantauan kesihatan yang rapi juga diperlukan untuk membantu pesakit melalui tempoh rawatan yang panjang dan mencabar ini.

Tibi biasanya dirawat dengan gabungan pelbagai antibiotik dalam satu pil ubat untuk tempoh enam hingga sembilan bulan.

Bagi mengurangkan ketidakpatuhan, rintangan ubat dan berulangnya jangkitan, pendekatan *Directly Observed Treatment, Short-Course* (DOTS) sering digunakan iaitu pegawai perubatan atau sukarelawan terlatih akan memantau dan memastikan pesakit mengambil ubat seperti yang diarahkan.

Komplikasi akibat tibi yang tidak dirawat atau tidak diuruskan dengan baik termasuk kerosakan paru-paru, kegagalan pernafasan, pleuritis, tibi tulang belakang, meningitis, disfungsi buah pinggang atau hati, kemandulan, tibi perikarditis, kegagalan pelbagai organ dan kematian.

Walaupun penyakit tibi boleh dirawat dengan antibiotik tetapi kita masih menghadapi cabaran seperti kelewatan diagnosis, ketidakpatuhan rawatan dan tibi tahan pelbagai ubat (MDR-TB) menekankan keperluan untuk campur tangan yang lebih intensif.

Di Malaysia, pada 2023, jumlah kes tibi yang dilaporkan meningkat kepada 26,781, berbanding 25,391 pada 2022.

Dengan 10.6 juta kes baharu dilaporkan seluruh dunia pada 2022 dan 1.3 juta kematian, adalah penting bagi kita semua untuk meningkatkan kesedaran terhadap penyakit ini dan mendapat rawatan dengan segala jika dijangkitinya.

Matlamat Hari Tibi Sedunia 2025

Matlamat Hari Tibi Sedunia 2025 menekankan beberapa aspek yang penting.

Pertama, meningkatkan kesedaran mengurangkan stigma dan menggalakkan diagnosis awal serta rawatan.

Program pendidikan komuniti boleh memberi kuasa kepada individu untuk mengenali gejala dan mendapatkan rawatan perubatan dengan segera.

Kedua, akses kesihatan sejagat memastikan pencegahan dan rawatan tibi yang adil, terutama untuk golongan yang terpinggir. Menangani penentu sosial kesihatan dapat memperbaiki hasil rawatan dan mengurangkan jurang dalam penjagaan tibi.

Ketiga, pelaburan dalam alat diagnostik baru, vaksin dan rejimen rawatan lebih pendek adalah penting untuk mengakhiri penyebaran tibi.

Kemajuan teknologi seperti *artificial intelligent* dalam diagnosis tibi, menawarkan penyelesaian yang menjanjikan untuk meningkatkan akses dan ketepatan penjagaan kesihatan.

Keempat, kerjasama antara kerajaan, organisasi bukan kerajaan dan agensi antarabangsa seperti Pertubuhan Kesihatan Sedunia (WHO) amat penting untuk menggabungkan sumber dan kepakaran.

Strategi *End TB WHO* menjadi panduan untuk mencapai matlamat penghapusan tibi global.

info

Apa itu Tuberkulosis?

- Penyakit berjangkit berpunca daripada bakteria mycobacterium tuberculosis dan boleh membawa maut.

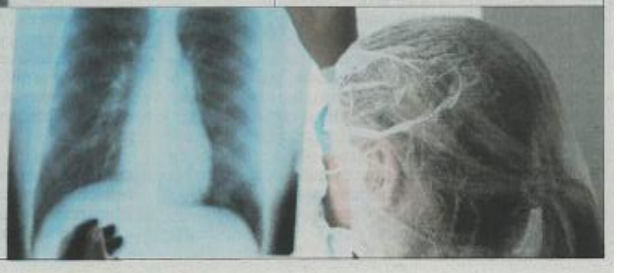
Cara ia merebak

- Melalui udara apabila pesakit batuk, bersin dan berbual dengan orang lain.

Tanda dan gejala

- Batuk melebihi 2 minggu.
- Demam.
- Hilang selera makan.
- Susut berat badan.
- Batuk berdarah.

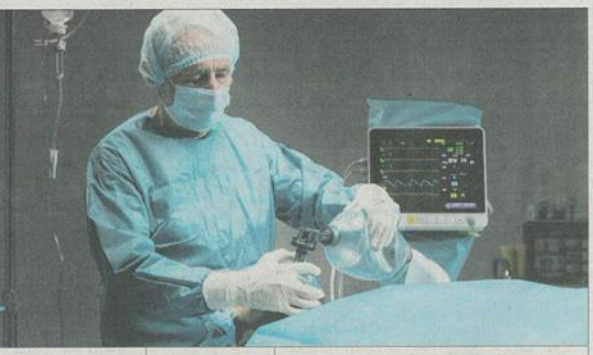
Sumber: Kementerian Kesihatan



AKHBAR : BERITA HARIAN
MUKA SURAT : 32
RUANGAN : SIHAT

BH M/S 33 SIHAT 22/3/2025 (SABTU)

Risiko kecederaan otak traumatik di musim perayaan



80 peratus kes trauma berpunca daripada kemalangan jalan raya

Menjelang musim cuti perayaan yang semakin hampir, pasti banyak keluarga sudah merancang perjalanan dinanti-nantikan untuk meluangkan masa berkualiti bersama.

