

AKHBAR : KOSMO
MUKA SURAT : 20
RUANGAN : WHATAPP

■ SYABAS kepada pihak sukarelawan negara yang terus berusaha untuk membantu pelarian etnik Rohingya dengan membuka Hospital Medan di Bangladesh bagi memberikan rawatan.
>LAMIN

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 29
RUANGAN : DALAM NEGERI

Jong-nam sukar bernafas

SHAH ALAM 28 Nov. - Mahkamah Tinggi di sini hari ini diberitahu, lelaki Korea Utara, Kim Chol atau turut dikenali sebagai Kim Jong-nam mengalami kesukaran bernafas selepas diracun dengan agen saraf VX.

Menurut Pegawai Perubatan Jabatan Patologi Hospital Kuala Lumpur (HKL), Dr. Nur Suraya Jamaluddin, 33, hal itu berlaku berikutan paras enzim *kolinesterase* yang terlalu rendah.

"Secara ringkas, enzim *kolinesterase* berperanan untuk menjaga keseimbangan pengecutan dan pengenduran otot serta kawalan kelenjar termasuk otot paru-paru. Enzim itu berfungsi untuk memecahkan kolin (cholin) di hujung saraf bagi membolehkan pengenduran berlaku dan otot boleh

berada dalam keadaan relaks selepas mengecut.

"Sekiranya paras enzim terlalu rendah, otot paru-paru akan terus mengecut, salur pernafasan menghasilkan lendir yang banyak, menjadikan pernafasan lebih sukar, akhirnya membawa kepada kematian," katanya.

Keadaan itu juga akan mengakibatkan paru-paru Jong-nam mengeluarkan bunyi, kata Nur Suraya ketika sesi pemeriksaan utama oleh Ketua Unit Bicara dan Rayuan, Jabatan Peguam Negara, Wan Shahrudin Wan Ladin.

Saksi pendakwaan ke-22 itu berkata demikian dalam perbicaraan terhadap wanita Indonesia, Siti Aisyah, 25, dan warga Vietnam, Doan Thi Huong, 28, yang didakwa membunuh Jong-nam, 45, bersama-sama empat individu yang masih bebas di Balai Berlepas, Lapangan Terbang Antarabangsa Kuala Lumpur 2 (KLIA2),

Sepang kira-kira pukul 9 pagi, 13 Februari lalu.

Perbicaraan yang masuk hari ke-21 hari ini melibatkan pertuduhan mengikut Seksyen 302 Kanun Keseksaan yang memperuntukkan hukuman mati mandatori jika sabit kesalahan.

Terdahulu, saksi pendakwaan ke-21, Pegawai Sains Jabatan Patologi HKL, Nurulhuda Kaidar, 31, memberitahu, paras enzim *kolinesterase* Jong-nam ialah 344 unit bagi setiap liter (UL) iaitu sangat rendah berbanding paras normal di antara 5,320 hingga 12,920UL.

Ketika disoal balas oleh peguam bela, Gooi Soon Seng yang mewakili Siti Aisyah, Nurulhuda memberitahu, dia tidak mengetahui apa yang menyebabkan paras enzim itu menjadi rendah kerana ia di luar bidang tugasnya.

Perbicaraan di hadapan Hakim Datuk Azmi Ariffin bersambung esok.



AKHBAR : MALAY MAIL

MUKA SURAT : 5

RUANGAN : TOP NEWS

Jong-nam had difficulty breathing before dying'

SHAH ALAM — A medical officer told the High Court here yesterday that Kim Chol or Kim Jong-nam, the estranged brother of North Korean leader Kim Jong-un, suffered breathing difficulties due to his low cholinesterase enzyme level that could have led to his death.

Dr Nur Suraya Jamalludin, 33, from the Pathology Department of the Kuala Lumpur Hospital (HKL), who confirmed the result of the cholinesterase test on Jong-nam, said lack of the enzyme, which controls muscle movement, could cause wheezing of the patient's lungs.

