

AKHBAR : BERITA HARIAN  
MUKA SURAT : 3  
RUANGAN : NASIONAL

## Akses penuh pembedahan selamat Sabah, Sarawak

**Kuching:** Kementerian Kesihatan (KKM) menjangkakan, Sabah dan Sarawak akan mencapai 100 peratus akses kepada penjagaan pembedahan dan anestesia yang selamat menjelang 2030.

Menteri Kesihatan, Dr Zaliha Mustafa, berkata antara cabaran dihadapi KKM untuk mencapai sasaran itu ialah kekurangan doktor terlatih, kawasan yang luas, topografi bentuk muka bumi dan rangkaian pengangkutan serta penduduk yang berselerak di Sabah dan Sarawak.

"Kini sudah kira-kira 75 peratus (bagi Sabah dan Sarawak), jadi kami harap beberapa tahun dari sekarang, pada 2030 kita dapat memperluas (akses) lebih baik dan diharapkan mencapai 100 peratus," katanya pada sidang media selepas merasmikan *Global Surgery Conference Malaysia: The New Dawn* yang pertama, di sini, semalam.

Terdahulu dalam ucapannya, Dr Zaliha berkata, inisiatif itu akan direalisasikan dengan perancangan KKM menyediakan latihan berterusan kepada pegawai perubatan dan penempatan lebih ramai pakar bedah dan bius di hospital yang dikenal pasti di kedua-dua negeri.

Beliau berkata, menurut kajian terbaharu yang diterbitkan dalam *ANZ Journal of Surgery*, 94 peratus penduduk di Malaysia mempunyai akses kepada prosedur Bellwether seperti laparotomi, pembedahan Caeasarean dan rawatan fraktur terbuka dalam tempoh dua jam. BERNAMA

AKHBAR : KOSMO  
MUKA SURAT : 16  
RUANGAN : NEGARA

## 10 kedai makan popular di Kota Bharu kotor

**KOTA BHARU** – Sebanyak 10 kedai makan popular di sini diarah menutup operasi selama 14 hari selepas didapati tidak mencapai standard kebersihan yang ditetapkan mengikut Jabatan Kesihatan Negeri Kelantan (JKNK).

Pengarah JKNK, Datuk Dr. Zaini Hussin berkata, kesemua premis itu didapati tidak menepati kriteria semasa beliau bersama Bahagian Keselamatan Dan Kualiti Makanan jabatan tersebut menjalankan Operasi Bersepadu Premis Bersih Siri 03/2023 pada Rabu lalu.

Menurutnya, seramai 66 orang kakitangan JKNK telah memeriksa sebanyak 82 buah premis makanan di yang menjadi tumpuan ramai di sekitar Bandar Baru, Wakaf Che Yeh, Jalan Kuala Krai, Jalan Pengkalan Chepa dan Jalan Pantai Cahaya Bulan di sini.

"Sebanyak 10 premis diarah



**ZAINI (kiri) memeriksa peti simpanan makanan di sebuah kedai makan di Kota Bharu pada Rabu lalu.** – IHSAN JKNK

tutup sementara selama 14 hari di bawah Seksyen 11 Akta Makanan 1983 kerana tidak mencapai standard yang ditetapkan.

"Selain itu, 230 notis kom-

paun bernilai RM 42,650 turut dikeluarkan kepada pemilik premis dan pengendali makanan atas pelbagai kesalahan yang melanggar Peraturan-Peraturan

Kebersihan Makanan 2009," katanya dalam kenyataan semalam.

Menurut Zaini, pihaknya turut merampas produk makanan bernilai RM505 yang mempunyai kesalahan pelabelan dalam operasi tersebut.

Katanya, pemilik premis makanan yang didapati tidak mematuhi elemen penting dalam aspek kebersihan turut diberikan bimbingan sebagai tindakan pembedahan bagi meningkatkan tahap kebersihan premis mereka.

"Orang ramai khususnya yang mengunjungi premis makanan di daerah ini dan seluruh negeri Kelantan dinasihatkan supaya memilih premis makanan yang bersih.

