

### VOL. 2 ISSUE 1. JANUARY 2021 newsletter for eye-care

MALAYSIA - TOWARDS UNIVERSAL HEALTH COVERAGE

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### Impact of Blindness on Humanity

Blindness has a tragic impact not only on the lives of those who experience it but also on the lives of their caregivers, families, friends, and society. The impact spans from physical and emotional effects, psychosocial and psychological stress to economic loss. As the impact can be substantial, blindness can only be understood when viewed on a bigger picture and from the various angles of lives.

No one can adequately and accurately describe what's in the minds of blind people. For example, fear, anxiety or the feeling of losing hope when they have a sudden loss of vision. The questions on how to maintain their independence, pay for needed medical care, retain employment, and provide for themselves and their families unexpectedly emerge and require immediate answers. Later, they have to deal with other issues such as quality of life, social function, mental health, education and most importantly, mobility. Society will generally empathise with blind people and help them ease the burden and answer the questions, but unfortunately, they may subconsciously leave out an important character in this journey - the caregivers.

Some caregivers may make adjustments in their own lives, leading to the deprivation of jobs and social opportunities. The children raised by blind parents may see the world from the blind eyes. This may make them outliers in society due to their skewed view about eye-health or the world in general. There are other countless stories behind blindness, but these stories will only be told when we open up and connect ourselves to blind people.

Being blind is not the end of a journey. It is indeed the beginning of OUR journey together to attain hope - a novel message that we should convey to the world. As eye-care providers, we must reach out and facilitate such a journey for the blinds, their caregivers, and humankind.

The roles of eye-care providers need to be revised and reinforced. From merely promoting eye-health, preventing or treating blindness and rehabilitating blind people, the roles should be extended to also minimise the impact of blindness and prevent collateral damage. These roles have probably been forgotten due to our own shortsightedness and ignorance. The time has come for us to acknowledge that failure of an interventional blindness program or patient's treatment is possibly due to our own failure to understand and embrace the concept of blindness in its entirety.



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"There is no better way to thank God for your sight than by giving a helping hand to someone in the dark." - Helen Keller

# LETTER TO THE EDITORS

**Dear Editors**,

### **TOUCHING BEYOND CURE**

While it is now commonly accepted that a very high percentage of blindness can be cured, prevented or even restored to a certain extent, there will be a certain percentage of those who will need to face the dark for the rest of their lives. At the same time, it is now generally accepted that blindness is certainly not a barrier to success. We have so many examples of blind people achieving great success, even those who have faced multiple disabilities, if, given the right opportunities, the future will be bright.

At this point, I would like to share our experience and successes that even with the COVID-19 and the pandemic effect, together with the different agencies, we were able to carry out two out of the four scheduled programmes for our up and coming Ophthalmologists. While these very bright students go through many years of training on how to restore sight, the contents of their studies did not include how do they deal with those who have yet to be cured and those that modern science has yet to discover. Yet, these two categories of people will come face-to-face with all Ophthalmologists. Therefore, can they walk away? Or should they leave it to someone else's responsibilities? At this point, I would like to thank the following agencies for their support and cooperation!

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College of Ophthalmologists,

Academy of Medicine, Malaysia,

Ministry of Health, Malaysia, University Kebangsaan Malaysia,

University of Malaya, Universiti Sains Malaysia, and APEX

Together, we created a half-day programme, called: NCBM Awareness Program on Visual Impairment and Community Rehabilitation with the following objectives,

•To create better awareness about blindness and vision impairment, particularly on the definition and rehabilitation.

•Creating a network between Ophthalmologists and the different associations.

Such a programme's focus was to ensure that up, and coming Ophthalmologists will understand and know how to support patients with visual impairment and refer those that cannot be cured to the appropriate organisations. We want to provide assistance and support to those who are affected at the earliest possible time.

We are happy that despite the Pandemic, we could complete two out of the four scheduled workshops. We believe that what we have started will go a long way to help reach the affected and we would like to advocate that others emulate what we have done.

Thank you. Moses Choo, NCBM



NCBM AWARENESS PROGRAM ON VISUAL IMPAIRMENT AND COMMUNITY REHABILITATION









Better to be blind and see with your heart, than to have two good eyes and see nothing.