She said results of an analysis conducted by a science officer at the department, she confirmed that Jong-nam's cholinesterase

**KIM JONG-NAM
MURDER
TRIAL
DAY 21**



enzyme was not at the normal level.

"The victim's cholinesterase enzyme was 344 units per litre, which is very low compared to normal, which is between 5,320 units per litre and 12,920 units per litre.

"This enzyme is very important to the human body as it controls muscle

contraction and relaxation.

"Jong-nam's cholinesterase enzyme level was abnormal," she said.

Dr Nur Suraya, who is the 22nd witness, was responding to a question by deputy public prosecutor Wan Shahrudin Wan Ladin on Jong-nam's cholinesterase test during examination in chief in the trial of Indonesian Siti Aisyah, 25, and Vietnamese national Doan Thi Huong, 28, who are charged with four others still at large with murdering Jong-nam, 45, at the Departure Hall of Kuala Lumpur 2 (klia2) at 9 am on Feb 13 this year.

After confirming the result of the cholinesterase enzyme on Jong-nam, she then handed it to her superior, chemical

pathologist Dr Norashikin Othman.

Meanwhile, HKL forensic science officer Lai Phoh Soon, 31, earlier told the court that he did the flushing process of Jong-nam's blood to get the serum for the analysis.

He said the serum, which is the liquid layer of the blood, was placed in a bottle labelled with the deceased's name and then given to a science officer at the HKL's Pathology Department, Nurulhuda Kaidar, 31, following an instruction by HKL head of the Medical Forensic Department Dr Mohd Shah Mahmood last Feb 16.

The hearing before judge Datuk Azmi Ariffin continues today. — Bernama

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 28
RUANGAN : LETTERS

UNTOLD MISERY

IMMUNITY DISEASE AN ORPHAN DISEASE

P RIMARY immunodeficiency (PID) is a chronic disease in which the immune defence mechanism fails to function, and patients are exposed to severe infections. Untreated, PID can cause death.

Unlike AIDS, which is the immunodeficiency disease of a secondary nature caused by the HIV virus, PID has been put on the back-burner by the medical fraternity and policymakers for more than three decades.

Although HIV and PID have a similar onset in the mid-1980s, AIDS was recognised as a health threat, and a national policy was drawn up to combat it.

It had the desired effect. HIV notification rate has dropped by 60 per cent last year since its peak in 2002, from 38.4 to 11 per 100,000 population (Malaysian Aids Council).

PID, meanwhile, is treated as an orphan disease, causing untold

misery to patients and families. The increase is phenomenal. The number diagnosed in the decade ending 2014 has risen 10 times more than the previous decade.

Not much attention is given to it as PID is considered rare in Malaysia. A disease is considered rare when the prevalence is less common than one per 2,000 population.

PID at the current prevalence is less common than 1:1,200 population.

This is not rare. The estimates of PID is 25,000 patients for a Malaysian population of 31 million. PID is much more common than childhood leukaemia and lymphoma combined.

PID is often under-diagnosed as the level of awareness is low. The number of patients referred to the MyPIN group of doctors between 1987 and 2014 was 202.

MyPIN, or Malaysian Primary Immunodeficiency Network, is a group of healthcare profession-

als and scientists dedicated to PID, which began in 2007.

On average, only one and two per cent of the expected number of PID patients in a country gets diagnosed. For Malaysia, the estimates could be as much as 25,000 cases.

PID patients are not as privileged as HIV or haemophilia patients, where there are enough sub-specialists to provide consultation.

PID patients have to contend with the only two clinical immunologists available (at private hospitals). The National Specialist Registrar does not recognise them as sub-specialists. Most PID patients are managed by general specialists.

PID patients who need immediate attention are those with antibody deficiency; and, cellular and antibody deficiency or severe combined immunodeficiency (SCID).

Antibody deficiency exposes

one to severe infections with dire consequences. The patient needs regular infusion of immunoglobulin replacement therapy (IRT) for life. Thirty-six patients are on IRT in public hospitals.

