



PENGENALAN KURSUS ETIKA PERUBATAN

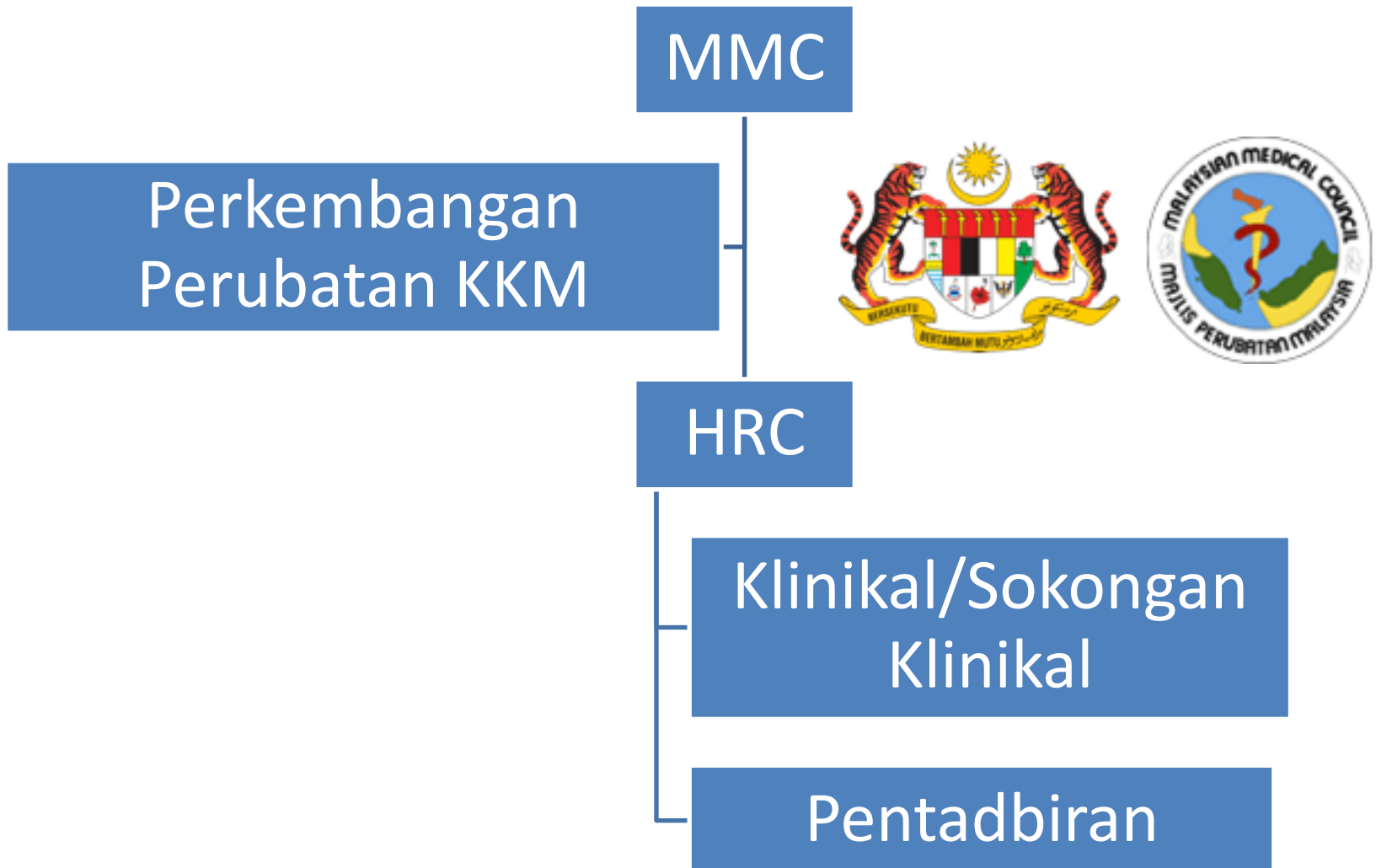
Dr Intan Sabrina Mohamad

Dr Khaidatul Nisa Zabidi

KANDUNGAN

- Pengenalan AJK
- Objektif
- Definisi
- Prinsip asas
- Kepentingan
- Sebab kesilapan berlaku

