

MATRADE Meeting on Preparation of the Strategic Paper on Construction Related Services Industry Cluster.



The MATRADE Meeting on Preparation of the Strategic Paper on Construction Related Services Industry Cluster, 7 February 2018 was represented by Sr Yee Ia Howe.

The members of the meeting collectively agreed to have a working group to prepare the Strategic Paper and to be presented to YB Minister MITI for his consideration in enabling the Malaysia's professional to contribute in increasing the export of services in order to reduce the deficit in the services sector trade for the country.

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RISM CHINESE NEW YEAR OPEN HOUSE, 26th February 2018



WISMA ZELAN CHINESE NEW YEAR CELEBRATION, 1st March 2018

ABOUT MEMBERS

FOOD MUSHROOM CULTIVATION TECHNOLOGY COURSE

The Plant Protection Department, Faculty of Agriculture in collaboration with the Malaysian Plant Protection Society (MAPPS) and the "Agriculture Institute of Malaysia (AIM)" will be organizing the Food Mushroom Technology Course as per details below:

28 – 29 APRIL 2018
JABATAN PERLINDUNGAN TUMBUHAN,
FAKULTI PERTANIAN, UPM




Sila hantar borang pendaftaran kepada atau hubungi:

JAWATANKUASA PENGANJUR
Dr. Sumalyah Abdullah
(Pengerusi & Penyelaras)
Emel: mushroomcourse.agri@gmail.com

Dr. Mohd Hakiman Mansor
(Setiausaha)

Dr. Dzarifah Mohamed Zulperi
Dr. Siti Izerah Ismail
Dr. Mohd As'wad Abd Wahab

SEKRETARIAT
Jabatan Perlindungan Tumbuhan
Fakulti Pertanian, UPM
(Cik Hasmaniza Zainul Abidin)
Tel: 03-8947 4912 Faks: 03-8938 1014

JADUAL KURSUS

Hari 1
8.00 pg - 6.30 ptg

- Upacara pembukaan
- Kuliah & sesi amali

Hari 2
8.00 pg - 6.30 ptg

- Lawatan sambil belajar ke ladang cendawan komersial
- Kuliah, perbincangan, sesi soal jawab
- Acara penutup & majlis penyampaian sijil

KURSUS LATIHAN

PENANAMAN KOMERSIAL CENDAWAN MAKANAN





28 - 29 April 2018

Dianjurkan Oleh:

Jabatan Perlindungan Tumbuhan,
Fakulti Pertanian,
Universiti Putra Malaysia,
43000 Serdang, Selangor Darul Ehsan.



Penganjur Bersama:




For further details and registration, kindly refer to the [Brochure](#) as attached.

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INTO THE FUTURE WE TRANSFORM

**MMA INAUGURAL CONFERENCE
ON
HEALTH OF THE OLDER PERSON
5-6 MAY 2018
GRAND SEASONS HOTEL, KUALA LUMPUR**

Registration & Information online: www.mma.org.my
Abstract submission: hop@mma.org.my

MMA INAUGURAL CONFERENCE ON HEALTH OF THE OLDER

**5 – 6 MAY 2018
GRAND SEASON HOTEL, KUALA LUMPUR**

Malaysian Medical Association (MMA) Committee will be organising the above conference on 5 - 6 May 2018. Kindly convey the information and disseminate the attached [Flyers](#) to your individual members.

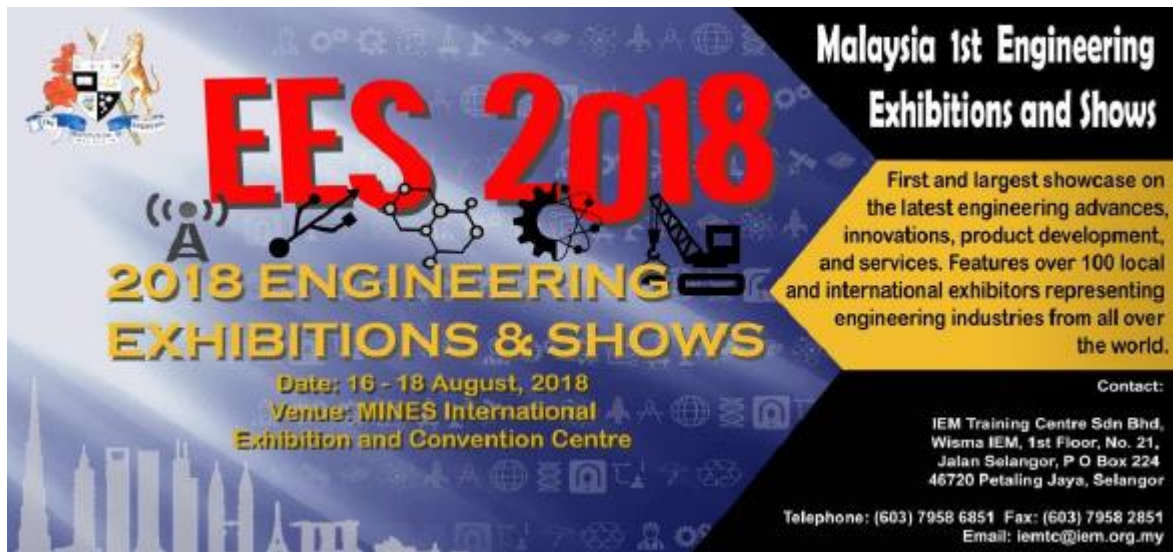
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IEM ENGINEERING EXHIBITIONS AND SHOWS 2018 (EES 2018)

16 – 18 AUGUST 2018

MINES INTERNATIONAL EXHIBITION & CONVENTION CENTER (MIECC)

EES2018 is The Institution of Engineers, Malaysia (IEM) first and largest showcase on the latest engineering advances, innovations, product development and services. It is the perfect place to network and keep up to date with the industry trends and challenges in today's ever-rapid changing marketplace.



Malaysia 1st Engineering Exhibitions and Shows

EES 2018

2018 ENGINEERING EXHIBITIONS & SHOWS

Date: 16 - 18 August, 2018
Venue: MINES International Exhibition and Convention Centre

First and largest showcase on the latest engineering advances, innovations, product development, and services. Features over 100 local and international exhibitors representing engineering industries from all over the world.

Contact:
IEM Training Centre Sdn Bhd,
Wisma IEM, 1st Floor, No. 21,
Jalan Selangor, P O Box 224
46720 Petaling Jaya, Selangor

Telephone: (603) 7958 6851 Fax: (603) 7958 2851
Email: iemtc@iem.org.my

The Organizing Committee is now ready to officially open for confirmed bookings on a first come first serve basis. Only one hundred standard booths are available.

Kindly refer to the [Flyer](#) for booking details.

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**9TH INTERNATIONAL RUBBER GLOVE CONFERENCE & EXHIBITION (IRGCE 2018)
“TRANSFORMING TECHNOLOGY, DRIVING INNOVATION”**

**4 – 6 SEPTEMBER 2018
KUALA LUMPUR CONVENTION CENTER, MALAYSIA**



The brochure cover features a red and yellow background. At the top left, it says "9th IRGCE" with a globe icon, followed by "International Rubber Glove Conference & Exhibition" and the website "www.IRGCE.com". To the right, it displays "2018" and the dates "SEPTEMBER 4 - 6, 2018" at the "KUALA LUMPUR CONVENTION CENTRE, MALAYSIA". Logos for "IRC 2018 KUALA LUMPUR" and "IRC International Rubber Conference" are also present. The central theme "TRANSFORMING TECHNOLOGY, DRIVING INNOVATION" is prominently displayed. Below this, several circular images show people in lab coats working, a globe, and a person examining a rubber glove. A yellow callout box states "Free entrance to exhibition halls". At the bottom, a grid of logos lists the organizing and supporting organizations, including MAR/MA, MREPC, IRC, PRIM, and others.

[\[Download Brochure\]](#)

The International Rubber Conference is held annually under the auspices of the International Rubber Conference Organisation (IRCO).

IRC 2018 is organised by The Plastics and Rubber Institute Malaysia (PRIM). With the theme being “Transforming Technology, Driving Innovation” , IRC 2018 will be expecting about 150 oral presentations and 50 posters to be presented on topics highly relevant to the rubber industry in general. There will be a high mixture of international and local speakers presenting.

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HIGH CGPA AND SOFT SKILL NEEDED TO GET PHARMACIST TRAINING REPLACEMENTS

NST, 14 March 2018



To gain exposure, fresh pharmacy graduates can opt to serve in local community pharmacies while waiting for job interviews.

At present, there is a stiff competition among pharmacy graduates to obtain provisional training placements at hospitals and premises approved by the government due to the insufficient number of positions for the Provisionally Registered Pharmacist (PRP). Such predicaments are quite similar to the situation currently faced by medical graduates, who wait for up to one year to get housemanship placements at government hospitals.

The 1,400 pharmacy students, who graduate annually, only rub salt into the wound. If they do not pass the assessments during the one-year training and score excellent marks, the PRP will neither be granted the practicing licence nor allowed to work as registered pharmacists.

