AKHBAR : THE SUN
MUKA SURAT : 4
RUANGAN : NATIONAL

Health Ministry issues 43,000 smoking-related compound notices

KAJANG: The Health Ministry has issued 43,455 compound notices with fines totalling RM10.4 million for various offences as of April 20 under the Control of Smoking Products for Public Health Act 2024 since the law came into effect on Oct 1, 2024.

According to Public Health Development Division director Dr Zulhizzam Abdullah, three investigation papers were opened during the period under Section 7(1) for offences related to the prohibition of advertising smoking products, and five under Section 9(1) on the promotion and sponsorship of smoking products.

"In addition, 20 investigation papers have been opened under Regulation 3 of the Control of Smoking Products for Public Health (Control of Sale) Regulations 2024 for offences involving the online sale of smoking products.

"For offences under Section 15(1), which relates to the packaging of products that resemble toys or food, a total of 46 investigation papers have been opened," he said. – Bernama

AKHBAR : BERITA HARIAN
MUKA SURAT : 14
RUANGAN : NASIONAL

Farmasi patuh pamer harga ubat

Pemilik sambut baik arahan bagi tingkat keyakinan pengguna buat keputusan bijak

Oleh Mohd Roji Kawi, Ilah Hafiz Aziz dan Syaherah Mustafa
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Setiap ubat yang dijual ditampal tanda harga dalam tinjauan di Kota Bharu, semalam. (Foto Nik Abdullah Nik Omar/BH)

Antara farmasi yang mematuhi arahan pemaparan harga ubat di Kuching. (Foto BERNAMA)

Kuala Lumpur: Farmasi mematuhi Mekanisme Ketelusan Harga Ubat dengan mempamerkan harga ubat, termasuk yang disimpan di dalam almari belakang kaunter dan peti sejuk.

Tinjauan *BH* di Kota Bharu mendapat pemilik farmasi tiada masalah untuk mengikut ketetapan berkenaan kerana setiap ubat ditampal tanda harga, manakala ubat khusus yang perlu ditempah disediakan senarai harga di papan kenyataan atau skrin elektronik untuk rujukan pembeli.

Pengerusi Persatuan Farmasi Komuniti Malaysia Cawangan Kelantan, Azian Muhammad, berkata arahan KKM itu dapat meningkatkan keyakinan orang ramai, iaitu farmasi beroperasi secara adil dan profesional.

Katanya, langkah itu juga secara tidak langsung dapat membantu pengguna membandingkan harga dan membuat keputusan lebih bijak.

Tanpa garis panduan yang jelas, beliau berkata, farmasi mungkin akan bersaing menurunkan harga ubat secara agresif hingga menjejaskan margin keuntungan.

"Harga ubat yang terlalu rendah tidak mengambil kira khidmat farmaseutikal yang menyeluruh, termasuk konsultasi, pemantauan, dan lain-lain.

"Banyak faktor perlu dipertimbang dalam penentuan harga sesuatu produk kerana klinik, farmasi dan hospital swasta mempunyai struktur kos berbeza bergantung kepada lokasi, saiz dan perkhidmatan yang ditawarkan.

"Pemaparan harga yang standard mungkin tidak mencerminkan kos sebenar yang ditanggung setiap penyedia perkhidmatan dan akan ada perbezaan harga di antara satu fasiliti kesihatan dengan fasiliti yang lain," katanya.

Perintah pemaparan harga ubat di klinik, hospital swasta kuat kuasa hari ini

Keratan akhbar BH, semalam.

Rakyat ada pilihan

Kementerian Kesihatan dan Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup memaklumkan pelaksanaan Mekanisme Ketelusan Harga Ubat di kemudahan jagaan kesihatan swasta dan farmasi komuniti berkuat kuasa semalam.

Ini dilaksanakan melalui Perintah Kawalan Harga dan Antipencatutan (Penandaan Harga Bagi Ubat) 2025 di bawah Akta Kawalan Harga dan Antipencatutan 2011.

Pelaksanaan inisiatif itu bertujuan memastikan rakyat mempunyai pilihan bermaklumat dengan mengetahui, membuat perbandingan dan memilih harga yang terbaik dalam merancang perbelanjaan ubat-ubatan.

