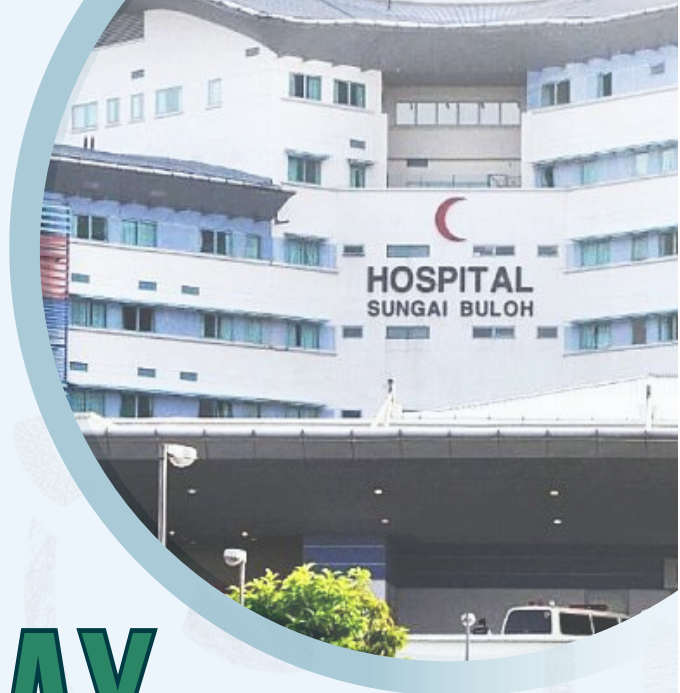




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Abstract ID: A103

The Use of ECT-EEG Algorithm Rating Scales (NEARS) Criteria to Ensure the Efficacy of Electroconvulsive Therapy Treatment

CHONG LI SHE*

Department of Psychiatry and Mental Health, Hospital Selayang, Ministry of Health, 68100 Batu Caves, Selangor, Malaysia

**Correspondence: chonglishe@moh.gov.my*

The NEURON ECT-EEG Algorithmic Rating Scale (NEARS) was introduced in the Electroconvulsive Therapy (ECT) guidelines by the Ministry of Health Malaysia published in 2021 to standardise ECT practices. However, limited data exist on its clinical application. This audit aimed to evaluate NEARS utilisation, scoring accuracy, its influence on stimulus dose adjustment, and preparation adequacy in ECT sessions conducted at Hospital Selayang. The audit was conducted over six months (November 2024-April 2025) and included all ECT sessions carried out by the Department of Psychiatry. The pre-intervention phase lasted one month (November 2024), followed by four months of interventions, including Continuing Medical Education (CME) sessions, reminder handouts, an educational video, and regular quizzes. A one-month post-intervention re-audit was then conducted. Data collected included NEARS scoring accuracy, stimulus dose decisions, and preparation indicators. Pre- and post-intervention data were compared to assess improvements. NEARS was applied in 100% of ECT sessions. Post-intervention, accurate NEARS scoring improved from 84.1% to 91.2%, while appropriate stimulus dose adjustments increased from 81.4% to 95.6%. Preparation adequacy also rose from 92.0% to 95.6%. Scoring errors were minimal and did not significantly impact patient outcomes. Structured education and consistent reminders led to improvements in NEARS scoring accuracy and stimulus dose decisions. This audit highlights that systematic training, proper documentation and clear protocols can enhance ECT quality. Ongoing training and quality assurance are essential, especially in high-turnover clinical settings.

Keywords: Clinical audit; electroconvulsive therapy; psychiatry

Abstract ID: A104

A 12-Year Audit of Industry-sponsored Research and Feasibility Assessments at Hospital Sungai Buloh

SYARIFAH NURUL AIN SYED BADARUDDIN^{1,2*}

¹*Clinical Research Centre, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia*

²*Institute for Clinical Research, National Institutes of Health, Ministry of Health, 40170 Shah Alam, Selangor, Malaysia*

**Correspondence: synurulain@moh.gov.my*

Industry-sponsored research (ISR) plays a vital role in clinical advancement but also presents ethical challenges related to site readiness, investigator capacity, and feasibility governance. This audit aims to review ISR and feasibility trends at Hospital Sungai Buloh from 2012 to 2024, with a focus on identifying gaps in implementation and institutional capacity. Data were extracted from internal Clinical Research Centre (CRC) databases, covering ISR initiation and feasibility assessments over a 12-year period. Variables analysed included yearly trends, departmental distribution, investigator involvement, and ISR conversion rates. Particular attention was given to activity from 2020-2024, when feasibility efforts intensified. Between 2012 and 2024, 427 feasibility assessments were recorded, with a peak of 55 in 2017. However, only 28 ISR studies were initiated, averaging fewer than three per year. From 2020 to 2024, 217 feasibility assessments resulted in just 9 awarded ISRs. The Medical Department submitted the most feasibility forms ($n = 101$), and key contributors included Medical ($n = 80$) and Neurology ($n = 23$). ISR leadership remained concentrated among a few departments, with Medical and Neurology each leading five studies. Limited manpower, competing clinical duties, and lack of protected research time were identified as key barriers. The disconnect between feasibility enthusiasm and ISR execution reflects deeper systemic issues in institutional capacity and investigator workload. Embedding CRC staff in study teams, allocating protected research time, and incentivising research roles may help rebalance priorities and strengthen ethical trial participation.