Liberalisation of PRP training in Malaysia has been extended to private facilities such as community pharmacies, private hospitals, the pharmaceutical industry and research and development centres recognised by the Pharmacy Board Malaysia (PBM), in addition to the government hospital facilities or institutions. PBM introduced the recent move to provide more working opportunities and increase the number of pharmacy graduate employment in the country.

Several measures have been taken by the government to assist unemployed pharmacy graduates and increase the number of training placements including the liberalisation of PRP training.

The Malaysian Pharmaceutical Society (MPS) has urged for a moratorium of at least five years on pharmacy programmes, calling for a freeze in the intake of students enrolled in a pharmacy programme in tertiary institutions in the country.

More recently, the government introduced a policy to offer service contracts to medical, dental and pharmacy graduates due to constraints in the permanent posts. Pharmacy graduates must attend an interview by appointed panels of the Public Services Commission of Malaysia as a prerequisite to obtain PRP training placements.

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Selection of candidates to be interviewed is generally dependent on Cumulative Grade Point Average (CGPA) and other criteria set by the Public Services Commission. Those who have high CGPA will have higher chances of being shortlisted for the interview. Success at the interview, however, depends on many factors and not simply on CGPA. Thorough preparation must be done to be successful at making a good impression on the interviewers.

PREPARING THE BEST GRADUATES

Pharmacists are involved in solving complex problems such as managing patients with various diseases on multiple medications and identifying possible drug-drug or drug-food interactions. It is therefore vital for them to communicate effectively and play a crucial role in the provision of primary care.

In the wake of rising unemployment, pharmacy students must be prepared to be ideal candidates for the job and do their best to increase future employability.

In a 2014 study by Dr Norazrina Azmi of the Faculty of Pharmacy, Universiti Kebangsaan Malaysia, several factors affecting the academic performance among pharmacy students in local public universities were identified based on their CGPA. The majority of the students who obtained high CGPA were revealed to have remarkable time management skills and high academic competence.

Although the pharmacy curriculum in the local public universities has interweaved several courses as part of the approaches by the Higher Education Ministry to improve the

student's communication skills, the majority of graduates were rated as mediocre.

Lack of academic and social success among students in higher education was also caused by academic entitlement, defined as a student's perception that he deserves good grading and educational services despite putting minimal efforts towards achieving academic success. They may neglect the importance of personality development and do not comprehend the impact of lacklustre performance at university until they have entered the workforce.

CULTIVATING SOFT SKILLS

In addition to a repertoire of knowledge and hard skills, pharmacy graduates must be equipped with good soft skills to be efficacious in their professional practice, especially when collaborating with other healthcare professionals to make clinical decisions. Soft skills can be defined as having emotional intelligence and the ability to use technical abilities and knowledge effectively.

Students can develop the desirable qualities employers usually seek early on while they are at university, for instance through social interactions. The important elements that make good soft skills are communicative and thinking skills, problem-solving ability, teamwork, lifelong learning and information management, leadership, entrepreneur skills, ethics, high moral standards and professionalism.

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There are many ways to develop these including:

- **Working in the community pharmacy**

Community pharmacists are involved in the management of a pharmacy selling a wide range of pharmaceutical, herbal and health care products, cosmetics and supplements. The community pharmacists on site can act as preceptors to help set the stage for the graduate's initial encounter with pharmacy practice. Basic information management and thinking and communicative skills required of a good pharmacist can be strengthened if a student works as an assistant to community pharmacists.

Fresh pharmacy graduates can opt to serve in local community pharmacies while waiting for the job interview to gain exposure to the management of prescription medications, dispensing of medication and counselling patients. They may be given the opportunity to assist the pharmacist in conducting basic preliminary health screening, given their skills and expertise, for instance monitoring blood glucose, blood pressure and cholesterol. The stint in the community pharmacies can increase their level of professional competency and build work readiness prior to working in government hospitals.

- **Joining community outreach programmes**

Soft skills can be gained and developed when students are involved in community outreach programmes offered by for instance non-profit, non-governmental

organisations. There are plenty of volunteering opportunities available in the country for pharmacy graduates to address the needs of orphans and disabled children, and be part of support groups for people recovering from substance abuse. Working with people from various backgrounds can help to develop positive attitude, improve interpersonal skills and problem-solving ability.

- **Improving English communication skills**

There are various methods to improve spoken and written English. For example, one can enrol in English communication and/or writing classes. Setting up a blog to practise writing articles in English pertaining to pharmacy-related subjects can also be useful in recalling the theories learnt during the undergraduate years. Surrounding themselves in an all English-speaking environment may also help to improve students' command of English.

- **Obtaining support from the faculty**

The pharmacy faculty can organise a workshop for fresh graduates and invite experienced pharmacists to share their insights and updates on employment trends and internship opportunities. Lecturers and faculty members can also provide support by offering them work as tutors for undergraduates or as research assistants. Lecturers can act as mentors to guide them through

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exposure to different sets of teaching or research skills and the culture of their disciplines, particularly for those who wish to pursue academic careers.

Both high CGPA and good soft skills are important for pharmacy graduates to excel in their future job hunt and, therefore, should be prioritised. With the recent restricted number of PRP training placements coupled with an increasing number of pharmacy graduates, one must strive to be competitive and be indispensable to secure a job. It is envisioned that the integration of soft skills with pharmacy practice can be improved as one of the core modules in the pharmacy curriculum via concerted efforts from pharmacy academicians.

Azyyati Mohd Suhaimi is a senior lecturer at the Pharmacy Practice department, Faculty of Pharmacy, Universiti Teknologi MARA Selangor. Email her at education@nst.com.my

GENERAL KNOWLEDGE

FOOD FOR THOUGHT IN CANCER

The Star, 7 March 2018




KUALA LUMPUR: The onslaught of cancer and aggressive chemotherapy usually takes a toll on a patient's body.

As cancer progresses, the body becomes malnourished, while chemotherapy weakens the immune system.

At this stage, avoiding food contamination and getting adequate nutrition is of utmost importance.

Cancer patients are encouraged to go on a neutropenic diet (a diet for people with weakened immune systems), said dietitian Nur Hayati Azmi before the "Neutropenic Diet Cooking Demo" by executive chef Mohamad Hanafi Mohamed last Thursday for cancer patients and their caretakers at KPJ Ampang Putri, Kuala Lumpur.

These patients suffer from neutropenia (low white blood count), a result of chemotherapy, or bone marrow, stem cell and organ transplant, or human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), she said.

Neutropenic Diet	
<p>Eat cooked food – baked, roasted, grilled, poached, boiled or steamed and less fried.</p> <p>Food safety</p> <ul style="list-style-type: none"> Wash hands before handling food, wash all surfaces, cutting boards and cutting utensils thoroughly. Use separate chopping boards for meat and vegetables/fruits. Keep hot food hot and cold food cold. 	<p>* Meat</p> <ul style="list-style-type: none"> Avoid raw or rare meat, fish, and eggs (no runny yolks). Meat should be "well-done." Avoid sashimi and sushi. <p>* Vegetables and fruits</p> <ul style="list-style-type: none"> Avoid salad bars, fruit bars and deli counters. Buy vacuum-packed lunch meats rather than freshly sliced meats. Preferably eat fruits which can be peeled such as bananas, grapefruits and oranges. Consume immediately after peeling/cutting. If other fruits are eaten, they must be properly washed in cold, salt water or vege wash. Cooked vegetables, canned fruits and juices are fine. Avoid unwashed, unpasteurised fruit juices. Avoid raw nuts. May eat baked products with these ingredients. <p>* Beverages</p> <ul style="list-style-type: none"> Tetra-packed drinks allowed. Ice must be made from boiled water.
	<ul style="list-style-type: none"> All dairy products should be pasteurised. Avoid yoghurt and yoghurt products with live and active cultures. Do not drink raw milk or shakes with raw eggs. Drink boiled tap water. If bottled water, it should be labelled as reverse osmosis or distilled or filtered. Well water can be consumed if boiled. <p>* Starches</p> <ul style="list-style-type: none"> Baked bread, crackers, or cooked cereal, pasta and potatoes allowed. No raw oatmeal. Pasteurised or processed cheese can be eaten but not soft cheese. <p>* Desserts</p> <ul style="list-style-type: none"> Commercial ice cream and baked muffins allowed. No homemade ice cream. <p>* Fats</p> <ul style="list-style-type: none"> Bottled oil and shortening can be used. No home made avocado spread, recycled oil, homemade Caesar salad.

Adapted by KPJ Ampang Putri from various sources

“A neutropenic diet helps protect patients from bacteria and other harmful organisms found in some food and drinks,” she explained.

Nur Hayati said that if a person’s immune system is not working well, the body may have a hard time protecting itself from bacteria such as *E. coli*, Salmonella and Listeria.

Patients are encouraged to start the neutropenic diet early, even before treatment begins, she said.

Preparing for cancer treatment

Before treatment

- Reduce anxiety about treatment and side effects by having discussions with the doctor and allied health team.
- Stock up pantry and freezer with favourite food. Include food that you can eat even when sick.
- Cook in advance and freeze food in meal-sized portions.
- Talk to family or friends about ways they can help with shopping, cooking and social support.