Carta Organisasi Etika Perubatan



Dato' Dr Hj Azman Hj Abu Bakar



Pengenalan AJK Etika Perubatan Hospital Rehabilitasi Cheras

Dr Roslan Johari Dato' Mohd Ghazali



Dr Intan Sabrina Mohamad



Dr Khaidatul Nisa Mohamed Zabidi



Dr Vairavanathan Theenathayalan



Puan Yuzlina Muhamad Yunus



KJ Fauziah Ishak



KJ Rafiah Md Nor



JT Farhan Othman





Objektif Etika Perubatan

Objektif Etika Perubatan



Kesedaran
Kefahaman

Produktiviti
Prestasi

Profesionalisme

Definisi Etika Perubatan



Moral

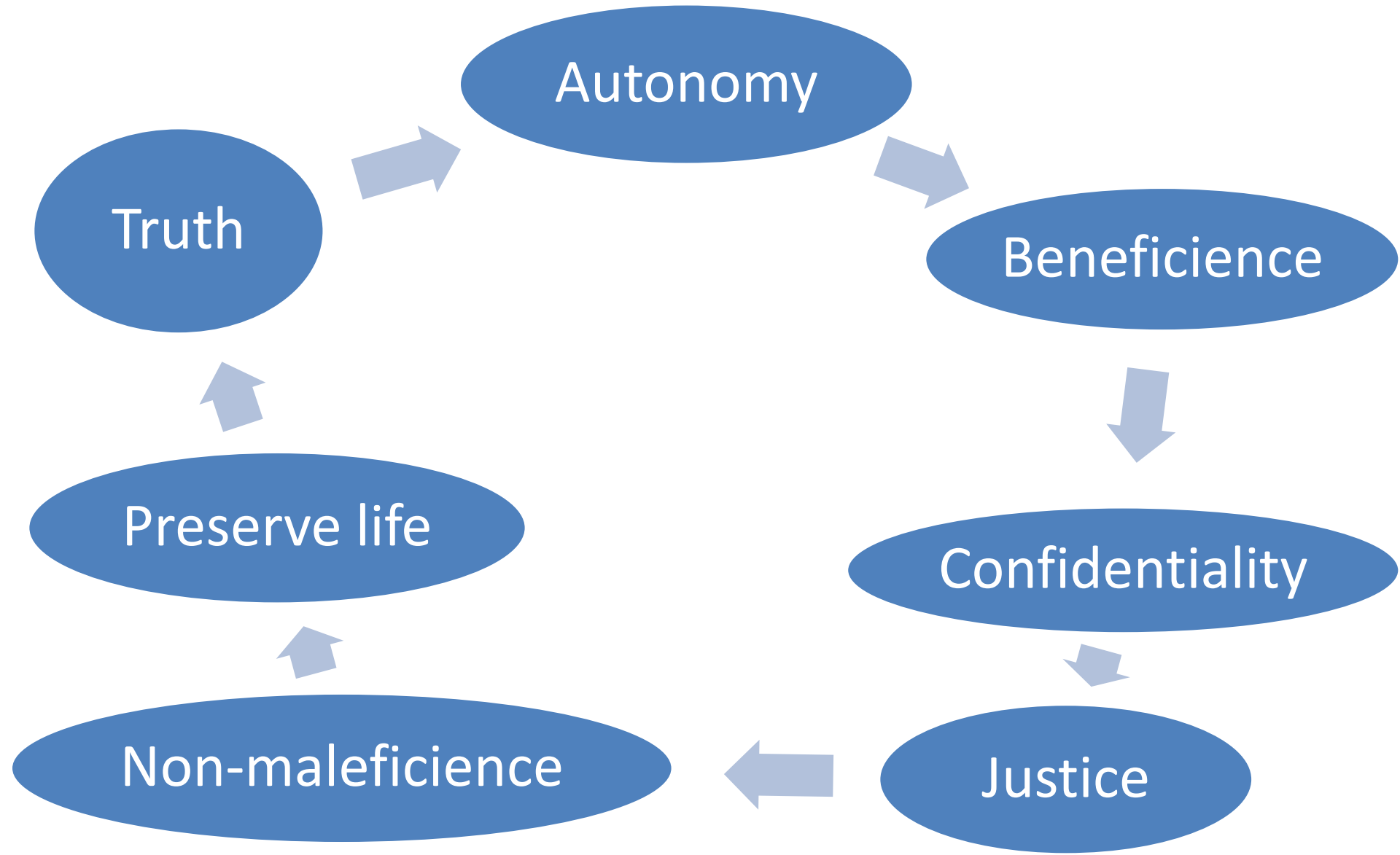
Garis
panduan

Undang-undang



Prinsip asas Etika Perubatan

Prinsip Asas Etika Perubatan



Prinsip Asas Etika Perubatan

1. ***Non-maleficence***

2. *Autonomy*

3. *Beneficience*

4. *Confidentiality*

5. *Justice*

6. *Preserve life*

7. *Truth telling*

1. Elak kemudaratan

2. Bebas buat keputusan

3. Berfaedah

4. Kerahsiaan

5. Adil

6. Pelihara nyawa

7. Benar



FIRST DO NO HARM



PG PARENTS STRONGLY CAUTIONED
Some Material May Be Inappropriate for Children Under 10

IN 3D AND REAL D 3D AND IMAX 3D

©2011 Disney

Prinsip Asas Etika Perubatan

Pesakit

- **Autonomy**
- **Beneficience**

Kakitangan

- **Confidentiality**
- **Justice**
- **Non-maleficience**
- **Preserve life**
- **Truth**

Peringatan

- Niat yang baik sahaja tidak mencukupi.
- Beri perkhidmatan **demi kepentingan pesakit berdasarkan penilaian profesional**
- Bukan mengikut apa yang dianggap sebagai kepentingan pesakit
- Beretika = Lakukan perkara yang betul
- Etika = Bimbing kelakuan seorang profesional

Kepentingan Etika Perubatan



Faedah Kepatuhan Etika Perubatan



Are unethical doctors treating patients?

Would you trust your health to someone who faked results to get into a medical school?

Stories by CHRISTINA CHIN
sgchris@thestar.com.my

RECENTLY, a complaint was lodged with the Malaysian Medical Council about a doctor practising here who allegedly got into a foreign medical school despite not meeting basic entry requirements. No action was taken.

There are many cases of Malaysians getting into recognised universities without the minimum grades or, worse, no grades at all, according to Prof Datuk Dr N.K.S. Tharmaseelan, a past president of the Malaysian Medical Association (MMA) and the Medico-Legal Society of Malaysia; he is currently president and CEO of a private university.

There are at least 3,000 such doctors working in the Health Ministry, he believes, expressing surprise that the council doesn't bar candidates who had gained admission into medical programmes fraudulently.

On May 15, education agents told *Sunday Star* they can guarantee entry into some of the most difficult courses like medicine for a fee. That exclusive front page story was a follow-up to another front page story on March 20 about foreign universities taking in unqualified Malaysian students by ignoring the Higher Education Ministry's minimum requirements and conducting their own sub-standard foundation courses.

In the case of the recent complaint mentioned above, the doctor in question had been caught together with 14 Malaysian students in 1998 for faking her pre-university results to study medicine in India. They were tried there and let off with a warning.

Another doctor, upset about the unethical way Malaysians are getting into medical schools, questioned the professionalism of someone who faked results and brought the matter before the council, reveals Dr Tharmaseelan. While the council admits that the complaint is true, it dismissed the case last month.

"The issue here is the use of fake results to gain admission into a recognised university. She has since graduated with a legit Bachelor of Medicine and Bachelor of Surgery degree but the concern is that this doctor is now seeing patients," says Dr Tharmaseelan.

While their eventual medical degree might be legitimate since they undertook a legitimate course, should doctors who began their course of study so unethically be entrusted with patients' lives?

According to Dr Tharmaseelan, the Malaysian Medical Council is the final authority in registering its members and issuing Annual Practising Certificates (APC). If the council has given its approval and registered this doctor for practice, she is officially sanctioned to do so freely unless conditions have been attached to her APC.

It's for the council to review its decision if an appeal or complaint is made.

Despite this issue of students with questionable entry into medical programmes, Dr Tharmaseelan feels the law does adequately protect patients in this country.

"Malaysian patients are among the most privileged. Even in public hospitals where treatment is free, patients can still sue for millions if negligence is proven. An institution or clinic can be sued if they employ doctors with

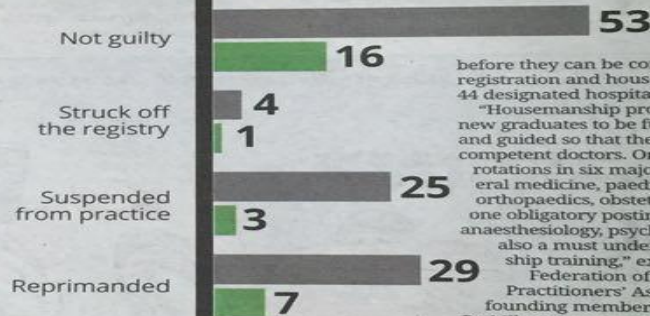
No. of cases heard by the MMC's preliminary investigation committee

2010 - 2014
454 cases

2015
112 cases

No. of prima facie cases referred to the MMC

■ 2010 - 2014 (111 cases)
■ 2015 (27 cases)



Source: MMC
©The Star Graphics

dubious degrees.

"All doctors must be registered and have an APC. Patients can demand to see their doctor's licence," he says, urging the medical council to blacklist colleges that admit students who do not meet minimum entry requirements.

Assuring the public that its members are legitimate and qualified, Malaysian Medical Council president and Health director-general Datuk Dr Noor Hisham Abdullah stresses that only those registered under the Medical Act 1971 and the Medical Regulation 1974 are eligible to practise medicine in Malaysia.

Graduates from universities listed in the Act's Second Schedule are eligible for provi-

sional registration and can undergo housemanship training. Upon completion of the training, they are eligible for full registration. Housemen who fail to complete their training won't be granted full registration and cannot practise medicine in the country.

The listing of universities in the Second Schedule, he explains, is subject to a medical programme being recognised. The Malaysian Qualifications Agency, in collaboration with the medical council, appoints a panel of assessors and auditors for local medical programmes. For foreign medical programmes, panel members may be appointed from the medical council, the qualification agency, Health Ministry, Higher Education Ministry and the Public Service Department. The panel's role is to check a programme's standards and quality before recommending whether it can be recognised and listed in the Second Schedule.

Medical programme graduates from universities not listed in the Second Schedule must sit for, and pass, the Medical Qualification Examination or Examination for the Provisional Registration here

before they can be considered for provisional registration and housemanship training at the 44 designated hospitals nationwide.

"Housemanship provides an opportunity for new graduates to be further trained, supervised and guided so that they can become safe and competent doctors. On top of the four monthly rotations in six major clinical disciplines – general medicine, paediatrics, general surgery, orthopaedics, obstetrics and gynaecology – one obligatory posting in emergency medicine, anaesthesiology, psychiatry or primary care is also a must under the two-year housemanship training," explains Dr Noor Hisham.

Federation of Private Medical Practitioners' Associations Malaysia founding member and MMA past president Dr Milton Lum reminds the public to check the Malaysian Medical Council website to see if their doctor is on it, as all registered doctors are listed there.

"If you suspect a doctor is unqualified, tell the council. If in doubt, the council will communicate with the university the doctor in question qualified from."

MMA president Dr John Chew describes the council's requirements and training programme as rigorous, adding that it will only improve with time.

