

AKHBAR : THE STAR

MUKA SURAT : 15

RUANGAN : VIEWS

THE STAR MIS 15 VIEWS 11/1/2025 (SABTU)

# Managing healthcare costs

THE Malaysian public healthcare system is hailed as exemplary for providing universal health coverage. Why then have private hospitals flourished in Malaysia?

It's because private hospital patients get to choose their doctors and don't have to wait as long for their operations, procedures or treatment in comparison to the overburdened public hospitals. The altruistic argument often used to justify the existence of private hospitals is that it frees up public hospitals for those of lesser means.

Clearly, there is merit in sustaining the private hospital sector. But the greater question is whether it can evolve into one that provides quality care to a larger segment of the population or whether it will only service a small affluent elite.

The obstacle to achieving the former is medical inflation, ostensibly a composite product of continuously improving but expensive technology, an ageing, ailing population and the rising incidence of chronic non-communicable diseases, all of which wreak havoc on the healthcare budgets of individuals and corporate payers alike.

But there are other factors that fuel medical inflation, including inefficient utilisation of resources, fear of litigation that results in the practice of costly defensive medicine as well as pockets of unscrupulousness in the medical industry.

To combat the high cost of care



in private hospitals, the Health Ministry recently made a tentative suggestion that a value-based healthcare approach be adopted to remunerate healthcare providers.

This model essentially rewards healthcare providers based on patient outcomes, in contrast to the existing pay-for-service system that remunerates providers for services irrespective of outcomes. However, infrastructure for this in Malaysia has not quite reached prime time status.

A compromise of sorts to this payment model is remuneration based on diagnostic related groups (DRG), a system that essentially pays private hospitals fixed amounts based on the diagnosis of the condition, and one that has not, surprisingly, been embraced by insurers.

But private hospitals and specialists quickly denounced the idea, arguing that introducing the DRG-based payment model would effectively result in private hospitals cherry-picking less complex, lower risk cases, resulting in patients migrating to and further straining the already overburdened public hospitals.

On a positive note, there are non-regulatory tools to help healthcare providers improve efficiency. One is the concept of value-driven outcome (VDO).

Central to this is a system that enables the provision of data on patient outcomes and costs to individual providers (predominantly doctors) so that they may reflect on and better understand the relationship between clinical management decisions, outcomes and costs.

Borrowing a term from biology, it can act as a homeostatic mechanism that empowers clinicians to change clinical management practices to optimise the value of healthcare based on data that is continuously fed to them.

VDO practices should be universally implemented, as should effective quality assurance measures in general. The medical litigation climate should be altered to ensure that victims of negligence are reasonably compensated without creating an environment of fear among doctors that inevitably results in the escalating practice of cost-guzzling defensive medicine.

The small pockets of unscrupulousness among healthcare providers should be weeded out by an efficient monitoring system. Naïve and idealistic as it may sound, this requires constructive, transparent and sincere engagement between all the stakeholders, including doctors, private hospital operators, insurers and the government.

The opportunity to engage is now, and it must be seized with the right spirit.

**DATUK DR S. MAHENDRA  
RAJ**  
Consultant  
gastroenterologist  
Pantai Hospital, Kuala  
Lumpur

*(Read the full version of this letter in thestar.com.my)*



**AKHBAR : THE STAR**  
**MUKA SURAT : 6**  
**RUANGAN : NATION**

THE STAR M/S 12 NATION 11/1/2025 (SABTU)



MINISTRY OF HEALTH MALAYSIA

## THE HEALTH MINISTRY'S YEARLY MILESTONES IN 2024

The first year of Datuk Seri Dr Dzulkefly Ahmad's tenure as Health Minister was devoted to making several systemic changes before reform efforts could be further expanded.

These milestones are the collective achievements of approximately 270,000 dedicated team members under the Health Ministry (MOH).