Keywords: Clinical audit; ethics; feasibility; hospital; industry-sponsored research

Abstract ID: A105

Clinical Audit on Timely Completion of Rehabilitation Aids Prescription Documents in Rehabilitation Medicine Unit, Hospital Sultanah Nur Zahirah

CHE KU BAHIRAH BINTI CHE KU MAT^{1,2*}, AIZA AMIERAH BINTI ABDULL ROPHA², SITI NOR KAMARINI BINTI ISMAIL²

¹Universiti Malaya, 50603 Kuala Lumpur, WP Kuala Lumpur, Malaysia

²Rehabilitation Medicine Unit, Hospital Sultanah Nur Zahirah, Ministry of Health, 20400 Kuala Terengganu, Terengganu, Malaysia

**Correspondence: chekubahirah@gmail.com*

Rehabilitation aids such as prosthetics, orthotics, and walking devices are essential in helping patients regain independence and improve quality of life. Rehabilitation physicians play a vital role in prescribing customised aids tailored to individual needs. Timely completion of prescription documents is crucial to prevent approval delays and ensure early initiation of rehabilitation interventions, which is key to successful functional recovery. A retrospective audit was conducted in the Rehabilitation Medicine Unit, Hospital Sultanah Nur Zahirah (HSNZ), reviewing rehabilitation aid prescriptions from 1st April to 30th June 2024. Data from prescription forms were recorded in Google Sheets and analysed using Microsoft Excel. Based on the findings, targeted interventions were implemented. A re-audit was conducted using the same methodology from 1st December 2024 to 28th February 2025. In the initial audit, 101 prescriptions were reviewed, with 86.7% completed within the 10-working-day target. Monthly completion rates were 86.4% (April), 88.5% (May), and 92.6% (June). Delays were attributed to internal factors (form errors, missed deadlines, prescriber unavailability) and external factors (late quotations, cost issues). Following corrective actions, the re-audit achieved a 100% completion rate within the target timeframe, except for one delayed case in February 2025. Structured workflow improvements and effective team collaboration significantly enhanced the timeliness of prescription completion. Continuous monitoring, regular audits, and active staff engagement are essential to sustain performance and uphold best practices in rehabilitation medicine.

Keywords: Prescription timeliness; rehabilitation aids; rehabilitation medicine

Abstract ID: A106

Clinical Audit of Mini Research Camp's Programme Effectiveness on Research Outcomes

SYAFIQ ASYRAAF BIN ROHADI^{1*}, SYARIFAH NURUL AIN BINTI SYED
BADARUDDIN^{1,2}, NORHAFIZA BINTI HALIM^{1,2}, NUR AIRIN IZZATI
BINTI ARBAIN¹

¹Clinical Research Centre, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia

²Institute for Clinical Research, National Institutes of Health, Ministry of Health, 40170 Shah Alam, Selangor, Malaysia

*Correspondence: syafiqasyraaf31@gmail.com

Mini Research Camps (MRC) have been implemented to boost research capacity among healthcare professionals at Hospital Sungai Buloh. This study aimed to evaluate the outcomes, challenges, and perceived benefits of the MRCs conducted between 2022 and 2024. A cross-sectional survey was administered to past MRC participants (N = 23). Most respondents were Medical Officers (39.1%) and Master's students (17.4%), with the majority attending the 2023 (52.2%) and 2024 (39.1%) camps. Prior to the camp, 56.5% had no research experience and 73.9% reported low confidence. Post-camp, 87% felt more confident. However, only 26.1% had registered their projects in the National Medical Research Register (NMRR), and 34.8% had completed their research. Major barriers included lack of time (17.4%), inadequate supervision, difficulty accessing data, and administrative hurdles. Participants rated the camp highly in content relevance (73.9% excellent), speaker quality (73.9% excellent), and logistics (78.3% excellent). Key benefits gained included enhancing their research knowledge and proposal writing skills, strengthening their motivation and confidence to engage in research, and providing valuable exposure to research tools, platforms, and professional networking opportunities. Despite high satisfaction, research progression remains suboptimal, primarily due to systemic barriers post-camp. The increase in confidence highlights the camp's impact, but continuity of support is lacking. The MRC effectively enhances research literacy and confidence. However, structured post-camp support systems are crucial to sustain momentum and ensure research completion. This highlights the importance of sustained, structured support beyond the camp through mentorship, statistical guidance, and protected research time to overcome systemic barriers like workload, inadequate supervision, and administrative challenges. Strengthening these post-camp mechanisms will ensure that the Mini Research Camp not only inspires participants but also leads to higher rates of completed and impactful research.

Keywords: Audit; NMRR; research barriers; research camp

Abstract ID: B101

The Knowledge, Attitudes and Practices on Periodontal Health Assessment and Plaque Control Measures amongst Government General Dental Practitioners in Kelantan

SITI NURUL AINI BINTI ISMAIL^{1*}, TENGKU MUHAMMAD ASYRAF BIN TENGKU AZMI², NUR HAIFA NAJIHAH BINTI AHMAD NAZARI², WAN NADHIRAH SAKINAH BINTI WAN PAUZI³, MUHAMMAD BIN SHAMSUL KAMAL⁴, MUHAMMAD IRFAN DANIAL BIN MOHD SABRI⁴, NUR SYAZA AMNI BINTI IBRAHIM⁵, NUR AMIRAH BINTI CHE ABDUL AZIZ⁵, ABDUL AZIZ BIN AZLAN⁶