Tinjauan di **Kuching** pula mendapati farmasi sudah sudah lama meletakkan tanda harga pada ubat-ubatan serta semua produk kesihatan.

Kakitangan Farmasi Caring di E-Mart Batu Kawa berkata, penandaan harga pada produk jualan di premis mereka bukan perkara baharu kerana dilakukan sejak mula beroperasi.

Tinjauan di Farmasi Big di Satok juga mendapati semua produk memiliki tanda harga.

Sementara itu, Presiden Teras Pengupayaan Melayu (TERAS), Mohd Azmi Abdul Hamid, berkata keputusan mewajibkan pemaparan harga ubat di farmasi dan klinik swasta menjadi asas kepada ketelusan, selain mengawal inflasi dalam sektor kesihatan dan membuka pilihan kepada pengguna.

Beliau berkata, langkah itu sangat penting untuk mengawal harga ubat dalam negara.

AKHBAR : BERITA HARIAN
MUKA SURAT : 15
RUANGAN : NASIONAL

KKM keluar kompaun RM10.42j sejak Akta 852 dikuatkuasakan

Bangi: Kementerian Kesihatan (KKM) mengeluarkan 43,455 notis kesalahan membabitkan nilai kompaun berjumlah RM10.42 juta sejak Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024 (Akta 852) dikuatkuasakan pada 1 Oktober 2024 sehingga 20 April lalu.

Pengarah Bahagian Perkembangan Kesihatan Awam KKM, Dr Zulhizzam Abdullah, memaklumkan, jenis kesalahan tertinggi adalah di bawah Seksyen 16(2), iaitu larangan merokok di kawasan atau tempat larangan merokok, membabitkan 41,421 notis kesalahan dengan nilai kompaun RM10.35 juta.

Selain itu katanya, sebanyak 1,382 notis kesalahan dikeluarkan di bawah Seksyen 17(1), iaitu larangan merokok oleh orang belum dewasa (OBD),dengan nilai kompaun RM69,100.

Kesalahan lain, termasuk larangan pengiklanan produk merokok, larangan promosi atau tajaan produk merokok, larangan penjualan produk merokok secara dalam talian dan berkaitan pembungkusan produk merokok yang menyerupai permainan atau makanan, dengan 74 kertas siasatan dibuka.

"KKM ingin mengingatkan kepada pihak yang terkait dengan akta ini supaya sentiasa mematuhi semua peruntukan yang ditetapkan," katanya selepas menyertai Operasi Penguatkuasaan Akta 852 di sekitar Reko Sentral di sini, malam kelmarin.

Mengenai operasi yang dijalankan bersama Jabatan Kesihatan Selangor itu, Dr Zulhizzam berkata, ia memfokuskan kepada Peraturan 6, Peraturan-Peraturan Kawalan Produk Merokok Demi Kesihatan Awam (Kawalan Penjualan) 2024 berkaitan larangan pameran produk merokok.

Katanya, sehingga 20 April lalu, sebanyak 338 notis peringatan dikeluarkan kepada premis jualan yang belum melaksanakan pematuhan terhadap Peraturan 6 di seluruh negara.

Bagi operasi kali ini, KKM mengeluarkan 111 notis peringatan kepada premis jualan yang masih belum melaksanakan pematuhan terhadap peraturan itu.

"Semua sedia maklum yang KKM memutuskan untuk melanjutkan lagi pendidikan mengenai Peraturan 6 sehingga 30 September ini,

"Semua ini adalah bukti KKM komited terhadap larangan pameran produk merokok yang akan dikuatkuasakan sepenuhnya pada 1 Oktober ini," katanya.

Dr Zulhizzam bersama pegawai penguat kuasa memeriksa produk rokok elektronik yang dijual ketika Operasi Penguatkuasaan Akta 852 di sekitar Bdngi, malam kelmarin. (Foto Aizuddin Saad/BH

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 8
RUANGAN : DALAM NEGERI

Niat ikhlas kekuatan petugas Tabung Haji

MADINAH: Niat ikhlas untuk menyantuni *dhuyufurrahman* menjadi sumber kekuatan buat dua pemuda bagi memohon sebagai petugas Tabung Haji (TH) di tanah suci.