Source: Google



What is Braille

BY MOSES CHOO NATIONAL COUNCIL FOR THE BLIND, MALAYSIA (NCBM) UNIT 13-8 SENTRAL VISTA, NO. 150, JALAN SULTAN ABDULSAMAD 50470, KUALA LUMPUR TEL: 603-20281999

In SIMPLE TERMS, Braille is a system of raised dots that can be read with the fingers by people who are blind or who have insufficient sight to read printed or hand-written text. However, teachers, parents, and others who are not visually impaired ordinarily read braille with their eyes. Braille is certainly not a language. Rather, it is a code by which many languages—such as English, Chinese, and many other languages —may be written and read. In Malaysia, we have also adapted our very own Bahasa Malaysia in Braille form. Since we are also using Romanised lettering, the alphabets from A to Z are the same as what you see in the English Braille. To speed up reading, there are contracted Braille, or some will call it Grade 2 Braille, which is just braille using an abbreviated form. For example, the letter (b) by itself would represent the word (Bahawa), (c) by itself would mean (contoh), and the list goes on. Braille is used by thousands of people worldwide in their native languages and provides a means of literacy for all.

### WHAT DOES BRAILLE LOOK LIKE

Braille symbols are formed within units of space known as braille cells. A full braille cell consists of six raised dots arranged in two parallel rows, each having three dots. The dot positions are identified by numbers from one through six. Sixty-four combinations are possible using one or more of these six dots. A single cell can be used to represent an alphabet letter, number, punctuation mark, or even a whole word. This braille alphabet and numbers page illustrates what a cell looks like and how each dot is numbered.

#### How Is Braille Written?

When every letter of every word is expressed in braille, it is referred to as uncontracted braille. Some books for young children are written in uncontracted braille although it is less widely used for reading material meant for adults. The standard system used for reproducing most textbooks and publications is known as contracted braille. In this system, cells are used individually or in combination with others to form various contractions or whole words. Braille is also produced by a machine known as a braillewriter. The most common Braille writer found in Malaysia is known as the Perkins Brailler.



Picture of a Perkins' Brailler



The Orbit Reader 20, the electronic device used by the blind in Malaysia

Unlike a typewriter with more than fifty keys, the braillewriter has only six keys, a space bar, a line spacer, and a backspace. The six main keys are numbered to correspond with the six dots of a braille cell. Because most braille symbols contain more than a single dot, combinations of the braillewriter keys can be pushed simultaneously.

Technological developments in the computer industry have provided and continue to expand additional avenues of literacy for braille users. Software programs and portable electronic braille devices allow users to save and edit their writing, have it displayed back to them either verbally or tactually, and produce a hard copy via a desktop computer-driven braille embosser. Because the use of computers is so common in school, children learn both the braille contractions and also how to spell words out letter for letter so they can spell and write using a keyboard.

For those wishing to look for solutions to produce Braille, whether in its traditional or electronic form can call NCBM for further information or refer to our web site at http://www.ncbm.org.my Braille will be here to stay.

# THE HISTORY OF BRAILLE

Louis Braille was born in Coupvray, France, on January 4, 1809. This is why 4th January every year is being celebrated as World Braille Day. Louis Braille attended the National Institute for Blind Youth in Paris, France, as a student. At that time, books were created using raised print which was laborious to produce, hard to read, and difficult for individuals to write. While attending the Institute, Braille yearned for more books to read. He experimented with ways to create an alphabet that was easy to read with the fingertips. The writing system he invented, at age 15, evolved from the tactile "Ecriture Nocturne" (night writing) code invented by Charles Barbier for sending military messages that could be read on the battlefield at night, without light. Learn more about the creation of the braille code by exploring AFB's Louis Braille Online Museum.

# COMMUNITY SPOTLIGHT DIABETIC RETINOPATHY (DR)



## **PUBLIC AWARENESS**

Sound knowledge on diabetes and diabetic retinopathy is significantly associated with positive attitude and good practice patterns. Lack of awareness concerning the need for screening for retinopathy is a major barrier to regular screening and early detection of DR.

### **REGULAR DR SCREENING**

The vast majority of patients who develop DR have no symptoms until the very late stages. Because the rate of progression may be rapid and therapy can be beneficial for both symptom amelioration and reduction in the rate of disease progression, it is important to screen patients with diabetes regularly for the development of retinal disease.







