

AKHBAR : HARIAN METRO
MUKA SURAT : 20
RUANGAN : LOKAL

Bernama **MENGANDUNGI RACUN BERJADUAL**

Putrajaya

Kementerian Kesihatan (KKM) membatalkan notifikasi tiga produk kosmetik kerana dikesan mengandungi racun berjadual dan ia tidak lagi dibenarkan dijual di Malaysia.

Ketua Pengarah Kesihatan, Datuk Dr Muhammad Radzi Abu Hassan (*gambar*) dalam kenyataan semalam berkata, produk itu ialah N Glowling EWSB dikesan mengandungi merkuri, Karisma Golden Turmeric Cream (merkuri dan betamethasone 17-Valerate) dan SL Two Intensive dikesan mengandungi hidrokuinon dan Betamethasone 17-Valerate.

Beliau berkata, pembatalan notifikasi produk itu dibuat oleh Bahagian Regulatori Farmasi Negara (NPRA) KKM.

"Merkuri dilarang di dalam produk kosmetik kerana ia boleh diserap masuk ke dalam badan dan menyebabkan kerosakan pada buah pinggang dan sistem saraf.

"Ia juga boleh mengganggu perkembangan otak kanak-kanak masih kecil atau yang belum di-

lahirkan. Merkuri juga boleh menyebabkan ruam, iritasi dan perubahan lain pada kulit," katanya.

Dr Muhammad Radzi memberitahu produk mengandungi hidrokuinon dan betamethasone 17-valerate adalah ubat yang perlu berdaftar dengan Pihak Berkuasa Kawalan Dadah dan hanya boleh digunakan dengan nasihat ahli profesional kesihatan.

Penggunaan produk mengandungi bahan itu tanpa pengawasan ahli profesional kesihatan boleh menyebabkan kesan sampingan yang tidak diingini.

Dr Muhammad Radzi berkata, hidrokuinon antaranya boleh menyebabkan bahan kulit yang disapu mengalami kemerahan, ketidakelesaan, perubahan warna kulit yang tidak diingini, kulit menjadi hipersensitif, boleh menghalang proses pig-

mentasi (depigmentasi) yang mengurangkan perlindungan kulit daripada pancaran sinar UV merbahaya dan boleh meningkatkan risiko kanser kulit. Betamethasone 17-valerate pula menyebabkan kulit muka nipis dan mudah mengalami iritasi, berjerawat, perubahan pada pigmentasi kulit dan meningkatkan risiko untuk diserap ke dalam sistem peredaran darah yang boleh membawa kemudatan.



Sehubungan itu, beliau menggesa penjual dan pengedar produk terlibat menghentikan penjualan serta pedaran semua produk berkenaan kerana ia melanggar Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984.

"Orang awam yang sedang menggunakan produk kosmetik ini dinasihatkan segera menghentikan penggunaannya dan mendapatkan nasihat daripada ahli profesional kesihatan jika mengalami sebarang ketidakselesaan atau kesan *advers*.

"Orang awam digalakkan menyemak status notifikasi sesuatu produk kosmetik dengan melayari laman sesawang rasmi NPRA www.npra.gov.my atau melalui aplikasi 'NPRA Product Status' yang boleh dimuat turun daripada Google Play Store," katanya.

Batal notifikasi tiga produk

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

GPW14 'alat' penting perkasa ekosistem kesihatan sejagat

Malaysia, WHO kerjasama tingkat khidmat seiring capai matlamat pembangunan mampan

Kuala Lumpur: Malaysia optimis kerjasama dengan Pertubuhan Kesihatan Sedunia (WHO) berkaitan *Fourteenth General Programme of Work (GPW14)* akan menjadi instrumen penting bagi membimbing ahli kesihatan membentuk masa depan ekosistem kesihatan sejagat.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata GPW14 turut memperkasa WHO untuk berfungsi dengan berkesan merentasi semua peringkat pertubuhan, dengan bersama-sama mampu mengorak langkah pen-

ting dalam meningkatkan kesihatan untuk mencapai matlamat pembangunan mampan (SDG).

"Tema *'All for Health, Health for All'* suatu keperluan moral dan sosial yang sungguh-sungguh yang bergema dengan mendalam dengan transformasi berterusan Malaysia dalam pembiayaan kesihatan dan penyampaian perkhidmatan.

Inovasi kesihatan digital

"Kami sedang mengubah cara penyediaan penjagaan dengan macu inovasi kesihatan digital untuk membawa perkhidmatan lebih dekat dengan rumah, dengan sokongan daripada pembaharuan pembiayaan bantuan yang mampan yang meningkatkan kesamarataan," katanya ketika menyampaikan Kenyataan Negara pada Sidang Pleno Perbincangan Umum sempena Perhimpunan Kesihatan Sedunia ke-77 di Geneva, Switzerland kelmarin.

Mengambil contoh pandemik COVID-19, beliau berkata, kerja-

sama sejagat bukan sahaja menghasilkan vaksin yang menyelamatkan nyawa, tetapi juga memberi peluang untuk menjalin cara lebih baik ke hadapan dan membina hubungan lebih kukuh.

Menurut Dr Dzulkefly, rundingan berterusan dengan Badan Perundingan Antara Kerajaan

berkaitan pindaan kepada Peraturan Kesihatan Antarabangsa (IHR) menggariskan keperluan yang tidak dapat dinafikan untuk tindakan bersama, yang juga sejajar dengan kepercayaan Malaysia dalam mempromosi kesamarataan, perpaduan dan ketelusan.

BERNAMA



Dr Dzulkefly pada Sidang Pleno Perbincangan Umum sempena Perhimpunan Kesihatan Sedunia ke-77 di Geneva, Switzerland.

(Foto ihsan FB Dr Dzulkefly)

KKM batal jualan 3 produk kosmetik beracun

Kuala Lumpur: Kementerian Kesihatan Malaysia (KKM) mengesan tiga produk kosmetik dalam pasaran mengandungi racun berjadual.

Bahagian Regulatori Farmasi Negara (NPRA) mengatakan produk itu N Glowing EWSB mengandungi racun berjadual jenis merkuri, manakala Karisma Golden Turmeric Cream (merkuri dan betamethasone 17-valerate) serta SL Two Intensive (hydroquinone dan betamethasone 17-valerate).

Ketua Pengarah Kesihatan, Datuk Dr Muhammad Radzi Abu Hassan, berkata produk kosmetik terbabit sudah dibatalkan oleh Pengarah Kanan Perkhidmatan Farmasi KKM dan tidak lagi dibenarkan untuk dijual di Malaysia.

"Merkuri dilarang dalam produk kosmetik kerana ia boleh diserap masuk ke dalam badan dan menyebabkan kerosakan pada buah pinggang dan sistem saraf.