Menurut seorang jururawat lelaki, Muhammad Faris Abu Hasan, 36, dia sudah menyimpan hasrat menjadi petugas kesihatan sejak tahun 2014 lagi.

"Sebenarnya, sejak belajar diploma kejururawatan di Kolej Poly-Tech Mara lagi saya sudah dengar untuk jadi petugas TH di tanah suci.

"Cuma pada waktu itu masih belum ada hasrat untuk ke sana kerana syarat-syarat ketat seperti perlu memiliki sijil *post basic, advanced cardiac life support* (ACLS) dan *Basic Life Support* (BLS)," katanya ketika ditemui di sini semalam.

Dia yang bertugas di Hospital Pakar Sultanah Fatimah, Muar berkata, untuk memiliki sijil-sijil tersebut adalah bukan mudah.

"Tugas ini agak mencabar tetapi dengan niat serta hati yang ikhlas untuk memikul tanggungjawab yang diamanahkan selain memberi perawatan terbaik kepada pesakit.

MUHAMMAD Faris Abu Hasan memeriksa kesihatan seorang jemaah haji di Madinah baru-baru ini.

"Nilai-nilai kerja sebagai jururawat juga menekankan konsep sabar, ikhlas itu sendiri. Apabila terpilih menjadi petugas sekali gus *dhuyufurrahman* pada musim ini perasaannya bercampur-baur," katanya.

Dalam pada itu, Kerani Pentadbiran dan Haji TH Cawangan Kemaman, Aizal Muhammad Nazim Sajari, 34, berkata, dia menggenggam pesanan yang dititipkan ibu bapanya agar memperbetulkan niat di tanah suci.

"Tugasan saya di sini agak mencabar sebagai petugas Bilik Maklumat Operasi (BMO) yang menyelaraskan maklumat serta apa-apa data melibatkan penerbangan, kewangan, kesihatan dan bahagia lain untuk dimaklumkan kepada pihak pengurusan.

"Saya pegang nasihat ibu bapa saya, bekerjalah kerana Allah dan sentiasa perbetulkan niat," kata anak keempat daripada lima beradik itu.

Sebelum ini, Aizal Muhammad Nazim berpengalaman dalam menguruskan jemaah haji di tanah air.

"Ketika menerima tawaran sebagai petugas haji, saya rasa terharu. Tugasan ini amat mencabar dan sebolehnya saya mengajar untuk diri supaya bijak mengawal emosi," katanya.

AKHBAR : THE STAR
MUKA SURAT : 6
RUANGAN : NATION

Painful cost of healthcare

'Excessive profiteering' in private sector putting vulnerable at risk

By ALLISON LAI
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PETALING JAYA: Baby wipes at RM18.80. An ice bag at RM43.35. RM1.60 for a paper wrist band to indicate that the patient is a "fall risk". These are examples of consumables and items charged by a private hospital in Selangor.

Patients have to pay for such consumables once they undergo a procedure or surgery in private hospitals.

The list goes on. It could include items like syringes, latex gloves, surgical gowns, gauze swabs, disposable kidney bowls, absorbent hand towels, alcohol swabs and bedpan liners.

In its 2024 annual report, which was released a month ago, Bank Negara raised the issue of high costs of hospital supplies and services (HSS), such as drugs, laboratory fees and consumables.

"These costs are currently unregulated and show wide variation across hospitals. Given that the HSS accounts for 59% to 70% of overall private hospital bills, depending on the type of treatment (i.e. non-surgical versus surgical), its impact on overall claims costs is significant," the central bank said.

Malaysian Coalition of Ageing chairman Cheah Tuck Wing said there is an urgent need to halt excessive profiteering in the private healthcare sector.

He said transparency and regulation must be in place to protect vulnerable groups, particularly older Malaysians and persons with disabilities.

"Profiteering must stop to protect vulnerable groups like seniors and persons with disabilities," he said.

Cheah cited examples of inflated prices for medical supplies post-Covid-19, such as face masks being charged at RM5 each when a box of 50 costs RM20, oral gel priced at RM110 in private hospitals despite its retail price being less than RM30, and a pair of surgical gloves charged at RM20 when a box of 100 costs no more than RM30.

He also highlighted the lack of transparency and regulation in private hospital charges, with 70% of fees being unregulated and no oversight bodies in place.

"There is no justification or transparency on how costs are determined and reviewed.

