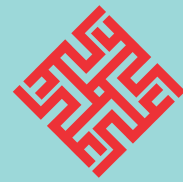


NEWSLETTER



Ali
Medical
ISO 9001:2015

1440 Hijri September | 2018

*Happy Islamic
New Year*

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The Islamic New Year is on the first day of Muharram, the first month in the lunar Islamic calendar, which differs from the Gregorian calendar. The Islamic New Year begins with the sighting of the new moon at sunset. Its arrival signals the beginning of the month of Muharram which is known as the month of remembrance and it is believed to be the second most holy month of the Islamic year, after Ramadan, its name meaning "forbidden".

During the Hijra between Mecca and Medina, many of the Muslims accompanied the Prophet SAW, due to an overwhelming persecution by the disbelievers at the time in Mecca. Shortly after this, the first Muslim state was established in Medina, until the Prophet SAW returned with the Muslims to Mecca, stronger than before, after a conquest many years later.

Although this day is treated as any other day in secular countries, most Muslim majority countries do value, celebrate, and hold this month in high regard. In many countries state governments have also declared the day a holiday to allow Muslims to observe this day fully.



Occupational Health and Safety Training

A training session organized by the Quality Management Department on "Occupational Health and Safety" was conducted by NEBOSH Master Trainer Mr. Muhammad Danial Nadeem Butt. The training was attended by 15 employees from the managerial and non-managerial level, from departments including Support and Services, FNSD, Transport, Safety and Security, Housekeeping, and Maintenance department. The main objective of the training was to develop an awareness of safety and risk management in the workplace. The content of the session was very well received and encouragement of the participants to conduct the discussion in their own language were very productive and has made the session very effective. At the end of the training, there was a post-test conducted by the trainer which was aimed at gauging the knowledge and understanding of the participants about the topics discussed during the training. Finally, an overall training evaluation was conducted by QMD to obtain participants' views about different aspects of the training. Certificates of attendance were distributed among the participants at the end.

QMD on behalf of top management express sincere gratitude and appreciation to Mr. Danial for his valuable time for conducting a training session at Ali Medical Centre.

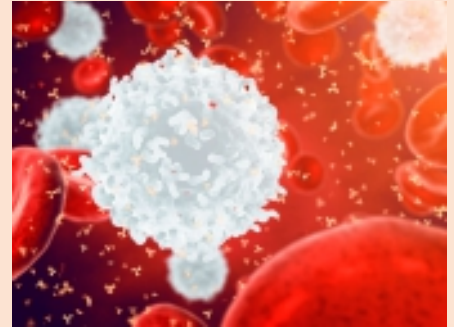


Leukaemia is a cancer which starts in blood-forming tissue, usually the bone marrow. It leads to the over-production of abnormal white blood cells, the part of the immune system which defends the body against infection.

What causes Leukaemia?

In most cases of leukaemia there is no obvious cause. However, it is important to understand that:

- Leukaemia is not a condition which can be caught from someone else (contagious).
- Leukaemia is not passed on from a parent to a child (inherited).



Risk factors:

- Age – most forms of leukaemia are more common in older people. The main exception to this is ALL in which peak incidence is in children.
- Gender – leukaemias are generally more common in males.
- Genetics – although leukaemia is not an inherited disease, there is a slightly higher chance that close relatives of patients may develop some forms of leukaemia. The risk is still very small and there is no cause for anxiety or for screening tests.
- Chemical exposure – being exposed to some chemicals and high levels of radiation may increase the chance of developing leukaemia. These factors account for only a very small proportion of all cases.
- Some forms of leukaemia are seen more commonly in people who have other bone marrow disorders. The most common disorders which behave in this way are myelodysplastic syndrome (MDS) and the myeloproliferative neoplasms (MPN).

Signs & Symptoms

Signs and symptoms of leukaemia (and blood cancers generally are notoriously vague and non-specific). There are no specific signs or symptoms of any type of leukaemia which would allow a doctor to make a diagnosis without laboratory tests.

In all types of leukaemia, symptoms are more commonly caused by lack of normal blood cells than by the presence of abnormal white cells. As the bone marrow becomes full of leukaemia cells, it is unable to produce the large numbers of normal blood cells which the body needs. This leads to:

- Red blood cells that carry oxygen to all tissues of the body.
- Weakness, tiredness, shortness of breath, light-headedness, palpitations.
- Infections – due to lack of normal white blood cells.
- Infections are more frequent, more severe and last longer.
- Fever, malaise (general feeling of illness) and sweats.
- Purpura (small bruises in skin), heavy periods, nosebleeds, bleeding gums.
- Bleeding and bruising – due to lack of platelets.