Once treatment starts

- Eat five or six meals a day instead of three large meals.
- Eat your largest meal when you have the biggest appetite.
- Eat your favourite food at any time of the day.
- Keep finger foods to eat e.g. pau, buns, sandwich, raisins.
- Consume fluids between meals, instead of with meals.
- Drink oral nutritional supplements for extra calories and protein.

Adapted by KPJ Ampang Putri from various sources

A patient who has too few white blood cell count (absolute neutrophil count less than 500 cells/mm³) should follow the neutropenic diet, she said.

She said that people with chemotherapy-related neutropenia are prone to infections while they wait for their cell counts to recover.

“During this period, the doctor would advise certain precautions such as wearing a face mask, avoiding those with a cold, washing hands regularly, and follow food safety guidelines thoroughly,” she said.

The neutropenic diet generally requires food to be cooked, said Nur Hayati. “Beef, chicken, fish, and eggs need to be cooked completely to ensure that all bacteria are destroyed.

“That means no raw or rare meat or runny yolk,” she said.

Those on the diet should also avoid salads and fruit bars, and deli counters, she said.

While most people prefer homemade food, Nur Hayati said homemade juices and dressings are generally not encouraged as there is a tendency of cross-contamination while making them.

Avoid all uncooked vegetables and most uncooked fruits, she said.

Patients should eat fruits that have thick skins that can be peeled off such as bananas or oranges.

Cooked vegetables, canned fruits and juices are safe to eat, she said.

“If patients still want to eat raw vegetables and fruits that do not need peeling, they have to wash it properly using cold water, salt water or a vegetable wash,” she said.

Asked if cancer patients can eat deep-fried foods, Nur Hayati said that patients can eat such food, but the oil used for frying should be used only once and not recycled.

Eating fried food should be minimised, and if it is eaten, it is best to use palm oil for frying as it is the most stable oil for frying, she said.

Since cancer induces weakness and wasting of the body, Nur Hayati said patients need to eat food high in calories and protein so the body can fight the cancer.

“They need a lot of energy to fight the disease,” she said, adding that supplements help to top up their nutritional needs, while some exercise is helpful in overcoming fatigue.

The prevalence of malnutrition in patients with cancer has been reported to range from 20% to more than 70% in studies carried out worldwide, she said.

Malnutrition among cancer patients could lead to diminished tolerance to therapy, low survival rates, reduced quality of life and longer hospital stay, she said.

She added that 60% of head and neck and gastrointestinal patients lose weight upon starting treatment.

“For those who do not have the appetite to eat, they should eat small and frequent portions, even if it means eating 10 times a day,” she said.

Asked if cancer patients could consume sugar (many believe that cancer cells feed on sugar, so it shouldn't be eaten), Nur Hayati said that such patients need a balanced diet and they also need some sugar for energy.

She also said that it is better for patients to eat natural food and avoid processed food.

Chef Hanafi said that with the neutropenic diet, patients can eat the food they like as long as they are cooked.

Cancer patients need to avoid medium-cooked meats and eat meats that are well-done, he said.

Although patients cannot take fresh salads, they can prepare salads using cooked carrots, pumpkin, corn and apples and toss them with a dressing, he said.

MINOR ACCIDENTS CAN CAUSE MAJOR HASSLES

The Star, 8 March 2018

ACCIDENTS happen all the time. Some are serious and cause injuries and substantial damage, while others result in minor damage but no injuries whatsoever.

According to the Oxford Advanced Learner's Dictionary, an accident is "an unpleasant event, especially in a vehicle, that happens unexpectedly and causes injury or damage". When a road accident leads to serious damage and people are injured, the parties involved almost always make police reports, unless it is a hit-and-run case.

What I wish to discuss today is not the serious accidents but fender benders, that is, cases where all that happens is one car bumping another. Often, the only damage is a small dent or a scratch.

The motorists usually do not make police reports because they may end up spending many hours with the police, including dealing with the investigating officer.

Therefore, in some cases, the party who is in the wrong may tell the other motorist to go ahead and repair the damaged vehicle. The latter will be reimbursed.

This is a very good way of handling the matter. Nobody lodges a police report and all parties save time, money and effort. Technically, this is not right but that is another matter.

However, this approach can be risky. Usually, people are generally sincere and keep their word. But it is not always like this, and that is when problems crop up.

Here is an example. Traffic was moving very slowly and the vehicles were merely rolling down a flyover. A car knocked the car in front. It was bumper-to-bumper contact and there was hardly any visible damage.

The driver of the car at the back (Driver A) realised that technically it was his fault.

Prior to the accident, he was already feeling stressed because his neighbour had died that morning. Driver A was on the way to the office; the plan was to give instructions and then go home to lend support to the late neighbour's family.

He was therefore not in the frame of mind to spend hours at the police station.

The woman who drove the other car (Driver B) was quick to take photographs of both cars. In good faith, Driver A handed his business card to Driver B.

Despite the negligible damage to the other car, he offered to bear any expenses if the car needed to be checked.

There was no mention then of either party making a police report.

But Driver B did exactly that. She also lodged a claim with her insurance company for several thousand ringgit. How could this have happened?

The answer is simple. She took the opportunity to profit from the incident.

But didn't the police examine her car to determine the actual damage?

Driver B probably headed to a workshop she was familiar with, and told the operator that the accident was a chance to make money. The workshop operator knew too well what should be done next.

Parts of the car would have been removed and replaced with damaged parts from other cars. The idea was to show substantial damage. Photographs of the car in this condition would have been brought along when the driver made her police report.

The police was in no position to know the truth. They too would have taken some photographs for their records.

Armed with the police report, photographs and workshop bill, Driver B submitted to the insurance company a claim against Driver A.

Because the insurer was unaware of what had actually happened, the claim would have been approved but payment would have been withheld as there was no evidence that Driver A had been charged and convicted or that his offence had been compounded.

Basically, the insurer wanted to see an admission of liability.

However, Driver A had not even lodged a police report; to him, the understanding was that neither driver would do so.

With the insurance payment now on hold, the police would be pressured to take action against Driver A.

They would have asked him to turn up at the police station, where he would have to explain his failure to report the accident.

Whatever the circumstances of the accident, he committed an offence because under the law, he was obliged to report the accident within 24 hours.

The only way out would be to pay the fine when his offence was compounded.

With that, Driver B would get her insurance payment, which she would likely share with the workshop.

So what should one do after a minor accident? If he is claiming from his insurer, a police report is definitely required. But if the damage is minimal, he may instead bear the cost of repairs himself.

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When two cars are in an accident and the damage appears small, the danger is that the repairs can be a lot more expensive than anticipated. It would be safer to lodge a police report, pay the compound fine and put the matter behind you.

Of course, it all depends on the circumstances. If you do not want to make a police report, you should carefully inspect the car that has been damaged and weigh the potential consequences of reimbursement of repair costs instead of going to the police.

It hinges on feelings. Can you trust the other party? Personal judgment will therefore be a factor.

Any comments or suggestions for points of discussion can be sent to mavico7@yahoo.com. The views expressed here are entirely the writer's own.

THE OBESITY PARADOX DEBUNKED

The Star, 9 March 2018

LOS ANGELES: For several years, researchers have struggled to explain the obesity paradox.

This is the observation that, after being diagnosed with cardiovascular disease, people who are overweight or obese live longer than people who have a healthy weight.

How is it possible for those extra pounds to provide extra years of life?

The answer, it turns out, is simple – they aren't.

Fit For Life



Hefty concern: People who are overweight or obese are being diagnosed with cardiovascular disease at younger ages, so although they do spend more years living with the disease than their slimmer peers, they do not live longer overall.

A new study shows what's really going on: people who are overweight or obese are being diagnosed with cardiovascular disease at younger ages.

Although they do spend more years living with the disease than their slimmer peers, they do not live longer overall.

Indeed, one of the main effects of carrying around too much excess weight is that you get fewer years of disease-free life.

A team of researchers led by Dr Sadiya Khan of Northwestern University's Feinberg School of Medicine in the United States figured this out by examining data from the Cardiovascular Disease Lifetime Risk Pooling Project.

They pulled medical information on 190,672 people who did not have cardiovascular disease when they began being tracked by researchers.

All of them had their height and weight measured at least once, and all of them were followed for at least 10 years.

Altogether, they provided researchers with 3.2 million years of health data.

The researchers grouped the study participants according to their age and their weight status.

Starting with people between the ages of 40 and 59, they saw that those who were overweight or obese had a higher risk of a heart attack, stroke or congestive heart failure than did those with a normal weight.

For instance, among middle-aged men, 37% of those who were overweight (that is, with a body mass index between 25 and 29.9) experienced some type of cardiovascular event after joining a study.

So did 47% of men who were obese (with a body mass index between 30 and 39.9) and 65.4% of those who were morbidly obese (with a BMI of 40 or above).

By comparison, 32% of men with a BMI in the normal range (between 18.5 and 24.9) suffered a cardiovascular event.

Among middle-aged women, 27.9% of those who were overweight had a heart attack, stroke or congestive heart failure after joining a study, as did 38.8% of those who were obese and 47.6% of those who were morbidly obese.

And this medicine should be spread over at least three days a week, say experts. For best results, be active at least 150 minutes a week and don't skip the dose for more than two days in a row. —The Monterey County Herald/Tribune News Service

Among women with a normal weight, 21.5% experienced one of these cardiovascular events.