"We don't need five-star luxury hospitals, but affordable healthcare is what we need," he said.

Cheah noted that older Malaysians, who are more likely to need healthcare, face rising costs with inadequate financial protections.

Noting that 70% of hospital charges occur in the last 20 years of life, he stressed the importance of affordable healthcare for those over 60.

"Most seniors will struggle to afford healthcare and will rely on public hospitals," he stated, adding that the private healthcare operators' demand for higher drug prices, despite government efforts for transparency, only adds to the burden on the rakyat with increasing living expenses.

To tackle these issues, Cheah suggested capping private hospital charges for supplies, medicines and equipment, along with a transparent price list for medical items and procedures.

"There should be a regulatory body involving the Health Ministry, private hospitals, consumer groups, NGOs and the public accounts committee."

Cheah also recommended using generic drugs to cut costs, and promoting preventive healthcare by encouraging healthy lifestyles.

"We must implement commonsense measures to reduce costs without compromising care," he said, also cautioning against unnecessary tests.

Cheah also called on the government to address its inaction in regulating private hospital charges, saying it was "long overdue".

Priced out: A patient receiving an injection from a doctor. In its 2024 annual report, which was released a month ago, Bank Negara raised the issue of high costs of HSS, such as drugs, laboratory fees and consumables. – AZHAR MAHFOF/The Star

AKHBAR : THE STAR
MUKA SURAT : 6
RUANGAN : NATION

'Hospital service charges need to be regulated'

By CHARLES RAMENDRAN
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PETALING JAYA: The charges for hospital supplies and services (HSS) should be regulated to prevent patients from having to put up with excessive costs, say insurance consultants.

Senior insurance consultant Chan Wei Fay said drug prices merely made up to a third of the bills issued by private hospitals.

"A bulk of the charges often comprised miscellaneous HSS," he said.

HSS refers to consumables, laboratory testing, and the use of medical and diagnostic equipment, such as scanners, X-ray machines, and other amenities.

Bank Negara Malaysia (BNM) said in its 2024 annual report that the total cost of medical and health insurance/takaful (MHIT) claims had gone up by 73% between 2021 and 2023, surpassing the 21% growth in MHIT premiums collected.

BNM reported that the elevated costs associated with HSS, including pharmaceuticals, laboratory fees, and consumables such as gloves, further exacerbated this issue.

The central bank pointed out that these costs, which could comprise up to 70% of the overall private hospital bills, are unregulated, thus impacting the overall claims costs.

Chan, who has been in the insurance sector for three decades, said that authorities aiming to curb medical inflation must look beyond drug prices and address HSS charges as well.

"Drugs are just one part of it. Generally, a fair and transparent hospital billing structure should allocate between 30% and 40% to professional fees, 35% to 40% to room and board and 30% to 40% to HSS.

"However, what we are seeing now is that HSS charges are exceeding 60% of the charges. Since professional fees are regulated and room and board charges are often fixed, are HSS being overpriced?" Chan said.

For example, he said that a small syringe that could be purchased for RM1 could cost four times more at a private hospital.

"Even the price of disposable cups used to serve medication is marked up several times over," he claimed.

"It is the same case with laboratory tests and health scan charges?" he said.

Chan claims that the "inevitable" steep rise in medical insurance premiums, which has burdened policyholders, was unavoidable as insurance companies have been in the red for years after paying out the exorbitant charges imposed by private healthcare services.

However, he also acknowledged that insurance companies share the blame over the "inflated" billing by private hospitals.

> **"Private healthcare centres are profit-driven and may invest their profits in R&D or sophisticated medical equipment. However, we are against excessive profiteering."**
>
> Sim Tze Tzin

"For years, insurance companies paid out these charges without scrutiny. The appointment of third-party administrators (TPAs) has made it even worse, triggering higher costs.

"When the TPA presents the charges, the insurance companies would pay up without question, even when it appears to be unreasonable.

"No auditing is conducted and this is why the insurance companies have themselves to blame," he said.

Another veteran insurance consultant, Leonard Tan, suggested that the government form a commission to review healthcare charges.

The commission, he said, could also study insurance premium and reimbursement structures.

He said insurance companies have been selling policies with multi-million ringgit limits and higher premiums.