"If there are some who taint the system, the council must take action. The system is robust enough to protect the public."

Complaints against any registered medical practitioner – especially complaints about competency, ethics, discipline and professional misconduct – will be investigated, Dr Noor Hisham insists.

If the council's preliminary investigation committee finds enough evidence, the complaint will be given a full hearing by the council. From 2010 to 2015, a total of 566 complaints were received. In the last five years, five doctors were struck from the registry, 28 were suspended, and 36 reprimanded.

pharmaci
called ou

THE "Datuk Seri Dr" sa
medical doctor and ph
was a member for life
Pharmaceutical Society
Wouldn't you trust him
One man who does
named says the "Datuk
him and a friend into
of ringgit worth of hea
didn't work before the

"The naturopathic d
be a "Datuk Seri Dr" wi
and fellowships in d
tional health-related a
made a life members
28 years old! We trust
an MPS officer confir
ship and we lost a lot.

After realising that
duped, the duo conta
he claimed an affiliat
Health Ministry.

"Organisations we
ing those in the Unit
either denied admitt
admitted him withou
documents and info
ted to them were f
with the Malaysian M
one of the medical a
his membership bec
really a doctor.

"And he wasn't list
Ministry's register of
victim says. To be re
be academically qua
nised by the Pharma
the Health Ministry
Services Division.

Angry, the victim
again, asking how a
pharmacist receive
highest levels of m

"The MPS said it
bership lapse as th
longer practises in
they were dropping
away quietly. In fac
the MPS handled t
lack of punitive co
pointing to say the

The man says n
done. Their case i
thousands" in the
sional association
and is responsible
istered with it – if
the profession's b

"What if some
ing a product sol
cist? Legally and
MPS be as liable.

Since the incid
mented a stricter
membership app
Datuk Nancy Ho
stringent measu
vent a similar in
in future. (See m
pharmacists rev

The man who
believes fraude
tions go beyond
cist. He believes
nies involved in
and business av
forged academ
ing professorsh
to mislead the

"This is what
checking on the
dubious "Datuk
growing numb
misrepresentin
regulated field
tions must scr
with a fine-toot

CONSENT

(persetujuan/kebenaran pesakit)

KEIZINAN PEMBEDAHAN

Hospital KY2
 Saya Abraham Lincoln beralamat 5th Avenue, New York
USA dengan ini memberi keizinan

*untuk menjalani pembedahan amputasi kaki
 *menyerahkan anak/anak jagaan saya John F Kennedy
 untuk menjalani pembedahan -
 yang keadaan dan tujuannya telah diterangkan kepada saya oleh Dr. ABC

Saya juga memberi izin untuk sebarang langkah pembedahan selanjut atau yang lain sebagaimana yang dianggap perlu bagi pembedahan tersebut di atas dan memberikan bina umum biasa, pelahi bahagian terputi atau lain-lain bagi apa pun untuk tujuan ini.

Tidak ada jaminan yang telah diberi kepada saya bahawa pembedahan itu akan dijalankan oleh mana-mana Pengamal Perubatan yang tertentu ataupun perkhidmatan rawatan biasa itu akan dijalankan oleh mana-mana Pengamal Biasa yang tertentu.

Tarikh 17/6/16

Ditandatangani

~~Signature~~ (Bapa/Penjaga)*

Tali Persetujuan

No. K/P

Peringatan: Jika seseorang memberikan keizinan sebagai orang penjaga, hendaklah tali persetujuannya dipindahkan di bawah tandatangan saya.

Saya mengakui bahawa saya telah menerangkan keadaan dan tujuan pembedahan ini kepada Penakut/Bapa/Penjaga*

Tarikh 2/7/16

Ditandatangani

(Pengamal Perubatan/Pengamal)*

Sebarang persetujuan dan tandatangan atau penanda kepada Borang ini hendaklah dibuat sebelum persetujuan ini diberi dan Borang ini dikemukakan untuk ditandatangani.

Tujuan *informed consent*

Elak salah
guna

Elak kesilapan

Elak tindakan
undang-
undang

Hak asasi
manusia

Hubungan
therapeutic

Drugs tested on coma patients

Those unable to give consent to be used in trial sponsored by American-based company



Martin Johnston health
martin.johnston@nzherald.co.nz

Thousands of critically ill or unconscious patients have been enrolled without their consent in clinical trials to test treatments in New Zealand hospitals.

A medical ethics committee delayed approving a drug company's application in March for an antibiotics trial at Auckland and Christchurch hospitals so it could obtain legal advice from Crown Law.

The lead researcher for the trial told the health and disability ethics committee that, in line with similar applications approved in the past, the aim was to get permission from relatives of the patient and then "retrospective" consent once they had recovered.

Provisional approval for the new trial has since been granted but a patient rights' advocate says the DIBs involved have forgotten the lessons of the Cartwright Inquiry which established the current system of informed consent for healthcare and research.

One of the aims of the trial is to help widen the range of medicines available to deal with the worsening

problem of antibiotic-resistant "superbugs". The latest case involves a proposed trial at the Auckland and Christchurch hospitals of a new antibiotic. In a global trial, sponsored by United States-based Cubist Pharmaceuticals, intensive care specialists want to see if the new medicine is as good as the standard antibiotic.

The 20 trial participants will be patients who have picked up pneumonia in hospital while on mechanical ventilation for breathing. They will be legally unable to give consent because they will be fully uncon-

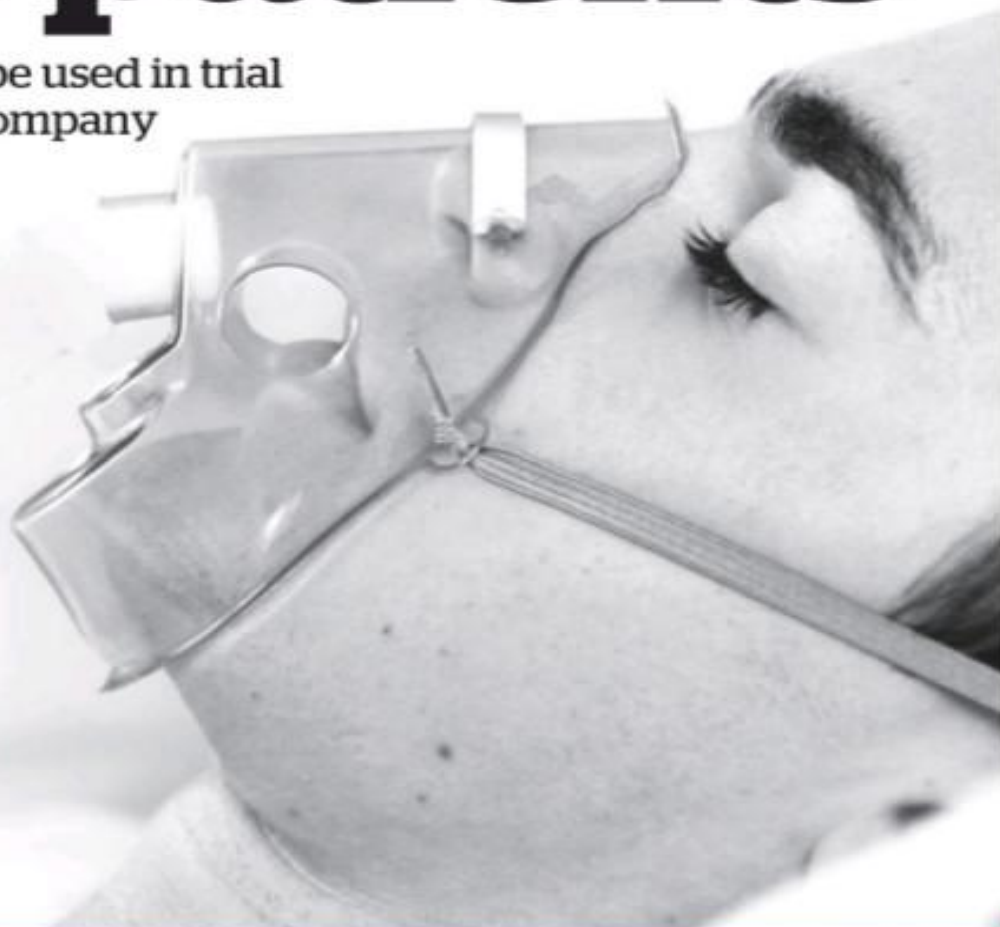
It shows that the patient protections ... are not being adhered to.