¹Klinik Pergigian Pasir Mas, Ministry of Health, 17000 Pasir Mas, Kelantan, Malaysia

²Klinik Pergigian Gunong, Ministry of Health, 16090 Bachok, Kelantan, Malaysia

³Klinik Pergigian Mahligai, Ministry of Health, 16400 Bachok, Kelantan, Malaysia

⁴Klinik Pergigian Beris Kubur Besar, Ministry of Health, 16300 Bachok, Kelantan, Malaysia

⁵Klinik Pergigian Beris Panchor, Ministry of Health, 16020 Bachok, Kelantan, Malaysia

⁶Klinik Pergigian Bachok, Ministry of Health, 16300 Bachok, Kelantan, Malaysia

*Correspondence: drsitinurulaini@moh.gov.my

Periodontitis is an inflammation of the supporting tissues surrounding the teeth and can be prevented by effective plaque control through correct periodontal assessment, proper toothbrushing technique and adequate interdental cleaning. General dental practitioners (GDPs) serve a crucial part in identifying, diagnosing, and managing periodontal disease. However, the quality of care significantly depends on the level of their knowledge, attitude, and clinical practices (KAP). The aim of this study is to assess KAP on the periodontal health assessment and plaque control measures among government GDPs in Kelantan. This quantitative, cross-sectional study with application of a convenience sampling method was conducted among GDPs in Kelantan. A set of questionnaires consisting of 20 questions was adopted from a previous study on assessment of KAP with regard to periodontal health assessment and plaque control measures among dental graduates in Mumbai, India. Among the 393 practitioners who responded, 343 fulfilled the inclusion criteria (264 women, 79 men). Most (97.4%) included periodontal assessment, and 86.3% routinely used the Basic Periodontal Examination. The Modified Bass technique was recommended by 92.1% of GDPs. However, inconsistencies were demonstrated in the advice on interdental cleaning aids (51.6%), mouthwash use (32.7%), and twice-daily toothbrushing (50.4%). The GDPs in Kelantan have satisfactory KAP in assessment and management of periodontal health problems. Nevertheless, the study revealed variations in clinical practices among the GDPs which can significantly affect the periodontal health outcomes of the general population. Therefore, standardised clinical protocols and continuous professional education are essential to minimise these discrepancies.

Keywords: Dental plaque; oral hygiene practices; periodontal diseases

Abstract ID: B104

Radioactive Iodine Therapy with Adjunctive Administration of Recombinant Human TSH in High-Risk Cases of Differentiated Thyroid Carcinoma: Contemporary Practice

AHMAD ZAID ZANIAL*, WAN MUHD ANAS WAN HUSSAIN, SITI ZARINA AMIR HASSAN

Nuclear Medicine Department, Hospital Kuala Lumpur, Ministry of Health, 50586 Kuala Lumpur, WP Kuala Lumpur, Malaysia

**Correspondence: ahmadzaidx@gmail.com*

Total thyroidectomy is usually complemented with radioactive iodine (RAI) therapy. Administration of recombinant human thyroid stimulating hormone (rhTSH) is an alternative to inducing hypothyroid state by temporarily withholding oral thyroxine before RAI procedure in non-metastatic differentiated thyroid carcinoma (DTC). However, data is limited on rhTSH usage in high-risk DTC. We aimed to evaluate contemporary practice of RAI therapy with rhTSH administration among these patients. Retrospective study of metastatic and mixed disease DTC patients who received RAI therapy 80 millicurie with adjunctive rhTSH at our institution (2017-2018) and attended subsequent surveillance. Patients who defaulted on follow-up were excluded. Altogether, 12 cases were included. Besides safety profile of rhTSH, clinical parameters including TSH, thyroglobulin (Tg) at 6-12 months post-treatment, and disease status with minimum of 3 years follow-up were analysed. Mean age was 62 years. Equal gender distribution. Majority had follicular thyroid cancer with comorbidities (n = 8). No reported major medication side effects. Everyone had adequate TSH rise following rhTSH injection. Markedly elevated pre-treatment Tg levels (> 100 ng/ml) in 10 patients. Majority had findings on post-treatment RAI scan and subjected to further therapy (n = 11). Most patients also had oncology referrals (n = 7). Mean Tg level at 6-12 months follow-up was lower than baseline but not statistically significant (269.1 vs. 578.3 ng/ml, p = 0.319). Only 2 patients had remission or stable small volume disease at follow-up. Among our high-risk patients, rhTSH administration for RAI therapy was well-tolerated with no major side effects sparing them from hypothyroidism. Minority had remission or stable small volume disease.

Keywords: Radioactive iodine; recombinant human TSH; thyroid carcinoma

Abstract ID: B105

Perceptions of Paediatric Medical Officers on Ethics in Clinical Practice: A Cross-Sectional Survey in a District Specialist Hospital

CHIN MING LEE^{1*}, ROSILAWATI ABDUL RANI²

¹Department of Paediatrics, Hospital Taiping, Ministry of Health, 34000 Taiping, Perak, Malaysia

²Clinical Research Centre, Hospital Taiping, Ministry of Health, 34000 Taiping, Perak, Malaysia

