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Ups and downs in the management of Poisoning in Malaysia

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Due to the increasing cases of poisoning and the concern of poisoning in this country in 1974 the pesticide board was established. The members include various agencies including the Ministry of Health.

A MOH committee was formed involving experts from GTZ (German agency for Technical Corporation) to established a national poison centre for this country.

Based on a number of criteria it was decided then that the GHKL (including IMR) complex with UKM was chosen to start a National Poison Centre.

There were financial constrain in developing this activity. USM had developed the drug Information centre in the School of Pharmacy and volunteered to develop the poison centre and not requiring any financial support. As such the poison centre was to be developed by USM.

Without financial support and funding the Poison centre at UKM/GHKL/IMR was closed with the hope that the one in USM would be developed into a full grown Poison Centre as recommended by WHO which consists of 3 interacting unites:

1. The Information Centre
2. The treatment Unit
3. The Chemical Laboratory (for management of poison patients in diagnosis and monitoring)

A quarter century has passed but the expected result to me has not been met. During this period the information unit has advanced but it does not have a clear link to a treatment unit (hospital) and the laboratory facilities are not really focused in diagnosis and monitoring of poison patients.

Proposal to form another poison centre in IIUMMC in Kuantan was made and accepted by the University Management Committee recently.

The clinical management of poison patients, just like other clinical management, certainly has improved with the various specialization program being developed. Management of poison cases involves mainly conservative treatment. Very few specific antidotes have been developed, introduced or marketed. This is not unexpected as antidotes are mainly orphanage drugs.

For Involvement in chemical disaster and its prevention, close association with the industries storing, transporting and manufacturing of poisonous material needs to be developed. Close relationship with the Fire and Safety Department in minimizing the incidences of chemical disasters and in preventive measures is needed.

I am confident that the management and prevention of poisoning can be greatly improved in this country when poison centres play a much needed collaborative role with other related agencies involved in poisoning and utilizing the Health Informatics data system which is being develop in a number of hospitals. Involvement and utilizing of this system will be an enormous step forward.