

Call for stricter enforcement against illegal clinics

KUALA LUMPUR: The Malaysian Medical Association (MMA) has expressed concern over the recent discovery of illegal clinics operating in the capital, at which foreign nationals allegedly pose as doctors and dispense controlled medicines without proper qualifications or registration.

Its president Datuk Dr Thirunavukarasu Rajoo said this raised serious concerns over patient safety and regulatory oversight, particularly as the activities are taking place in the capital.

"Patients risk misdiagnosis, inappropriate treatment, complications from unsafe procedures and exposure to counterfeit or improperly dispensed medications. Medical practice in

Malaysia is strictly regulated to safeguard the public, and only doctors registered with the Malaysian Medical Council and holding a valid Annual Practising Certificate are legally permitted to practise," he said in a statement.

Thirunavukarasu urged authorities to intensify surveillance and enforcement efforts to shut down illegal healthcare operations, adding that the presence of such clinics despite previous raids pointed to gaps in sustained enforcement.

He added that enforcement activities should be strategically strengthened, especially in areas with a high concentration of migrant workers, as vulnerable communities were often affected.

"This is not about any particular group, but

about protecting individuals who may be taken advantage of due to barriers such as cost, language or lack of awareness of the healthcare system.

"Every person in Malaysia, regardless of nationality, deserves safe, ethical and lawful medical care. Firm inter-agency collaboration, regular inspections and decisive penalties are necessary to deter such dangerous activities," he said.

He also advised the public to remain vigilant and to seek treatment only from registered practitioners and licensed healthcare facilities.

Earlier, the media reported that the Immigration Department raided nine illegal clinics

operating along Jalan Tun Tan Siew Sin last week, some of which had resumed operations after earlier enforcement action.

The premises, hidden behind retail shops, were found selling controlled medicines believed to have been smuggled into the country, including antidepressants, antibiotics and drugs for chronic illnesses.

According to the report, a total of 18 men (17 Bangladeshi and one Myanmar national) were detained for alleged immigration offences, including the misuse of work permits and not possessing valid documents, while the Health Ministry is conducting investigations under the Sale of Drugs Act 1952. - Bernama

Societal expectations on men could lead to mental issues, says expert

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PETALING JAYA: Societal expectations for men to remain strong and serve as the primary family breadwinner could intensify psychological stress and deter them from seeking help, with some cases escalating into tragic outcomes, said Universiti Teknologi Malaysia psychology and counselling services centre director Dr Zulfikar Ahmad.

He said cultural pressures in Malaysia, particularly on men to uphold the breadwinner role, could lead to mental health struggles being hidden, especially during times of economic uncertainty.

"In Malaysian culture, men are still expected to 'bring food to the table' and maintain financial stability.

"During the pandemic, for

example, you could see the number of men who felt that if they were not working, they were failing as breadwinners," he said, citing cases in which men have gone to extreme lengths, including sacrificing their lives so that their families could claim insurance benefits.

He also said cultural pressures often leave men reluctant to seek help, although those experiencing depression may still try to reach out.

"But whenever they share their story, sometimes people offer help but halfway through say it is too tough for them to assist. Imagine having to repeat the same story, it becomes very difficult to trust anyone," Zulfikar added.

He emphasised that family members are the first group who need to change the stigma to shift societal narratives around masculinity, especially when men begin isolating themselves, become reserved or show

changes in behaviour.

He also acknowledged that although men may have egos, the extra weight and burden placed on them by others could be eased if they are simply understood in unavoidable situations.

"If you see family members or colleagues showing changes in behaviour or mood within a short period, approach them. The first response is crucial.

"Men often experience depression at higher rates than women, in part because of differences in how they process and express emotions.

"Women speak through their emotions and are outspoken about what they have experienced. Men, on the other hand, speak through actions and often keep their struggles to themselves," he added.

Zulfikar described depression as "the mother of all mental illnesses", highlighting that it is often silent and

difficult for others to detect.

"Depression is real, hidden but present. Symptoms can appear within a week, such as isolation, reserved behaviour and changes in mood patterns."

Zulfikar stressed that creating a safe space for men to express emotional struggles must begin in childhood, particularly through parenting and cultural attitudes.

He said boys are often told not to cry and to "be strong", reinforcing the idea that expressing emotions is a sign of weakness. Over time, such messages shape men who suppress their feelings rather than communicate them openly.

"It's not an excuse to say we don't have time. Children need to know who they can rely on and trust," he said, adding that early emotional support could reduce the likelihood of bottled-up distress leading to impulsive or harmful decisions later

in life.

While acknowledging that such efforts may not eliminate extreme cases entirely, he said they could help minimise the number of tragedies by fostering healthier emotional coping mechanisms from a young age.

On Thursday, media reported that five members of a family were found dead at a single-storey terrace house in Taman Cerating Damai, Kuantan, Pahang.

State police chief Yahaya Othman said the alleged assailant is believed to have killed his wife, two children and mother using a knife before taking his own life.

The man, previously employed as a lorry driver in Klang, had returned to Kuantan and started working as a security guard earlier this month.