"These bigger limits trigger and encourage higher charges for medical services and drugs," he said.

Tan pointed out that the overall cost of a hospital stay is in tandem with the room that the patient chooses.

"If you pick a high-end room, the rest of the other charges will also rise, except for the fee of medical consultants and surgeons, which is regulated."

He questioned the high prices of drugs, too.

"Why does it cost way more at private hospitals compared to pharmacies? HSS charges should be strictly regulated," he said.

Lawmaker Sim Tze Tzin, who has raised concerns about medical charges and insurance premiums, said HSS should be regulated to counter excessive profiteering.

"Yes, private healthcare centres are profit-driven and may invest their profits in R&D (research and development) or sophisticated medical equipment. However, we are against excessive profiteering."

He claimed that private hospitals are imposing HSS charges "as they wish".

"Currently, there are no laws to regulate HSS charges," he said, adding that patients are often given bills that run into dozens of pages which they are expected to accept.

"Transparency is the best policy and market forces should be the control mechanism," he said.

Sim said the overcharging by private hospitals has also impacted the insurance industry, which in turn has raised premiums that are burdening its policyholders.

He said private healthcare operators should work closely with the government on the matter.

"Just because other countries do not regulate private hospital charges, it does not mean we cannot do so. We have our ecosystem. Every country is unique in its own way," he said.

FOR MORE:
See pages 7 and 8

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 8
RUANGAN : NATION

NewStraitsTimes . FRIDAY, MAY 2, 2025

NEW MANDATORY REQUIREMENT

PHARMACIES FOLLOW PRICE LABEL RULE

Checks show stores following new law; some private clinics and hospitals not doing so

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PHARMACIES in various parts of the country are adapting to the new mandatory price labelling for medicines, a regulation that aims to provide consumers with clear pricing to promote transparency in the healthcare sector.

Checks at independent pharmacies in Kuchai Lama and Bangsar here showed that over-the-counter and prescription drugs were tagged with clear price labels.

Some private clinics and hospitals did not display them. They, however, provided prices upon request.

A pharmacy staff member said the sheer number of medicines that needed to be listed could overwhelm patients.

"We display the prices on our shelves and system because we believe the mandatory price display promotes transparency.

"But I feel that listing prices on a printed paper is essentially the same as showing them in our system, with the first choice being more time-consuming," she said.

She said in her experience, most patients would simply state the name of the prescribed medicine, and the employee would look it up in the system before informing them of the price.

In Penang, checks at several community pharmacies showed that medicines sold there were tagged with prices, though some could not be visibly seen as they were inside glass cabinets.

At Wellings Pharmacy Rock, branch pharmacist Goh Siew Mei said the company was working towards full compliance with the mandatory price labelling for medicines.

She said that previously, the pharmacy's employees would just inform customers of the prices of some of the medicines.

Goh said the company would try to put price labelling for all medicines, acknowledging that some would still be too small for their customers to see.

"For this, we will provide our customers with a (computer) tab for them to see all the prices clearly before making any purchase."

A woman reading the label on a medical product at a pharmacy in Kuala Lumpur yesterday. The new mandatory price labelling of medicines will promote transparency in the healthcare sector. NSTP PIC
BY MOHAMAD SHAHRIL BADRI SAALI

In Kedah, pharmacist Fazli Kamaruzaman, 38, said the new requirement posed no issues for him, as price tagging had long been part of his sales practice.

"For over-the-counter medication, we've always used price tags, and for prescription medication, we also include prices," he said here yesterday.

Fazli said independent pharmacists welcomed the move as a step towards greater industry transparency.

"We maintain a catalogue or price list for all categories of medicine to make it easier for customers to check and compare (prices)," he added.

Dr Nur Hamimi Hamzah, a pharmacist in Jalan Teluk Wanjah, said she took steps to comply with the rule.

"We have no issues with the order. Since the announcement, we've started labelling all our medicines accordingly," she said.

Health Minister Datuk Seri Dr Dzulkefly Ahmad and Domestic Trade and Cost of Living Minister Datuk Armizan Mohd Ali, in a joint statement on April 30, said that mandatory price labelling would ensure the public could make informed choices by knowing, comparing and selecting the best prices when managing their medication expenses.