*Correspondence: minglee@moh.gov.my

Paediatric doctors frequently face ethical difficulties due to the complexities of child development, family engagement, and limited resources. Despite its importance, ethics is often treated as a theoretical rather than practical competence. This study examines paediatric medical officers' perceptions, attitudes, and confidence in managing ethical concerns and identifies areas for improvement. A cross-sectional survey was conducted among paediatric medical officers at Hospital Taiping, Perak. An anonymous online questionnaire gathered information on demographics, attitudes, confidence, institutional support, and encounters with ethical dilemmas. Quantitative (Likert-scale) and qualitative (open-ended) responses were analysed using descriptive statistics and thematic analysis. Twenty medical officers participated. Applicability and Real-World Challenges had the highest mean score (19.8), showing strong recognition of ethics as relevant to daily work. Education and Professional Development also scored highly (17.9), indicating interest in structured ethics training. Institutional Support and Confidence scored moderately (14.2-14.3), reflecting uncertainty in addressing dilemmas and limited awareness of available support systems. Daily Practice and Relevance scored lowest (9.8), suggesting ethics is not consistently integrated into routine workflows. Significant correlations were found between perception and confidence ($r = 0.667$, $p = 0.001$), perception and training ($r = 0.533$, $p = 0.015$), and training and confidence ($r = 0.492$, $p = 0.027$). Qualitative data showed reliance on seniors (90%) and peers (70%), with minimal use of formal ethics pathways. Paediatric medical officers are aware of ethical issues but face gaps in support, integration, and training. Strengthening structured ethics education, improving visibility of consultation pathways, and embedding regular case discussions are essential to enhance confidence and foster an ethically robust paediatric practice.

Keywords: Clinical ethics; ethical dilemmas; knowledge and perception; paediatrics

Abstract ID: B106

Factors Influencing Nurses Retention at a Private Medical Centre in Seremban, Malaysia

G. JEYA KOPAI^{1*}, LEE WAN LING²

¹*School of Nursing, Faculty of Medicine & Health Sciences, UCSI University, 71010 Port Dickson, Negeri Sembilan, Malaysia*

²*Department of Nursing Science, Faculty of Medicine, Universiti Malaya, 50603 Kuala Lumpur, WP Kuala Lumpur, Malaysia*

**Correspondence: gjeyakopai87@gmail.com*

This study examines factors influencing nurse retention in a private Seremban medical centre, focusing on lifelong learning orientation, work motivation and work engagement. Findings show these elements shape nurses' intention to stay, offering guidance for developing organisational strategies that support professional growth and strengthen workforce stability. A cross-sectional study design with structured questionnaires were administered to 250 nurses. Data analysis included Pearson Correlation and multiple regression analysis. Work motivation strongly correlated with work engagement ($r = 0.552$, $p < 0.001$) and intention to stay ($r = 0.718$, $p < 0.001$). This research underscores the critical need for healthcare administrators to foster a supportive environment that enhances job motivation and professional growth. Strategies that focus on enhancing work motivation and engagement, as well as supporting lifelong learning, are essential for retaining skilled nurses. These findings contribute to a broader understanding of the dynamics affecting nurse retention and provide practical guidelines for healthcare institutions aiming to reduce turnover and maintain a committed nursing workforce. This study's insights are crucial for developing targeted human resource policies that can effectively address the challenges of nurse retention in the healthcare sector.

Keywords: Intention to stay; lifelong orientation; work engagement; work motivation

Abstract ID: B108

Ethical Dimensions in Managing Mental Health and Treatment Adherence among Non-adherence HIV Patients during the COVID-19 Pandemic: A Qualitative Study in Lembah Pantai, Kuala Lumpur

MOHEMMAD REDZUAN MOHEMMAD RIZAL^{1,2*}, SYAHRIR ZAINI^{2,4},
NORNY SYAFINAZ AB RAHMAN², RAMLI MUSA³

¹*Pharmaceutical Service Programme, Ministry of Health Malaysia*

²*Department of Pharmacy Practice, Kulliyah of Pharmacy, IIUM, 25200 Kuantan, Pahang, Malaysia*

³*Department of Psychiatry, Kulliyah of Medicine, IIUM, 25200 Kuantan, Pahang, Malaysia*

⁴*Qualitative Research Group, Kulliyah of Pharmacy, IIUM, 25200 Kuantan, Pahang, Malaysia*

**Correspondence: redzuanrizal@moh.gov.my*

The COVID-19 pandemic has exacerbated mental health challenges among human immunodeficiency virus (HIV) patients, contributing to a decline in treatment adherence in Malaysia. This raises ethical concerns related to patient rights, equitable access to mental health support, and the mitigation of self-stigma. This study explores the lived experiences of HIV patients, the ethical implications of their mental health struggles, and identifies patient-informed strategies to improve adherence within an ethical healthcare framework. A qualitative study was conducted between March 2023 and April 2024 via semi-structured interviews with HIV patients in healthcare clinics around Lembah Pantai, Kuala Lumpur. Participants were purposively sampled based on Highly Active Antiretroviral Therapy (HAART) adherence below 90% after at least one year of treatment. Those with severe mental disorders or cognitive impairment were excluded. Interviews were transcribed verbatim and analysed thematically using Atlas.ti. Thematic saturation was achieved after 23 interviews, revealing four key themes: (i) mental health deterioration and psychological distress, (ii) self-stigma and its ethical ramifications on treatment, (iii) adherence barriers and health outcomes, and (iv) coping strategies including digital interventions and Artificial Intelligence (AI). Findings highlight that self-stigma, psychological distress, and limited mental health support are significant ethical gaps contributing to non-adherence. Patients emphasised the need for confidential, empathetic, and continuous psychological support integrated within HIV care. COVID-19 has impaired mental health and exposed ethical deficiencies in healthcare delivery for HIV patients, particularly in addressing stigma and psychological support. Ethical healthcare practice must prioritise patient dignity, confidentiality, and integrated mental health interventions to enhance treatment adherence and outcomes.