"Pemilik dan pengendali kedai makanan bertanggungjawab untuk memastikan premis mereka bersih pada setiap masa," katanya.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 34  
RUANGAN : DALAM NEGERI

## 10 kedai makan kotor diarah tutup

**KOTA BHARU:** Jabatan Kesihatan Negeri Kelantan (JKNK) mengarahkan 10 premis makanan di sekitar daerah ini menutup operasinya kerana tidak mencapai standard kebersihan ditetapkan.

Pengarahnya, Datuk Dr. Zaini Hussin berkata, hasil pemeriksaan bersama Bahagian Keselamatan Dan Kualiti Makanan mendapati pemilik premis melakukan kesalahan mengikut Seksyen 11 Akta Makanan 1983.

Katanya, susulan itu premis tersebut diarahkan menutup operasi selama 14 hari kerana tidak mencapai standard ditetapkan JKNK.

"Seramai 66 kakitangan JKNK melakukan pemeriksaan di 82 premis makanan yang menjadi tumpuan ramai di sekitar Bandar Baru, Wakaf Che

Yeh, Jalan Kuala Krai, Jalan Pengkalan Chepa dan Jalan Pantai Cahaya Bulan di sini.

"Selain itu, 230 notis kompaun bernilai RM 42,650 dikeluarkan kepada pemilik premis dan pengendali makanan atas pelbagai kesalahan yang melanggar Peraturan-Peraturan Kebersihan Makanan 2009," katanya semalam.

Dr. Zaini berkata, pada masa sama, JKNK merampas produk makanan bernilai RM505 yang mempunyai kesalahan pelabuan dalam operasi tersebut.

Katanya, pemilik premis makanan yang didapati tidak mematuhi elemen penting dalam aspek kebersihan turut diberikan bimbingan sebagai tindakan pembetulan bagi meningkatkan tahap kebersihan premis masing-masing.



**DR. Zaini Hussin (kiri) semasa melakukan pemeriksaan ke atas sebuah premis makanan di Kota Bharu, Kelantan, semalam. - IHSAN JKNK**

AKHBAR : SINAR HARIAN  
MUKA SURAT : 23  
RUANGAN : NASIONAL

# Kesihatan mulut sering diabaikan

Tanyalah kepada sesiapa pun mengenai kesihatan mereka dan kebarangkalian mereka akan berfikir mengenai keadaan kronik seperti penyakit jantung atau kencing manis (diabetes). Kesihatan mulut pula jarang diambil kira. Hakikatnya, sepanjang usia kita leka akan kepentingan kesihatan mulut yang boleh membawa kepada akibat buruk yang berkekalan.

Ada dua penyakit berkaitan kesihatan mulut yang utama iaitu karies (gigi berlubang atau gigi mereput) dan penyakit periodontal (gusi). Masalah ini boleh memberi kesan kepada setiap lapisan masyarakat.

Data menunjukkan 71.3% kanak-kanak berumur lima tahun mengalami gigi berlubang.

Di kalangan orang dewasa pula, keadaan lebih teruk lagi. Menurut Kajian Kesihatan Pergigian Kebangsaan Dewasa

(NOHSA) pada tahun 2010, kira-kira 90.0% daripada populasi dewasa Malaysia mengalami penyakit periodontal ringgan dan teruk, manakala 88.9% mengalami karies gigi.

Perkara ini memberitahu kita akan keperluan untuk melihat isu kesihatan mulut sama seperti kita melihat kesihatan umum, dengan mengamalkan tabiat baik setiap hari dan menjalani gaya hidup sihat.

Nampaknya ramai orang melihat kesihatan mulut sebagai tidak penting atau akibatnya memang tidak dapat dielakkan.

Misalnya, ramai merasakan kehilangan gigi dan memakai gigi palsu adalah proses semulajadi penuaan tetapi ia sebenarnya boleh dicegah dari awal.