### **PREVENTING BLINDNESS**

If left untreated, diabetic retinopathy can lead to blindness. Prevention of diabetic retinopathy is mainly based on appropriate control of glycaemia and blood pressure. Laser therapy, intravitreal anti-VEGF injection and vitrectomy are treatment measures available to prevent diabetic blindness 24TH NOVEMBER 2020

Confege of Medicine Malaysia flown

Academy of Medicine Malaysia flown PPEs to Tawau by TUDM to deliver to Eye Clinic Hospital Tawau was Rotary Club of Tawau. It wa coordinated by the Rotary Damansara-West

捐贈6萬令吉防護裝備與食品

of Ophthalmologists

MORNING POST

MORNING POST

Damansara-West

College



BY MR YIM KEN FEI ROTARY CLUB DAMANSARA WEST

# Rotarians distribute second bacch of food aid to Tawau villagers

TAWAU: The Rotary Club of Tawau carried out the second

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Proposed PN presidential

# THE BORNEO POST 14TH DECEMBER 2020

HE BORNEO POST &

College of Ophthalmologists together with Rotary Club of Damansara-West & Rotary Club of Tawau delivere Food Aid to a disabled person Tawau

# THE BORNEO POST 14TH DECEMBER 2020 Delivery of PPEs to Tawau Hospital

## **Legal Matters in Blindness**



According to the World Health Organisation, people with poor vision can only be categorised as blind after all resources have been exhausted either through medical, surgical or optical intervention. The current internationally accepted definition of blindness according to **ICD-10** (2006)recommended that vision should be measured with both eyes opened with the aid of presenting correction if any. People living with blindness are those who have a level of visual acuity of worse than 3/60 down to No Perception of Light as measured with standard Snellen Chart at a distance of 6 meters on their better eve (1).

Definition of blindness previous varies across the world before the international standard was developed and included in the ICD-9 (1975). Countries definition of blindness was used according to their respective social and economic condition such as total blindness, economic blindness and social blindness (2). Some countries utilize terminologies as professional blindness, educational blindness, practical blindness, partially sighted and legal blindness.

#### JANUARY 2021

**Regardless of the former various definitions of** blindness, eye care practitioners must be aware of the current standard definition especially when there is a medicolegal case involving vision or blindness. Documentation of vision measured by standard means is of utmost importance in the investigation of such cases. This is especially so as other medical experts may be called upon to give their expert opinion. For example in medicolegal cases such as negligence in clinical practice require proof that the duty of care that the practitioner has to a patient has been breached and that the breach resulted in harm or injury (3). Case law has set precedents for what is needed to prove negligence.

The patient seeking redress in a clinical negligence claim must establish these elements and all must be satisfied and proven before the claim can be successful.

- 1. Duty of care was owed to the patient.
- 2. The duty of care was breached by the practitioner- below the standard of care.
- 3. The claimant suffered harm caused by the breach of the practitioner
- 4. Remoteness the test of foreseeability

The first element is easy to establish once there is a patient-practitioner relation. The breach of duty of care for the second element is not easy to satisfy since the patient must show that the standard of care by the practitioner fell below the accepted standard of care.

#### What is the acccepted standard of care?

Where evidence is highly technical and complicated, the courts require the assistance of expert witnesses to understand the facts of the evidence as per the standard of care. This is so because the judges, not medically trained, are not equipped to resolve difference opinion on matters beyond their expertise. Thus, the Bolam Test (4) sets out the standard of care in clinical negligence where the practitioner is examined against the standards of their **peers in a particular field**, to see what they would have done in the same situation, given a similar set of circumstances.

### **The Bolam Test**



"The test is the standard of the ordinary skilled man exercising and professing to have that special skill...A doctor is not guilty of negligence if he acted following a practice accepted as proper by a responsible body of medical men skilled in that particular art'.

Thus, the practitioner may not be held liable or breach his duty of care as long as there is a responsible body of men skilled in that particular discipline **supported** his/her action even there is another conflicting view by a different responsible body of men skilled in the same discipline.

However, Bolitho (4) qualified and retained the Bolam test but subjected to an additional condition where expert opinion must be capable of withstanding logical analysis. Nevertheless, the Malaysia Federal Court in Foo Fio Na (5) used the Rogers Test (6) where it did not delegate its judicial function to the medical profession concerning the risk associated with the procedure.