### 01 LEGISLATIVE AND POLICY REFORMS

- Enforcement of the Control of Smoking Products for Public Health Act 2024 (Act 852)
- Amendment to the Medical Act 1971 (Act 50)
- Amendment to the Prevention and Control of Infectious Diseases Act 1988 (Act 342)
- National Food Safety Policy 2.0
- National Health Literacy Policy (NHLP)
- Strengthening the National Agenda for a Healthy Malaysia (ANMS)



### 02 HUMAN RESOURCE SERVICE REFORMS

- Establishment of health deputy director-general positions for dental, pharmacy, and food safety and quality programmes
- Absorption of 3,950 contract medical, dental and pharmacy officers into permanent positions
- Creation of new positions and roles for healthcare personnel
- Provision and enhancement of allowances and incentives

### 03 HEALTH SERVICES TRANSFORMATION

- Hospital Services Outsourcing Programme (HSOP): Outsourcing of MOH patient treatments to private facilities
- Digitalisation initiatives such as cloud-based clinical management systems (CCMS), International Patient Summary (IPS) for haj pilgrims via MySejahtera,

- Dental Information System (DIS), MyUBAT, MyGeoCKAPS and myBRP@CKAPS
- Various innovation and sustainability programmes include MyGENOM, MaHTAS, First-in-Human (FIH) clinical research and sustainability initiatives



### 04 PUBLIC AND COMMUNITY HEALTH PROSPERITY

- Recognition of BeBAS (Clean, Smoke-free) and BeSS (Clean, Safe and Healthy) food premises
- National Food Security Action Plan (PTKMK)
- War on Sugar Campaign and Strategic Plan for Reducing Sugar 2024-2030
- TOBaTS (Reject Unauthorised Medicine) campaign
- Medicine Price Display initiative
- Strategic plan for social determinants of health for indigenous communities
- Reinforcing the First 1,000 Days of Life for Malaysian Children
- Elderly Healthcare Services Action Plan 2023-2030



### 05 MALAYSIA ON THE GLOBAL HEALTH STAGE

- Malaysia International Healthcare (MIH) Megatrends 2024
- International Medical Device Exhibition and Conference (IMDEC) 2024
- Clinical Research Malaysia (CRM) Trial Connect 2024
- 10th International Conference on Traditional and Complementary Medicine (INTRACOM)
- Antimicrobial resistance (AMR) resilience agenda at the World Health Assembly (WHA) and United Nations General Assembly (UNGA)
- Lung health resolution at the World Cancer Congress (WCC) and World Health Assembly (WHA)
- Global Digital Health Partnership (GDHP)
- Global Digital Health Certification Network (GDHCN)

### 06 CONTINUED ADVANCEMENT AND STRENGTHENING OF INFRASTRUCTURE

Being a facility-dependent ministry, MOH is committed towards expanding its network of healthcare facilities and equipment in order to deliver the best services to the Malaysian public.



AKHBAR : THE STAR  
MUKA SURAT : 4  
RUANGAN : NATION

THE STAR MIS 4 NATION 11/1/2025 (SABTU)  
**Antibiotic, painkiller traces found in drinking water, study shows**

By FAZLEENA AZIZ  
fazleena@thestar.com.my

**PETALING JAYA:** Irresponsibly discarded antibiotics, steroids, hormones and painkillers, as well as high blood pressure, asthma, antibacterial, anti-inflammation and infection medications are making waves in our drinking water sources.

Such pharmaceuticals have emerged in surface water, riverbanks, drinking water, sewage or water treatment plant effluent, and even hospital effluent, according to a study titled "Assessing the Impact of Pharmaceutical Contamination in Malaysian Groundwater: Risks, Modelling, and Remediation Strategies".

According to the study, published in the "Tropical Aquatic and Soil Pollution" journal on Techno Scientifica in June last year, among pharmaceuticals most commonly found in water samples were amoxicillin, atenolol, acetaminophen, caffeine, dexamethasone, chloramphenicol, metoprolol, ciprofloxacin, sulfamethoxazole, diclofenac,

theophylline and triclosan.

The highest concentration of pharmaceuticals was found in different locations in Malaysia, but the study said the bulk of it came from Selangor and Negri Sembilan. However, this was mainly because there were insufficient studies in other states.