Lynda Williams
Auckland Women's Health Council

scious, sedated or have a breathing tube in their throat which will prevent them from speaking.

A health and disability ethics committee, chaired by Brian Fergus, has provisionally approved the trial after initially deferring a ruling until it had received advice from Crown Law on the legal basis for enrolling unconscious patients into research trials.

continued on A2



Tujuan *informed consent*

Elak salah
guna

Elak kesilapan

Elak tindakan
undang-
undang

Hak asasi
manusia

Hubungan
therapeutic

Elak kesilapan

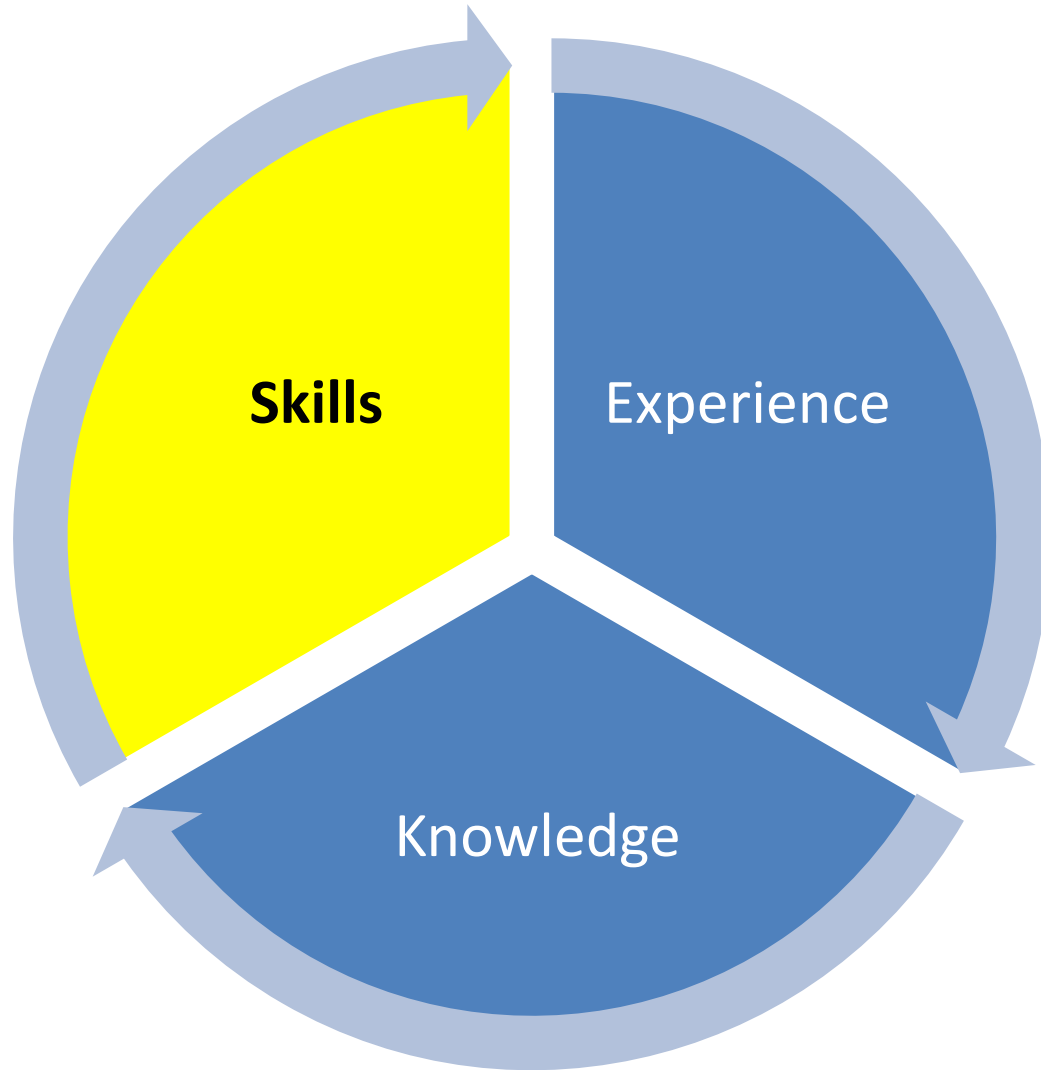


Mengapakah Kesilapan Berlaku?

Sebab kesalahan berlaku



Kurang kemahiran



Kurang pengalaman & sikap negatif



Kurang ilmu



Tujuan *informed consent*

Elak salah
guna

Elak kesilapan

Elak tindakan
undang-
undang

Hak asasi
manusia

Hubungan
therapeutic

Tindakan undang-undang



Are unethical doctors treating patients?

Would you trust your health to someone who faked results to get into a medical school?

Stories by CHRISTINA CHIN
sgchris@thestar.com.my

RECENTLY, a complaint was lodged with the Malaysian Medical Council about a doctor practising here who allegedly got into a foreign medical school despite not meeting basic entry requirements. No action was taken.

There are many cases of Malaysians getting into recognised universities without the minimum grades or, worse, no grades at all, according to Prof Datuk Dr N.K.S. Tharmaseelan, a past president of the Malaysian Medical Association (MMA) and the Medico-Legal Society of Malaysia; he is currently president and CEO of a private university.

There are at least 3,000 such doctors working in the Health Ministry, he believes, expressing surprise that the council doesn't bar candidates who had gained admission into medical programmes fraudulently.

On May 15, education agents told *Sunday Star* they can guarantee entry into some of the most difficult courses like medicine for a fee. That exclusive front page story was a follow-up to another front page story on March 20 about foreign universities taking in unqualified Malaysian students by ignoring the Higher Education Ministry's minimum requirements and conducting their own sub-standard foundation courses.

In the case of the recent complaint mentioned above, the doctor in question had been caught together with 14 Malaysian students in 1998 for faking her pre-university results to study medicine in India. They were tried there and let off with a warning.

Another doctor, upset about the unethical way Malaysians are getting into medical schools, questioned the professionalism of someone who faked results and brought the matter before the council, reveals Dr Tharmaseelan. While the council admits that the complaint is true, it dismissed the case last month.

"The issue here is the use of fake results to gain admission into a recognised university. She has since graduated with a legit Bachelor of Medicine and Bachelor of Surgery degree but the concern is that this doctor is now seeing patients," says Dr Tharmaseelan.

While their eventual medical degree might be legitimate since they undertook a legitimate course, should doctors who began their course of study so unethically be entrusted with patients' lives?

According to Dr Tharmaseelan, the Malaysian Medical Council is the final authority in registering its members and issuing Annual Practising Certificates (APC). If the council has given its approval and registered this doctor for practice, she is officially sanctioned to do so freely unless conditions have been attached to her APC.

It's for the council to review its decision if an appeal or complaint is made.

Despite this issue of students with questionable entry into medical programmes, Dr Tharmaseelan feels the law does adequately protect patients in this country.