"Ia juga boleh mengganggu perkembangan otak kanak-kanak yang masih kecil atau yang belum dilahirkan. Merkuri juga boleh menyebabkan ruam, iritasi dan perubahan lain pada kulit.

"Produk yang mengandungi hydroquinone dan betamethasone 17-valerate pula ialah ubat yang perlu berdaftar dengan Pihak Berkuasa Kawalan Dadah dan hanya boleh digunakan dengan nasihat ahli profesional kesihatan," katanya di sini semalam.

Mengulas lanjut, Dr Muhammad Radzi berkata, penggunaan produk yang mengandungi hydroquinone boleh menyebabkan kesan sampingan kemarahan pada kulit yang disapu, ketidakselesaan, perubahan warna kulit yang tidak diingini dan kulit menjadi hipersensiti.

"Ia boleh menghalang proses pigmentasi (depigmentasi) yang mengurangkan perlindungan kulit daripada pancaran sinar UV berbahaya dan boleh meningkatkan risiko kanser kulit.

"Betamethasone 17-valerate pula menyebabkan, bahagian kulit muka yang disapu menjadi nipis dan mudah mengalami iritasi, berjerawat, perubahan pada pigmentasi kulit dan meningkatkan risiko untuk diserap ke dalam sistem peredaran darah yang boleh membawa kesan mudarat," katanya.

Beliau mengingatkan agar penjual dan pengedar produk kosmetik berkenaan menghentikan segera penjualan dan pengedaran produk kosmetik serta-merta.

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 1
RUANGAN : MUKA HADAPAN

Lepasan SPM tidak minat sektor perubatan

Oleh AHMAD FADHILULLAH ADNAN
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PETALING JAYA: Hartal Doktor Kontrak (HDK) bimbang lepasan Sijil Pelajaran Malaysia (SPM) 2023 tidak berminat melanjutkan pengajian dalam sektor perubatan susulan pelbagai isu dihadapi dalam bidang kesihatan awam.

Difahamkan, purata ambilan siswazah perubatan di Institusi Pengajian Tinggi Awam (IPTA) beberapa tahun kebelakangan ini sekitar 3,000 hingga 4,000 orang setahun, sedangkan Kementerian Kesihatan membenarkan pengambilan 4,820 orang setahun.

Ekoran banyak isu dihadapi bidang kesihatan awam

Jurucakap HDK, Dr. Muhammad Yassin berkata, keadaan itu dikhuatiri menyebabkan jumlah doktor pelapis berkurang sekali gus menyukarkan perkhidmatan terbaik diberikan kepada rakyat.

"Secara umum memang ramai lebih suka menceburi bidang lain seperti peng-

komputeran, fotografi dan perniagaan.

"Selain itu, ramai juga yang terpengaruh dengan dengan propaganda yang disebar dalam media sosial mengenai 'tak sambung belajar pun boleh jadi kaya'. Ramai termakan dengan dakyah-dakyah seperti itu.

"Namun tidak dapat dinafikan, isu-isu dalam sektor perubatan itu sendiri menjadikan sebab mereka menjauhi sektor ini. Isu (perjawatan) kontrak, beban tugas, isu buli dan lain-lain lagi," katanya kepada *Utusan Malaysia*.

Bersambung di muka 2

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 2
RUANGAN : DALAM NEGERI

Utusan Malaysia
KHAMIS • 30 MEI 2024



TERDAPAT kebimbangan lepasan Sijil Pelajaran Malaysia makin kurang berminat melanjutkan pelajaran dalam bidang perubatan ekoran banyak isu yang ditimbulkan masa kini. — GAMBAR HIASAN

Lepasan SPM tidak minat sektor perubatan

Dari muka 1

Krisis dalam sektor kesihatan mula terdedah selepas sekumpulan doktor kontrak melakukan mogok akibat ketidakpuasan dalam sistem penjagaan awam.

Antaranya didakwa membabitkan isu berkaitan *burn out* dalam kalangan petugas kesihatan, waktu bekerja, kekurangan doktor, isu perjawatan tetap dan kekurangan doktor pakar.

Malah, akhbar ini semalam melaporkan, hampir semua klinik dan hospital kerajaan di seluruh negara dilaporkan beroperasi dalam keadaan kurang kakitangan sehingga menyebabkan berlaku lambakan tugas dan memanjangkan lagi tempoh menunggu.

Tinjauan Persatuan Perubatan Malaysia (MMA) mendapati hanya lima peratus kemudahan penjagaan kesihatan awam mempunyai tenaga yang mencukupi.

Hampir separuh daripada responden memaklumkan kekurangan sumber tenaga itu berpunca daripada doktor yang memilih untuk berhenti kerja atau berpindah.

Mengulas lanjut, Dr. Muham-

mad Yassin berkata, lepasan SPM bagaimanapun dinasihatkan betul-betul berminat jika mahu menyambung pelajaran dalam kursus perubatan.

Jelasnya, pemilihan sesuatu bidang pengajian itu perlu bergantung terhadap minat pelajar dan bukannya berdasarkan perspektif daripada mana-mana pihak termasuk ibu bapa.

"Sekiranya mereka tidak berminat, ibu bapa jangan paksa mereka hanya kerana mereka dapat keputusan yang baik dalam SPM. Nanti mereka akan rasa terbeban dengan tekanan kerja dan perkara itu yang menyumbang kepada mutu kerja yang tidak berkualiti.

"Namun, sekiranya berminat, maka insya-Allah mereka tidak akan rasa terbeban dan bekerja demi *nawaitu* sebagai seorang doktor," katanya.

Sementara itu, Presiden MMA, Dr. Azizan Abdul Aziz dalam satu kenyataan menyarankan pelajar dan ibu bapa mengenali profesion perubatan terlebih dahulu sebelum mengambil keputusan melanjutkan pelajaran dalam bi-

dang terbabit.

Katanya, mereka perlu sedar tentang cabaran dan komitmen yang teribat dalam sektor kesihatan kerana walaupun kerjaya dalam bidang perubatan boleh memberikan kepuasan namun ia bukan untuk semua orang.

"Perubatan juga adalah salah satu kursus paling mahal dan paling lama untuk diselesaikan. Kos belajar perubatan berjumlah antara RM250,000 hingga RM650,000 bergantung kepada universiti dan mengambil masa sekitar lima tahun untuk dihabiskan.

"Setelah menamatkan pengajian, graduan perubatan dikehendaki menjalani latihan klinikal (HO) dalam sistem penjagaan kesihatan awam. Di peringkat ini, pelajar perubatan paling cemerlang pun tercicir kerana tuntutan kerja," katanya.