These locations include Sungai Lul, Sungai Gombak, Sungai Selangor, Sungai Langat (Sungai Semenyih, Sungai Beranang and Sungai Labu), Langat basin, Sungai Klang, Kajang in Selangor and Putrajaya, as well as Nilai and Seremban in Negri Sembilan.

In recent decades, pharmaceutical evolution has become a growing concern as potential bioactive chemicals in the groundwater have increased.

"Pharmaceuticals in Malaysia's groundwater are a growing concern as they can potentially affect the environment and human health negatively.

"They have found their way into the food chain and exhibit toxicity and hazard to aquatic ecosystems," the study said.

It added that the presence of



pharmaceuticals in aquatic ecosystems can adversely alter the ecological function and negatively impact the different organisational levels of aquatic life.

This means they can be ingested through the intake of fish, meat, vegetables and fruits, the study noted.

However, the study indicated that the toxicity of pharmaceuticals to humans has yet to be investigated despite strong evidence of possible negative impacts.

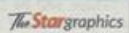
The intake of these pharmaceuticals in a lifetime only surpasses the limit of certain doses, which is lower than the recommended daily level.

But there are concerns about

**Highest concentration of pharmaceuticals found in different locations in Malaysia**

Location	Source	Pharmaceutical	Concentration (ng/l)
Sungai Lul, Selangor	River	Ciprofloxacin	112.40
Sungai Gombak, Selangor	River	Ciprofloxacin	267.20
Sungai Selangor, Selangor	River	Ciprofloxacin	198.91
Putrajaya	Drinking water	Ciprofloxacin	0.32
Kajang Selangor	Drinking water	Ciprofloxacin	0.667
Sungai Langat (Sungai Semenyih, Sungai Beranang, Sungai Labu), Selangor	River	Furosemide	109
Langat basin, Selangor	STPs effluent	Norethindrone	7,135
Sungai Langat, Selangor	Tap water	Ethinylestradiol	130
Sungai Klang, Selangor	River	Caffeine	20.62
Nilai & Seremban, Negri Sembilan	Surface water	Caffeine	821
Nilai & Seremban, Negri Sembilan	STP effluent	Caffeine	1,190
Nilai & Seremban, Negri Sembilan	Hospital effluent	Theophylline	3,214

Note: STP (sewage treatment plant) | Source: Tropical Aquatic and Soil Pollution Journal



the accumulated effect on people consuming pharmaceutical mixtures in food and drinking water.

The study also said based on a household survey in Selangor, only 25.2% of people return their household pharmaceutical waste to healthcare institutions.

It added that the rest of the peo-

ple dispose of their pharmaceutical waste by binning it, flushing it down the toilet or drain, burying it or burning it.

Despite clinical waste disposal being available in the country, there is still a lack of awareness among the public on the proper disposal of medicines.

# Silent danger in our life source

Filtration systems could mitigate negative impact of pharmaceuticals in waterways

By FAZLEENA AZIZ  
fazleena@thestar.com.my

**PETALING JAYA:** Using a water filter and boiling drinking water could minimise environmental damage caused by improper disposal of medications, said health experts.

"Traces of pharmaceuticals in drinking water can pose long-term health risks, including antibiotic resistance and hormonal disruptions.

"Wastewater treatment plants often cannot fully remove pharmaceutical compounds, and their presence in rivers, lakes and groundwater can pose health risks to humans drinking such contaminated water," said Malaysian Pharmacists Society president Prof Amrahi Buang.

Asked how consuming contaminated drinking water can affect people, Amrahi said it will only cause problems if consumed in large amounts.

"There is not much study on this, but we can expect fish to be affected and (eating them) will harm us.