There are some symptoms that are only seen in certain patients or forms of leukaemia. For example, young children with ALL may complain of pain in bones or joints and, in some types of AML, the gums may be swollen by leukaemia cells in the tissues. In lymphoid malignancies, lymph nodes (glands) may be swollen. In some forms of the leukaemia the liver may be enlarged (hepatomegaly) or the spleen (an organ of the immune system found just under the ribs on the left hand side) may be enlarged (splenomegaly).

Diagnosis

Although a doctor may suspect a patient has leukaemia based on signs and symptoms, it can only be diagnosed by laboratory tests. The results of a simple blood count will usually indicate leukaemia although, rarely, a blood count may be normal. Most patients with leukaemia will have a bone marrow sample taken to confirm the diagnosis and to help to determine exactly what type of leukaemia a patient has. More specialised tests are often done at the same time.

Usually, a chest x-ray will be taken as well as scans, to look for swollen lymph nodes, or other affected sites. Blood samples will be taken to test for any problems with the liver, kidneys or other organs. In some, but not all, types of leukaemia a sample is taken of the fluid which surrounds the brain and spinal cord – cerebrospinal fluid (CSF). This is because some kinds of leukaemia cells can get into the nervous system, which protects them from most kinds of treatment. Some blood tests and scans will be repeated to check for the response to treatment and any complications. Other tests are usually only done at diagnosis.



Treatment

The main ways in which leukaemia is treated are:

- Chemotherapy – cell-killing drugs. Steroids are normally used along with chemotherapy for lymphoid leukaemia
- Radiation therapy – usually only for stem cell transplant or local disease e.g. in spleen
- Targeted therapy – drugs which specifically recognise and kill leukaemia cells
- Biological therapy – treatments which use the immune system to destroy leukaemia cells. Often these use antibodies against markers on the leukaemia – these are known as monoclonal antibodies.
- Stem cell transplant – Younger/fitter patients may be given a stem cell transplant (bone marrow transplant). This may be done using your own healthy stem cells or stem cells from a donor. This is most commonly done for acute leukaemia if chemotherapy does not cure the disease.

Chemotherapy is the use of cell-killing drugs. These kill the cancer cells and/or stop them from dividing. Chemotherapy is usually given in blocks or 'cycles' of treatment. One cycle of treatment will consist of a series of doses of chemotherapy followed by a break for the healthy cells to recover. Chemotherapy is normally given as a combination of drugs, which, for lymphoid leukaemia, will usually include steroids. Steroids used to treat lymphoid leukaemia are a laboratory-made version of chemicals naturally made by the body. They are very different from the type of steroids sometimes misused by body builders or sportsmen. The details of the treatment will vary depending on the features of the leukaemia and the patient's general fitness. Patients will be given a chance to discuss treatment options and detailed information on the treatment plan before it starts. The side effects of treatment vary between different types of treatment and different patients. Patients will be given detailed information about any likely side effects before treatment starts

Does Your Child Have Autism?

Does your child have autism... Or is this normal behavior???

Raising a child is often one of the most challenging and joyous events in a person's life. Watching your child grow and develop is a source of delight. However, some parents become concerned when their child appears to develop differently than others. At times, parents may worry about the possibility of autism spectrum disorder (ASD). As a Clinical psychologist & speech therapist in AMC, I have specialized in diagnostic assessment of ASD for individuals from toddlerhood to adulthood. Many families speak to me of their concerns for their child and wonder about the possibility of ASD.



Ms. Aqsa Malik
 Psychologist & Speech Therapist

I have found that informing parents of the symptoms of ASD can help them decide if their worries are warranted. As well, many parents are unaware of how the disorder is currently characterized and therefore struggle to understand if an assessment may benefit their child.

Individual symptoms are unique

ASD is according to the description used by most clinicians in North America, a neurodevelopmental disorder which means it becomes obvious during a child's early development and results in difficulties with their personal, social, academic or occupational functioning. Those with ASD typically demonstrate symptoms by two to three years of age. However, many will display signs earlier in development and ASD can be reliably diagnosed around 18 months of age. Individuals must demonstrate challenges in two domains of functioning & each individual specific symptoms will be unique.