Dalam masa sama, Dr. Azizan berkata, pelajar yang menganggap perubatan sebagai kerjaya perlu cakna dengan sistem kontrak dan bersedia berkhidmat di mana-mana kemudahan penjagaan kesihatan sebagai sebahagian daripada latihan mereka.

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 4
RUANGAN : DALAM NEGERI

41 peratus tiada niat henti merokok

Oleh ARIF AIMAN ASROL
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PETALING JAYA: Daripada keseluruhan perokok di seluruh negara, kurang 50 peratus daripadanya yang melakukan cubaan untuk berhenti merokok pada tahun lalu dan selebihnya memilih untuk meneruskan kegiatan mereka.

Berdasarkan dapatan Global Adult Tobacco Survey (GATS) 2023, jumlah perokok yang cuba berhenti merokok membimbangkan kerana tidak berubah walaupun usaha nasihat untuk berhenti mengalami peningkatan.

Laporan tersebut mendedahkan hanya 49.3 peratus perokok cuba berhenti pada tahun 2023, sedangkan nasihat berhenti merokok daripada penyedia penjagaan kesihatan pula 66.6 peratus.

Ini menunjukkan tiada peningkatan signifikan terhadap cubaan berhenti merokok daripada tahun 2011 hanya 48.6



SEBAHAGIAN perokok memilih vape sebagai salah satu cara untuk berhenti merokok.

peratus yang kadar peratusan nasihat diberi pada tahun tersebut adalah 52.6 peratus.

Malah, 41 peratus atau dua daripada lima perokok dilaporkan tidak mempunyai rancan-

gan atau tidak berminat untuk berhenti merokok walaupun menerima pelbagai nasihat terutama mengenai ancaman terhadap kesihatan mereka.

Pakar Perubatan Kesihatan

Awam, Fakulti Perubatan, Universiti Kebangsaan Malaysia (UKM), Prof. Dr. Sharifa Ezat Wan Puteh berkata, hampir keseluruhan perokok dewasa sedar mengenai bahaya merokok terutama selepas melihat amaran kesihatan pada kotak rokok.

Bagaimanapun, menurut beliau, perokok memilih untuk tidak mengendahkan tanda amaran itu dan terus merokok kerana isu ketagihan tembakau yang dialaminya.

"Ketagihan tembakau bukan sahaja memberi kesan kepada pemikiran tetapi turut pada fizikal. Malah, kebanyakan populasi yang ketagih untuk merokok ini juga daripada kumpulan sosial ekonomi dan pendapatan yang rendah, termasuk untuk menghilangkan tekanan, mereka memilih untuk merokok.

"Sebab itu, daripada pandangan saya, sudah tiba masanya kita menggunakan cara-cara yang berinovasi dan tidak lagi menggunakan strategi tradi-

sional untuk memastikan perokok berhenti merokok," katanya ketika dihubungi *Utusan Malaysia*.

Melalui laporan GATS 2023, 70 peratus perokok cuba berhenti tanpa bantuan luar, menggunakan ubat-ubatan (10 peratus), rokok elektronik (14 peratus) dan melalui khidmat kaunseling (Japan peratus).

Mengulas lanjut, Dr. Sharifa Ezat berkata, di luar negara, vape (rokok elektronik) digunakan untuk berhenti merokok tetapi di Malaysia walaupun diberi kebenaran, belum ada peraturan berkaitan rokok elektronik itu.

"Ini termasuk isu vape haram yang turut banyak dijual untuk remaja dan ini menyalaui undang-undang tembakau sedia ada. Vape pakai buang yang mudah dibeli kerana murah juga tidak sesuai

"Jadi perlu ada regulasi supaya vape boleh digunakan secara selamat untuk membantu perokok berhenti merokok," katanya.



MENUNGGU berjam-jam untuk mendapatkan rawatan doktor sudah menjadi perkara biasa di kebanyakan premis kesihatan awam. - UTUSAN/SHIDDIEQIN ZON

'Tunggu berjam-jam, jumpa doktor tidak sampai 30 minit'

KOTA BHARU: Kekurangan doktor menyebabkan pesakit mengambil masa agak lama untuk mendapatkan rawatan di hospital dan klinik setiap kali menghadiri temu janji mengikut jadual ditetapkan.

Perkara itu diakui sendiri oleh seorang pesakit, Siti Ramlah Ahmad, 64, dari Tanah Merah di sini.

Bercakap kepada *Utusan Malaysia*, Siti Ramlah berkata, situasi itu menyebabkan dia terpaksa menunggu sehingga pukul 1 petang termasuk untuk mendapatkan ubat.

"Saya datang bersama anak pada pukul 8 pagi dan baru selesai pukul 1 selepas berjumpa doktor dan mengambil ubat.

"Saya akui memang lama, tetapi apa boleh buat kerana terpaksa juga mendapatkan rawatan selepas menjalani pembedahan dalam perut pada Februari lepas," katanya ketika ditemui di sini semalam.

Menurutnya, kerajaan perlu mengambil langkah tertentu bagi mengatasi masalah kekurangan doktor ketika ini sehingga menyebabkan pesakit mengambil masa agak lama

bagi mendapatkan rawatan.

Seorang lagi pesakit, Rahimah Husin, 52, turut mengakui masalah sama setiap kali datang mendapat rawatan.

"Setiap kali datang, saya menunggu sehingga lima jam untuk berjumpa doktor dengan mengikut giliran. Namun apabila berjumpa doktor tidak pula sampai 30 minit.

"Keadaan ini menyebabkan suami terpaksa mengambil cuti semata-mata untuk menemani saya setiap kali mendapatkan rawatan," katanya yang menghidap kencing manis.

Negara lain juga kekurangan petugas kesihatan

PETALING JAYA: Tiada satu angka universal yang boleh digunakan oleh semua negara untuk dijadikan penanda aras sama ada petugas dalam sektor kesihatan mencukupi atau tidak.

Timbalan Naib Canselor Penyelidikan IMU Universiti, Prof. Datuk Dr. Lokman Hakim Sulaiman berkata, perkhidmatan kesihatan menyeluruh tidak bergantung kepada doktor sahaja tetapi turut melibatkan anggota kesihatan lain.

"Sebagai contoh, Thailand dengan hanya 9.3 doktor bagi setiap 10,000 penduduk, jangka hayat rakyatnya lebih tinggi iaitu 76.3 tahun berbanding Malaysia (74.7 tahun) dengan nisbah doktor jauh lebih tinggi pada 22.3 doktor bagi setiap 10,000 penduduk.

"Sweden pula dengan nisbah 70.6 doktor bagi setiap 10,000 penduduk mempunyai jangka hayat hidup yang sama dengan United Kingdom pada 81.4 tahun walaupun dengan nisbah doktor 10,000 penduduk lebih rendah pada 31.7.