After adjusting the data to account for risk factors like age, race, ethnicity and smoking status, Khan and her colleagues found that the higher the BMI, the greater the lifetime risk of some type of heart problem.

For example, compared to middle-aged men with a normal BMI, the risk of a heart attack (either fatal or nonfatal) was 18% higher for men who were overweight, 42% higher for men who were obese, and 98% higher for men who were morbidly obese.

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For middle-aged women, the risk of a heart attack was 42% higher for those who were overweight, 75% higher for those who were obese and 80% higher for those who were morbidly obese.

The researchers found that middle-aged adults with a normal weight lived the most years free of cardiovascular disease.

For instance, men who were morbidly obese experienced their first cardiovascular event 7.5 years sooner than men with a normal BMI. For women, the difference was 7.1 years.

In addition, a normal weight was associated with a longer life overall.

Middle-aged men with a normal BMI lived 5.6 years longer than men who were morbidly obese, while women with a normal BMI lived two years longer than women who were morbidly obese.

All of these patterns were similar in younger and in older adults, the researchers found.

By looking at people's health over a longer period of time – not just after they've been diagnosed with a heart problem – the true significance of the obesity paradox comes into view.

“The obesity paradox ... appears largely to be caused by earlier diagnosis of CVD,” the researchers wrote, using an abbreviation for cardiovascular disease.

“Adults who were obese had an earlier onset of incident CVD, a greater proportion of life lived with CVD morbidity (unhealthy life years), and shorter overall survival compared with adults with normal BMI,” they concluded.

The study was published recently in the journal *JAMA Cardiology*. — Los Angeles Times/Tribune News Service

DOES PROSPERITY LEAD TO OBESITY?

The Star, 12 March 2018



KUALA LUMPUR: Kinabatangan MP Datuk Bung Mokhtar Radin has declared that there is a high rate of obesity among Malaysians because they are prosperous and well-fed.

Is obesity the result of affluence?

In exploring the issue of obesity, experts interviewed said prosperity is not the main reason for obesity.

Although a higher disposal income means better ability to buy more food, obesity is related more to the level of awareness and education and the will to adopt healthy lifestyles, said senior consultant endocrinologist Prof Datuk Dr Mafauzy Mohamed.

“It’s got to do with education,” he said.

Dr Mafauzy said that the rich and the poor alike in Malaysia tend to overeat, the reason for the high obesity rate.

On Thursday, Bung Mokhtar said that there was a high rate of obesity among Malaysians because they are prosperous and well-fed.

He said that the Opposition cannot claim that the country was not prospering because, he argued, the number of obesity-related deaths and diseases were high and that Malaysians are fortunate as its people “can afford to overeat”.

Bung Mohktar raised the argument in response to Datuk Seri Dr Wan Azizah Wan Ismail (PKR-Permatang Pauh), who claimed that the rakyat was suffering.

Dr Mafauzy said that both the rich and and the poor can make efforts to eat more healthily.

The poor for instance, could grow their own vegetables and fruits in villages, he said.

Based on The Economist Intelligence Unit’s “Tackling Obesity in Asean” report released on June 1, Malaysia’s obesity prevalence is 13.3% while 38.5% of the population is overweight.

Obesity can lead to diabetes, high blood pressure, coronary artery disease, coronary vascular disease, heart attack, stroke, and even cancer.

“Worldwide, at least 2.8 million people die each year as a result of being overweight or obese.

An estimated 35.8 million (2.3%) years of healthy life are lost due to overweight or obesity, according to the World Health Organisation.

Mortality rates increase with increasing degrees of overweight, as measured by body mass index.

There is increased risk of co-morbidities for body mass index 25.0 to 29.9, and moderate to severe risk of co-morbidities for body mass index greater than 30.

The Malaysian Dietitian’s Association president Prof Winnie Chee said that although obesity is linked to increased income and purchasing power, it is not limited to the rich.

Lower income groups can suffer obesity too as they tend to have poorer quality diets and lack physical activity, she said. Chee said this is partly because unhealthy street foods are affordable in Malaysia.

Dietitian Nur Hayati Azmi said it is inactivity that leads to obesity, not whether a person is rich or poor.

“It depends on their lifestyle. Rich or poor, many here are inactive,” she said.

Nur Hayati added that her richer patients tend not to have the time to exercise, while the poorer ones tend to eat affordable food that are also high in

bad fats and sugar, and in big portions, while they also lack exercise.

However, Nur Hayati admitted that the wealthy tend to have better access to knowledge on healthy lifestyles and they would join fitness clubs to get fit.

She said the poor too can stay healthy with limited funds by choosing wisely and exercising in the park.

The trend is now changing as the young tend to adopt a healthier lifestyle because parents bring their children to the playground, she said.

While the educated and uneducated still need to catch up on adopting healthier habits, there is a different scenario in the United States.

It has been found that Americans with more education and higher income have lower rates of chronic diseases, including obesity, compared to people with lower education and income levels, according to Health, United States, 2011, a report by the Centers for Disease Control and Prevention.

Hence, prosperity coupled with greater awareness and education should not, or must not, bring about obesity. If it does, then perhaps some policies need re-examination or new ones need to be introduced.

“On the other hand, it is also possible that some can ‘learn’ OCD as a result of modelling after other family members who have OCD.

However, Dr Andrew said OCD is a common disorder that affects people across the board, with the World Health Organisation listing OCD as one of the top 10 leading causes of disability in the working-age group.

“We do not have absolute statistics for OCD in Malaysia, but it is safe to say that the prevalence of OCD is 1-2% of the population, cutting across all ethnic groups and affecting both males and females,” he said, though he added that it is very rare that OCD occurs in children.

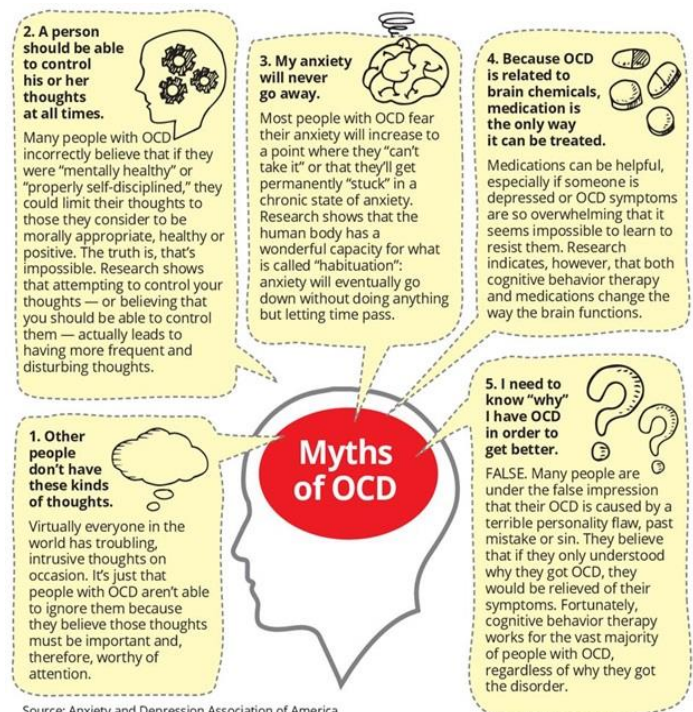
He said most people are diagnosed by about age 19, typically with an earlier age of onset in boys than in girls.

“The onset of the disorder is usually gradual, but it can be sudden too, especially after a stressful life event like pregnancy, death of a spouse or loss of livelihood,” he said, adding that onset after age 35 does happen as well.

Dr Andrew stressed that people with OCD should not lose hope, as recovery is possible if the disorder is treated appropriately,

“The two main modalities of treatment are pharmacotherapy and psychotherapy, and they complement each other.

“Pharmacotherapy involves using antidepressant medications like the newer selective serotonin reuptake inhibitors (SSRIs), which increase the levels of serotonin in the brain,” he said, adding that patients with OCD tend to have lower levels of serotonin.



“Psychotherapy can also be effective for patients with OCD. Certain types of psychotherapy, including cognitive behaviour therapy (CBT), can be as effective as medication for many individuals,” he said.

A BIT TOO SWEET!

The Star, 19 March 2018



Sour note: Dietitian Mok Chu Zhen reveals the truth about sugars.

Fit For Life

PETALING JAYA: A diabetic patient with a wound on his toe started to take honey with the hope that it would heal faster.

He took two tablespoons, twice daily, but subsequently, his toe was amputated, said dietitian Mok Chu Zhen.

“It was not that taking honey led to the amputation, but that his overall blood glucose control was bad,” he said.

With the need to adopt a healthier habit, some have thought that taking non-white sugar would be a better, but this is a mistaken belief, he stated.

Are there different types or categories of sugars that people should be aware of?

Mok: According to the Malaysian Dietary Guidelines 2010, there are various types of sugar, with no clear definition of its categorisation.

Sugar often refers to sucrose, which is derived from sugar cane. Sucrose is also found in honey and corn syrup.

There are other types of sugar which can be found in foods/beverages such as glucose, lactose and maltose.

What are the benefits? And what are the health risks if taken too much?

Mok: Sugar is considered an empty-calorie food. That means, it contains mostly calories but with no other or minimal nutrient content.