Social Communication Challenges

Within the social communication domain, children may demonstrate a delay in speech development, either by using no single words by 18 months or no two to three word phrases by 33 months of age. They may fail to direct others attention (e.g. by pointing or eye contact), follow another's point or respond to their name. Sometimes they lack, or have limited skill with pretend play. Other signs could include reduced interest in playing with peers, not showing or bringing objects to others to share an interest, smiling infrequently at others or failing to gesture to express their needs for example by nodding or raising their arms to be picked up.

Many children who receive an ASD diagnosis do not imitate others behaviors. For example, they might not wave back to someone who waves at them. Or they struggle to understand others language or show a limited range of facial expressions. Sometimes they use others hands as a tool for example, using a parent's hand to point at pictures in a book rather than pointing themselves. And they may repeat others words rather than using their own language to express needs or wants.

Repetitive patterns of behavior

Regarding restricted/repetitive patterns of behavior, some children show a strong preference for, or aversion to, sensory stimuli. For example, a child may desire visual input by staring at a fan for a long periods of time. Or they may be overly distressed by typical household noises, haircuts or being touched. Children often become attached to specific objects, such as a block or a notebook that they must carry around with them, yet show little interest in toys. They can become intensely interested in things like door knobs or toilet seats, or become obsessed with a familiar cartoon character or toy.



They may repetitively wave their arms or hands, rock or spin when excited. Some children repeat actions over and over, such as turning a light switch on and off. Some focus on small parts of an object (the wheel of a toy car) rather than the entire object (the car). Others may insistently line objects up such as toys or family member's shoes and become distressed if the objects are moved. They may be aggressive towards others or may injure themselves. They often crave predictability and struggle when their routines are disrupted.

Early identification is key:

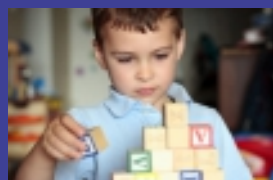
Having a child with autism touches the whole family. It can be worrying, time-consuming and expensive. Giving care to the physical and emotional health of the whole family is essential.

Autism is a life-long disorder for individuals, early detection and intervention can mitigate its progress and effects on the person's life. As a result, the earlier a child is diagnosed and treatment started, the better. Ideally, treatment will begin by 18 months. If you are concerned that your child may have ASD, an important first step is to speak with your doctor (psychologist and speech therapist). Few tips for the parents are:

Learn as much as possible about autism spectrum disorder.

- Provide consistent structure and routine.
- Connect with other parents of children with autism.
- Seek regular professional help for specific concerns.
- Take time for yourself and other family members.

Early identification is key. This recognition enables children and their families to access interventions and supports that have their chief impact during early childhood.



A Boon or Burden

Now a days, Informed consent is part and parcel of medical practice particularly for surgery department. Information sharing with the patients is a vital aspect of patient-doctor relationship. Prior any invasive procedure the patients or their attendants are explained in local language so they can take informed decision. In the modern medical practices, the informed consent has taken the space of old paternalistic notion of "doctor knows everything". There are multiple reasons of taking informed consent. Informed consent provides the legal safety to healthcare practitioners and organization. It is an evidence that prior procedure, the patient or their family members are being explained clearly regarding the benefits and complications of the surgery or any invasive procedure as well as reduces the anxiety level of the patients and families prior the elective procedure. It also provides the understanding of procedures that are being performed, in simple language. This piece of paper provides the assurance to the patients that they will neither be deceived nor coerced. It values the patient's ethical rights.



Ms. Asma Mughal
Manager
Quality Management Department



In common practice, the informed consent form is considered time consuming activity by health care professionals. Patients or involved family member sign the document without understanding the complete information, arising issues thereafter. Commonly it is considered as a burden but reality is quite different.

Our hospital strives for the best practices in order to provide quality care to all our patients. Our doctors, nurses and other allied health care professionals are very well aware regarding the informed consent and its importance. So, we take consent from our patients or family members prior any invasive procedure in order to ensure the informed decision making.

World Pharmacist Day

World pharmacists day is celebrated across the globe annually. This time the theme of World Pharmacist Day was *Pharmacist: Your Medicine Experts*. The core motive behind celebrating the day is to promote the importance of pharmacists in the medical field and the safe, effective use of medicines.

On 25th October 2018, Ali Medical Centre has celebrated world pharmacist day by cutting a cake.