"Pertubuhan Kesihatan Sedunia (WHO) menyarankan nisbah sekumpulan anggota kesihatan, umpamanya indeks penanda aras Matlamat Pembangunan Mampuan (SDGs) bagi Liputan Kesihatan Menyeluruh (UHC) ialah 4.5 orang doktor, jururawat dan bidan bagi setiap

10,000 penduduk," katanya kepada *Utusan Malaysia*.

Akhhbar ini melaporkan sebelum ini, hampir semua klinik dan hospital kerajaan di seluruh negara beroperasi dalam keadaan kurang kakitangan sehingga menyebabkan berlaku lambakan tugas dan memanjangkan lagi tempoh menunggu.

Berdasarkan tinjauan Persatuan Perubatan Malaysia (MMA) mendapati hanya lima peratus sahaja kemudahan penjagaan kesihatan yang mempunyai tenaga mencukupi dan hampir separuh daripada responden memaklumkan kekurangan sumber tenaga itu berpunca daripada doktor memilih untuk berhenti kerja atau berpindah.

Mengulas lanjut, bekas Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam) itu berkata, perancangan pembangunan sumber manusia kesihatan perlu melihat kepada matlamat yang ingin dicapai iaitu selain memastikan bilangan petugas mencukupi tetapi turut taburan seimbang mengikut beban kerja dan keperluan.

Sehubungan itu, beliau menegaskan kerajaan mewujudkan Dasar Sumber Manusia Kesihatan Negara bagi merancang pembangunan dan menyelesaikan masalah kekurangan kakitangan yang semakin meruncing.

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 24
RUANGAN : GAYA



Kadar pendermaan organ di Malaysia adalah kurang daripada satu organ bagi setiap sejuta penduduk. Ia di paras yang amat rendah berbanding peningkatan peningkatkan masyarakat yang memerlukan."

ABDUL KARIM OTHMAN

909 penderma organ dalam tempoh 50 tahun

Oleh **ROSALINDA MD. SAID**
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SEJAK hampir 50 tahun lalu, bilangan penderma organ sebenar selepas kematian yang direkodkan di negara ini hanyalah seramai 909 orang.

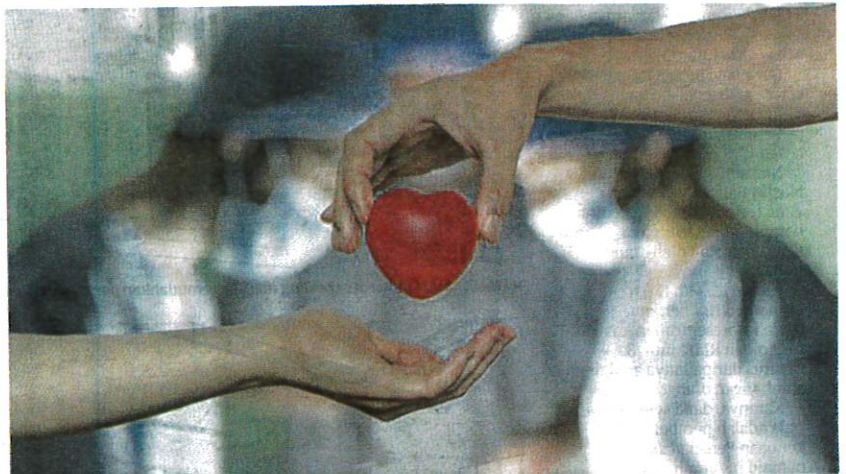
Jumlah itu disifatkan terlalu rendah sejak kempen berkenaan dimulakan pada 1976 hingga April lalu.

Perkembangan tersebut sekali gus meletakkan Malaysia sebagai antara negara tercorot dalam pendermaan organ di Asia dan dunia.

Malah, statistik terkini Pusat Sumber Transplan Nasional (NTRC) mendapati seramai 9,455 pesakit masih lagi berada dalam senarai menunggu pendermaan organ.

Angka tertinggi melibatkan pesakit buah pinggang dewasa iaitu 8,979 orang diikuti 436 untuk kanak-kanak.

Turut berada dalam senarai adalah 16 jantung, 13 hati (kanak-kanak), 4 hati (dewasa), 5 (jantung dan paru) diikuti 2 paru-paru.



SERAMAI 9,455 pesakit di negara ini masih menunggu pendermaan organ.

Situasi itu sekali gus menyebabkan pesakit terpaksa menunggu dalam tempoh yang amat lama untuk mendapatkan organ baru.

Ketua Jabatan Anestesiologi dan Rawatan Intensif, Hospital Pengajar Universiti Sultan Zainal Abidin (HPUniZA), Dr.

Abdul Karim Othman berkata, purata masa menunggu untuk mendapatkan pemindahan buah pinggang di negara ini adalah hampir 17 tahun.

Malangnya, majoriti pesakit dikesan meninggal dunia dahulu sebelum berpeluang memiliki organ yang diperlukan.

"Kadar pendermaan organ di Malaysia adalah kurang daripada satu organ bagi setiap sejuta penduduk.

"Ia di paras yang amat rendah berbanding peningkatan

masyarakat yang memerlukan pemindahan organ," katanya kepada *Utusan Malaysia* baru-baru ini.

Keadaan tersebut akhirnya membebankan pesakit dan keluarga kerana terpaksa menanggung kos perubatan yang makin tinggi saban tahun bagi merawat penyakit kronik dialami.

Contohnya, bagi penyakit kegagalan buah pinggang, kaedah rawatan terbaik adalah menerusi penggantian organ.

"Umum mengetahui pemindahan organ adalah jalan penyelesaian terbaik bagi individu yang berdepan kegagalan organ secara serius.



AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 25
RUANGAN : GAYA

ESIHATAN

Utusan Malaysia
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Satu Malaysia, Satu Harapan
Derma organ demi kehidupan

Saya Sudah Berikrar

Pusat Sumber Transplan Nasional, Hospital Kuala Lumpur
Tel (bebas tol) : 1-800-88-9080
Email : ntrc@moh.gov.my

www.dermaorgan.gov.my
facebook.com/dermaorgan
dermaorgan
youtube.com/dermaorgan

KAD
pengikrar
derma
organ.

“Namun, kekurangan pendermaan menyebabkan pesakit perlu menampung kos hemodialisis yang tinggi hingga menimbulkan bebanan ekonomi kepada masyarakat dan negara,” katanya.

KESEDARAN RENDAH, AGAMA JADI HALANGAN
Dr. Abdul Karim tidak menafikan yang tahap kesedaran masyarakat berhubung pendermaan organ masih lagi rendah.

Sama ada yang tinggal di bandar mahupun kampung, kedua-dua golongan itu masih kurang pemahaman, pendedahan dan cakna mengenai isu berkenaan.