Excessive sugar intake may lead to overweight and obesity. A higher risk of dental caries and type 2 diabetes and cardiovascular diseases (CVD) are often associated with being overweight and obese.

Reducing weight can help reduce the risks and complications associated with those diseases.

Are brown sugar, honey, maple syrup and, or agave nectar healthier substitutes for sugar?

Mok: Different types of sugars give different taste to food and drink, and all will be broken down to three main monosaccharides – glucose, fructose and galactose. The end result – they are still providing extra calories if taken excessively.


Most people opt for brown sugar instead of white sugar, thinking that brown sugar contains less calories. This is not true.

For example, just to get 2.7mg of iron, you would have to take 100g of brown sugar, which is equivalent of taking in 353kcal.

Honey is composed primarily of fructose and glucose but also contains fructo-oligosaccharides and many amino acids, vitamins, minerals and enzymes.

It has antiseptic, antimicrobial, anti-inflammatory and some other health benefits but it still contains calories (one tablespoon gives 58 calories).

Honey is generally safe for most but should not be given to infants aged



Calorie and nutrition content of sugar

Type of sugar	Volume (g)	Calories (Kcal)	Grammes in 1 tbsp	Calories in 1 tbsp	Carbohydrate (g)	Calcium (mg)	Potassium (mg)	Iron (mg)
White sugar	100	398	15	59.7	100	2	5	0.1
Brown sugar	100	353	18	63.5	86.6	187	377	2.7
Honey	100	313	21	65.7	78.1	11	26	0.7
Molasses	100	290	20	58	74.7	205	1,464	4.7

Source: Universiti Malaya Medical Centre and Malaysian Food Composition Book © The Star Graphics

There is not much difference in calorie content for white sugar and brown sugar.

One tablespoon of white sugar (15g) provides 59.7kcal, while one tablespoon of brown sugar (18g, which is heavier than white sugar) provides 63.5kcal.

Some say brown sugar contains more nutrients. That is true when compared with white sugar, but it is not high enough to provide any health benefits.

less than one as it might cause infant botulism.

Should white processed sugar be avoided?

Mok: There is no need to avoid white sugar, but the Malaysian Dietary Guidelines 2010 recommends the consumption of food and beverages low in sugar.

The World Health Organization (WHO) recommends both adults and children to reduce the intake of free sugar to less than 10% of total energy intake.

In other words, a healthy 60kg adult may require 1,800Kcal calorie intake every day. Thus, the maximum amount of sugar intake should not be more than 180kcal, or equivalent to three tablespoons (45g) of sugar.

However, WHO suggests a further reduction of the intake of free sugars to below 5% of total energy intake in order to reduce the risk of non-communicable diseases, which translates into 1.5 tablespoon (22.5g) daily.

Note that our most famous drink in the mamak stall, a glass of teh tarik, contains 1.7 tablespoons of sugar.

Why do some people feel alert after drinking a glass of pure fresh fruit juice but feel tired after taking a sweet or eat a bowl of rice? Do the type of sugars in them make the difference?

Mok: There is no scientific evidence that taking high sugar/carb in a meal will promote daytime sleepiness.

It could be due to a placebo effect. The brain convinces your body that you are alert after taking a glass of pure fruit juice.

It is important to limit sugar intake to the amount that fits your calorie and nutrient needs. You can lower your intake by consuming food and beverages containing less sugar, often or by decreasing the amount you eat or drink. Bear in mind, moderation in sugar intake is key.

What about those with diabetes? Can they take those healthier sugars such as brown sugar, honey, maple syrup or agave nectar?

Mok: They can be taken by diabetic patients in the right amounts. As mentioned, brown sugar and other sugar substitutes are not superior than white sugar as they deliver almost similar calories.

It is important for diabetic patients to take into consideration the total carbohydrate intake in a day.

For example, a typical Malaysian-style breakfast may have a piece of roti canai (47.9g of carbohydrate) with a glass of teh-tarik (26g of carbohydrate from sugar).

In total, you are taking in 73.9g of carbohydrate, which could be too much and lead to a high blood sugar spike later.

However, if you choose to take plain tea with one or two teaspoons of sugar, it only gives you 5g to 10g of carbohydrate, which is less than half of a glass of teh tarik.

Do you have other comments, observations and advice?

Mok: A small amount of sugar intake is all right, but most people eat a lot more.

LET'S LOOK AT LUNGS, CLOSELY

The Star, 26 March 2018

PETALING JAYA: Lung cancer is the third most common cancer in Malaysia, accounting for 19.8% of all medically certified cancer mortality in this country (*Second Report of the National Cancer Registry, Cancer Incidence in Malaysia*).

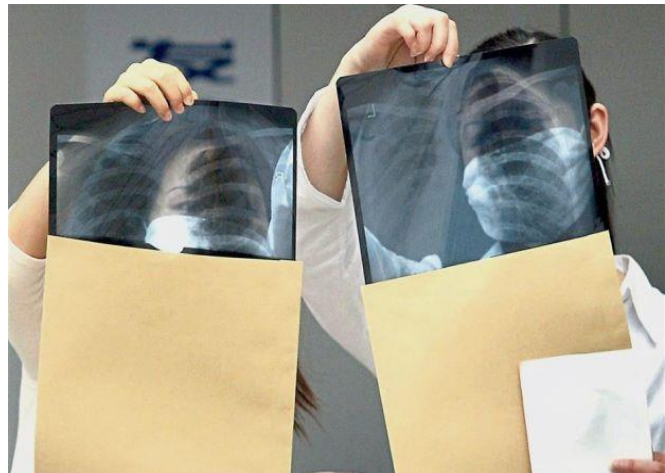
Since most lung cancer patients are diagnosed when they reach an advanced, incurable stage, mortality rates in Malaysia remain high – over 75% of lung cancer cases are diagnosed at either stage III or IV, and often, patients can only be offered palliative but expensive therapy.

It is a well known fact that individuals who have had family members diagnosed with cancer are prone to developing the disease themselves.

And while genetics may predispose certain people to lung cancer, cigarette smoking remains a major risk factor.

Local data suggests 92% of Malaysian male lung cancer patients have a significant history of smoking.

Lung cancer occurs mostly in men over age 50, and the incidence in those under age 40 is relatively lower (approximately 5%).



Catch it early: The importance of early diagnosis cannot be emphasised enough – early detection of lung cancer remains the cornerstone of treatment success.

In spite of the statistics, cigarette smoking in Malaysia starts early, with a whopping 36.9% of children between ages 14 and 15 using e-cigarettes and vaping devices.

Despite the Government's best efforts to deter Malaysians from picking up the habit – including a National Strategic Plan to make Malaysia smoke-free by 2045, the prevalence of smoking in Malaysia is exceptionally high.

Smoking not only harms the health of an individual or family, but has serious implications on our national treasury.

The morbidity and therapy of smoking-related diseases account for approximately RM440mil annually, and is thus a major economic burden on our personal and national healthcare finances.

The high prevalence of lung cancer in Malaysia and the fact that smoking is the most common, preventable cause of death,

Mandates serious consideration for disease screening.

Screening for lung cancer ups the chances of early diagnosis, facilitating early effective intervention.

There is no question that the earlier a lung cancer is diagnosed and treated, the better the patient's chance of survival.

Studies from the United States, UK and Europe have shown that screening for lung cancer increases the chances of early diagnoses.

Published studies evaluating the efficacy of a lung cancer screening programme indicate the need to target screening of individuals of the highest risk to make the programme cost-effective.

Our collective challenge, therefore, is to identify that high-risk group here in Malaysia.

A pilot study targeting a smaller "at risk" based on local epidemiology of the disease should be undertaken to determine precisely who should be screened.

Of course, a national anti-smoking policy that prevents tobacco use is far more effective than a screening programme.

After all, we are all familiar with the adage, prevention is better than cure.

Some might argue that national resources and efforts should be prioritised for preventative strategies instead, but this will only address a future generation.

Even if all cigarette smokers were to quit smoking today, it would take 20 years before the resulting decrease in mortality from lung cancer becomes evident.

Lung cancer screening does not compete or contradict efforts to promote smoking cessation.

Lung cancer is a major and costly health concern and the leading cause of cancer-related deaths in this country.

Due to the long latency phase of lung cancer, smoking cessation will have minimal impact for many decades.

The importance of early diagnosis cannot be emphasised enough – early detection of lung cancer remains the cornerstone of treatment success.

A well-executed and comprehensive screening programme may potentially save many lives and billions of ringgit in the long term, although admittedly evaluating cost-effectiveness is not straight forward.

It is imperative, however, that appropriate clear guidelines and quality assurance programmes are established by a dedicated multi-disciplinary interest group prior to embarking on a national screening programme.

The case for lung cancer screening in Malaysia is persuasive and the decision time is now.

Anand Sachithanandan is a cardiothoracic surgeon at Sunway Medical Centre.

CURRENT UPDATES

AFTER EPF FIRE, SURVEYORS URGE NATIONAL AUDIT OF ALL BUILDING CLADDINGS

The Malay Mail, 14 February 2018

KUALA LUMPUR, Feb 14 — The Fire and Rescue Department has to inspect buildings throughout Malaysia to see if illegal claddings have been used, a professional body for building surveyors said following the fire at Employees Provident Fund (EPF) building yesterday.



