UNIVERSITI TEKNOLOGI MARA

The Epitome

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Academy of Language Studies, UiTM Cawangan Kedah

We are back!
Welcoming the epitome of artistic ideas & astonishing writers!

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SYNOPSIS

The Academy of Language Studies, Universiti Teknologi MARA (UiTM) Cawangan Kedah is thrilled to announce the release of the second edition of its e-magazine, The Epitome. This publication exemplifies our steady dedication to fostering creativity in language and literature.

The primary objective of THE EPITOME is to offer a platform where writers, educators, scholars, poets, and researchers can come together to exchange their ideas, discoveries, expertise, and narratives. Our special focus revolves around an array of creative writing genres, encompassing Playwriting, Short stories, Songs, Speeches, Memoirs, Literary Journalism, Humour writing, Lyric essays, Innovative essays, and Personal essays, with a goal to embrace diverse linguistic expressions, with content available in four languages: English, Bahasa Melayu, Mandarin, and Arabic.

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EDITOR'S NOTE

Every day is learning curves...

Dear Readers,

We are back! We are thrilled to present a collection of articles that we believe capture the essence of the writers. Our team has worked diligently to curate content that we hope will both engage and resonate with you.

In these pages, you will find a diverse range of perspectives on life, from joy to sorrow.We hope these pieces inspire reflection and spark meaningful conversations.

We want to express our deepest gratitude to our talented contributors for their time and expertise. Their dedication is what makes the second issue of Epitome possible.

As always, we value your feedback. Please do not hesitate to reach out with your thoughts and suggestions.

Thank you for being a part of our Epitome community.

Warm regards,

Razanawati Nordin
Editor-in-Chief,
The Epitome

A Heartfelt Dilemma: When Ethics Collide with Financial Constraints

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In the hushed corridors of a tertiary hospital in the heart of Country XYZ's, where the cacophony of life's emergencies converges, I stand as one of the few medical officers grappling with an ethical dilemma as profound as it is heart-wrenching. The statistics tell a stark tale: a handful of us, entrusted with the lives of countless, navigating the crucible of the emergency department, where the pendulum swings between life and death, on a fateful Saturday night shift, from 10 PM till the dawning light at 8 AM.The battleground for this moral conundrum is the Red Zone, where the pulse of life is most fragile, and every decision carries a monumental weight. As the clock ticks, a sharp, urgent buzzer shatters the night's stillness. It's the triage, signaling the imminent arrival of a patient in need of resuscitation.

Into the chaos rolls a man in his early 50s, his face a tapestry of pain and fear, his voice barely a whisper, clutching at his chest, his eyes pleading for salvation. The vital signs are grim: a blood pressure reading of a mere 100/60 mmHg and a heart rate of 60 beats per minute. The ECG paints a bleak picture, with ST elevations on Leads II, III, and AVF, unmistakably indicating a myocardial infarction - a heart attack.

Swiftly, I initiate the initial treatment, for every passing moment is a countdown to irreversible myocardial damage. But there's a catch. This patient's lifeline depends on an urgent angioplasty - a procedure our hospital cannot provide at this ungodly hour. Our only recourse is a private catheterization laboratory, a privilege this patient's humble finances cannot afford.

Desperation sets in as I scramble to refer him to other hospitals with the necessary facilities and more lenient financial burdens. My calls bear no fruit, as the clock remorselessly ticks away. I resort to pharmacological treatment, the second-best option, and strive to keep him stable while the clock, ever the cruel taskmaster, continues its relentless march.

Hours later, the cruel hand of fate deals another blow. The patient's pain persists, an agonizing echo of his earlier torment. An ECG, devoid of hope, reveals non-resolving ST elevations, and then, the unthinkable - Ventricular Fibrillation. The hospital room transforms into a battleground, as I embark on the harrowing ACLS algorithm, fervently contacting my superior for assistance.

Thirty minutes of heart-wrenching struggle culminate in a grim silence on the cardiac monitor - asystole, the flatline. In that very moment, the door swings open, and a cacophony of wails fills the room - the family, once hopeful of recovery, now drowning in the abyss of despair. The weight of their grief bears down on me, a burden heavier than any medical textbook could have prepared me for.

I pause, amidst the agony and introspection, wondering how I could have helped this patient better. Was it fair that his financial status determined his fate? True, I had explained to him the imperative of angioplasty, a treatment coupled with a hefty price tag. But he was left with no choice but to accept pharmacological treatment due to his financial constraints.

This conundrum brings forth a pivotal ethical concept - autonomy. Autonomy in medical ethics emphasizes a patient's right to make informed decisions about their healthcare, free from undue influence or coercion. Yet, in cases like these, where financial limitations act as a formidable barrier, autonomy is compromised. The patient's choice was not truly free; it was bound by the constraints of his wallet.

Medical technology is evolving at a breathtaking pace, promising new treatments and possibilities. However, these cutting-edge technologies often come with exorbitant price tags, designed to recover the significant investments made in their development. This raises a haunting question: Will access to superior medical care become the exclusive privilege of the affluent, while the less fortunate are left with mass-produced or subsidized treatments?

It is here that we find inspiration in the story of Jonas Salk, the noble inventor of the polio vaccine. Salk's refusal to patent the vaccine and his commitment to its widespread distribution led to a dramatic reduction in polio cases, saving countless lives. His selflessness serves as a beacon, reminding us that there are alternative paths in the pursuit of medical progress.

The long-term solution to eliminating financial constraints on individual autonomy in healthcare lies in the collective commitment of society and policymakers. It calls for a re-evaluation of our healthcare systems, a commitment to subsidize essential treatments, and fostering an environment where groundbreaking medical technologies can be made accessible to all.

Medical ethics, after all, should not be a matter of privilege but a testament to our shared humanity. In the dimly lit corridors of the emergency department, as I reflect upon the night's events, I find solace in the hope that the ethical dilemmas we face today will pave the way for a more equitable and compassionate healthcare system tomorrow. Regrettably, as I fast forward a decade, I perceive a disheartening shift in the landscape. The cost has surged to even greater heights, while the assistance available to those in need has dwindled.

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