Apa yang membimbangkan, pertambahan jumlah pengguna jalan raya menyebabkan kemalangan jalan raya juga meningkat.

Akibatnya, ada mangsa kemalangan berpotensi mengalami kecederaan otak traumatik (KOT).

Menurut Pangkalan Data Trauma Malaysia Kebangsaan, hampir 80 peratus kes trauma berpunca daripada kemalangan jalan raya dengan 64 peratus kejadian membabitkan KOT dan antaranya berpunca daripada tidak memakai tali pinggang keledar dan topi keledar bagi penunggang motosikal.

Perunding pakar bedah saraf di Pusat Perubatan Sunway (SMC), Bandar Sunway Dr Johan Quah Boon Leong, berkata keadaan ini semakin membimbangkan apabila kadar kemalangan jalan raya di Malaysia meningkat kepada 545,585 pada 2022 berbanding 370,000 pada 2021 dan melonjak kepada 598,635 pada 2023.

"Berdasarkan pengalaman saya, punca utama KOT ialah tidak memakai tali pinggang keledar dan menunggang motosikal tanpa topi keledar.

"Kemalangan yang berlaku pada kelajuan 20 kilometer sejam (km/j) ke atas motosikal atau kereta yang tidak menggunakan tali pinggang keledar juga boleh mengakibatkan kecederaan.

"Ia tidak hanya mengenai kelajuan, tetapi mengenai perlindungan yang tidak mencukupi," katanya.

Dr Johan Quah Boon Leong

Langkah pencegahan

Beliau berkata, langkah pencegahan seperti pemakaian topi keledar, tali pinggang keledar dan pemanduan berhemah dapat menurunkan kadar kemalangan jalan raya sekali gus mengurangkan risiko KOT.

Namun ramai mengabaikan langkah itu hingga menjadi punca utama kematian dan hilang upaya di seluruh dunia dengan menjejaskan lebih 69 juta orang setiap tahun.

"Asia Tenggara terutamanya, menyumbang kepada 56 peratus daripada kes global berbanding hanya 25 peratus di Amerika Utara. Menurut Laporan Rawatan Rapi Malaysia pada 2017, kecederaan kepala adalah antara sebab utama kemasukan pesakit ke unit rawatan rapi, berjumlah 7.1 peratus," katanya.

Dr Johan berkata, KOT boleh dibahagikan kepada KOT terbuka iaitu objek asing seperti peluru atau serpihan menembusi tulang tengkorak dan KOT tertutup yang berlaku apabila daya luar menyebabkan otak terhentak atau bergerak di dalam rongga tengkorak tanpa melibatkan penembusan pada tulang tengkorak.

"KOT boleh dihidapi oleh sesiapa sahaja tanpa mengira umur. Terjatuh, kemalangan jalan raya, kecederaan sukan dan hentakan daripada objek merupakan antara sebab utama ia terjadi.

Mangsa kemalangan jalan raya berpotensi mengalami kecederaan otak traumatik. (Foto hiasan)

"Data menunjukkan KOT paling lazim berlaku dalam kalangan anak muda yang menunggang motosikal dan kanak-kanak. Mereka adalah golongan berisiko tinggi," katanya.

Tidak hanya menyebabkan trauma fizikal serta-merta, beliau berkata, KOT juga memberi kesan jangka panjang kepada pesakitnya kerana mereka mungkin mengalami hilang ingatan, kesukaran untuk fokus, perubahan personaliti, kemurungan, keresahan, perubahan mood, sakit kepala kronik dan pening.

"Kes KOT yang teruk pula boleh membawa kepada ensefalopati traumatik kronik (CTE) dan demensia pascatrauma (PTD), sekali gus menjejaskan lagi fungsi kognitif dan motor.

"Keadaan ini lama-kelamaan akan mempengaruhi kehidupan seharian, menjejaskan pekerjaan, perhubungan, serta memerlukan sokongan perubatan dan psikologi berpanjangan," katanya.

Menurut Dr Johan, KOT boleh berlaku dalam pelbagai peringkat, daripada ringan hingga serius.

Tahap keterukan KOT ditentukan menggunakan Skala Koma Glasgow yang mengukur tahap kecederaan berdasarkan keupayaan seseorang untuk mengikuti arahan, pergerakan mata, dan pertuturan jelas.