Apa yang boleh kita lakukan adalah keperluan mewujudkan asas tabiat kebersihan mulut yang kukuh pada peringkat awal kanak-kanak lagi. Ibu bapa dan guru

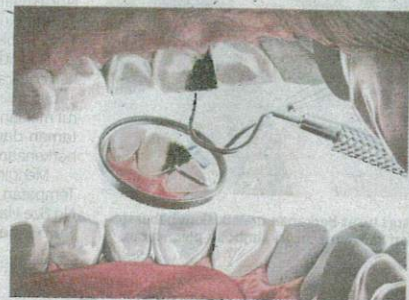
mestilah menyokong, selain turut sama-sama belajar tentang kepentingan memberus gigi pada usia yang betul dan penjagaan mulut am.

Bersempena Hari Kesihatan Pergigian Sedunia (20 Mac) bertema 'Berbanggalah dengan Mulut Anda', saya menggesa rakyat Malaysia untuk mengambil langkah pertama dengan memberikan komitmen lebih besar kepada kesihatan mulut.

Mulakan dengan memberus gigi dua kali sehari. Gunakan ubat gigi berfluorida dan flos. Bagi mereka yang merokok, pertimbangkan untuk berhenti kerana tabiat itu meningkatkan risiko penyakit gusi, masalah kesihatan mulut dan kanser mulut, serta masalah kesihatan lain.

Kedua, marilah kita menjadi contoh yang baik kepada anak-anak kecil dengan mengajar mereka rutin penjagaan mulut yang baik dari kecil.

Akhir sekali, jangan lupa untuk bekerjasama dengan doktor gigi dalam kembara kesihatan mulut



Ramai merasakan kehilangan gigi dan memakai gigi palsu adalah proses semulajadi penuaan tetapi ia sebenarnya boleh dicegah dari awal.

anda. Berjumpalah doktor gigi anda dengan kerap, sekurang-kurangnya sekali setahun, dan bukannya apabila sakit gigi atau ada luka pada rongga mulut. Pencegahan boleh membantu kita mendapat kesihatan mulut dan umum yang baik.

Bagi mereka yang mempunyai kekangan kewangan, penjagaan pergigian berasaskan komuniti mampu milik ada disediakan secara meluas, tidak seperti yang kita fikirkan selama ini. Kini ter-

dapat 1,670 kemudahan pergigian termasuk klinik pergigian mudah alih di seluruh negara. Dapatkan senarai penuh di [https://www.moh.gov.my/index.php/database\\_store/store\\_view/7](https://www.moh.gov.my/index.php/database_store/store_view/7).

Mulai hari ini, kita harus pastikan kesihatan mulut sebagai keutamaan dalam kehidupan dan berusaha setiap hari untuk hasil yang bermanfaat.

\* Profesor Dr Seow Liang Lin ialah Dekan, Fakulti Pergigian Universiti Perubatan Antarabangsa (IMU)

**Pendapat rakyat**  
@sinar

AKHBAR : SINAR HARIAN

MUKA SURAT : 28

RUANGAN : NEGERI

### 10 premis makanan kotor diarah tutup

**KOTA BHARU** - Jabatan Kesihatan Negeri Kelantan (JKNK) mengarahkan 10 premis di daerah ini ditutup selepas tidak mencapai standard kebersihan yang ditetapkan.

Penutupan sementara selama 14 hari itu mengikut Seksyen 11 Akta Makanan 1983.

Pengarah JKNK, Datuk Dr Zaini Hussin berkata, pada masa sama sebanyak 230 notis kompaun turut dikeluarkan dengan nilai RM42,650 atas pelbagai kesalahan yang melanggar Peraturan-Peraturan Kebersihan Makanan 2009.

"Selain itu, sebanyak 178 notis kompaun dikeluarkan bagi kesalahan di bawah Peraturan 32(1)(b) dan 31 notis di bawah Peraturan 33 iaitu berhubungan dengan kebersihan diri pengendali makanan," katanya dalam satu kenyataan pada Ahad.

Operasi Bersepadu Premis Bersih yang diadakan pada Rabu itu melibatkan 82 premis di sekitar Kota Bharu, Wakaf Che Yeh, Jalan Kuala Krai, Jalan Pengkalan Chepa dan Jalan Pantai Cahaya Bulan.