However, the Malaysian Medical Association wants the government to halt its implementation at private healthcare centres and community pharmacies.

Its president, Datuk Dr Kalvinder Singh Khaira, said the decision would allow for proper engagement and resolution of the concerns raised by the association. **Additional reporting by Ahmad Mukhsein Mukhtar**

AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

'Medication, tech costs driving private hospital inflation'

By CHARLES RAMENDRAN
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PETALING JAYA: Amid debate over rising charges on hospital supplies and services (HSS), the Association of Private Hospitals Malaysia says that they have "no control over costs related to medication, medical equipment and emerging technologies like electronic medical records and artificial intelligence".

"This is made worse by the unfavourable currency exchange rates. As a result, we have to absorb these costs, which are ultimately passed on to the patient in the final bill," said association president Datuk Dr Kuljit Singh.

The bills issued by private hospitals reflect the comprehensive costs incurred in providing medical treatment.

He said that regulating the prices of such medical equipment must be approached realistically and studied thoroughly to determine if it could lead to companies discontinuing the supply of the latest medical innovations to Malaysia.

It is essential that regional markets be analysed for comparison to determine whether costs can be lowered sufficiently to remain competitive, he said.

"A comprehensive study is necessary to understand the dynamics at play," he said when contacted.

Dr Kuljit said the Malaysian healthcare system is facing inflationary pressures, which are affecting public healthcare as well.

"Moreover, there is limited recourse available to mitigate these effects as we do not have local industries producing healthcare products such as medical equipment and medications."

He said Malaysia should consider investing in the development of its own pharmaceutical products and medical equipment in the future.

"Such a strategic move could enhance independence and contribute to a more sustainable healthcare ecosystem," Dr Kuljit said.

The increasing number of patients and insurance claims, he pointed out, is largely driving the rise in medical inflation in the country.

"While private hospitals' profitability is often scrutinised, factors contributing to rising healthcare costs, such as inflation, are frequently overlooked."

"This reality is not fully understood by many, but it highlights the challenges we face in the healthcare sector."

Such a trend, he said, is not unique to Malaysia, as many countries are experiencing similar increases in medical expenses.

Dr Kuljit said the association is committed to ensuring the affordability of treatment costs, using strategies including transparency in drug prices.

However, he said it is important that such a move is carried out wisely without compromising on the care given to patients.

AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

Healthcare will not be cheaper, say unhappy docs

By RAGANANTHINI VETHASALAM
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PETALING JAYA: The new law requiring medicine prices to be displayed at private clinics will not bring down the price of healthcare, says the Malaysian Medical Association (MMA).

Instead, it may lead to more clinics closing down, resulting in hardship for patients, the group said.

With clinics forced to close, it said, the already strained public healthcare system would be further burdened.

"Rising healthcare costs are largely due to other factors, including medical insurance premiums, claims denials, third-party administrator (TPA) policies, illegal, unsafe healthcare centres, etc, all of which are unregulated," it said on its Facebook page, MMA Schomos.

The ruling on displaying medicine prices came into effect yesterday, leaving many in the private healthcare fraternity upset.

Disgruntled doctors are set to march on May 6, marking the first protest in four years since the Hartal Doktor Kontrak strike on July 26, 2021.

Called "Doctors Betrayed: The Long Walk to Putrajaya", the march organised by the MMA will see participants walking from the Health Ministry to the Prime Minister's Office.

In the social media post yesterday, the MMA called out the government for not keeping its promise of reviewing the consultation fees for 33 years, since 1992.

"Our fees have remained between RM10 and RM35 since 1992, despite rising operational expenses.

"It may even be cheaper than getting a meal and coffee," the post read.

In a statement, MMA president Datuk Dr Kalwinder Singh Khaira urged the government to put the ruling on hold, pending the resolution of issues like the consultation fees.

"These valid questions should be answered prior to any decision-making," said Dr Kalwinder, who was disappointed that the government had proceeded with the implementation without addressing the reservations of the medical practitioners.

During the "Advocacy" meeting in February, it was concluded that the rule for displaying medicine prices would only be implemented after the long-overdue revision of private GP consultation fees.

"That commitment has not been honoured," said Dr Kalwinder.

He said GPs have every reason to feel frustrated over the use of the Price Control and Anti-Profiteering Act, which is a non-medical Act, on the already heavily regulated medical profession.