Keywords: COVID-19; ethics; HIV adherence; mental health; qualitative research

Abstract ID: B111

Ethical Reflections on Paediatric COVID-19 Care: A Descriptive Analysis of Hospital Admissions during the Omicron Wave in Malaysia

**SYARIFAH NURUL AIN SYED BADARUDDIN^{1,2*}, AHMAD ZHARIF
ISMAIL¹, LAI NAI MING³, MOY FOONG MING⁴**

¹Clinical Research Centre, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia

²Institute for Clinical Research, National Institutes of Health, Ministry of Health, 40170 Shah Alam, Selangor, Malaysia

³School of Medicine, Faculty of Health and Medical Sciences, Taylor's University, 47500 Subang Jaya, Malaysia

⁴Department of Social and Preventive Medicine, Faculty of Medicine, Universiti Malaya, 50603 Kuala Lumpur, WP Kuala Lumpur, Malaysia

**Correspondence: synurulain@moh.gov.my*

The COVID-19 pandemic has magnified ethical challenges in healthcare, particularly regarding the rights and protection of vulnerable populations such as children and adolescents. This study describes hospitalisation patterns among paediatric and adolescent patients with COVID-19 during the Omicron wave in Malaysia, with a focus on ethical implications for health equity and access. A descriptive analysis was conducted using secondary data from electronic medical records at Hospital Sungai Buloh, a designated COVID-19 referral centre. All patients aged 5-17 years admitted with COVID-19 between January and December 2022 were included. Data on demographics, comorbidities, symptom presentation, clinical severity, vaccination status, and length of stay (LOS) were analysed. Out of 225 patients, 84.0% were aged 5-12 years, and 55.1% were male. Most patients (86.7%) were Malay and had no documented comorbidities (73.3%). A majority (67.6%) had mild illness (Category 2B), and no deaths were recorded. The most common symptoms were reduced oral intake (68.0%) and fever (28.9%). Alarming, 65.8% were unvaccinated, raising ethical concerns about paediatric vaccine access, health literacy, and protection during pandemics. The mean LOS was 2.32 days, with admissions peaking in March 2022. These findings underscore ethical gaps in pandemic response for children, including under-prioritisation in vaccination strategies and the need for child-centric public health planning. Addressing these inequities is essential to uphold the ethical principles of justice, beneficence, and non-maleficence in future health crises.

Keywords: COVID-19; ethics; hospitalisation; Omicron; paediatric

Abstract ID: B112

Patient Outcomes and Associated Factors in COVID-19 Delta and Omicron Waves at Hospital Sungai Buloh

SYARIFAH NURUL AIN SYED BADARUDDIN^{1,2*}, SWARNA LATA KRISHNABAHAWAN¹, SHAFIQ EIMAN ABDUL RAZAK¹, SATYA TAMILSELVAM¹, SURIYA KALA BALACHANDRAN¹, THARMINI RAVI^{1,2}, AMINIRIL ANISAH ABDUL HAMID¹, NUR SURIANA MAH HASSAN¹, LIEW BOON SENG¹, KALAIARASU M. PEARIASAMY³, CHEW CHUN KEAT², LOW EE VIEN²

¹Clinical Research Centre, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia

²Institute for Clinical Research, National Institutes of Health, Ministry of Health, 40170 Shah Alam, Selangor, Malaysia

³School of Medicine, Faculty of Health and Medical Sciences, Taylor's University, 47500 Subang Jaya, Malaysia

*Correspondence: synurulain@moh.gov.my

This study was conducted at Hospital Sungai Buloh, aimed to compare clinical profiles and identify factors associated with mortality during the COVID-19 Delta (May-July 2021) and Omicron (January-April 2022) surges. A retrospective analysis was performed on data from 5815 patients during the Delta wave and 3142 during the Omicron wave. Data collection and matching were completed by December 13, 2022. Univariable and multivariable logistic regression analyses were employed to identify independent predictors of mortality. During the Omicron surge, patients were older and had much higher vaccination rates (88.3% fully vaccinated/boosted) compared to the Delta surge (16.3%). Omicron patients also showed more frailty, with 70.2% having hypertension versus 61.2% in the Delta group. Despite more elderly Omicron admissions, elderly mortality significantly decreased from 5.5% (Delta) to 2.7% (Omicron). Key predictors of mortality included advanced age (patients' age more than 80 had a 9.85 times higher risk in Omicron than younger groups) and severe admission categories. Unvaccinated or partially vaccinated individuals faced a significantly higher mortality risk (14.32 times greater in Delta, 3.58 times higher in Omicron) compared to fully vaccinated or boosted individuals. Impaired sensorium and functional dependence were strong predictors of poor outcomes. Our findings align with global data, confirming that vaccination significantly protected against mortality, particularly during the Omicron wave. Frailty and advanced age, especially with hypertension and diabetes, consistently linked to poorer outcomes. These insights highlight the importance of vaccination and managing comorbidities for vulnerable populations during future surges.