Jelas pakar perunding anesthesiologi ini, faktor itu kekal sebagai halangan utama untuk mendermakan organ.

Ujarnya, segelintir individu turut menganggap wujud konspirasi jahat untuk mendapatkan dan menjual organ kepada individu-individu berkepentingan atau kaya.

Ia berikutan salah tanggapan itu sering dipaparkan dalam filem dan televisyen.

“Jika dibiarkan berterusan, dikhuatiri lebih ramai individu takut dan menjauhi sebarang perbincangan berkaitan pendermaan organ.

“Namun, penemuan penyelidik sebelum ini mendapati jika kebanyakan individu berminat untuk berbuat demikian jika diberikan lebih pendedahan termasuk tentang proses-prosesnya,” katanya.

Dr. Abdul Karim berkata, halangan lain ialah kurang kepercayaan terhadap keupayaan sistem kesihatan Malaysia dalam mengendalikan tugas pendermaan organ.

Ia mungkin dipengaruhi oleh pengalaman atau pemerhatian peribadi yang negatif atau daripada khabar angin.

Katanya, golongan tersebut cenderung mempersoalkan tentang diagnosis dan proses menentusahkan kematian otak oleh doktor di samping kerisauan organ derma digunakan pihak tertentu bagi tujuan penyelidikan.

Faktor penghalang lain ialah dari segi keagamaan kerana segelintir individu menyifatkan pendermaan organ bertentangan dan tidak digalakkan oleh agama.

“Individu ini percaya jasad perlu disemadikan atau dikuburkan dengan lengkap anggota tubuh,” katanya.

ORGAN YANG BOLEH DIDERMAKAN SELEPAS KEMATIAN



STATISTIK PENDERMAAN ORGAN DAN TRANSPLANTASI DI MALAYSIA

- 5,157** Pengikrar penderma organ baharu 2024
- 32** Penderma sebenar (selepas kematian) 2024
- 3162** Pembedahan transplantasi sejak 1975
- 385,695** Pengikrar penderma organ baharu sejak 1997
- 909** Penderma sebenar (selepas kematian) sejak 1976
- 2,868** Bilangan organ dan tisu yang didermakan selepas kematian sejak 1976

*Sumber: Pusat Sumber Transplan Nasional (NTRC) setakat April 2024

Pengaruh keluarga, keutuhan jasad

KELUARGA mampu mempengaruhi pandangan dan penerimaan individu terhadap pendermaan organ sama ada ke arah negatif atau positif.

Justeru, keizinan keluarga memainkan peranan penting sebelum seseorang membuat keputusan untuk menderma organ selepas kematian.

Hal itu kerana wujud kebimbangan kononnya insan tersayang bakal terbeban dengan keputusan tersebut atau semasa dan selepas pendermaan organ dijalankan.

“Ada yang menganggap pendermaan organ selepas kematian akan melambatkan proses pengebumian dan seterusnya menambah derita psikologi keluarga,” katanya.

Bagaimanapun, tentangan untuk mendermakan organ mungkin berkurangan apabila dilakukan ketika masih hidup dan melibatkan penerima dalam kalangan ahli keluarga.

Dalam pada itu, Dr. Abdul Karim menambah, ramai individu yang menitikberatkan keutuhan anggota dan jasad semasa disemadikan.

“Mereka risau selepas pendermaan dibuat, penampilan jasad berubah cacat berikutan proses mengeluarkan organ dan kesan jahitan.

“Ada yang menganggap pendermaan organ selepas kematian akan melambatkan proses pengebumian.”

penderma organ. Daripada jumlah itu, sebanyak 30.1 peratus memberikan alasan tidak yakin organ yang didermakan akan digunakan dengan sebaik mungkin di samping 29.2 peratus tiada maklumat dan pendedahan mengenainya.

Diikuti 16.9 peratus responden yang mahukan jasad lengkap selepas kematian manakala 13.9 peratus bimbang keluarga akan bersedih dan 9.9 peratus menyifatkan perbuatan itu bertentangan dengan agama mereka.

Lain-lain alasan ialah tidak nampak keperluan untuk mendermakan organ dan tiada sebab tertentu untuk berbuat demikian.

Menariknya, kajian turut mendapati peningkatan taraf pendidikan menggalakkan lebih ramai individu untuk mendermakan organ.

Buktinya, sebanyak 53 peratus responden berpendidikan tinggi menyatakan minat dan hasrat untuk mendermakan organ masing-masing.

47.5 PERATUS PENDUDUK LEMBAH KLANG TOLAK DERMA ORGAN

Kajian sekumpulan penyelidik pada 2010 mendapati sebanyak 47.5 peratus daripada keseluruhan 688 responden di Lembah Klang menolak untuk menjadi



PESAKIT buah pinggang dewasa yang paling ramai memerlukan pendermaan organ.

AKHBAR : THE STAR
MUKA SURAT : 12
RUANGAN : NATION

12 Nation

THE STAR, THURSDAY 30 MAY 2024

Sale of face masks, meds spike

Pharmacies in Johor report increase in demand as S'pore's Covid-19 cases rise

By MOHD FARHAAN SHAH
farhaan@thestar.com.my

JOHOR BARU: With Covid-19 cases reported to be soaring over the last couple of weeks in neighbouring Singapore, the demand for face masks at pharmacies here has also shot up.

Pharmacy staffer Nurul Nazihah Rosli, 30, said sales for face mask have seen a spike, which started early this month, but added that stocks were still available.

"There is a 50% increase in people buying face masks, (as well as) medicines for flu, cough and fever, especially for small children.

"Three- and four-layer face masks are the preference, and people usually buy them in boxes as it is cheaper than buying them in smaller quantities," she said.

A pharmacist, who only wanted to be known as Tan, also said demand for face masks was higher at the pharmacy where he is employed.

"Besides face masks and medicine, people are also buying Covid-19 test kits and supplements such as vitamins.

"I think people are now more aware about Covid-19. The demand is likely due to measures they are taking to safeguard themselves against the virus," he added.



Stocking up: Pharmacy staff Nurul Nazihah arranging face mask boxes at the pharmacy here in Johor Baru as demand increases following a spike of Covid-19 cases in Singapore.

On Saturday, Singapore Health Minister Ong Ye Kung said the number of people hospitalised for Covid-19 increased to about 280 over the past week.

The number of Covid-19 hospitalisation cases in the island republic has been increasing in recent weeks, with around 250 such cases for the week of May 5 to May 11, up from 181 the week before.

This comes amid a wave of Covid-19 infections, driven by the KP.1 and KP.2 subvariants, which

account for more than two-thirds of Covid-19 cases there.