The latest Malaysia Federal Court's judgment in "The Eye Appeal"(7) reiterated this position of law in Malaysia for the standard of care for medical professionals. For diagnosis and treatment, the courts must accept the views of a responsible body of men skilled in the particular discipline, and cannot resolve differences of expert opinion on its own as per the Bolam Test.

'peers in a particular field'

However, the court must examine the expert evidence to see if it is capable to withstand logical analysis (Bolitho). As for the duty to advice the risks in the procedure, it is the court and not the body of medical professionals that decide the standard of care as per the Rogers Test.

#### **Rogers v Whittaker**

"FACTS – After almost 40 years blind in one eye, Ms Whittaker consulted Dr Rogers who advised that the operation may help improve the appearance and probably restore sight. Not only gaining sight, but she also suffered bilateral blindness due to sympathetic ophthalmia, a risk affected one in 14,000.

DECISION – "The law should recognise that a medical practitioner has to warn a patient of a material risk inherent in the proposed treatment, a risk is material if in the circumstance of the particular case, a reasonable person in the patient's position, if warned of the risk, would be likely to attach significance to it or if the medical practitioner is or should be aware that the particular patient if warned of the risk, would be likely to attach significance to it".

### **INFORMED-CONSENT**

A well-structured consent/disclosure form and a good provision of information are essential. For consent to be real, the patient must suitably be informed and essential information such as the procedure, the risk and benefits must be fully disclosed (8).

#### **Key essential information:**

- Right to ask questions disclose further information if requested.
- Details of the procedure includes the necessity of continued-care and costs.
- Benefits focus on the scientifically-robust evidence
- Risks foreseeable as a result of the treatment.
- Patient's responsibilities for their care.
- Patient's right to withdraw from treatment without any penalty and coercive to continue.

In conclusion, the cases that may be likely to invoke a claim of negligence are those in which serious and sustained damage to sight or blindness has occurred. One of the most important means of defence for a practitioner who has been accused of negligence is the patient record. Records need to be thorough, complete and retained for sufficient periods where a claim can be made many years later.

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7. The Eye Appeal | Continuing Professional Development [Internet]. [cited 2021 Feb 23]. Available from: https://cpd.malaysianbar.org.my/theeye-appeal/

8. White P, Cho P. Legal issues in contact lens practise with special reference to the practice of orthokeratology. Ophthalmic Physiol Opt [Internet]. 2003 Mar [cited 2021 Feb 25];23(2):151-61.



Court will decide on the standard of care for the duty to advice risk'

# FAST FACT OF BLINDNESS

- In 2020 in Malaysia, there were an estimated 4 million people with vision loss. Of these, 160,000 people were blind. (Bourne R)
- 1 in 4 Adult in Malaysia experience functional difficulty and among functional difficult, 14.9% having difficulty in seeing (NHMS 2019)



Age-std prevalence of all vision loss by country 2020 (all ages, males & females)



Source: Data from VLEG/GBD 2020 model, accessed via the IAPB Vision Atlas

100 million people people have vision loss from cataract. Of these:

- 17 million people are blind
- 83 million people experience vision impairment.

For these people, sight can be restored with cataract surgery.

Rates of vision impairment and blindness due to cataract are higher in women (1.7%) than men (1.4%).

Uncorrected refractive error is the largest cause of vision loss

- 161 million people live with distance vision impairment or blindness
- 510 million people live with near vision impairment.

1.Bourne R, Steinmetz J, Flaxman S, et al., Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. Lancet Global Health. 2020.

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# INTERNATIONAL UPDATES

2020 highlights

### Introducing the IAPB Vision Atlas



Vision Atlas

The IAPB Vision Atlas presents the very latest eye health data and evidence. 1.1 billion people live with vision loss, 90% of people with vision loss are in low-...



The atlas is full of information needed by policymakers, eye health managers, eye health professionals, NGOs and public. It is also an important resource for our country, which is working together in achieving universal health coverage and the implementation of the Sustainable Development Goals. The atlas update for 2020 provides comprehensive data, narrative and interactive presentation tools that enable user to understand easily the impact of inequity and access to eye services.

A compilation of the very latest eye health data and evidence. It is a tool for all who believe that in the 21st century no one should have to live with vision loss from eye conditions that can be easily treated or prevented.

Vision Atlas - The International Agency for the Prevention of Blindness (iapb.org)