AKHBAR : THE STAR  
MUKA SURAT : 12  
RUANGAN : NATION

# Pharmacists to help fill the gap

They can now respond to mental health issues after undergoing refresher's training

By ALLISON LAI  
allison@thestar.com.my

**PETALING JAYA:** Despite being medically trained, a pharmacist may still be unprepared when a person walks in and says he feels down and suicidal.

With statistics showing that mental health is a concern among the young and old alike, efforts are increasingly being made to offer help to them.

Enter the Community Pharmacists as Allies and Responders in Mental Health (MHCare) by the Malaysian Community Pharmacy Guild (MCPG).

The group has devised a training module to enable community pharmacists to fill the gap where the management of mental health is concerned.

MCPG president Foon Hwei Foong said the training would serve as a "refresher" to fortify pharmacists, who work in independent and chain pharmacies, public clinics and hospitals, when they come across people with suicidal thoughts

in their community.

"These 'allies and responders' will pick up skills on how to identify silent sufferers and respond accordingly," she said.

With the training, it is hoped that the pharmacists will be able to do the preliminary before referring the patients to the networking system.

"For some patients who are under follow-up treatment, we can help them to monitor their side effects as they await their next appointments.

"We can also answer the uncertainty and concerns they may have," she said when met after a training session here for 200 community pharmacists on Saturday.

This first batch of trainees received their MHCare certification during the Mental Health Summit organised by MCPG.

Foon added that the list of MHCare-certified community pharmacists would be published on MCPG's website.

Rachel Gan, who is MCPG Kuala Lumpur and Selangor branch chair-

person, said the training focused on depression, anxiety, insomnia and good sleep hygiene.

"Community pharmacists often encounter customers who have trouble sleeping," she said.

The training also touched on anti-depressants' side effects and how to manage them; active listening, empathy and how to handle suicidal behaviour and thoughts, anxiety and panic attack; and lastly diet, which plays an important role in mental health, she said.

Sharing a personal experience, Gan said a customer once called her and told her that she had suicidal thoughts.

"I spent two hours talking to her. That's why we need to know how to respond and be a listener," she said.

MCPG secretary Lovy Beh said mental health was also a concern at workplaces in Malaysia, adding that she had come across firms with more than 50% of staff facing mental issues.

"What is the company doing about it? How can we help? That's why we came up with this training.

"Many may face mental health issues but they don't know what to do. It's our job to help them, whether they should seek help or others, instead of just asking for medicine," she said.

She also said the public healthcare system should work with its private sector counterparts in decongesting patient loads by making use of existing resources and premises.

Much like how the government recognised and reimbursed pharmacists who took up the role of vaccinator at the height of the Covid-19 pandemic, Beh said such collaboration would go a long way in ensuring that public healthcare was not overly stressed.

Kampung Tunku assemblyman Lim Yi Wei, who launched the summit, said the Covid-19 pandemic had highlighted the realities of the state of mental health in the country, where "stigma still exists, and many do not know where to seek help and the healthcare system is stretched beyond its limits".

She said her meetings with orga-

nisations such as the Social Security Organisation, Women's Aid Organisation, All Women's Action Society and the Befrienders found that the rate of distress calls did not reduce compared to pandemic levels.

"Many are still struggling to get by, although we can now return to work, socialise and play," she said, adding that community pharmacists play an important role in reaching out to people in their areas because their attention and advice could hugely impact how a patient views their treatment.

Last month, Health Minister Dr Zaliha Mustafa said the issue of children and adolescents being at risk of mental health disorders was not getting the attention it deserved.

And earlier this month, she told the Dewan Rakyat that the B40 group and urban poor were the most vulnerable to mental health issues.

Citing a 2022 study that screened 336,900 individuals, she said Kuala Lumpur was the region with the highest number of anxiety and depression sufferers.

AKHBAR : THE STAR

MUKA SURAT : 15

RUANGAN : VIEWS

# It's not just about money

I REFER to the letter "Issues are still waiting to be resolved" by Rozita Sirat (*The Star*, March 17; online at [bit.ly/star\\_issues](https://bit.ly/star_issues)) and I concur fully with the writer about problems Malaysian doctors face.