Singapore's Health Ministry, however, has noted there is currently no indication, either globally or locally, that KP.1 and KP.2 are more transmissible or cause more severe symptoms than earlier variants.

The ministry said on May 18 that the estimated number of Covid-19 cases for the week of May 5 to May 11 was 25,900 cases, almost double the 13,700 cases in the previous week.

Ong said then that the current wave was expected to peak by the end of June.

On May 23, Johor health and environment committee chairman Ling Tian Soon said cross-border travel for Malaysians working in Singapore will not be affected by the recent wave of Covid-19 infections in the island republic for now.

However, he advised those with comorbidities or from high-risk groups to mask up when outdoors or in public places.

"Although a fresh Covid-19 wave has hit Singapore, we are keeping to the same standard operating procedure (SOP) for now.

"I advise the public, especially senior citizens, children and those with pre-existing illnesses, to wear a face mask when going to crowded or public areas," he said.

Ling said the situation in the state was still manageable, with 154 Covid-19 cases reported in epidemiological week 20 (May 12-18).

This was a slight increase from 138 cases recorded in the previous week and 95 cases in week 18.

Asked whether a new SOP would be introduced for cross-border travellers, especially with thousands of Malaysians commuting to and from the city-state for work daily, Ling said he would discuss the matter with the Health Ministry.

"If need be, the ministry will issue a new SOP. For now, the existing SOP remains for all, including cross-border travellers, to mask up if you are in the high-risk groups and continue maintaining good personal hygiene.

"Those experiencing symptoms such as flu and cough should seek medical attention immediately and wear a face mask to prevent infecting others," he added.

AKHBAR : THE SUN
 MUKA SURAT : 1
 RUANGAN : MUKA HADAPAN

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THURSDAY
 MAY 30, 2024

RM1

SCAN ME



Vaccine class action suit filed

Malaysian Muslim Consumers Association initiates case at High Court on behalf of eight individuals seeking redress from 25 defendants that include three prime ministers, World Health Organisation and two pharma firms.

Report on > page 3



500,000 Malaysian children suffering from asthma

Universiti Kebangsaan Malaysia public health expert says statistics involve individuals aged six to 17, with three out of every 10 undiagnosed.

Report on > page 4

TINY TERRORS ... A health department officer holding up a vial containing mosquito larvae found during an anti-Aedes operation yesterday in Bukit Mertajam, Penang. —MASRY CHE ANI/THE SUN

AKHBAR : THE SUN
MUKA SURAT : 3
RUANGAN : NATIONAL

Group files Covid-19 vaccine class action lawsuit

► Move made on behalf of eight claimants seeking redress from 25 defendants that include three PMs, WHO and drugmakers

BY QIRANA NABILA MOHD RASHIDI
newsdesk@thesundaily.com

KUALA LUMPUR: Lawyers representing the Malaysian Muslim Consumers Association filed a class action suit at the Kuala Lumpur High Court on May 23 on behalf of eight individuals over the Covid-19 vaccines.

The plaintiffs claim that they or their next of kin suffered health damage or died after being forced to take the vaccine with unproven safety and efficacy records. Others claimed they faced discrimination at work for refusing to be vaccinated.

The lawsuit filed by Messrs Mohamad Zainuddin and Co named 25 defendants, including Malaysia's two former and current prime ministers, the federal government, former and current health and education ministers, past and present inspector generals of police, and the director-general of the World Health Organisation as well as vaccine manufacturers Pfizer Inc, Pfizer Malaysia Sdn Bhd and Sinovac Biotech Ltd (Beijing).

The statement of claim said the first plaintiff from Muar in Johor is the eldest son of the late Saifulbahri Mohamad, who died after receiving two doses of the Sinovac vaccine and a booster shot of the Pfizer vaccine, "which are unsafe, ineffective and toxic".

The second plaintiff is the husband of the late Andu Satu, who died after receiving two doses of the Pfizer vaccine, while the third plaintiff is a healthy grass keeping worker who was directed by his employer and the government to receive two doses of the Pfizer vaccine.

The third plaintiff suffered a stroke, resulting in speech impairment and the inability to walk normally, requiring the use of a cane due to adverse effects following vaccination.

The fourth plaintiff is a healthy masseuse who experienced chronic vomiting, severe headaches and body pain with tremors after receiving the first dose of the Pfizer vaccine on Sept 1, 2021.

She is now confined to a wheelchair. The fifth plaintiff is a healthy housewife who received the first dose of the Pfizer vaccine on Aug 13, 2021, after which she experienced persistent headaches and vomiting that continued for two weeks.



The plaintiffs stated that they or their next of kin suffered health damage or died after being forced to take the Covid-19 vaccine that has no proven safety or efficacy records, while others claim they were discriminated against for not being vaccinated. — SYED AZAHAR SYED OSMAN/THE SUN

Upon being injected with the second dose of the same vaccine on Sept 3, she developed itching, body pain, sores and blisters.

She was later told the vaccine was unsuitable for her and she suffers ongoing body and chest pain, and vision impairment in her right eye.

The sixth plaintiff is an Amanah Saham Nasional Berhad (ASNB) employee.

She claims that former health minister Khairy Jamaluddin said on Oct 16, 2021 that a law would be mandated for the private sector, requiring companies to have regulations and/or policies that all employees must be fully vaccinated to work.

It is alleged in the statement of claim that Khairy had said he would "make things difficult" for those who refused the vaccine.

When the plaintiff refused to take the vaccine, which became the new policy, she was instructed by her employer and its subsidiary company to use up all her annual leave, and then take unpaid leave or resign voluntarily.

Hence, she claims discrimination.

The seventh plaintiff is a ladies' department supervisor at Parkson Mahkota Parade in Malacca, who refused the

(unnamed) vaccine and was barred from work for non-compliance with company policy requiring employees to take two doses before Aug 22, 2021.

She too was allegedly forced to take unpaid leave until vaccinated and claims discrimination.

The eighth plaintiff represented his mother, Ng Hoe Peng @ Ng Swee Chun, who complied with the government campaign and received the first dose of the Sinovac vaccine on June 14, 2022.

Ng developed severe health issues and tested positive for Covid-19, which worsened her condition.

She was hospitalised and experienced side effects, including hyper inflammation, fatal respiratory failure and hypo-immunity. Ng was administered morphine and died on July 16 the same year.

Lawyer Mohamad Zainuddin Abu Bakar from the law firm told *theSun* that all the plaintiffs mentioned in the suit represent the public, who can be added to the suit instead of having hundreds of individual ones filed.

"They are the pioneering ones. More than 400 other plaintiffs from the association can be added to this class action suit under different categories as we have stated in the statement of claim," he said.

Approval for three cosmetic products revoked

PUTRAJAYA: The Health Ministry has revoked the approval for three cosmetic products as they were found to contain scheduled poisons, and are no longer allowed to be sold in Malaysia.