"Malaysian patients are among the most privileged. Even in public hospitals where treatment is free, patients can still sue for millions if negligence is proven. An institution or clinic can be sued if they employ doctors with

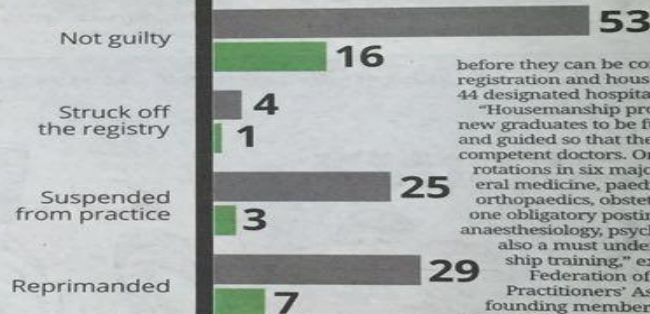
No. of cases heard by the MMC's preliminary investigation committee

2010 - 2014
454 cases

2015
112 cases

No. of prima facie cases referred to the MMC

■ 2010 - 2014 (111 cases)
■ 2015 (27 cases)



Source: MMC
©The Star Graphics

dubious degrees.

"All doctors must be registered and have an APC. Patients can demand to see their doctor's licence," he says, urging the medical council to blacklist colleges that admit students who do not meet minimum entry requirements.

Assuring the public that its members are legitimate and qualified, Malaysian Medical Council president and Health director-general Datuk Dr Noor Hisham Abdullah stresses that only those registered under the Medical Act 1971 and the Medical Regulation 1974 are eligible to practise medicine in Malaysia.

Graduates from universities listed in the Act's Second Schedule are eligible for provi-

sional registration and can undergo housemanship training. Upon completion of the training, they are eligible for full registration. Housemen who fail to complete their training won't be granted full registration and cannot practise medicine in the country.

The listing of universities in the Second Schedule, he explains, is subject to a medical programme being recognised. The Malaysian Qualifications Agency, in collaboration with the medical council, appoints a panel of assessors and auditors for local medical programmes. For foreign medical programmes, panel members may be appointed from the medical council, the qualification agency, Health Ministry, Higher Education Ministry and the Public Service Department. The panel's role is to check a programme's standards and quality before recommending whether it can be recognised and listed in the Second Schedule.

Medical programme graduates from universities not listed in the Second Schedule must sit for, and pass, the Medical Qualification Examination or Examination for the Provisional Registration here

before they can be considered for provisional registration and housemanship training at the 44 designated hospitals nationwide.

"Housemanship provides an opportunity for new graduates to be further trained, supervised and guided so that they can become safe and competent doctors. On top of the four monthly rotations in six major clinical disciplines – general medicine, paediatrics, general surgery, orthopaedics, obstetrics and gynaecology – one obligatory posting in emergency medicine, anaesthesiology, psychiatry or primary care is also a must under the two-year housemanship training," explains Dr Noor Hisham.

Federation of Private Medical Practitioners' Associations Malaysia founding member and MMA past president Dr Milton Lum reminds the public to check the Malaysian Medical Council website to see if their doctor is on it, as all registered doctors are listed there.

"If you suspect a doctor is unqualified, tell the council. If in doubt, the council will communicate with the university the doctor in question qualified from."

MMA president Dr John Chew describes the council's requirements and training programme as rigorous, adding that it will only improve with time.

"If there are some who taint the system, the council must take action. The system is robust enough to protect the public."

Complaints against any registered medical practitioner – especially complaints about competency, ethics, discipline and professional misconduct – will be investigated, Dr Noor Hisham insists.

If the council's preliminary investigation committee finds enough evidence, the complaint will be given a full hearing by the council. From 2010 to 2015, a total of 566 complaints were received. In the last five years, five doctors were struck from the registry, 28 were suspended, and 36 reprimanded.

pharmaci
called ou

THE "Datuk Seri Dr" sa
medical doctor and ph
was a member for life
Pharmaceutical Society
Wouldn't you trust him
One man who does
named says the "Datuk
him and a friend into
of ringgit worth of hea
didn't work before the

"The naturopathic d
be a "Datuk Seri Dr" wi
and fellowships in d
tional health-related a
made a life. He is 28
28 years old! We trust
an MPS officer confir
ship and we lost a lot.

After realising that
duped, the duo conta
he claimed an affiliat
Health Ministry.

"Organisations we
ing those in the Unit
either denied admitt
admitted him withou
documents and info
ted to them were f
with the Malaysian M
one of the medical a
his membership bec
really a doctor.

"And he wasn't list
Ministry's register of
victim says. To be re
be academically qua
nised by the Pharma
the Health Ministry
Services Division.

Angry, the victim
again, asking how a
pharmacist receive
highest levels of m

"The MPS said it
bership lapse as th
longer practises in
they were hoping t
away quietly. In fac
the MPS handled t
lack of punitive co
pointing to say the

The man says n
done. Their case i
thousands" in the
sional association
and is responsible
istered with it – if
the profession's b

"What if some
ing a product sol
cist? Legally and
MPS be as liable.

Since the incid
mented a stricter
membership app
Datuk Nancy Ho
stringent measu
vent a similar in
in future. (See m
pharmacists rev

The man who
believes fraude
tions go beyond
cist. He believes
nies involved in
and business av
forged academ
ing professorsh
to mislead the

"This is what
checking on the
dubious "Datuk
growing numb
misrepresentin
regulated field
tions must scr
with a fine-toot

Tujuan *informed consent*

Elak salah
guna

Elak kesilapan

Elak tindakan
undang-
undang

Hak asasi
manusia

Hubungan
therapeutic

Tujuan *informed consent*

Elak salah
guna

Elak kesilapan

Elak tindakan
undang-
undang

Hak asasi
manusia

Hubungan
therapeutic

Informed consent

- **Setuju & sukarela** terhadap cadangan
- Faham
- Boleh ulang fakta & risiko
- Ada **mental capacity** buat keputusan

Mental Capacity (*Baligh*)

- Berumur lebih 17 tahun
- Waras
- Faham
- Boleh buat keputusan
- Tetap dan sama jika ditanya pada masa yang berlainan
- Mempunyai ***autonomy*** (bebas berfikir)

Mental Capacity

AUTONOMY

- Bebas
- Tidak mudah dipengaruhi
- Tetap pendirian

PATERNALISM

- Ikut sahaja nasihat doktor

Kes-kes Khas

- Pesakit yang tidak cukup umur.
 - Umur 17 ke bawah.
 - Persetujuan oleh penjaga diperlukan.
- Consent untuk pesakit yang kurang keupayaan mental.
 - Consent daripada **penjaga sah** atau saudara terdekat.
 - Tidak diperlukan untuk rawatan konvensional selain pembedahan, terapi elektrokonvulsif atau kajian klinikal untuk pesakit mental (Mental Health Act 2001).

Tiada mental capacity

Bawah 17
tahun

Kanak-
kanak

Brain injury

Lebih 17
tahun

Dementia

Brain injury

Ubat

Lain-lain

Personality

Asyik ubah
fikiran

Bila *informed consent* diperlukan

- Setiap pemeriksaan
- Prosedur
- Pembedahan
- Rawatan
- Kajian
- Laporan perubatan/memo ke pihak ketiga



KEIZINAN PEMBEDAHAN

Hospital KY2
 Saya Abraham Lincoln beralamat 5th Avenue, New York
USA dengan ini memberi keizinan

*untuk menjalani pembedahan amputasi kaki
 *menyerahkan anak/anak jagaan saya John F Kennedy
 untuk menjalani pembedahan -
 yang keadaan dan tujuannya telah diterangkan kepada saya oleh Dr. ABC

Saya juga memberi izin untuk sebarang langkah pembedahan selanjut atau yang lain sebagaimana yang dianggap perlu bagi pembedahan tersebut di atas dan memberikan bina umum biasa, pelahi bahagia semput atau lain-lain bagi apa pun untuk tujuan ini.

Tidak ada jaminan yang telah diberi kepada saya bahawa pembedahan itu akan dijalankan oleh mana-mana Pengamal Perubatan yang tertentu ataupun perkhidmatan rawatan biasa itu akan dijalankan oleh mana-mana Pengamal Biasa yang tertentu.