Keywords: Clinical; COVID-19; Delta; mortality; Omicron

Abstract ID: B115

Low Back Pain among ICU Nurses: Prevalence, Risk Factors and Medicolegal Considerations in a Tertiary Malaysian Hospital

MUHAMAD RAFIQI HEHSAN^{1,2*}, MELOR MOHD MANSOR¹, MOHD SANY SHOIB¹, ROSNAH AB LATIF¹

¹Hospital Ampang, Ministry of Health, 68000 Ampang, Selangor, Malaysia

²Faculty of Medicine, Universiti Sultan Zainal Abidin, 20400 Kuala Terengganu, Terengganu, Malaysia

*Correspondence: muhamadrafiqi@unisza.edu.my

Low back pain (LBP) is one of the most prevalent occupational musculoskeletal disorders among nurses, particularly those in high-demand environments such as intensive care units (ICUs). While the clinical implications of LBP are well recognised, its medicolegal ramifications, ranging from employer liability to occupational injury claims, are often under-addressed. This study aims to evaluate the prevalence, pain characteristics, and risk factors for LBP among ICU nurses and to explore the potential legal implications of these findings. A cross-sectional observational study was conducted involving 50 ICU nurses in Ampang hospital. Data were collected using a validated, structured self-administered questionnaire covering sociodemographic characteristics, pain intensity and duration, treatment-seeking behaviours, and workplace-related exposures. Statistical analysis involved chi-square tests and logistic regression to determine significant associations and predictors. A high prevalence of LBP was observed among participants, with 94% of female nurses reporting moderate to severe pain intensity ($p = 0.0001$). Logistic regression identified two statistically significant risk factors: elevated body mass index (BMI) (OR = 3.64, $p = 0.02$) and prolonged daily working hours (OR = 0.9, $p = 0.008$). Other individual and workplace factors, including marital status, shift work, job workload, and stress, were not statistically significant predictors. The findings highlight a clear occupational health burden among ICU nurses. From a medicolegal perspective, the presence of preventable and modifiable risk factors such as obesity and excessive working hours underscores the employer's duty of care. Institutions may be held legally accountable for failing to implement preventive strategies such as ergonomic interventions, staff rotation, and workplace health promotion. Low back pain among ICU nurses is significantly associated with modifiable factors like BMI and prolonged working hours. Beyond clinical management, these findings mandate urgent administrative and legal attention. Healthcare institutions must adopt proactive occupational health policies to mitigate risk and fulfil legal and ethical responsibilities towards frontline nursing staff.

Keywords: Ergonomics; low back pain; occupational injury; workplace safety

Abstract ID: C103

Towards Establishing a Regulatory Framework Governing Advance Care Directives in Malaysia: A Comparative Legal Analysis

NOOR NAJIHAH MOHD ZAIDI*

Medicolegal Unit, Hospital Tengku Ampuan Rahimah, Ministry of Health, 41200 Klang, Selangor, Malaysia

**Correspondence: dr.noornajihah@moh.gov.my*

Advance Care Directives (ACDs) play a crucial role in empowering individuals to make informed healthcare decisions in advance, particularly concerning end-of-life scenarios. The concept of ACDs itself is relatively new in Malaysia due to cultural factors and limited awareness. This study uses a doctrinal analysis methodology to examine Malaysia's current legal landscape regarding ACDs, comparing it with established legislation in Singapore, Taiwan, Australia, and the UK. In Malaysia, the existing legal framework for ACDs lacks comprehensive legislation, relying instead on guidelines from the Malaysian Medical Council and scattered provisions. Through comprehensive analysis, gaps in Malaysia's current legal status are identified, highlighting the need for a structured approach to enhance patient autonomy and ensure legal clarity. Key recommendations include defining explicit objectives to prioritise patient preferences, expanding the scope to encompass a wide range of medical scenarios, including irreversible conditions and mental health disorders, and simplifying procedural steps to create, register, and update ACDs. Furthermore, involving healthcare professionals in the process and clarifying their roles and responsibilities are essential to ensure effective implementation. By integrating international insights and considering Malaysia's cultural context, this study advocates a robust ACDs framework to improve healthcare decision-making and patient care outcomes. While the primary focus is not on the Islamic perspective or other religious beliefs, many recommendations align with Islamic and other values to support inclusivity. In conclusion, this research strongly advocates for the development of robust ACDs legislation in Malaysia that aligns with international standards while addressing local complexities and cultural sensitivities.

Keywords: Advance Care Directives; comparative legal analysis; decision-making; end-of-life care; patient autonomy

Abstract ID: C104

Ethics Support Structures in Malaysian Healthcare: Clarifying Functions, Variability and Recommendations

FATHIMAH AZ-ZAHRA' SALLEHUDDIN*

*Medicolegal and Medical Ethics Unit, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh,
Selangor, Malaysia*

**Correspondence: fathimah@moh.gov.my*

Ethical dilemmas in healthcare have become increasingly complex, especially in Malaysia, where diverse cultural, legal, and clinical factors interact. Many healthcare institutions have developed ethics support structures to guide healthcare professionals in navigating ethical challenges. This article presents a narrative review of ethics support structures implemented in Malaysian hospitals. It examines the functions of three key bodies: the Clinical Ethics Consult Service (CECS), the Clinical or Medical Ethics Committee (CEC/MEC), and the Medical Dental Advisory Committee or Medical Advisory Committee (MDAC/MAC). Relevant literature, national policies, and healthcare accreditation standards were reviewed to analyse the roles, relationships, and institutional variations of these structures. The Clinical Ethics Consult Service provides case-based ethics consultations and staff education. The Clinical or Medical Ethics Committee functions as a multidisciplinary body that reviews complex cases and advises on institutional ethics policies. The Medical Dental Advisory Committee or Medical Advisory Committee serves as the highest governance authority, formalising ethics recommendations into institutional policies. There is significant variability across Malaysian healthcare institutions in the implementation of these structures, with some hospitals maintaining formal, well-resourced committees and others using informal arrangements primarily to fulfill accreditation requirements. Malaysian healthcare institutions demonstrate varying models of ethics support based on their resources and needs. Clarifying the distinct roles of these structures, enhancing ethics education, fostering collaboration among hospitals, and securing leadership commitment can strengthen ethics services and improve ethical decision-making in patient care.