Health Director-General Datuk Dr Muhammad Radzi Abu Hassan said the products are N Glowing EWSB, which contains mercury, Karisma Golden Turmeric Cream (mercury and betamethasone 17-valerate) and SL Two Intensive (hydroquinone and betamethasone 17-valerate).

The revocation of the product approval was done by the National Pharmaceutical Regulatory Agency (NPRA), he said in a statement yesterday.

"Mercury is prohibited in cosmetic products because it can be harmful to health, leading to kidney and nervous system damage, disrupting the development of a child's or fetus's brain, and can cause rashes and skin irritation," he said.

He added that products containing hydroquinone and betamethasone 17-valerate need to be registered with the Drug Control Authority and should only be used under the guidance of healthcare professionals.

Hydroquinone can cause skin redness, discomfort, skin discolouration and hypersensitivity. It can also inhibit the pigmentation process (depigmentation), which reduces the skin's protection from harmful ultraviolet radiation and increases the risk of skin cancer.

Betamethasone 17-Valerate can cause the skin to become thin and prone to irritation, acne, changes in skin pigmentation and increase the risk of being absorbed into the blood circulation system, which can have harmful effects.

Muhammad Radzi urged sellers and distributors to stop selling and distributing these cosmetic products immediately as it violates the Control of Drugs and Cosmetics Regulations 1984.

"Consumers are advised to stop using the products immediately and seek the advice of healthcare professionals if they experience any discomfort or adverse effects," he said.

The public is encouraged to check the approval status of cosmetic products at www.npra.gov.my or through the "NPRA Product Status" app that can be downloaded from Google Play Store. — Bernama

Sale of Indian spice products halted

PUTRAJAYA: The Health Ministry has issued an order to immediately stop the sales of two Indian spice products, Everest Fish Curry Masala and MDH Curry Powder, that are suspected to contain ethylene oxide.

The ministry called on traders, including online sellers with stocks of these products, to cease sales, while all e-commerce platforms and social media were urged to immediately stop advertisements for the products.

"Ethylene oxide, often used to kill pests, also controls microbiological contamination in spices from bacteria, viruses and fungi, and acts as an active ingredient in cleaning agents.

"Its use in food and food-contact materials is not permitted due to its carcinogenic nature," the ministry said in a statement.

It said a review of data through Malaysia's Food Safety Information System as of last April showed only one importation of the Everest Fish Curry Masala brand, while no import of the MDH Curry Powder brand was reported.

The ministry is monitoring aflatoxin, heavy metals and pesticide residues in spice products at all entry points.

"The ministry remains vigilant and concerned about anything that might endanger consumer safety," said the statement. — Bernama

AKHBAR : THE SUN
 MUKA SURAT : 4
 RUANGAN : NATIONAL

Half-million M'sian children suffering from asthma

➤ Low awareness on symptoms, cultural beliefs and socioeconomic factors among obstacles in underdiagnosis: Expert

■ BY **SIVANISVARRY MORHAN**
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PETALING JAYA: About 500,000 of the 9.13 million Malaysian children aged between six and 17 suffer from asthma, but three out of every 10 remain undiagnosed.

Universiti Kebangsaan Malaysia Department of Public Health Medicine associate professor Dr Mohd Hasni Jaafar said according to the National Health and Morbidity Survey 2023, one in two of these children experienced at least one asthma attack in the past year.

"Many asthma cases are rooted in exposure to low concentrations of environmental pollutants. This delays the onset of symptoms, which is why patients are diagnosed late."

Mohd Hasni said children have less mature immune systems compared with adults and this renders them particularly susceptible to the harmful effects of fine particulate matter.

He said several barriers contribute to the underdiagnosis of asthma in rural children.

"They include parents and caregivers being unaware of the symptoms, cultural beliefs and socioeconomic factors."

Mohd Hasni also said indoor smoking of

cigars and various types of traditional tobacco or *rokok daun* worsens the problem.

"Children often bear the brunt of air pollution, yet their vulnerability is frequently overlooked.

"Their breathing zone is situated lower than that of adults and subjects them to prolonged exposure to airborne pollutants such as dust and others that take longer to settle due to gravity."

He said children may be continuously exposed for up to a day, compared with a few hours for adults.

Mohd Hasni cited the 2019 Sungai Kim Kim toxic water pollution incident in Pasir Gudang, Johor, which was caused by illegal chemical waste dumping.

In the incident, toxic fumes were released, affecting 6,000 people and hospitalising 2,775 of them. Most of the victims were school students, causing about 110 schools located near the river to be closed.

He said the heavier-than-air chemicals lingered in the air, causing the children to be seriously affected due to their lower breathing zones.

"Children have a higher breathing rate relative to body surface area compared with adults. Consequently, they inhale a greater quantity of pollutants, exacerbating the risk of asthmatic attacks."

Paediatric pulmonologist Dr Cheah Wen Li said the high prevalence of asthma in children also stems from a mix of genetic traits and lifestyle changes.

"The genetic predisposition, along with exposure to allergens like viruses, dust mites, gastroesophageal reflux disease and other respiratory infections contribute to it."

He said urbanisation, reduced physical

activity and increased exposure to indoor pollutants also play a part as asthma triggers.

"Despite efforts to improve diagnosis and management, many cases of early asthma remain undetected. Broad public health policies that promote awareness, access to care and anti-asthma environments in schools and communities are required."

Cheah said asthma attacks in children can be serious and potentially lead to hospitalisation, or even death, if not treated promptly.

"Asthma attacks can cause wheezing, coughing, chest tightness and other symptoms that can interfere with a child's daily activities and quality of life."

"Children are at risk since they lack the maturity to fully comprehend what is happening to them."

"Parents should always remain vigilant and seek prompt medical attention, which is essential to manage asthma attacks and prevent other health complications."

Cheah emphasised that the latest advancements in asthma treatment for children include "biologic therapies" that target specific pathways involved in asthma inflammation.

"Making such treatments more accessible to all patients may involve addressing cost barriers, improving healthcare infrastructure and increasing awareness among healthcare providers and patients about available treatment options."

He said providing accessible and culturally sensitive educational materials promoting regular asthma screening and empowering parents and caregivers to seek timely medical care can help improve outcomes for children with asthma.

AKHBAR : THE SUN
MUKA SURAT : 11
RUANGAN : SPEAK UP

COMMENT by Dr Musa Mohd Nordin and Prof Dr Azizi Haji Omar

Health Ministry must spearhead change

OUR healthcare facilities may not have the best ambience, health information systems and parking space but we probably have the best doctors in the region.

Best not only in our varied and par excellence clinical expertise but also in our contributions to humanitarian needs nationally and internationally.