The EPF building at Jalan Gasing caught fire around 11.30am in Petaling Jaya February 13, 2018

Royal Institution of Surveyors Malaysia (RISM), vice-president, Sr Mohd Amin Mohd Din agreed that the inspections should be carried out as a lesson from the EPF fire at the Jalan Gasing branch, which was worsened by a flammable cladding.

“Ya, of course, why not. I agree, learning from the EPF case. No money can compensate lives,” he told *Malay Mail* when contacted.

Mohd Amin noted the trend in the past five to 10 years where many buildings were fitted with external claddings to make them look nice, but said it was uncertain if such claddings had been approved by the Fire and Rescue Department.

“If not, all these buildings must be inspected by now. Claddings should be changed or improved, use some fire retardant material or fire retardant spray,” he said, adding that the Fire and Rescue Department's approval or advice should be sought prior to installation.

This will be necessary to prevent a repeat of incidents such as the fatal Grenfell tower blaze last year - that was also worsened by combustible claddings - and the EPF Petaling Jaya office fire which “luckily” had no fatalities, he said.

“Buildings that are 10 years old or more must be inspected. We don't want an incident like the EPF fire to reoccur. Now with higher temperature, 2 to 4 degrees Celsius higher than before, probably the material is not as good as it performed before.”

Selection and installation process

Mohd Amin said the designer or architect in a property project should never have specified the use of combustible material for building claddings, stressing that such materials should not have been installed at all.

“For me, shouldn't specify at all. If not, then must refer to the respective authorities,” he said.

Factors that may be considered by building owners in claddings selection could be the desire to have a maintenance-free facade that would otherwise be very costly if re-paintings are required, as well as the weight of claddings — with lighter material prone to catching fire while heavier material could be dangerous if it falls, he said.

“All the materials — whether imported or local — must comply with fire safety requirements by the Bomba,” he said when stressing the importance of safe cladding materials.

He said that local materials must comply with Malaysian standards set by the local certification body SIRIM, while the Construction Industry Development Board (CIDB) must check if imported materials comply with the required standards.

“If the installer can produce a certificate that the material complies with local standards or approved standard, fine, but if not, CIDB has the right to retest by sending it to SIRIM or accredited testing body,” he said.

He said that cladding materials should be approved by the Fire and Rescue Department first before installation, adding: “Every renovation must be approved by Bomba especially when they are proposing to use any combustible material.”

Beyond selecting safe cladding materials, Mohd Amin said the fixing itself of claddings must be supervised by a competent person and obtain approval from the Fire and Rescue Department.

“Fixing should be performed by installers who are certified and trained by accredited National Occupational Skills Standard (NOSS) scheme,” said Mohd Amin, who is also a member of the technical standards committee in the Department of Skills Development under Human Resource Ministry that oversees NOSS programmes.

He said supervisors and certified trained installers who oversee works with risk of fire occurring must be prepared with devices such as fire extinguishers to quickly stamp out any fire that break out.

“If they didn't do it, I feel it's partly their fault, they are trained...so they must prepare as in standard operating procedures (SOP).”

“If it's a small fire, they can extinguish it with a fire extinguisher. Fire normally starts small,” he said.

Installers should also be mindful of unfavorable weather conditions such as heavy rainfall, strong gusts of wind and exceptionally high temperature, with the latter possibly causing a cladding not installed well to continuously expand and contract and becoming loose.

“Fix it properly so it won't be loose in case of high gusts of wind and abnormal weather, then there may pose or cause a danger of it falling from the building. If not fixed properly, it can hit the public or pedestrians,” he said.

Installers should either stop work or not start work until normal conditions resume, he said.

Ensuring safety doesn't end there

After a building is completed and claddings are fitted, it would have to go through another round of inspections and approval, he said.

The local authorities were previously tasked with checking a building for approval for the issuance of a Certificate of Fitness (CF), but the Certificate of Completion and Compliance scheme (CCC) which replaced the CF scheme now requires the project consultant or the principal submitting person (PSP) to confirm with the installers that they have conformed to the required standards and statutory requirements, he said.

“Building inspectors will normally come in under the request of either the owner, or local authority (PBT) or financier, because they pay, they want to make sure their building is according to specifications. Building surveyors can also advise if not done according to specifications and approved plans,” he said.

Installers must return within five years to inspect and carry out maintenance works to ensure that the claddings are in good condition, he said.

While noting that the Kuala Lumpur City Hall requires buildings to be inspected once every 10 years, Mohd Amin suggested that such checks be held at least every two years or annually, and also after abnormal weather.

He said inspections for fire safety in buildings should be for the Fire and Rescue Department, while building surveyors could assist in checks for overall safety and in regular scheduled inspections.

Mohd Amin said each institution's top management, safety officer, building caretaker or security guard should also walk around and look out for any possible fire hazards.

“Some people leave cigarette butts which are not properly put out. That is why it is not allowed to smoke freely in any premises. Smoking is only allowed at a specified location only,” he said.

ARBORISTS PLAY VITAL ROLE

The Star, 12 March 2018

MAINTAINING trees is a big job. With the thunderstorms that hit during rainy season, that job becomes even more important and brings to the forefront the need for experts in this field. As cities and towns in the Klang Valley try to conserve its mature trees, some of which are landmarks in their own right, it is clear that expertise is vital to keep a close watch on the health of such trees.



An uprooted tree after a thunderstorm in Section 6, Kota Damansara.

Currently, barely a handful of local councils in Selangor have arborists in their employ while the others say they are in the process of getting their staff certified.

In light of recent tree fall incidents, including the 130-year-old raintree in Jalan Ampang that toppled over and injured a couple, *StarMetro* spoke to several of these councils to find out their practices when it comes to tree maintenance.

Kajang Municipal Council (MPKj)

MPKj Public Relations assistant administrative officer Nadhirah Mohd Noor said maintenance of shady trees in the municipality was carried out periodically by the Landscape and Recreation Department and anytime they received public complaints, even on weekends.



The 130-year-old raintree which fell in Jalan Ampang recently.

“Our tree maintenance division has 115 officers and on-site workers.

“We have a tree pruning unit, with four teams in four zones namely Kajang, Cheras, Bangi and the Semenyih/Beranang/Hulu Langat zone.

“Each zone consists of 14 staff and machinery such as skylift, roll-on/roll-off (RoRo) lorry, wood chipper and tail-lift lorry,” she explained.

She said the landscape department also formed a special Integrated Pruning Operations, carried out every Thursday.

“It consists of the tree pruning unit, maintenance division as well as the Landscape and Recreation Department.

“It focuses on pruning shady trees along the main roads and is done on rotation basis according to zones (Kajang, Cheras, Bangi, Semenyih, Beranang and Hulu Langat).

“Areas are chosen based on the overall tree condition,” she said, adding that on other days, the team would work in their respective zones attending to complaints besides routine work involving high-risk shady trees.

The department also appoints a panel contractor (on a one-year term) to carry out special jobs that are out of the capabilities of MPKj’s in-house team, including pruning large trees or cutting up large fallen ones.

“Using allocation from the Malaysian Road Records Information System (Marris) funds, contractors are appointed to carry out maintenance work on shady trees along main roads, and in industrial as well as residential areas.

“Assessment for trees are done by the assistant agricultural officer from the pruning unit in each zone and checked by the landscape architect via on-site and investigation reports before works are carried out,” said Nadhirah.



Putrajaya Corporation (PPj)

Six officers from PPj have obtained their Certified Arborist credentials from The International Society of Arboriculture.

“From 2008 until now, PPj has sent 15 officers to attend arboriculture certification programmes in order to improve their knowledge and competency in landscaping, especially on arboriculture aspects,” said PPj Landscape and Parks Department vice-president Datuk Baharuddin Aziz.

“PPj’s arborists perform duties and provide input on arboricultural aspects for landscape planning, development, maintenance, tree inventory and data collection.”

He said PPj has a team comprising arborists, horticulturists and landscape architects to look into the overall aspects of a tree, which include scheduled tree pruning, tree thinning, tree health inspections and tree replanting.

“By definition, an arborist is an individual trained in the art and science of planting, caring for, and maintaining individual trees.

Arborists, or tree surgeons, are knowledgeable about the needs of trees and are trained and equipped to provide proper care,” said Baharuddin.

“A certified arborist and council worker are very different, since the latter has little to no formal training in tree biology or tree health, and very limited understanding of local trees and how to properly identify and treat tree diseases or insect infestations.

“Meanwhile, a horticulturist would take care of greenery, gardens and as well as work on different ways to cultivate plants.”

He added that PPj has also established a Tree Management and Inventory System (SIPP), where data on trees are updated into this system from time to time in order to monitor their overall health and condition.

While PPj conducts routine pruning and maintenance of trees, Baharuddin said they also receive pruning or removal requests from residents.

“Upon the advice of our arborists and horticulturists, we will evaluate the situation using Visual Tree Assessment method, before any action is taken, since it is imperative to protect and preserve mature trees from unnecessary removal or destruction.

“Sometimes the requests are based on personal preferences, as some people like lush trees and some do not,” he said.