"The MMA strongly urges the government to halt the rule for displaying medicine prices.

"This will allow for proper engagement and resolution of the concerns raised."

Malaysian Dental Association Assoc president Prof Dr Mas Suryalis Ahmad said the association stands in solidarity with the MMA.

"We believe that healthcare should be recognised as a vital public service rather than a commercial commodity," she said.

A doctor based in Sabah also called on his counterparts to protest by wearing black attire to work and to take photos and post it on social media.

"We will shut our clinics and pharmacies, and we will walk to Parliament – when our associations call."

On Wednesday, Health Minister Datuk Seri Dr Dzulkefly Ahmad and Domestic Trade and Cost of Living Minister Datuk Armizan Ali said in a joint statement that the price list initiative was in line with the government's commitment to price transparency.

They said the move would allow the people to make informed choices and make price comparisons.

AKHBAR : THE STAR
MUKA SURAT : 16
RUANGAN : NATION

Soil health a silent emergency in Malaysia

WE are rightly alarmed by floods, haze and rising food prices. Yet, beneath our feet lies a crisis we are dangerously ignoring: Our soil is in silent decline.

Across our agricultural heartlands, from padi fields and oil-palm plantations to vegetable plots, our soils are tired, depleted of organic matter, stripped of beneficial microbes, and acidified by decades of too much fertiliser usage.

My recent field assessments across key farming regions reveal a worrying pattern – low organic carbon levels, poor structure, and negligible microbial life. In some padi zones, microbial activity was nearly absent. Yet, farmers are still advised to apply more fertilisers or more water. This treats the symptoms but not the root cause.

Soil isn't just a "medium" to grow food. It is a living ecosystem that underpins our national food security, climate resilience, and farmers' livelihoods. When soils collapse, everything else eventually follows.

Billions of ringgit are spent annually on synthetic fertilisers and agricultural subsidies. But where is the return on this investment? Yields are stagnating or declining in many regions while input costs rise. However, the health of our soil is not even monitored in official agricultural performance reports.

In India, for example, there is a Soil Health Card (SHC) scheme, which provides farmers with a report detailing their soil's nutrient status and recommendations for optimal fertiliser use.

In the European Union, there is currently a push for a formal soil health law to protect and regenerate agricultural lands.

Malaysia, in contrast, lacks even a basic national soil-health baseline.

Whether we are talking about rice self-sufficiency, palm oil exports, or sustainable agriculture, soil health is no longer a technical matter; it is strategic as food prices escalate, climate shocks intensify, and environmental, social, and governance (ESG) scrutiny increases.

Even our international credibility is at risk. Buyers and regulators in Europe and North America are demanding sustainability verification that now includes soil impact. Without robust data and regenerative practices, Malaysia risks market penalties and exclusion.

To be clear, this isn't about pointing fingers at farmers. They are the first to suffer from poor soils. Many want to do better but lack the tools, support, and the system to change.

We must begin a soil intelligence system where testing, organic restoration, and regenerative practices are rewarded.

Based on my field experience, here are four urgent actions Malaysia can take:

1. Launch a national soil health scorecard. Like how we monitor water and air, we must begin testing, tracking, and publishing our national soil health status.

2. Redirect subsidies towards regenerative practices by supporting composting, mulching, microbial inputs, cover cropping, and training of farmers.

3. Enable soil-based ESG and carbon trading to align with international standards so farmers can earn from improved soil carbon and documented sustainable practices.

4. Form a national task force on soil regeneration. Bring together the Agriculture and Food Security Ministry, research institutes, plantation sectors, and farmer groups to co-develop a soil recovery roadmap by 2030.

I've seen it first-hand. In Kedah, a durian farm suffering from poor pH and weak yield saw 40% less fertiliser usage after using a lime-microbial blend tailored to the soil.

In Seberang Perak, padi fields regained soil structure after just two seasons of organic residue management and beneficial microbe reintroduction.

In every discussion about agriculture, we talk about tonnes per hectare, export volumes, and irrigation flows but almost never about the soil itself. And yet, everything depends on it.

We cannot afford to let this turn into our next environmental disaster. Let Malaysia be among the first in South-East Asia to treat soil health as a national emergency.

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