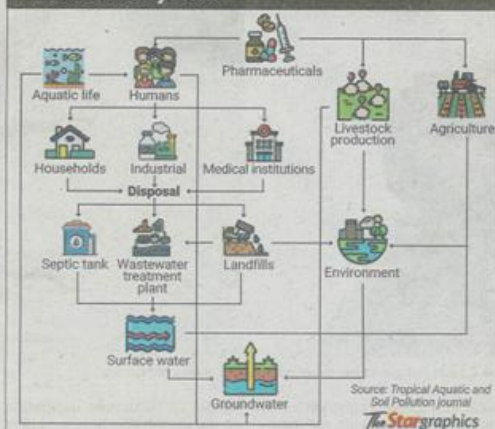
"To mitigate the effect, we can boil the water or use filters, which will help in some way – but again, there aren't many studies on this either," he added.

Public health expert Datuk Dr Zainal Ariffin Omar said pharmaceutical traces, if found in tap water, may affect the human physiology and metabolism as well as increase antibiotic resistance.

As such, he advises using water filters either outdoors or indoors.

"Many people usually put them (medicines) in a plastic bag and throw them into rubbish bins.

**How pharmaceutical sources end up in our water system**



"Only a few people actually return their unused medications to healthcare facilities.

"There are those who also flush them down the toilet, thus they end up in the drain and water system.

"Unopened, unused and out-of-date medicines should be returned to pharmacies or clinics for disposal," he said.

Pharmaceuticals have emerged in surface water, riverbanks, drinking water, sewage or water treatment plant effluent, and even hospital effluent, according to a study titled "Assessing the Impact of Pharmaceutical Contamination in Malaysian Ground-

water: Risks, Modelling, and Remediation Strategies".

In 2010, the Health Ministry's Pharmaceutical Services Division implemented the Return Your Medicines Programme that allowed patients to return their unused or excess medicines kept at home for safe disposal.

This was because every year, tens of millions of ringgit worth of medicines dispensed by government health facilities remain unused by patients.

More recently, the ministry has its MyMediSAFE programme (<https://mymedisafe.org.my>).

Meanwhile, the Alpro Foundation, the corporate social respon-

**"Wastewater treatment plants often cannot fully remove pharmaceutical compounds, and their presence in rivers, lakes and groundwater can pose health risks to humans drinking such contaminated water."**

Prof Amrahi Buang

sibility arm of Alpro Pharmacy, launched the Safe Medication Disposal Campaign in 2021.

This initiative aims to raise awareness and encourage the proper disposal of unwanted and expired medications among Malaysians.

"We've observed a significant increase in clinics bringing in unneeded medications, highlighting the urgent need for more education and advocacy.

"By fostering awareness and providing accessible solutions, we're not only protecting our water sources but also paving the way for a healthier and more sustainable future," said Alpro Foundation chief executive officer Ostwin Paw.

To date, the foundation has collaborated with over 600 schools nationwide, reaching more than 300,000 students, including university attendees, to educate them on safe medication disposal practices.

It has also provided safe medication disposal bins, which are available at the over 300 Alpro

Pharmacy outlets nationwide.

For this year, the foundation is embarking on a new initiative after signing a memorandum of agreement with Universiti Teknologi Mara for a two-year research and community education programme involving members of the public and pharmaceutical companies.

It also plans to equip families with the knowledge and tools to dispose of medications safely, targeting 250,000 families through school talks and community outreach programmes.

Additionally, the foundation is constructing a visible landmark called the "Little Red House" outside its headquarters.

The public can dispose of their medications responsibly at the house, where a QR code will provide further information on safe disposal practices.

For more information on the Safe Medication Disposal Campaign and to find a disposal bin, visit <https://www.alpropharmacy.com/services/medication-disposal-service/>.



AKHBAR : SINAR HARIAN  
MUKA SURAT : 16  
RUANGAN : CETUSAN

SINAR HARIAN MIS 16 CETUSAN 11/1/2025 (SABTU)

# Dilema dunia jururawat



KOPITIAM  
KITA

LIM CHEE WEI

Pada 1853, satu perang besar berlaku di benua Eropah yang mementaskan konfrontasi bersenjata antara Empayar Rusia dengan Persekutuan Perancis, United Kingdom, kerajaan Sardinia dan Empayar Uthmaniyah.