According to PPj Parks and Recreation Department senior assistant director Azhar Abdullah, there are 700,000 trees in Putrajaya; 50,000 to 60,000 are pruned annually.

Azhar said problems arise when the wrong tree species are planted in the wrong place.

“By having an arborist involved in the planning stages, we are able to prevent problems from occurring down the line,” he said.

He disclosed that the department used Geography Information System, where every tree is implanted or tagged with a radio frequency identification (RFID) chip.

“The SIPP will contain information such as the contractors and quotations, on-site works and details of the trees.

“This way we are able to verify and monitor tree management works,” he said.

Azhar added that as it was the intellectual property of FRIM and PPj, the revenue derived from selling the system (to councils) would be split 50:50.

It was reported that the system won a gold medal in the FRIM Innovation Award 2013 and was also recognised at the Malaysia Landscape Architecture Award (MLAA) 2014.

Subang Jaya Municipal Council (MPSJ)

MPSJ Corporate and Strategic Management deputy director Azfarizal Abdul Rashid said the council ensured that trees in the municipality were closely monitored to prevent untoward incidents.

“We prune or cut down trees based on our supervision and public complaints.

“The council will first check if the trees are slanting, overgrown or have signs of decay or tree failure based on on-site observation,” he said.



Azfarizal says MPSJ is always ensuring that trees are well monitored to prevent untoward incidents.

After a thorough assessment, he said the council would then decide if the tree needed to be felled or merely pruned.

“If the tree is in a strategic location and residents are proactive in preserving the tree, then the case will be referred to a qualified arborist for a re-evaluation before we take any action involving risky trees.

“MPSJ, together with the Malaysian Arborists Association, organised a “Care for Trees” three-day course in February where council officers and contractors underwent training to learn arboricultural and landscape maintenance best practices. It is hoped that with careful monitoring, we can reduce the risk of tree toppling unexpectedly,” he said.

Shah Alam City Council (MBSA)

According to MBSA Corporate Communications head Shahrin Ahmad, the city council's Landscape Department has appointed 46 contractors for tree-pruning works along streets and at playgrounds and green spaces according to schedule. Tree-pruning works are supervised by the Landscape Department.

"We have an arborist in the council with two more officers from the Landscape Department taking the exam to be certified," he added.

Petaling Jaya City Council (MBPJ)

"The city council does not have any certified arborists at the moment, although two officers have been sent to take the examination," said MBPJ corporate communications assistant director Abdul Hakim Khiruddin.

"In the meantime, we engage certified arborists when need arises. We have also organised tree maintenance courses to train our staff and contractors in the best practices for landscape and tree maintenance."

He said it is the Landscape Department's responsibility to monitor and maintain trees in Petaling Jaya.

"The team includes one horticulturist and nine agricultural assistants who have undergone training courses with Malaysian Society of Arborist.

"We have 30 contractors to help us on the ground," he added.



MBPJ organises tree maintenance courses to train its staff and contractors in the best practices for landscape and tree

On the council's tree maintenance and monitoring procedure, Hakim said: "Trees are inspected monthly by our staff and the zone contractors, while pruning is done at least two times a year.

"Proposed actions or remedies are immediately submitted to the office if any infected, sick or dying trees are found or reported by the public."

Selangor Municipal Council (MPSepang)

MPSepang's Corporate Communications head Afra Fardillah Zaimustapar said contractors were required to engage an arborist in monitoring all landscape maintenance works.

"We are among the few councils in Selangor to have an in-house arborist," she added.

TRUE OR NOT: TIMBER CERTIFICATION CLAIMS TO MAKE LOGGING ECO-FRIENDLY

The Star, 14 March 2018



For tropical hardwoods, the trees must be at least 60cm in diameter before they can be chopped down under the Malaysian Timber Certification Scheme

logging could, in theory, be more eco-friendly and indigenous people would be consulted about logging, so that they could also benefit from it.

The idea was that “sustainably managed” forests would uphold certain environmental and social standards through a mechanism to monitor, trace and label timber and wood products, said Dr Adrian Choo, Responsible Forestry Manager with WWF-Malaysia.

In exchange, countries in the West would keep importing tropical timber, and even pay higher prices for this eco-friendly wood.

Different forest certification schemes were developed, including the international Forest Stewardship Council (FSC) and Programme for the Endorsement of Forest Certification (PEFC) as well as the local Malaysian Timber Certification Scheme (MTCS – see story on *A timber trip*).

So basically, there are both global and local rules so that logging does minimal damage to the environment. Which system should be adopted? And do they work in real life?

It is the late 1980s and images of Penan tribes blockading logging roads in Sarawak have gone round the world. In the West, there are calls to boycott tropical timber for the harm it does to the forests and native peoples, especially after the landmark Earth Summit at Rio de Janeiro in 1992.

One response was to have “forest certification”, so that



Logging has had a destructive image, as seen here at Merapoh, near Taman Negara, Pahang, in Nov 2017, which made residents worry that it will harm eco-tourism in the area.

Professor Dr Maketab Mohamed, immediate past President of the Malaysian Nature Society, said that the problem with MTCS is that it's "voluntary" and, so far, applies only to federal-controlled forests in Peninsular Malaysia.

"But state lands are a different matter," he added wryly.

This may explain why there have been so many reports in the media against logging by kampung folks and the orang asli, as often highlighted by NGOs such as PEKA (the Organisation to Protect Malaysia's Natural Heritage) and COAC (Centre for Orang Asli Concerns).



"Destructive logging at so-called *hutan simpan kekal* (permanent forest

reserves) are still being carried out, showing that the word *kekal* (permanent) is rather more temporary when it comes to forests," said Maketab.

"What happens is that the forests are simply stripped of their 'protection' by a stroke of the pen (officially called "degazettement") and clear (total) cutting is then carried out. Then the area is converted into oil palm plantations."

Choo explained that in Malaysia, forest certification is adopted only on a voluntary basis (though forestry authorities do promote it). "However, there are still issues of native customary rights (to lands) and aboriginal reserves. It's hard for MTCS to solve land ownership issues."

Choo noted that Malaysia had the highest rate of deforestation from 2000-2012.

MTCS is run by the Malaysian Timber Certification Council or MTCC. Its 2016 Annual Report noted that only 28% of Permanent Reserve Forests in Malaysia are certified under MTCS, which means that the majority (72%) of forest reserves are not covered.

For the areas that are covered by MTCS, the standards look good on paper. But are they really followed in the field? Do loggers take shortcuts when enforcement officers are not looking, or as they say, "looking the other way"?

Choo said that those who are certified do follow "most of the standards in the field". But even then, some do not, which is why the MTCS certificates for the states of Johor and Kelantan were suspended in 2016.

Shortcuts in standards?

For Dr Colin Nicholas, coordinator for COAC, the standards themselves are questionable. “MTCC began in the 1990s because of the bad reputation of tropical timber. The timber blockades by the Sarawak natives were affecting Malaysia’s image,” he recalled.

He recalled that when it was formed, MTCC was mainly funded and controlled by the government.

“Back then, the MTCC office was in the Gerakan (political party) building (in Cheras, KL). Don’t forget that the Minister in charge of logging (under “Primary Industries”) at that time was Lim Keng Yaik, who was also President of Gerakan. It was only after we and others made noise that the office was moved elsewhere.”

Part of the MTCS rules is that the indigenous people of the forest are supposed to be consulted about logging in their area. “But take the logging in Kelantan. The MTCS auditor went to an area and randomly asked some orang asli he saw about the protests in that state against logging. It so happens, these people had not heard about it,” he recalled.

“So the official report was that there was ‘no objection’ against logging. But how can they say that when there were protests and even a court case against the logging?”



Dr Colin Nicholas, COAC coordinator, said that orang asli groups pulled out of MTCS because it was not genuine.



Dr Adrian Choo of WWF-Malaysia explains that MTCS can’t tackle disputes over forest land involving the orang asli.

A key issue is indigenous ownership of land. In Sarawak, this is called “native customary rights” or NCR land, something which was recognised in colonial times by the Brooke White Rajahs. “In a MTCS meeting in KL years ago, NCR land was discussed and recognised,” Nicholas recalled. “But later, when we saw the official minutes of the meeting, all mention of NCR land was gone.”

Another issue is how the system is applied. Nicholas explained that, under proper forest certification, there are many rules about replanting and selective logging that should apply to one forest reserve, say of a size of 1,000 hectares. “But under MTCS, the problem is that the whole state is identified as one ‘Forest Management Unit’ or FMU,” he explained.

This allows cherry picking on the rules, for example if some replanting or help to orang asli is given in, say, three or four places in a big state, the claim can be made that standards have been complied within the whole state, even though logging in other parts of the state may be less than sustainable.

Nicholas recalled that indigenous people’s representatives used to be part of the MTCS meetings in its earlier days. “The officials would go on and on at the meetings, but indigenous groups were not given much time to talk and rebutt what had been said. Yet our attendance at the meetings was taken as consent and participation.”

So, that is why Nicholas and others decided to withdraw from the meetings. He instead advocates that Malaysia adopts the global Forest Stewardship Council (FSC) standards.

“FSC standards are better because grassroots indigenous people are much more involved in the certification,” he said. “They say that MTCS is ‘FSC compatible’, but in reality it’s lower than that. Why not just accept FSC which has the best standards?”



