

Progresses in several areas make the professional development of health sciences possible

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EDITORIAL

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Scientific data convince theory and bring new thoughts for further development of an area. In the current issue, articles cover the recent advances in medical education, healthcare view exclaiming, clinical and laboratory progressing, and the policy supporting. A reader might get his views broader enough to refresh his medical knowledge.

To determine the significant effect of multiculturalism on lecturers of Faculty of Medicine, a questionnaire-based survey was conducted on 43 medical teachers of UNIKL RCMP, Malaysia. This study has shown that experience in teaching in a multicultural environment was significantly affect teachers' competence while gender or teaching experience did not. Therefore more training and experiences of the multicultural education program is needed in the faculty development activities.¹ On the other aspects, various study approaches are needed in medical training program. A quasi-experimental study was designed to evaluate the effectiveness of case-based radiology education in first-year medical students, which suggests that the method might improve the perceptions of professional knowledge and the importance of patient-care.² Another cross-sectional institutional based study assessed the lifestyle (eating habits and physical activity) of health sciences students studying at Majmaah University in Saudi Arabia. Results have shown that there is a

high prevalence of sedentary lifestyle, physical inactivity (62.4 per cent) and unhealthy dietary habits (e.g., 29.6 per cent of participants have never had breakfast at home) among 450 students, hence health education programs for promoting health are needed.³

Healthcare awareness exists in different situations and people. To investigate healthcare disparities in perioperative setting, 1,800,506 non-emergency, non-obstetrical cases in the National Anaesthesia Clinical Outcomes Registry (NACOR) were analysed. These authors have found that the socioeconomic status and gender had a significant impact on perioperative adverse outcomes.⁴ In addition, a questionnaire-based cross-sectional study was conducted to investigate herbal product consumption trend among 500 adults in the main cities of Malaysia randomly. There is an unhealthy trend in self-prescription of herbal product consumption without healthcare professionals' recommendation, and monitoring healthcare professionals to herbal product prescription also needs indispensable attention.⁵ On the other hand, to compare the differences of attitudes and beliefs regarding the causes of low back pain between UK and International students, a semi-structured interview study was conducted at Sheffield Hallam University. Two types of students showed differences on four main themes, including personal health and medical related, work related, everyday day life and culture related, and government policy and law related ones. All these prompt for more knowledge-accessing to prevent the low back pain.⁶

There are also several interesting reports from clinical practices and laboratories. For effective and safe amikacin treatment which requires close monitoring of blood concentrations, a study of amikacin's population pharmacokinetics in 27 neonatal intensive care unit patients with sepsis was conducted. The authors have found that weight and serum creatinine were respectively associated with neonatal amikacin volume of distribution and elimination constant rate, and the presence of sepsis perhaps decreased amikacin elimination. The results are

helpful to individualize the amikacin dosage in neonates.⁷ As a liaison, the issue continuously keeps the topics regarding healthcare policy. For instance, considering the dilemma of South African Traditional Healers, the Traditional Health Practitioners Act No 22 (2007), which aims to bring the indigenous traditional healer into the South African health care sector, was issued. The academics hold different opinions on the development of tradition healers in modern society of South African. On the one hand, several exploratory and descriptive studies have found that the act has failed to include the allied and outdated traditional healer into the modern South African society and formal healthcare sector as a specific medical entity, on account of the manipulative status of South African medical doctors in all healthcare management.^{8,9} Besides, the present-day statistics cited in literature of annual incomes in excess of R2 billion and the misunderstanding of “traditional medicines” led to an acceptance of South African traditional healers and their untested and risky health product.¹⁰ On the other hand, it would be possible in future to insert medical science into the traditional healer’s healing principles and the White traditional healer can firmly be a traditional health practitioner under the auspices of the act.¹¹

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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