SCID, considered a paediatric emergency, is a grave condition occurring in early infancy.

The infant is unable to mount an immune response against infections. The infant requires a bone marrow transplant within three months.

Without it, SCID patients rarely live past their first birthday. In credible centres overseas, there is more than a 90 per cent chance of survival. In Malaysia, the diagnosis is often late, and survival rate is low.

There is a need for more clinical immunologists to manage PID patients. The number is at least five times as recognised by NSR.

Services for laboratory diagnostics and clinical care, including for IRT and bone marrow

transplants, have to be improved and boosted. There is also a need to promote PID awareness among the medical fraternity and community.

A central registry should also be set up, where the experience of a patient is documented as a referral centre for learning and research.

BRUCE LIM

President, Malaysian Patient Organisation for Primary Immunodeficiency (MyPOPI)

DR AMIR HAMZAH ABDUL LATIFF

President, Malaysian Society of Allergy and Immunology (MSAI); Medical adviser, MyPOPI

DR LOKMAN M. NOH

Medical adviser, MyPOPI; Committee member, MSAI

ASSOC PROF DR INTAN HAKIMAH ISMAIL

Medical adviser, MyPOPI; Secretary, MSAI

DR S.P. PALANIAPPAN

Vice-president, MSAI

AKHBAR : THE STAR
MUKA SURAT : 11
RUANGAN : AT THE DEWAN RAKYAT

New dental Bill tabled

Proposed law will have stricter penalties for fake dentists

A NEW Bill to better regulate the dental profession and have strict penalties for fake dentists has been tabled.

The Dental Bill 2017 seeks to specify the duties and powers of the Malaysian Dental Council (MDC), including setting and approving qualifications, approving or rejecting registration, imposing fees and issuing certificates of practice.

It also seeks to set up the Malaysian Dental Therapist Board to register and issue certificates to dental and post-basic dental therapists, and regulate examinations for registration and standards of practice.

Presently, the Dental Act 1971 contains provisions for the MDC but once the new Bill is passed, the body will be dissolved to pave the

way for one that follows the latest provisions.

The new Bill also contains stiffer penalties for a series of offences, which mostly deal with the issue of bogus dentists.

Unregistered persons found to be practising dentistry or impersonating dental practitioners will, for each offence, face a maximum fine of RM300,000 or jail term of not more than six years, or both.

The same penalty will apply to anyone who falsifies certificates of registration and practice, makes a fraudulent application for a certificate, or displays certificates before their names are included in the Dental Register or Dental Therapists Register.

The heavy penalty will also be imposed on those who appoint or

enable the appointment of unregistered persons to conduct dental services, or practise in the same premises as them.

For persons convicted of impersonating a dental practitioner, should they continue to commit the offence, a further maximum fine of RM1,000 will be imposed for each day the offence is committed after conviction.

Dentists who falsely describe their vocation or continue practice without a valid certificate will be liable to a fine of not more than RM50,000 or jail term of not more than one year, or both.

Any dentist who knowingly practises with a person who does not have a valid certificate will also be fined a maximum RM20,000 or be jailed not more than six

months, or both.

The move follows the controversy over several bogus dentists caught offering dental and orthodontic services or operating illegal dental clinics.

Last month, Nur Farahanis Ezatty Adli, 20, was fined RM70,000 and served six days of her one-month jail term for operating an unregistered private dental clinic in Melaka.

In May, 19-year-old Syidatul Hizlin Abd Hamid was fined RM40,000 in default of a year's jail for providing unlicensed dental brace-fitting services at a homestay in Kuala Terengganu.

In January, Mohd Irwan Mohd Sudi, 25, was fined RM40,000 for offering to fit dental braces without approval for a man in Taman Indera Sempurna, Kuantan.