As correctly and succinctly highlighted by the writer, all candidates who intend to pursue the Parallel Pathway to acquire specialist qualifications from the Royal Colleges in the United Kingdom, Ireland and Scotland are mandated to first register with the Medical Development Division (MDD) of the Health Ministry (MOH).

Thus, to resolve the problem of department and service heads unreasonably delaying signing off logbooks and other documents (as mentioned by the letter writer), the MDD must make it mandatory for all doctors who have cleared all parts of the Parallel Pathway examinations to notify the MDD directly via email without the need to go through department and service heads.

My nephew who works at the Serdang Hospital in Kajang, Selangor, just told me that out of the seven physicians there, four have resigned since January 2023, a matter of less than three months.

My question is: Does the MOH care when anomalies like these crop up? Does it have updated statistics on the number of resignations from each department in each health facility? These will be red flags to investigate toxic bosses



and workplaces.

Another frustrating problem is that in some district hospitals, doctors and specialists have to do 10 to 15 on-call rotations a month. Each on-call duty slot is 32 hours, so this amounts to 320 to 480 hours of on-call duties in a month. And those hours do not include the normal non-on-call work done in the balance of the days in the month.

Isn't the Human Resource Division of the MOH aware of this anomaly? Or do they just leave it to each hospital and health facility, which tend not to have HR competency and knowledge, to resolve such issues?

Meanwhile, many state general hospitals have more than adequate and even excess doctors, special-

ists, subspecialists and allied healthcare professionals who do not have to endure more than three to four on-call duty rotations a month.

Is it so difficult for the MOH to study patient loads, the number of procedures, etc, at each health facility and deal with this uneven distribution and disparity in working hours? To put things in perspective, a normal employee works eight hours a day for five days a week and four weeks a month, and that adds up to 160 hours per month.

The Employment Act 1955 (2022 Amendments), which adheres to the International Labour Organisation's rules, caps working hours at 45 hours a week and for four weeks, that totals 180 hours.

I am aware that doctors, specialist, subspecialists and other healthcare professionals in the civil service do not come under the purview of the Employment Act. However, we need to treat our public healthcare professionals humanely even in the absence of mandatory laws.

We should not squeeze them to the last drop of blood and sweat, and then lament at their exodus to the private sector and abroad.

It is often said that they deal with life and death situations, but do we treat them with respect and dignity so as to ensure they perform efficiently and effectively without endangering their patients due to being burned out and weary?

Let me reiterate that it isn't just the dire shortfall in their compensation and benefits that frustrate public healthcare professionals. Toxic bosses, inhumane human resource procedures and policies, and non-conducive work environments absolutely and greatly contribute to their exodus from this country.

The leaders at the MOH must seriously and immediately dig deep into their conscience and institute urgent corrective and preventive measures if they are indeed honest and sincere in wanting to stop the emigration of our public healthcare professionals.

ROSLAN SHARIF  
Bangi, Selangor

## Way too long to wait to see a doctor

ON Friday, I went to the Universiti Malaya Medical Centre in the Klang Valley for my yearly appointment at the Chest (Respiratory) Clinic. After a year, I thought I would be able to see a doctor who will review my use of a CPAP device for obstructive sleep apnea, get the annual flu shot and, most importantly, check my lungs for any sign of damage from a Covid-19 infection at the end of last year.

Alas, it was not to be. The clinic had been cancelled because there were no doctors available. The staff member at the registration counter claimed that the clinic had sent me a text message in February informing me of the cancellation. I did NOT receive the text.

So when can I see a respiratory doctor, I asked, maybe next week or next month? The reply was that my next appointment will be in November this year, eight months away! I am wondering whether that new date is at that staff member's discretion or orders from the doctors.

How do I get an appointment next month? Do I now have to get a loan from an Ah Long to quickly see a UMMC specialist who also practises at the Universiti Malaya Specialist Centre (UMSC), a private hospital that charges fees?

It seems that the UMMC has a new policy in place. At the cardiac clinic where I am also a patient, the doctors will only see a heart

patient once a year. If one sees a cardiologist this month at the clinic, the next appointment will be in March next year. If the patient still needs to see a doctor, he will have to make an appointment and join the queue to see a Medical Officer at the outpatient clinic.