Tarikh 17/6/16

Ditandatangani

~~Signature~~ (Bapa/Penjaga)*

Tali Persetujuan

No. K/P

Peringatan: Jika seseorang memberikan keizinan sebagai orang penjaga, hendaklah tali persetujuannya dipindahkan di bawah tandatanganannya.

Saya mengakui bahawa saya telah menerangkan keadaan dan tujuan pembedahan ini kepada Penakut/Bapa/Penjaga*

Tarikh 2/7/16

Ditandatangani

(Pengamal Perubatan/Pengamal)*

Sebarang persetujuan dan tandatangan atau penutup kepada Borang ini hendaklah dibuat sebelum persetujuan ini diberi dan Borang ini dikemukakan untuk ditandatangani.

Bila *informed consent* dikecualikan

- Kecemasan
- Selamatkan nyawa
- Rawatan yang diperintah mahkamah



Syarat *informed consent*

- Diambil secara bertanggungjawab
- Telus/benar
- Pendedahan maklumat/risiko yang berkenaan (relevant)

Syarat *informed consent*

- **Kegagalan** untuk mendapatkan kebenaran atau **mendedahkan risiko** boleh ditafsirkan sebagai kegagalan piawaian penjagaan menyebabkan **siasatan tatatertib oleh Majlis Perubatan Malaysia (MMC)**



Informed consent yang disyorkan

- Maklumat tambahan (risiko/komplikasi)
- Bertulis (written)
- Boleh dibaca (legible)
- Ditulis dalam nota pesakit dan ditandatangani



KEIZINAN PEMBEDAHAN

Hospital KY2
 Saya Abraham Lincoln beralamat 5th Avenue, New York
USA dengan ini memberi keizinan

*untuk menjalani pembedahan amputasi kaki
 *menyerahkan anak/anak jagaan saya John F Kennedy
 untuk menjalani pembedahan -
 yang keadaan dan tujuannya telah diterangkan kepada saya oleh Dr. ABC

Saya juga memberi izin untuk sebarang langkah pembedahan selanjut atau yang lain sebagaimana yang dianggap perlu bagi pembedahan tersebut di atas dan memberikan bina umum biasa, pelahi bahagia semput atau lain-lain bagi apa pun untuk tujuan ini.

Tidak ada jaminan yang telah diberi kepada saya bahawa pembedahan itu akan dijalankan oleh mana-mana Pengamal Perubatan yang tertentu ataupun perkhidmatan rawatan biasa itu akan dijalankan oleh mana-mana Pengamal Biasa yang tertentu.

Tarikh 17/6/16

Ditandatangani

~~Signature~~ (Bapa/Penjaga)*

Tali Persetujuan

No. K/P

Peringatan: Jika seseorang memberikan keizinan sebagai orang penjaga, hendaklah tali persetujuannya dipaparkan di bawah tandatangan.

Saya mengakui bahawa saya telah menerangkan keadaan dan tujuan pembedahan ini kepada Penakut/Bapa/Penjaga*

Tarikh 2/7/16

Ditandatangani

(Pengamal Perubatan/Pengamal)*

Sebarang persetujuan dan tandatangan atau penutup kepada Borang ini hendaklah dibuat sebelum persetujuan ini diberi dan Borang ini dikemukakan untuk ditandatangani.

17/6/2016 10am:

I have explained to Mr Abraham Lincon in the presence of Staff Nurse Y and his wife, Madam Z the possible complications of a right transtibial amputation:

- **Bleeding***
- **Wound infection***
- **Delayed wound healing***
- **Pain (surgical stump, phantom, neuroma)***
- **Stump shape distortion (muscle imbalance, atrophy)***

Signed, DR INTAN SABRINA Rehabilitation Physician MMC 37635

DOKUMENTASI PERUBATAN



Jenis dokumentasi

Rekod

- Nota klinikal
- Pelan rawatan
- Nasihat

Laporan

- Laporan perubatan
- Ringkasan kes
- Memo

Rujukan

- Memo
- Surat rujukan

Kepentingan dokumentasi

- Perlindungan undang-undang
- Keperluan undang-undang
- Amalan profesional
- Keperluan insurans
- Keputusan discaj
- Pengauditan dan pentadbiran korporat

Kepentingan dokumentasi

- *Good professional practice*
- Rekod perubatan yang baik
- Bantuan komunikasi
- Nota perubatan membolehkan profesional kesihatan untuk memahami rawatan dengan pesakit

HOSPITAL REHABILITASI
CHERASPELEPASAN TANGGUNGAN MENAIKI SHUTTLE
HOSPITAL REHABILITASI CHERASMAKLUMAT PESAKIT (Tunjukkan mana yang berkenaan)
NAMA PESAKIT:

UMUR:

RM:

JANTINA:

☐ LELAKI☐ PEREMPUAN

BANGSA:

☐ MELAYU☐ CINA☐ INDIA☐ LAIN-LAIN (nyatakan):

SURAT AKUAN PELEPASAN TANGGUNGAN

Saya ~~BERNAMA SAKIT~~ (nama), No. KP: ~~BERNAMA SAKIT~~ yang
beralamat 914, JLN 14, TAMAN SERANG GEMILANG 78000
ALOR GASAH, MELAKA dengan rela hati

mengesahkan bahawa sebagai balasan kepada Kementerian Kesihatan Malaysia dan Kerajaan
Malaysia membenarkan saya menaiki sebagai penumpang kenderaan Shuttle bernombor
pendaftaran WC 6990 yang dimiliki oleh Kerajaan Malaysia dengan ini BERSETUJU bagi pihak diri
saya, pentadbir harta pusaka, dan tanggungan saya MELEPASKAN KERAJAAN MALAYSIA DAN / ATAU
KAKITANGAN ATAU AGENNYA DARIPADA SEGALA LIABILITI akibat daripada apa-apa kecederaan
(termasuk apa-apa kecederaan yang melibatkan kematian) yang dialami oleh saya atau apa-apa
kehilangan harta benda kepunyaan saya sekiranya berlaku apa-apa kemalangan semasa dalam
perjalanan ketika saya berada sebagai penumpang di dalam kenderaan tersebut.

Dibuat pada 08 hb 2016

Saksi:

Nama: ~~BERNAMA SAKIT~~No. Kad Pengenalan: 880601065108Tarikh / Masa: 08-06-2016 / 2.15pmNama: ~~BERNAMA SAKIT~~ X4

Jawatan:

No Kad Pengenalan: ~~BERNAMA SAKIT~~Tarikh / Masa: 8/6/2016 @ 2.20pm

UNTUK KEGUNAAN UNIT

Permohonan Diterima Pada / Masa: 8/6/2016 @ 2.20pmTarikh / Masa Bertolak: 8/6/2016 @ 2.30pmNama Pemandu (Huruf Besar): MD ~~BERNAMA SAKIT~~No Shuttle: WC 6519 DJarak (km): 15km @ LRT BANDAR TUN ELMAR.

Pem. Perawatan Kesihatan:

~~BERNAMA SAKIT~~ X4

PELAKSANA PERAKATAN PERAKATAN

HOSPITAL REHABILITASI
CHERASPELEPASAN TANGGUNGAN MENAIKI SHUTTLE
HOSPITAL REHABILITASI CHERASMAKLUMAT PESAKIT (Tunjukkan mana yang berkenaan)
NAMA PESAKIT:

UMUR:

RM:

JANTINA:

☐ LELAKI☐ PEREMPUAN

BANGSA:

☐ MELAYU☐ CINA☐ INDIA☐ LAIN-LAIN (nyatakan):

SURAT AKUAN PELEPASAN TANGGUNGAN

Saya ~~BERNAMA SAKIT~~ (nama), No. EP: ~~BERNAMA SAKIT~~ yang beralamat 914, JLN 14, TAMAN SEBANG GEMILANG 78000 ALOR GASAH, MELAKA dengan rela hati mengesahkan bahawa sebagai balasan kepada Kementerian Kesihatan Malaysia dan Kerajaan Malaysia membenarkan saya menaiki sebagai penumpang kenderaan Shuttle bernombor pendaftaran WC 6519 D yang dimiliki oleh Kerajaan Malaysia dengan ini **BERSETUJU** bagi pihak diri saya, pemohon harta pusaka, dan tanggungan saya **MELEPASKAN KERAJAAN MALAYSIA DAN / ATAU KAKITANGAN ATAU AGENNYA DARIPADA SEGALA LIABILITI** akibat daripada apa-apa kecederaan (termasuk apa-apa kecederaan yang melibatkan kematian) yang dialami oleh saya atau apa-apa kehilangan harta benda kepunyaan saya sekiranya berlaku apa-apa kemalangan semasa dalam perjalanan ketika saya berada sebagai penumpang di dalam kenderaan tersebut.