A file photo of logging in Pahang in April 2016 is far from the eco-friendly standards of the MTCS.

Better than nothing

“FSC is the highest standard of forest and timber certification recognised in the world. We have strong mechanisms for dialogue to resolve conflicts with indigenous peoples,” said Anthony Sebastian, a Malaysian who is part of FSC’s international board of directors.

What about MTCS?

Sebastian replied, “If you say that you are giving your own certificate (for logging), international buyers will say, ‘I prefer if somebody outside verifies your certificate.’ A national scheme like the MTCS has to get everyone in the world to recognise it. But the world doesn’t revolve around Malaysia and the buyers of logs are from outside the country.”

The report also noted that alternative finance models are also increasingly leveraged on digital platforms, further increasing their efficiency and potential to address financing gaps in the economy.

Thomas Jalong, Secretary General of the Malaysian Indigenous People's Network (JOAS) said, "There has long been a lack of respect and participation for native peoples when it comes to logging. That's why there have been timber blockades since the 1980s."

"There has been minimal sharing of the benefits of logging to the native communities, we just get the crumbs. Even the logging roads which were built have become so rough, like wildlife tracks."

As for certification, he says. "We welcome any process that respects the wishes of the affected communities."



The best reason for the timber industry to maintain forests is for continued profits, said Anthony Sebastian of FSC.

Musa Salleh, Senior Planning Officer of the Sabah Forestry Department, noted that 650,000 hectares of forests in the state are certified under FSC. "This was possible because there was strong political will to have sustainably managed state forests (but not including private logging concessions)," he explained. "The reason for doing this was to get better market access and prices for Sabah's timber."

Choo said that WWF-Malaysia recognises the FSC as the "gold standard" for forest certification. However, they also acknowledge that having country-specific certifications like the MTCS are far better than having no certification at all.

"WWF-Malaysia maintains that it is crucial to engage actively with the MTCC to continuously improve the MTCS to be at par with FSC standards. As such, we are a member of the MTCS Standards Review Committee," he noted.

28 MARCH 2018



This 'pokok ibu' tag under the MTCS lets loggers know that this is a 'mother tree' that should not be chopped down as it will provide seeds.

Despite being a voluntary process, Choo underlined that the timber industry should go for forest certification to ensure that it is sustainable.

“WWF-Malaysia lauds the Sarawak government’s move in getting the state’s major timber license holders to obtain internationally recognised forest management certification,” he added.

Sebastian said, “As a timber company, the last thing you want (for the long term) is not to have forests to log any more. The best reason for keeping your forests is for continued profits. Certification means that you will always have forests.”

THE FORCE IS STRONG IN THIS ONE

The Star, 14 March 2018



Magnetic attraction: Universiti Malaya Professor of Medical Physics Dr Ng Kwan Hoong said one of the misconceptions about MRI scanners is that they can be easily 'switched off'.

PETALING JAYA: Magnetic resonance imaging (MRI) has always been thought of as one of the safest diagnostic imaging procedure, although its strong magnetic field can prove to be dangerous to the unwary.

One of the misconceptions about MRI scanners is that they (the magnetic field) can be easily switched on and off, said Universiti Malaya Professor of Medical Physics Dr Ng Kwan Hoong.

It is a misperception that may lull people onto the road of carelessness and negligence.

"We cannot see the presence of magnetic fields, so we often underestimate its power," he said.

The magnetic field strength of a fridge magnet is 0.005 Tesla, while the magnetic field strength of an MRI scanner can be 300 times that much, depending on the model.

Dr Ng's motto is "MRI is safe, but if something goes wrong, it can go very wrong", and he created an "alternate" acronym for MRI, which is Metal Results (in) Injury.

A man in India was killed this year when he brought a metal oxygen tank into the MRI room after being told by a medical staff member that the MRI machine has been "switched off".

However, the magnetic force of the superconducting magnet coil in an MRI machine cannot simply be "turned off", according to Dr Ng.

History of medical imaging



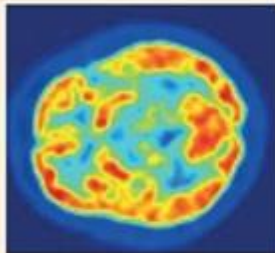
■ **1895** - The X-ray is discovered



■ **1946** - Nuclear magnetic resonance (NMR) is discovered



■ **1957** - The first fibre-optic endoscope is patented



■ **1974** - The first positron emission tomography (PET) camera is developed



■ **1973** - First magnetic resonance image (MRI) is produced



■ **1967** - The idea for computed tomography (CT) is conceived



■ **1958** - A paper on medical diagnostic ultrasound is published

Source: Science Learning Hub project by New Zealand Government

What to look out for during an MRI scan

Items that need to be removed during an MRI scan

- Purse and wallet, cards with magnetic strips
- Jewellery and watches
- Hearing aids
- Any article of clothing that has a metal component
- Electronic devices
- Best not to wear make-up as some cosmetics contain small amounts of metals



Things that may create a health hazard during an MRI scan

- Pacemaker
- Permanent cosmetics or tattoos
- Dentures/teeth with magnetic keepers
- Implantable cardioverter defibrillator (ICD)
- Neurostimulator
- Aneurysm clip
- Metal implant
- Implanted drug infusion device



Source: International Society for Magnetic Resonance in Medicine (ISMRM)

“The only way to do so would be to ramp down the machine, which is done by calling the vendor to shut down the magnet.

“The vendor would have to come and release the coolants, which are the nitrogen and helium gas, from the machine.

“These are harmless gases, but very expensive. By letting these gases out, the magnet – which is a very expensive component of the machine – warms down to room temperature and loses its magnetic property,” he said.

Dr Ng said the case in India is not the first MRI-related death.

In 2001, a six-year-old boy in New York died when a metal oxygen tank crushed his skull as it hurtled across the room towards the machine’s magnetic field.

According to Dr Ng, there have been cases of near fatalities, including in Malaysia, where many cases go unreported. In one case, a spanner flew across the room and grazed the ear of a patient.

He said there are potential hazards that come mainly from the machine’s three different types of magnetic fields, which are static, gradient, and radiofrequency (RF) electromagnetic fields.

“The static magnetic fields could cause ferromagnetic metal objects to become airborne projectiles.

“Ferromagnetic metal implants or fragments in the body may twist and move, causing internal injury.

“The gradient and radiofrequency (RF) electromagnetic fields do not lead to fatalities, but they could cause injuries.

“RF electromagnetic fields could cause the tissue to heat up or electrical burns, while gradient magnetic fields could cause nerve stimulation,” he said.

Comprehensive safety guidelines are not something that MRI procedures lack, but the enforcement of such practices are another matter.

“Most MRI-related incidents have been due to deficiencies in screening methods and/or lack of properly controlling access of potentially harmful objects to the MRI room.

“We don’t have a culture where consciousness of safety is built in. We are not conscientious about safety matters,” he said.

MRI-related accidents, he added, continue to occur in Malaysia due to various factors.

“More MRI scanners are being installed, even in small towns. More patients are also being scanned and more non-radiologists are also working with MRI machines.

“Now companies are also manufacturing MRI scanners with higher magnetic field strengths, as they can produce better images,” he said.

He listed out some safety measures that need to be in place, such as labelling items which are MR-safe, i.e. items that are not ferromagnetic.

Big clear signs in the MRI suite, he said, are needed to indicate which zones are safe for entry, and to delineate the extent of the machine's magnetic fields.

He added that proper education and training on MRI procedures and hospital policy is also crucial, and proper briefings must be conducted for patients.

Stringent screening methods to ensure that if it is suitable for patients to undergo MRI scans are also vital, said Dr Ng.

For instance, those with cardiac pacemakers, aneurism clips and breast tissue implants should inform their doctors and check with the radiologist first before going for an MRI scan.

He also added that for MRI in children and pregnant women, radiologists have to justify that the scan is indicated, or necessary to provide diagnosis or help in the management of the case.

“There is limited scientific evidence on the risk to a foetus in the case of a pregnant woman, so caution is needed,” he said.

BIM MEMBER INSTITUTIONS

- Malaysian Pharmaceutical Society (MPS)
- Royal Institution of Surveyors Malaysia (RISM)
- The Institution of Engineers Malaysia (IEM)
- Pertubuhan Akitteknik Malaysia (PAM)
- Malaysian Medical Association (MMA)
- Malaysian Dental Association (MDA)
- Malaysian Institute of Planners (MIP)
- Veterinary Association Malaysia (VAM)
- Malaysian Institute of Interior Designers (MIID)
- Malaysian Society of Soil Science (MSSS)
- Malaysian Association of Social Workers (MASW)
- The Plastics & Rubber Institute of Malaysia (PRIM)
- Agricultural Institute of Malaysia (AIM)
- The Chartered Institute of Building Malaysia (CIOBM)
- Institute of Landscape Architects Malaysia (ILAM)
- Institute of Internal Auditors Malaysia (IIAM)
- Institut Bahan Malaysia (ICOMM)
- The Chartered Institute of Logistics And Transport Malaysia (CILTM)
- International Institution of Plantation Management (IIPM)

CORPORATE AFFILIATE

- Malaysian Institute of Human Resource Management