My next appointment with my regular cardiologist will be in June this year. When I had heightened blood pressure and palpitations after the Covid-19 infection last November, I had no choice but to fork out a couple of hundred to see the UMMC cardiologist at UMSC.

I am aware that the Health Ministry is doing its best to improve services at its hospitals.

But the UMMC and other teaching hospitals are under the Higher Education Ministry and I have yet to read or hear of efforts to improve services at teaching hospitals. A common response is that their primary duty is to train future doctors and treatment of patients is a secondary service.

Will Universiti Malaya's vice-chancellor or the big bosses at the Higher Education Ministry please "go to the ground" and see the large number of patients waiting for hours at the clinics and at the pharmacy and solve some of their woes, please?

RETIREE  
Shah Alam

AKHBAR : THE SUN

MUKA SURAT : 1

RUANGAN : MUKA HADAPAN

BY JOSHUA PURUSHOTMAN  
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**S**EREMBAN: Malaysia is in the midst of a chronic kidney disease (CKD) explosion, with one in seven of our 33 million population, or 4.7 million adults, already in various stages of it, said Malaysian Society of Nephrology (MSN) president Dr Lily Mushahar.

She said more than 50,000 patients were on dialysis as of December last year - 82% on haemodialysis and 18% on peritoneal dialysis.

"These patients are in stage five of CKD, where they have no choice but to undergo dialysis. Their numbers are just the tip of the iceberg, so the situation is possibly far worse."

"One reason for the large number of people with CKD is that there are usually no symptoms in the early stages. CKD may be diagnosed after one has a blood or urine test for some other health condition, and the results show a possible problem with the kidneys."

"At a more advanced stage, symptoms can include tiredness, nausea, vomiting, muscle cramps, loss of appetite, swelling of the feet and ankles, dry and itchy skin, shortness of breath, trouble sleeping and urinating too little," she told *theSun*.

Lily, who is also Tuanku Ja'afar Hospital Department of Nephrology senior consultant nephrologist and head, said individuals must undergo health screenings so that any ailment they have could be arrested early.

"This is especially so for diabetics, as they make up 53% of those on dialysis. People seem to be more afraid of contracting cancer, which is why so many go for such screening. But when it comes to CKD, there is only a 5% awareness level, which is extremely low."

On March 12, *theSun* reported Galen Centre for Health and Social Policy CEO Azrul Mohd Khalib as saying that Malaysia has the highest rate of diabetes

# CKD explosion

4.7 million adults with chronic kidney disease just the tip of iceberg, says nephrologist

in the Western Pacific and one of the highest in the world, costing the healthcare system RM3.1 billion annually.

"Diabetes is expected to affect seven million Malaysian adults aged 18 and older by 2025, posing a major public health risk with a projected prevalence of 31.3%. Currently, 3.6 million adults in the country are living with diabetes, but around half are undiagnosed," he said.

Lily added: "About 9,000 new patients require dialysis each year. Most of them have access to it, but patients in rural Sabah and Sarawak may have problems accessing dialysis due to the geographical challenges they face."

She said the cost of dialysis can be expensive.

"While government dialysis centres charge just RM13 each time, excluding blood work and injections to increase haemoglobin levels, the National Kidney Foundation (NKF), which operates as an NGO, charges RM90. Private clinics charge between RM150 and RM250, while some may charge as high as RM400."

"Each haemodialysis patient requires three sessions of dialysis per week, while peritoneal dialysis requires three to four exchanges of dialysis bags (per day)."

"I have a patient who has been on haemodialysis for 25 years, and another on peritoneal dialysis for 18 years. Both are doing fine."

Lily said there were 227 government

haemodialysis centres in the country as of last year, compared with 532 private ones. This year, the Health Ministry is promoting the Peritoneal Dialysis First policy in government facilities, which is a home-based therapy that does not require visits to a dialysis centre.

She said MSN is also collaborating with the Health Ministry and NKF to increase public awareness of CKD and is promoting kidney health screening.