Keywords: Decision-making; ethics; healthcare; resource; support

Abstract ID: D101

Who Speaks for the Silent? Ethics and Laws of Consent in Incompetent, Unrepresented ICU Patients in Malaysia

LOO WING HOH^{1*}, GOH KAY MINT²

¹*Anaesthesiology and Intensive Care Department, National Heart Institute, 50400 Kuala Lumpur, WP Kuala Lumpur, Malaysia*

²*Anesthesiology and Critical Care Department, Hospital Ampang, Ministry of Health, 68000 Ampang, Selangor, Malaysia*

**Correspondence: wing_hoh88@hotmail.com*

In Malaysian intensive care units, managing incapacitated and unrepresented foreign nationals poses complex ethical and legal challenges, particularly when non-emergent procedures like tracheostomy are indicated. This paper presents two anonymised cases: one involving a documented migrant worker with traumatic brain injury, and another an undocumented patient with sepsis and neurological decline. In both, attempts to obtain next of kin consent were unsuccessful. In the first case, tracheostomy proceeded following multidisciplinary consensus and employer input. In the second, the ethics committee was consulted and consensus was reached to proceed, but the patient deteriorated before the intervention could be carried out. These cases raise important questions regarding surrogate decision making, the threshold of best interest in the absence of consent, and the limitations of existing legal mechanisms in nonemergency contexts. Ethical principles such as autonomy, beneficence, nonmaleficence, and justice guide clinical judgement, but their application becomes significantly more complex when patients are unable to participate and have no legal representative. Malaysia lacks statutory instruments comparable to the United Kingdom's Mental Capacity Act, and current reliance on hospital policies and clinical discretion exposes providers to legal and moral uncertainty. The doctrine of necessity offers protection only in life threatening emergencies and is insufficient in guiding semi-elective decisions. This paper argues for a structured legal and ethical framework, including legislative reform and the establishment of independent surrogate pathways. Institutional ethics committees and multidisciplinary engagement remain critical to supporting decisions that are ethically justified, legally sound, and anchored in patient-centred care.

Keywords: Consent; decision-making; ethics; legal; medical law

Abstract ID: D107

Acute Gastroenteritis in Pregnancy with Rare Dual Bacteraemia: Emerging Pathogen or Contaminant?

RINUSHA MANOGARAN^{1,2*}, AMIRULLAH BIN ANUAR³, WAN AMANI
BINTI WAN ABDUL AZIM¹

¹Department of Pathology, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia

²Department of Medical Microbiology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor, Malaysia

³Department of Pathology, Hospital Tanjong Karang, Ministry of Health, 45500 Tanjong Karang, Selangor, Malaysia

*Correspondence: rinusha8@gmail.com

Ewingella americana is a rare Gram-negative bacillus of the Yersiniaceae family, with fewer than 20 human infections reported globally. *Leuconostoc mesenteroides* is a vancomycin-resistant Gram-positive coccus infrequently associated with clinically significant infections. We report a case of acute gastroenteritis with concurrent *E. americana* and *L. mesenteroides* bacteraemia in a pregnant woman with gestational diabetes mellitus. A 32-year-old woman at 29 weeks of gestation presented with profuse diarrhoea, vomiting and fever following the consumption of refrigerated cendol stored for one week. On examination, she was febrile (39°C), tachycardic, and clinically dehydrated. Her full blood count and renal profile were normal, with mildly elevated C-reactive protein (3.71 mg/L). Urinalysis showed ketonuria and proteinuria. Stool culture did not yield any enteric pathogens. However, both aerobic and anaerobic blood cultures flagged positive within 24 hours, growing *E. americana* and *L. mesenteroides* that were identified by matrix-assisted laser desorption / ionisation time-of-flight (MALDI-TOF) analysis. *E. americana* was susceptible to ampicillin, amoxicillin-clavulanate, and cefuroxime, while *L. mesenteroides* was susceptible to penicillin. The patient received supportive care and intravenous cefuroxime for 3 days and followed by oral cefuroxime for 4 days and was discharged well. Pregnancy with gestational diabetes represents a state of altered immunity, which may have predisposed this patient to uncommon infection. The absence of other enteric pathogens and the known ability of *E. americana* to survive in water and at refrigeration temperatures suggest a possible foodborne source. This case highlights that rare isolates should not be dismissed outright as contaminants, particularly in vulnerable populations.