AKHBAR : THE SUN

MUKA SURAT : 4

RUANGAN : NEWS WITOUT BOADERS

Stricter dentistry regulations

> Bill proposes creating new dental council and therapist board

KUALA LUMPUR: Stricter regulation for the dentistry profession and practice, with expanded control by a council and therapist board, has been proposed under the new Dental Bill 2017.

The proposed law will not just allow more effective regulations on dentistry, but among others also place stricter disciplinary procedures on practitioners, review fees and charges for registration and applications of practising certificates.

The new Dental Bill seeks to establish the Malaysian Dental Council and the Malaysian Dental Therapist Board to mainly control and regulate the practice

AT THE
DEWAN RAKYAT
YESTERDAY

REPORTS BY KAREN ARUKESAMY,
HAIKAL JALIL AND AIEZAT FADZELL

of dentistry.

With the establishment of the new council and board, the existing dental council established under the Dental Act 1971 will be dissolved.

The proposed law will provide ad-hoc fitness checks to evaluate the medical condition of a dental practitioner or therapist under a Fitness to Practice Panel set up by the Dental Therapist Board.

Deputy Health Minister Datuk Seri Hilmi Yahaya tabled the Bill for first reading yesterday.

He said it will be tabled for second reading today and hope to be passed in this Dewan Rakyat sitting, which will end tomorrow.

It is learnt that the government had initially intended to amend the 1971 Act. However, due to many amendments that needed to be done, it deemed better to table a new law and repeal the existing Act.

"This will not just ensure the safety of the dental patients but also ensure a high standard of dentistry practice in Malaysia," a source close to the ministry told *theSun*.

The source said the proposed law also empowers the council and the board to conduct disciplinary proceedings and impose punishment on members who violate conditions and terms.

"Actions can also be taken against unregistered or illegal dentists to practise dentistry in the premises of the registered dental practitioners.

"The (proposed) law will not spare the registered practitioner for allowing illegal dentists in their premises as well," the source said.

The 1971 Act does not provide for enforcement against illegal dentists or unregistered practitioners in registered premises.

The newly proposed Dental Council, which will be

represented by accredited dental surgeons from both the public and private sector, will have the powers to approve and reject applications for registration of dental practitioners and specialists.

The Bill states that any appointed council member must be a registered and practising dental surgeon for at least seven years in Malaysia.

The Dental Therapist Board will be responsible to register and issue certificates to dental therapists and post-basic dental therapists based on the conditions and restrictions the board thinks fit to impose.

It will also regulate the registration examinations as well as the ethics and professional conducts of dental therapists.

AKHBAR : THE SUN

MUKA SURAT : 6

RUANGAN : NEWS WITOUT BOADERS

Low enzyme levels led to demise

BY G. SURACH
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SHAH ALAM: Kim Jong-Nam suffered breathing difficulties that led to his eventual demise following low levels of the cholinesterase enzyme, which controls muscle movement, the High Court learnt yesterday.

Kuala Lumpur Hospital pathology department medical officer Dr Nur Suraya Jamalludin, 33, who confirmed Jong-Nam's cholinesterase test results, said the lack of enzymes would have caused the lungs of an individual to produce a wheezing sound.

When questioned by deputy



public prosecutor Wan Shahrudin Wan Ladin, Nur Suraya said the enzyme test on Jong-Nam's remains returned a result of 344 units per litre, which was low when compared with enzyme levels for both the accused Indonesian Siti Aisyah, 25, and Vietnamese Doan Thi Huong, 28. Their enzyme levels were 6,781 and 7,163 units per litre, respectively.

Normal levels, she explained are between 5,320 units per litre and

12,920 units per litre.

The 22nd prosecution witness explained that cholinesterase enzyme plays a role in maintaining contraction and relaxation of the muscles and control of the glands.

"This enzyme will hydrolyse the choline in the nerve end of the sector so that relaxation can occur ... If the enzyme level is low, the relaxation will continue.

"This leads to respiratory shrinkage and increases the production of mucus in the respiratory tract making it more difficult to breath, and eventually cause death," she added. The trial resumes today.