"Those at high risk, such as diabetics, must undergo blood and urine tests to ascertain if they have kidney disease."

"Only by doing this can we help them to take remedial measures, such as diet control, living a healthy lifestyle and prescribing medication to arrest the disease. Without such interventions, the number of CKD patients will increase and become a huge public health nightmare, just as diabetes currently is."

Lily said kidney transplantation is the best option for patients in stage five of CKD.

However, the transplantation rate in Malaysia is only five per million population compared with 50 per million population in Western countries. Hence, she said there is an urgent need to promote awareness of kidney transplantation and have more Malaysians pledge as organ donors.



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AKHBAR : THE SUN

MUKA SURAT : 4

RUANGAN : NEWS WITHOUT BORDERS

## 'Medical cannabis needs in-depth study'

**KUALA LUMPUR:** Issues pertaining to approval of the use of cannabis for medical purposes in the country require in-depth research and discussion, said Prime Minister Datuk Seri Anwar Ibrahim.

He said this is taking into account the number of drug addicts, including in rural areas, which has reached hundreds of thousands today.

"Have patience, we need to look into this very carefully, we have to remember that as soon as we legalise on the back of strong reasons such as for medical purposes and necessity, control could prove difficult ... I am not saying that I have a hardline view on the matter, but I have proposed we open this for discussion and look into the implications.

"Let's have an overview in terms of its implications and then decide whether to legalise some parts or completely allow it, or continue with what we are practising now," he said at a "Meet Anwar" youth dialogue at the Kuala Lumpur Convention Centre yesterday. - Bernama

## Minister: Full access to safe surgical care in Sabah, S'wak by 2030

**KUCHING:** Sabah and Sarawak are likely to have 100% access to safe surgical and anaesthesia care by 2030, said Health Minister Dr Zaliha Mustafa.

She added that among the challenges faced by the Health Ministry in achieving this target are the lack of trained doctors, the sheer size and topography of the area, the disjointed transport network, as well as the scattered population of the Borneo states.

"Access to safe surgical and

anaesthesia care now stands at about 75% for Sabah and Sarawak, so we hope that in a few years, we can expand (and improve access) to reach 100%," she told a press conference after officiating at the 1st Global Surgery Conference Malaysia: The New Dawn here yesterday.

In her speech, Zaliha said the initiative would be realised via the continuous regular training of medical officers and the placements of more surgical and anaesthesia

specialists at key hospitals in both states.

She said according to a recent study published in the *ANZ Journal of Surgery*, 94% of Malaysians have access to Bellwether procedures, identified as any procedure involving laparotomy, cesarean section, or treatment of open long bone fracture and then classified as emergent or elective, within two hours.

The conference, which commenced yesterday until March

21, aims to expand the global surgery initiative and create understanding among all stakeholders while serving as a platform for knowledge sharing to realise the initiative in the country.

Zaliha added that the Health Ministry aims to produce more than 20,000 specialists by 2030, that would benefit Sarawak, which was recently reported to be in need of plastic surgeons following an increase in the number of burn patients. - Bernama

## Transplants need funds, support to succeed

"Currently, more than 25,000 dialysis patients are on the waiting list for transplantation. Sadly, most of them may die before their turn comes up due to a shortage of organ donors, while those who receive a new kidney have a 90% chance of prolonging their lives by another five years."

Kidney transplantations are carried out at Kuala Lumpur Hospital, Selayang Hospital, University Malaya Medical Centre,

Hospital UiTM, Prince Court Medical Centre, Sunway Medical Centre and Mahkota Melaka Medical Centre.

However, Lily (pic) said about one-third of dialysis patients are unable to undergo kidney transplantation because they have antibodies in their blood which make them unsuitable due to the risk of rejection.

She said efforts are ongoing with support from the Health Ministry to

develop a programme using special medical techniques that will allow this group of patients to also undergo kidney transplantation.

"We currently have fewer than 10 kidney transplantation surgeons in the country, so we must increase their numbers. We also require additional government funding and support services to make the transplantation programme a success. We are hopeful that the government will look into these matters," she said.



From front page