Dibuat pada 08 hb 2016

Saksi:

Nama: ~~BERNAMA SAKIT~~No. Kad Pengenalan: 880601065108Tarikh / Masa: 08-06-2016 / 2.15 pmNama: ~~BERNAMA SAKIT~~ X4

Jawatan:

No Kad Pengenalan: ~~BERNAMA SAKIT~~Tarikh / Masa: 8/6/2016 @ 2.20 pm

UNTUK KEGUNAAN UNIT

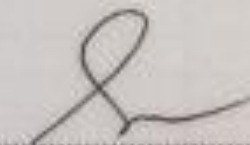
Permohonan Diterima Pada / Masa: 8/6/2016 @ 2.20 pmTarikh / Masa Bertolak: 8/6/2016 @ 2.30 pmNama Pemandu (Huruf Besar): MD ~~BERNAMA SAKIT~~No Shuttle: WC 6519 DJarak (km): 15 km @ LRT BANDAR TUN ELMAR.

Pem. Perawatan Kesihatan:

~~BERNAMA SAKIT~~ X4

PEMBINTU PERAWATAN KESIHATAN

Kesilapan preskripsi ubat

Nama: <i>Muhammad Deni</i>	R,	Perubatan 6A-Pin. 3/96 FJ 434809
No. K/P:		
No. Daftar:		
Umur:		
Tarikh: <i>17/6/2016.</i>		<i>T. Detrusor 1 tab daily</i>
Penyakit:	HOSPITAL NEGERI	 (Tandatangan dan Cop Rasmi)

Kesilapan preskripsi ubat

DUB - ULL Can Ummi Arizah

Nama: REDACTED	R.	Perubatan 6A-Pin. 3/96
No. K/P: REDACTED		FJ 434805
No. Daftar: PL 160012254	1st - Valley L.M. Arman 1/103 Lisopramin gel Chlorhexidine wash T. DEAL 1/2 610	} * 3/12
Umur: 45		
Tarikh: 9/12/2014		
Penyakit: 4th AIS D 2nd Fall (Cauda Equina Syndrome)	HOSPITAL NEGERI	
	KLINIK PERUBATAN REHABILITASI HOSPITAL REHAB CHERAS NO TEL: 03-91453400 / 03-91450608 FAX: 3600 / 3601	REDACTED Prescriber Hospital Rehab Ceras (Tandatangan dan Cop Rasmi)

KLINIK PERUBATAN REHABILITASI
HOSPITAL REHAB CHERAS
NO TEL: 03-91453400 / 03-91450608
FAX: 3600 / 3601

Maklumat penting dalam preskripsi

- What
- Where
- When
- Why
- Who
- How



Maklumat penting dalam preskripsi

- **Who** ➤ Nama pesakit/doktor yang merawat
- **What** ➤ Nama ubat/alat
- **Where** ➤ Bahagian mana
- **When** ➤ Tempoh rawatan
- **Why** ➤ Diagnosis/faedah
- **How** ➤ Bagaimana diambil, selepas/sebelum makan, NG/PEG/oral/topical
- **Allergies/drug-drug reactions**

Status Undang-undang Dokumen Perubatan

- Semua dokumen perubatan merupakan dokumen sokongan dalam perbicaraan mahkamah
- Walau bagaimanapun, kerahsiaan mesti dikekalkan
- Maklumat perubatan boleh dikeluarkan kepada pihak ketiga hanya apabila *kebenaran bertulis telah diberikan oleh atau bagi pihak pesakit*

CONFIDENTIALITY (kerahsiaan)



Apakah *confidentiality*?

- Memastikan maklumat hanya diberi kepada mereka **yang berkenaan sahaja**.
- Semua perbincangan antara pesakit dan anda perlu dirahsiakan.



Mengapakah Ini Penting?

- Pesakit memberitahu maklumat atas **dasar maklumat akan dirahsiakan**
- Menghormati hak autonomi pesakit
- Mengelakkan malu atau stigma
- Memberi kesan kepada kerja, insurans dan lain-lain.
- **Kewajipan bersama**

Pengecualian Merahsiakan Rekod

- Keperluan undang-undang
- Pemerintahan mahkamah
- Kepentingan awam
- Penyelidikan sah



Pengecualian merahsiakan rekod

- Pesakit memberi persetujuan sah
- Kepada profesional lain yang saling memberi rawatan
- **Apabila pesakit tidak boleh memberi *consent*, maklumat boleh diberitahu kepada keluarga terdekat**