Perang tersebut ialah Perang Krimea yang tertumpu di kawasan Turki Barat dan Lautan Baltik. Ia berlanjutan sehingga 1856 dan pada kaca mata pengkaji sejarah ketenteraan, Perang Krimea dianggap antara peristiwa besar yang telah mempengaruhi arus politik Eropah.

Pasca Perang Krimea menyaksikan kemunduran kekuatan ketenteraan, kewangan dan pengaruh politik Empayar Rusia di Eropah untuk jangka masa yang panjang. Perang itu dilaporkan telah mengorbankan hampir 500,000 nyawa dan disimpulkan sebagai antara konflik berdarah paling mengerikan dalam sejarah Eropah.

Di sebalik pengorbanan nyawa, Perang Krimea juga menjadi saksi kepada kemunculan seorang ikon yang menjadi perintis kepada dunia kejururawatan iaitu Florence Nightingale.

Beliau lahir pada 12 Mei 1820 di Florence, Itali. Keprihatinannya menjaga dan merawat anggota tentera yang cedera ketika Perang Krimea begitu dikagumi sehingga digelar *Lady With The Lamp* kerana sering bersuluhkan pelita dalam tugasnya menjaga pesakit ketika waktu malam.

Nightingale juga menghidupkan kembali konsep penjagaan kebersihan hospital dan penekanan terhadap pemerhatian teliti serta peka keperluan pesakit. Sumbangan besar beliau telah mengangkat martabat bidang kejururawatan.

Pengkaji sejarah mengiktiraf Nightingale sebagai penyumbang utama cabang kejururawatan profesional, khususnya jasa beliau mengasaskan sekolah kejururawatan di Hospital St Thomas di London pada 1860.

Nightingale disanjung sehingga kini dan tarikh lahir beliau iaitu 12 Mei dimartabatkan sebagai Hari Jururawat Sedunia bagi mengiktiraf tugas, sumbangan serta pengorbanan jururawat menjaga dan memberi khidmat kepada pesakit.

“Jururawat yang tekun membantu doktor dan menjaga pesakit juga tersepit antara komitmen tugas, beban kerja serta faktor pendapatan.”

Namun, di sebalik sejarah ulung profesion kejururawatan, sektor kesihatan di Malaysia kini berdepan senario sangat mencabar iaitu kekurangan jururawat yang diunjurkan hampir 60 peratus menjelang 2030.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad telah melahirkan kebimbangannya sejak tahun lalu dan menyeru agar pihak awam serta swasta berganding tenaga mengatasi kekurangan tersebut.

Namun, jururawat yang tekun membantu doktor dan menjaga pesakit juga tersepit antara komitmen tugas, beban kerja serta faktor pendapatan. Beban tugas jururawat yang berat bukan lagi rahsia, malah kini telah timbul rungutan beban kerja mereka semakin bertambah.

Mereka terpaksa berdepan penugasan berbilang (*multitasking*) - men-

jaga pesakit di samping melaksana tugas perkeranian yang lain. Semakin kurang jururawat, semakin berat beban *multitasking* dan semakin penatlah jururawat.

Pada masa sama, jururawat terlatih turut menerima tawaran berkhidmat di luar negara. Banyak tawaran menarik, tidak kurang juga tawaran yang disertai pakej pendapatan lumayan, berbanding gaji mereka di Malaysia. Jururawat juga manusia biasa dan perlu menjaga kualiti hidup mereka.

Realitinya, gaji pokok Gred U29 yang terpacak pada angka RM1,797 bukan satu tangga gaji berdaya saing masa kini khususnya bagi jururawat yang berkhidmat di kawasan bandar dan/atau berkeluarga.

Nilai mata wang ringgit yang lebih rendah berbanding mata wang Singapura dan dolar Amerika Syarikat juga memungkinkan tawaran serendah AS\$2000 (RM8,982) dari negara asing secara relatifnya jauh lebih tinggi daripada tangga gaji maksimum Gred U29 iaitu RM5,737.

Semoga sumbangan jururawat diberikan pengiktirafan yang setimpal.

\* Lim Chee Wei ialah anak jati Kedah yang minat filem retro.