Keywords: Acute gastroenteritis; *Ewingella americana*; *Leuconostoc mesenteroides*

Abstract ID: D113

From Soft Tissue to Systemic: A Laboratory Perspective of Disseminated Cryptococcosis in an HIV-Positive Patient

ZUHAIRA HAYATI BINTI YUNUS*, RINUSHA A/P MANOGARAN, WAN AMANI BINTI WAN ABDUL AZIM

Department of Pathology (Microbiology), Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia

**Correspondence: zuhairahayati@gmail.com*

Cryptococcosis is a life-threatening opportunistic fungal infection, primarily affecting immunocompromised individuals. While pulmonary and neurological involvement are well recognised, soft tissue presentations are rare and often diagnostically overlooked. We report a case of a 47-year-old man with a two-year history of human immunodeficiency virus (HIV) and prior opportunistic infections who presented with a painful right thigh swelling. He was diagnosed with cellulitis and a small loculated abscess. Pus aspirate revealed yeast-like cells on Gram stain, but MALDI-TOF MS failed to identify the organism. Culture and subsequent API 20C AUX identified the isolate as *Cryptococcus neoformans*. The patient was discharged before culture confirmation and later recalled to start oral fluconazole. He completed one month of treatment but re-presented two months later with necrotising fasciitis. Wound cultures grew mixed flora. Further workup revealed cryptococcal antigen positivity in serum and cerebrospinal fluid, confirming disseminated cryptococcosis. Despite antifungal therapy, the patient succumbed to the disease. This case highlights the diagnostic limitations of MALDI-TOF in fungal identification, particularly for non-*Candida* yeasts. It also underscores the importance of early cryptococcal antigen screening in high-risk patients, and timely communication between laboratory and clinical teams when fungal elements are observed in sterile sites. Atypical presentations such as soft tissue cryptococcosis should prompt thorough investigation to avoid delayed diagnosis and progression to systemic disease. The laboratory plays a critical role in early detection, especially in immunocompromised patients.

Keywords: Cryptococcosis; fungal; HIV; immunocompromised; laboratory

Abstract ID: D114

Numb but Not Forgotten: A Case of Lingual Nerve Injury Following Laryngeal Mask Airway Use

MUHAMAD RAFIQI HEHSAN^{1,2*}, ZARUL IKRAM BIN MOHD ZAHARI¹,
ROSNAH AB LATIF¹

¹Hospital Ampang, Ministry of Health, 68000 Ampang, Selangor, Malaysia

²Faculty of Medicine, Universiti Sultan Zainal Abidin, 20400 Kuala Terengganu, Terengganu, Malaysia

*Correspondence: muhamadrafiqi@unisza.edu.my

Lingual nerve injury (LNI) is a rare but notable complication associated with laryngeal mask airway (LMA) use. While symptoms are typically transient, postoperative paraesthesia affecting speech, taste, and oral function can significantly impair quality of life and may give rise to medicolegal scrutiny if not properly managed or documented. A 42-year-old female underwent elective wide local excision of a right breast lesion under general anaesthesia with a size 4 Ambu® LMA. The surgery and airway insertion were uneventful; however, the patient reported numbness of the anterior one-third of the tongue postoperatively. Examination revealed no signs of trauma or facial nerve involvement. Despite conservative management, symptoms persisted for six weeks, prompting referral. Oral pathology consultation confirmed a diagnosis of lingual nerve neuropraxia likely secondary to LMA-related compression. The patient was managed conservatively with neurotrophic supplementation and achieved substantial recovery by eight weeks. Although LNI following LMA use is uncommon, its implications are clinically and legally significant. Patients may perceive prolonged sensory deficits as negligence, particularly in the absence of informed consent, documentation, or timely recognition. Risk factors such as improper device sizing, excessive cuff pressure, and prolonged procedural duration warrant attention. This case underscores the importance of comprehensive preoperative counselling, perioperative vigilance, and prompt postoperative assessment to mitigate patient harm and reduce medicolegal exposure.

Keywords: Lingual nerve injury; laryngeal mask airway; neuropraxia; patient safety

Abstract ID: E102

Embracing the Pandemic, Upholding the Ethics: Ethical Reflection from COVID-19 Care Pathways in a Malaysian Hospital

FATHIMAH AZ-ZAHRA SALLEHUDDIN, ZAINOORIHA OTHMAN*,
CYNTHIA RAMACHANDRAN, MICHELLE HO CIA CHING, DIMA
MARLINA, WONG PIK YUET

Epidemiology team, Hospital Sungai Buloh, Ministry of Health, 47000 Sungai Buloh, Selangor, Malaysia

**Correspondence: epidhsb@gmail.com*

During the height of the COVID-19 pandemic, an in-hospital epidemiology team was established in a Malaysian tertiary hospital to examine determinants of delayed presentation among patients admitted with moderate to severe disease. Through continuous monitoring of admission patterns, systematic patient interviews, and direct observation of clinical workflows, the team identified a range of behavioural, social, and system-level factors that contributed to late care-seeking. Many patients encountered difficulties navigating digital platforms required to access primary COVID-19 services, including mobile applications and online triage systems. Limited recognition of symptom progression, concerns regarding the implications of hospitalisation, and variability in guidance provided across service points were also noted as important contributors to delay. The findings revealed significant ethical considerations involving beneficence, non-maleficence, autonomy, justice, fairness and the sanctity of life. Delayed presentation was shaped not only by individual decision-making processes but also by structural constraints, communication inadequacies, and uneven operational readiness across healthcare levels. These challenges disproportionately affected vulnerable populations, particularly older adults, socioeconomically disadvantaged groups, and individuals with limited digital literacy. The evidence gathered informed discussions with hospital management and state health authorities, supporting timely refinements to care pathways. The reflections highlight the value of incorporating ethics-informed clinical expertise within operational response teams to enhance ethical awareness, improve systemic responsiveness, and promote equitable and patient-centred care during public health emergencies

Keywords: Clinical ethics; COVID-19; health services accessibility; patient delay