Tiada mental capacity

Bawah 17
tahun

Kanak-
kanak

Brain injury

Lebih 17
tahun

Dementia

Brain injury

Ubat

Lain-lain

Personality

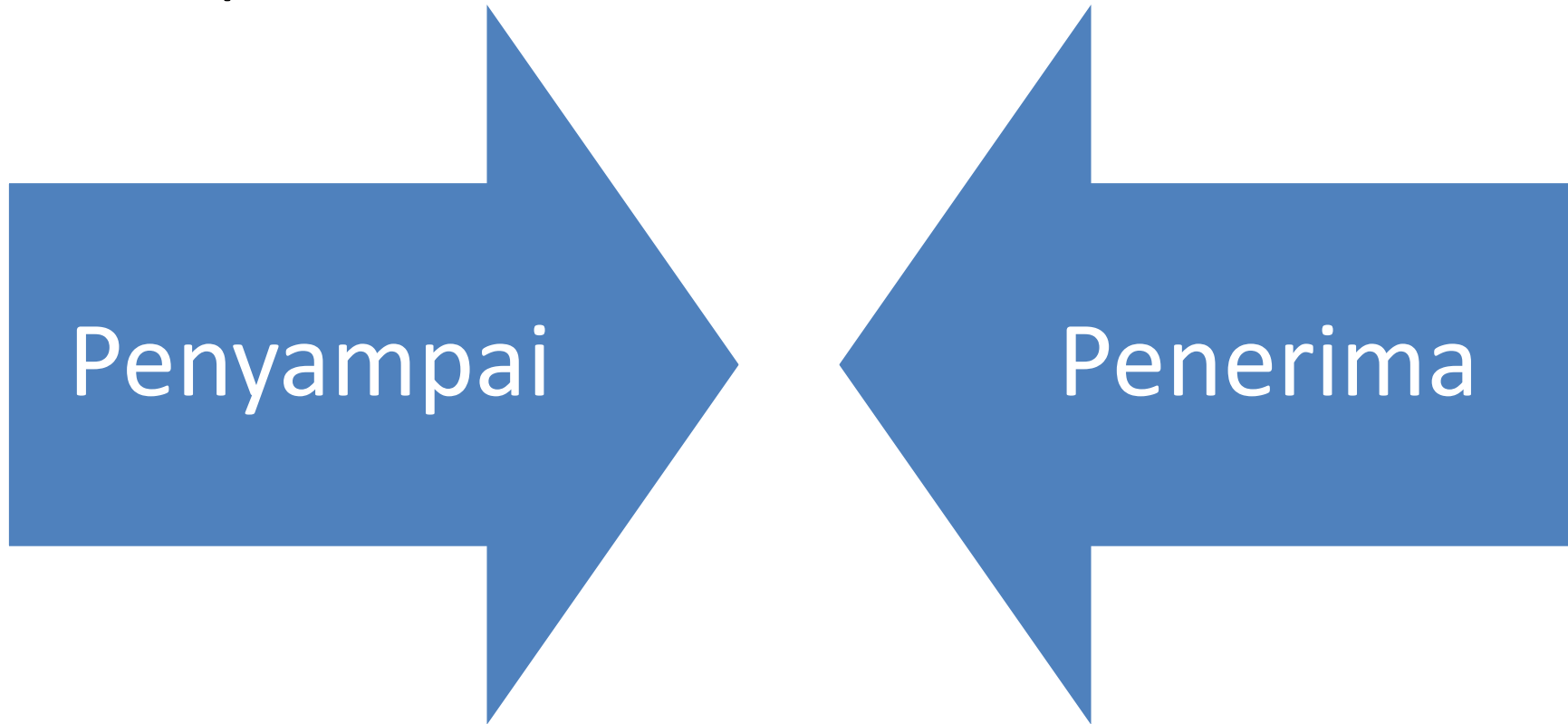
Asyik ubah
fikiran

KOMUNIKASI



Apakah Komunikasi?

- Proses interaksi di mana maklumat disampaikan.



Apakah Komunikasi?

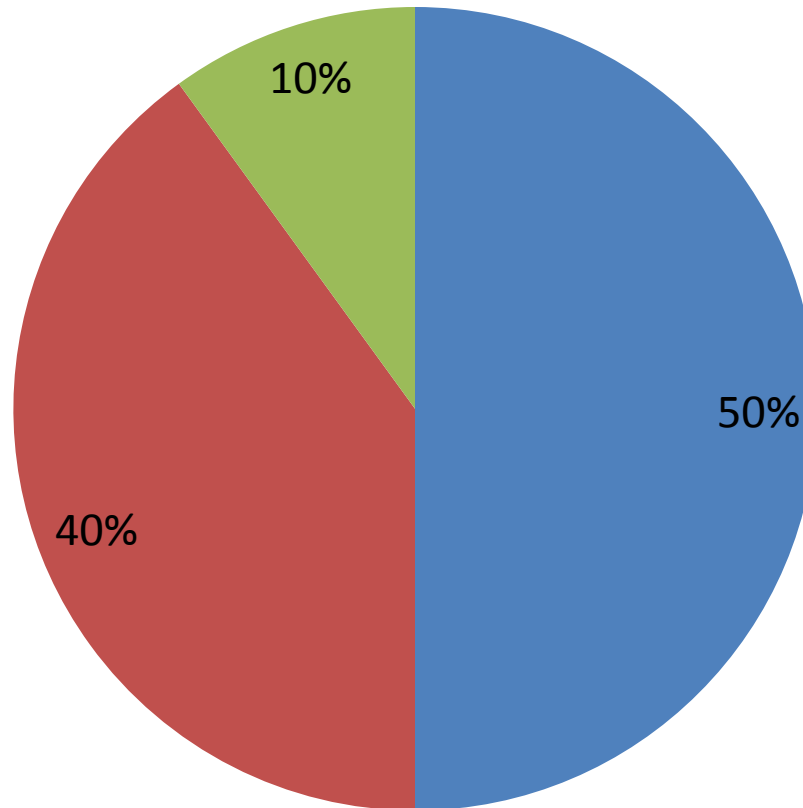
- Dalam bidang perubatan
 - Persepsi pesakit bergantung kepada interaksi dengan pasukan yang merawat
 - Hubungan pesakit dengan pasukan boleh meningkatkan kesihatan melalui penglibatan pesakit untuk menjaga kesihatan sendiri

Persepsi pesakit



Komunikasi efektif

■ Visual ■ Auditory ■ Perkataan



Komunikasi yang Efektif

- Apa yang didengar – 40%
 - Nada
 - Jelas atau tidak?
 - Ekspresi
- Apa yang dilihat – 50%
 - Air muka
 - Dandanan
 - Posture badan
 - Melihat mata
 - Sentuh

Perkataan – hanya 10%!



Breaking bad news

Masa

- Secepat mungkin
- Cukup informasi

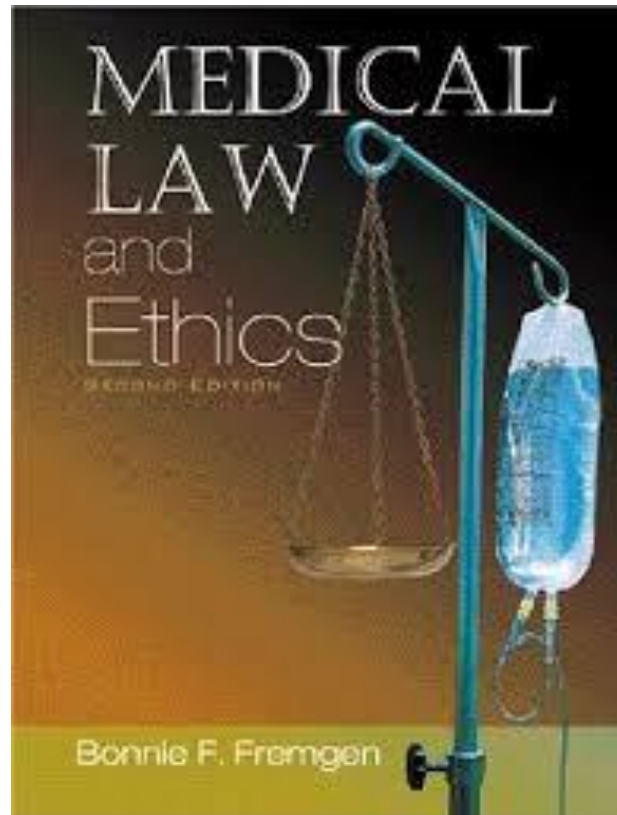
Tumpuan

- Pesakit
- Keluarga

Pendekatan

- Bahasa mudah
- Elak alasan
- Jangan pandang remeh

Urusan medikolegal di sisi undang-undang



Perihal Medikolegal

- Di bawah cabang undang-undang perubatan.
- Berdasarkan prinsip '*autonomy, beneficence, nonmaleficence and justice*'
- Merangkumi pendakwaan individu di mahkamah sivil atau jenayah.
- Termasuk kecuiaan



- "Seorang doktor tidak bersalah atas kecuaiian jika dia telah bertindak ***selaras dengan amalan yang diterima (standard care)*** sebagai betul oleh ***badan ahli perubatan yang mahir dalam bidang tersebut***"
- Menganggap ***duty of care*** - piawaian penjagaan yang diiktiraf



Bantuan?

- KKM mempunyai jabatan medikolegal:
 - http://medicalprac.moh.gov.my/v2/modules/mastop_publish/?tac=Cawangan_Medico_Legal

Terima kasih



Pelan tindakan

Siri 1/2016

- 17 Jun 2016

Echo training di unit masing-masing/audit

- 17 Ogos 2016

Audit dan returns

- 9 September 2016

Siri 2/2016

- 14 Oktober 2016

Seminar on

Intimacy and Sexuality

in Later Life 2016: Cultural and Biological Perspectives



Time & Venue:

18th –20th October 2016

Faculty of Medical and Health Science,
Universiti Putra Malaysia, Selangor

Join us for:

- Symposium
- Oral presentation
- Poster presentation
- Post conference workshop

Theme

- Physiology of ageing, sexuality and intimacy
- Psychosocial issues influencing intimacy and sexual activities
- Sexual rehabilitation in specific population group
- Sexuality and reproductive health
- Medical and surgical options for sexual enhancement
- Aesthetic medicine
- Sexual aids
- Hormonal therapy

For more info on fee, registration and other details visit our website

<https://isill2016.wordpress.com>

Organized by:



MyAgeing, UPM

With support of:



MOH



United Nations Population Fund