Investigations suggest financial difficulties may have precipitated extreme stress on the man that led to an emotional meltdown.

Mental health beyond the clinic

Socio-economic stress demands a whole-of-government response

THE horrifying murders of four family members by one of their own earlier this week may be reflective of a national mental health crisis. This issue has been simmering in the background of apathy for decades. In Kuantan's Taman Cerating Damai, the alleged knife-wielding killer brutally slaughtered his mother, wife and two daughters before taking his own life.

The Malaysian Medical Association (MMA) is urging a comprehensive societal response to address the growing mental health problems stemming from socio-economic challenges. MMA cautioned that financial stress and untreated psychological distress can lead to family crises, including violence and suicide. In response to the Kuantan tragedy, MMA president Dr Thirunavukarasu Rajoo said doctors have reported a mental health slide affected by job loss, mounting debt and inability to provide for families. He pointed to a wider and worrying trend of rising suicides and severe psychological distress, particularly among working-age individuals facing intense economic and social pressures.

Undoubtedly, Malaysia's rapid socio-economic progress since the 1980s has meant that many citizens have struggled to keep up with the rat race, slipping through the cracks of the social welfare net. Reportedly, one in three adults has experienced mental health disorders, a significant increase from 1996, driven by stress, financial burdens and stigma. The National Health and Morbidity Survey data from 2023 showed that 4.6 per cent of adults (around one million people) suffer from depression. As worsening psychological distress is often

linked to structural socio-economic pressures, a rethink of the current approach to mental health interventions may be necessary.

Policies related to employment protection, wage security, debt management, affordable housing and social assistance are, in effect, mental health interventions. Mental wellbeing should be recognised as both a public health and socio-economic resilience issue. Ensuring psychological stability within households is intrinsically linked to economic security and social cohesion. It is time that mental health is reframed as a whole-of-government responsibility, embedded into labour and social welfare policies. A more integrated national strategy could include strengthening income protection mechanisms for vulnerable households, improving access to timely financial and debt advisory services, and expanding community-based early intervention programmes. A siloed policy response risks allowing these upstream drivers to persist while downstream clinical services struggle to cope with rising demand. As the country confronts mounting mental health challenges, the policy response must evolve accordingly.

“...Malaysia's rapid socio-economic progress since the 1980s has meant that many citizens have struggled to keep up with the rat race...”

Kematian mengejut golongan muda berpunca gangguan jantung

Tabiat merokok, obesiti risiko utama dikenal pasti jadi punca

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Kuala Lumpur: Kira-kira separuh daripada kes kematian mengejut jantung (SCD) individu berusia antara 20-an hingga 30-an, dikesan berpunca daripada gangguan jantung yang diwarisi.

Perunding Kardiologi Pediatrik Hospital Sultan Abdul Aziz Shah dan Pusat Jantung, Hospital Sultan Idris Shah, Prof Madya Dr Putri Yubbu, berkata SCD berlaku secara tiba-tiba dan tanpa amaran pada individu muda akibat gangguan elektrik (aritmia) jenis *ventricular fibrillation* atau *ventricular tachycardia* yang menyebabkan aliran darah ke otak dan organ lain terhenti serta-merta.

Katanya, biasanya pesakit ini mempunyai masalah jantung tersembunyi seperti penyakit otot jantung (*cardiomyopathy*) dan boleh juga disebabkan gangguan elektrik jantung yang dikaitkan dengan sindrom aritmia kongenital (*channelopathies*).

"Bagaimanapun, kajian khusus mengenai SCD pada golongan muda di negara ini sangat terbatas dan belum mempunyai data yang kukuh.

"Namun, kerana peningkatan faktor risiko jantung pada usia muda (obesiti, diabetes, tekanan darah tinggi, gaya hidup tidak sihat), adalah wajar untuk berpendapat bahawa risiko mungkin meningkat atau sekurang-kurangnya tidak menurun.

"Sementara itu, berdasarkan kajian semakan sistematik yang di keluarkan oleh *British Medical Journal* pada 2020, menunjukkan kadar insiden SCD dalam kalangan usia muda (usia 12 hingga 39 tahun) di beberapa negara adalah sekitar 1.7 kes per 100,000 orang setahun," katanya.

Bagaimanapun, berdasarkan kajian tempatan oleh penyelidik di Universiti Islam Antarabangsa (UIA) membabitkan 818 kes serangan jantung (infark miokardium), mendapati golongan berusia antara 18 hingga 45 tahun menyumbang 10 peratus daripada kes infark miokardium dalam tempoh setahun.

Faktor risiko utama yang dikenal pasti adalah tabiat merokok dan obesiti.

Menjelaskan lebih lanjut, Dr Putri berkata, secara umumnya,



SCD pada golongan muda dan aktif jarang berlaku, namun jika terjadi biasanya disebabkan penyakit jantung yang tersembunyi atau tidak didiagnosis awal.

Katanya, faktor gaya hidup moden atau tekanan hidup pada masa kini mungkin memainkan peranan secara tidak langsung dengan mempercepatkan manifestasi penyakit itu atau mencetuskan kejadian pada individu yang berisiko.