The top three charitable organisations in the country are headed by clinicians, debunking the notion that medical practitioners are only obsessed with the bottom line.

Most importantly, our nation's doctors take pride in their work ethics and work culture, believing that their needs and development will be taken care of so that they can focus on what matters most - caring for patients.

However, we are concerned to hear about the rise of a toxic work environment that is increasingly pervasive in the Health Ministry (HM), described as a culture of fear and intimidation.

Our article titled "Healing the healing profession" addressed the bullying work culture that is chronic and perennial in the HM.

More recently, we condemned the culture of *pilih kasih* (favouritism), which is prevalent in the HM and everywhere else in the civil and political service, calling upon these leaders to stop all forms of discrimination, from the minister and director-general right down to the head of departments (HoD).

The underlying issue boils down to the same thing - the organisational culture of the HM.

While the HM's vision and mission statement look impressive and is displayed on the walls of the Putrajaya office, are they being translated into the work culture of all the personnel across the board?

Unless all the HM leaders, from the senior directors and directors in Putrajaya, states, hospitals and health centres, open their eyes and hearts to recognise and acknowledge that critical action is needed urgently, no healthcare transformation plan will work.

This includes the Health Minister's noble and strategic plans for Electronic Medical Records, Health Financing and "Sihat Bersama 2030".

Healthcare reforms can only be possible if all the HM leaders and personnel adopt a supportive and forward-looking approach to tackling the current mess, and work together as one to create a healthcare system that is value-based, patient-centric and professional.

Culture change starts at the top

The political and clinical governance in the HM has been appalling in the past few years, with everything coming to light during the Covid-19 pandemic.

Healthcare providers themselves recounted the horrors, for example: "June and July 2020 were horrible, and patients were dying like flies. It was the worst time of my life. Even palliative care was not allowed for



Our nation's doctors take pride in their work ethics and work culture, believing that their needs and development will be taken care of so that they can focus on what matters most - caring for patients. - ADIB RAWI YAHYA/SUNPIC

the terminal Covid-19 patients."

This is a clear testament that the country cannot afford healthcare leaders who do not have a heart to care, let alone cure. We need leaders who are receptive to other opinions and allow other voices around the table to be heard.

The HM leaders must practise and inculcate a culture of transparency, accountability and honesty to encourage an inclusive and comprehensive exchange of ideas. Affective and effective leadership is key to building great organisational cultures.

Culture change starts with behaviour change

Change by itself is prone to resistance. What more when trying to change the culture of an entire organisation like the HM.

Ultimately, culture change is a long-term initiative, and it must be a whole-of-ministry effort. This arduous task, best described as a system overhaul, involves shifting mindsets, starting from the top.

To begin with, the HM needs leadership that is committed to change - setting the tone, establishing expectations and leading by example.

Strong leadership will help direct healthcare providers towards the much-coveted reforms within the system. This is where clinical governance is paramount.

Reinforcing clinical governance

Clinical governance is the framework that holds healthcare organisations accountable for continuous improvement in the quality of their services.

Clinical governance typically covers seven key pillars - Patient-Centred Care, Clinical Effectiveness, Patient Safety, Governance

and Leadership, Information Management, Training/Education and Performance Monitoring.

A strong clinical governance framework within the HM will protect the delivery of quality and safe patient care that adheres to ethical and legal principles.

At the heart of clinical governance is culture and leadership. Here are some recommendations for the HM's consideration:

1. The health minister, director-general and secretary-general must deep dive with the National Head of Services to drive this message about clinical governance without sugarcoating.

2. The HM must be led by a strong leadership that is fair, inclusive and receptive to ideas and positive change. As such, all the highest posts must be interviewed and elected rather than appointed.

3. Leadership means the ability to bring out the best in others and mobilise their talents towards the hospital's goals, values or outcomes. Clinical HoDs, hospital directors and state health directors must lead by example by displaying unequivocal commitment towards quality patient care, ongoing improvement and outcomes.

4. The term of office for HoDs is two years. To ensure performance is maintained, his/her reappointment must be based on an objective assessment that includes 360-degree feedback.

5. Zero tolerance for unethical and illegal practises of HoDs and clinicians who abuse their positions to benefit personal interests, for example, doing ward rounds or surgeries in private facilities instead of teaching rounds with their staff, and abusing hospital facilities to benefit their private patients. The clinical governance must take stern

disciplinary action against hospital and state directors who are aware of yet condone such moonlighting practices.

6. Service memory must be included for specialists who have served in different places but are not promoted because they are unknown to the latest supervisor. There are many senior clinicians in the UD56 grade since 2017, whose seniority and contribution deserve due recognition and promotion to Special Grade C. These senior doctors, who are bastions of the healthcare and have served faithfully for many years, are not holding Jusa (public sector superscale) posts. They will most likely to resign unless they are promoted and remunerated accordingly. The minister and his promotion board must give the senior clinicians with the UD56 grade special consideration at the next meeting with the Public Service Department and finance minister, or risk losing a large pool of expertise and experience in healthcare.

7. Subspecialists, especially in non-surgical based subspecialties (except for neurology, oncology, respiratory, nephrology, intensive care and cardiology, who have enough workload) must continue doing general clinical work. There has been a worrying trend in recent years of subspecialists in some disciplines refusing to do general clinical work.

8. Almost all hospitals have at least six to eight specialists in each department. However, many specialists are not doing active stay-in on-call duties, resulting in patients not getting adequate specialist care after office hours. The HM must make it compulsory for specialists in major disciplines, for example, Medicine, Surgery, Obstetrics, Paediatrics,

Orthopaedics, Anaesthesia and Emergency Medicine, to do active stay-in calls if there are at least eight clinicians (inclusive of consultants and specialists under gazette) in the department.

9. Previously, medical officers from district hospitals and health clinics would refer patients to medical officers in tertiary hospitals. Now that hospitals have more specialists, patients should be referred to the specialist on call to relieve the work burden of junior doctors.

10. Create a pathway for specialists who have resigned for various reasons to re-enter the service with attractive personal and career development incentives. Remember that healthcare professionals, like any other professionals, deserve opportunities for advancements to better serve the healthcare system. They will, in turn, pass the baton to the next cohort in the future.

11. Leadership and communication skills are critical in today's fast-paced globalised world. The HM needs to continuously hold leadership training programmes to inculcate leadership qualities in future clinical heads. Currently, almost all leaders are appointed based on seniority, not capability. These trainings should start at the medical officer (UD48) level, with emphasis on Servant Leadership so that clinical heads and hospital directors are trained to serve and prioritise the organisation first before self.

12. It has been said that a fish rots from the head. The HM can no longer play the ostrich game. It must take the bull by the horns to kickstart real healthcare reforms before it is too late.

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