"Tanda amaran yang sering diabaikan bagi SCD adalah sakit atau ketidakselesaan pada dada ketika melakukan aktiviti fizikal, sesak nafas atau keletihan melampau yang tidak dapat dijelaskan, pengsan atau hampir pengsan terutamanya ketika bersenam.

"Tanda lain yang sering tidak disedari termasuk jantung berdebar-debar, pening atau sawan. Gejala ini sering dianggap berpunca daripada keletihan biasa, dehidrasi atau sebab lain dianggap kurang serius.

"Oleh itu, mereka mempunyai simptom seperti di atas yang berterusan atau berulang, hendaklah mendapat pemeriksaan doktor bagi pengesanan penyakit jantung," katanya.

Atlet berisiko SCD

Jelasnya, individu seperti atlet juga berisiko SCD kerana senaman intensif boleh mencetuskan aritmia pada mereka yang mempunyai masalah struktur atau elektrik jantung yang tidak dikesan.

"Dalam kajian di Amerika Syarikat, *Hypertrophic cardiomyopathy* (HCM) dan *congenital coronary artery anomalies* adalah penyebab kardiovaskular utama bagi kematian mengejut di kalangan atlet.

"Manakala, kajian bedah siasat di Itali menunjukkan *arrhythmogenic right ventricle cardiomyopathy* (ARVC) dan penyakit arteri koronari adalah penyumbang kematian mengejut utama dalam kalangan atlet.

"Bagi sesetengah atlet profesional, perubahan pada jantung boleh berlaku di mana jantung biasanya besar dan kuat, tetapi dalam sesetengah kes, pe-

rubahan ini boleh menyebabkan gangguan ritma berbahaya bagi mereka yang berisiko.

"Trauma atau hentakan ke dada semasa bersukan boleh dikaitkan kematian mengejut dikalangan mereka yang sihat yang dikenali sebagai *commotio cordis* iaitu jantung berhenti mengejut akibat hentakan yang mengganggu isyarat elektrik jantung dan mencetuskan aritmia berbahaya yang dikenali sebagai *ventricular fibrillation* (VF).

"Mangsa tiba-tiba rebah dan tidak sedarkan diri selepas terkena objek di dada," katanya.

Pemeriksaan saringan

Justeru, beliau berkata, cara terbaik untuk mengesan masalah jantung tersembunyi lebih awal adalah melalui pemeriksaan saringan perubahan dan sejarah keluarga mengenai SCD pada usia muda.

"Diikuti pemeriksaan elektrokardiogram (ECG) yang selalunya disertai dengan pemeriksaan ultrasound jantung (Echocardiogram) kerana ini boleh membantu dalam pengesanan masalah elektrik atau struktur jantung yang mungkin tidak dapat dikesan melalui pemeriksaan fizikal biasa.

"Sesetengah pesakit, pemeriksaan lanjut mungkin diperlukan dengan pemeriksaan ujian tekanan, kardiak MRI atau ujian genetik bergantung kepada masalah jantung spesifik yang disyaki oleh doktor pakar jantung.

"Dalam situasi kecemasan pula, segera hubungi talian kecemasan 999, lakukan bantuan pernafasan tanpa berlungah, gunakan *automated external defibrillator* (AED) jika tersedia, defibrilasi awal dalam tiga hingga lima minit boleh membantu memulihkan fungsi jantung dan mencegah kerosakan otak," katanya.

Sementara itu, beliau berkata, bagi individu yang mempunyai berisiko tinggi mengalami SCD disyorkan untuk mendapatkan peranti implan (ICD).

"Selain itu, AED ialah alat mudah alih yang direka untuk mengesan irama jantung yang berbahaya dan memberi kejutan elektrik automatik bagi memulihkan degupan jantung normal semasa jantung berhenti mengejut.

"Ia selamat untuk digunakan oleh orang awam dan biasanya terdapat di lokasi awam tertentu, namun tiada garis panduan nasional yang secara khusus menyarankan pemasangan AED di rumah," katanya.

Kajian khusus mengenai SCD pada golongan muda di negara ini sangat terbatas dan belum ada data kukuh

Dr Putri Yubbu, Perunding Kardiologi Pediatrik Hospital Sultan Abdul Aziz Shah dan Pusat Jantung, Hospital Sultan Idris Shah



TANDA-TANDA PENYAKIT JANTUNG

Sekiranya ada salah satu daripada tanda di bawah sila ke hospital atau klinik berhampiran untuk pemeriksaan awal

- Kerap kencing malam
- Kebas
- Berdebar-debar
- Berasa sejuk walaupun suhu persekitaran panas
- Penglihatan kabur
- Haus/dahaga
- Sesak nafas
- Berpeluh dingin
- Pening kepala dan berasa loya
- Sakit mencengkam sehingga boleh menyebabkan pitam atau pengsan
- Sakit dada menekan-nekan bermula di bahagian tengah atau kiri dada dan biasanya merebak ke lengan kiri dan leher

Cadangan
Sila hubungi talian 999 untuk dapatkan bantuan segera (untuk menangani masalah kesihatan itu sementara sampai ke hospital)