

AKHBAR : BERITA HARIAN

MUKA SURAT : 23

RUANGAN : DEWAN RAKYAT

Enam usaha diambil atasi kekurangan doktor pakar

→ 4,898 sedang berkhidmat di klinik, hospital kerajaan seluruh negara

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Seramai 4,898 doktor pakar sedang berkhidmat di klinik dan hospital kerajaan di seluruh negara sehingga 30 September lalu.

Timbalan Menteri Kesihatan,

Datuk Seri Dr Hilmi Yahya, berkata kerajaan turut melaksanakan usaha untuk menambahkan doktor pakar.

Antaranya, meningkatkan 200 slot tambahan pengambilan pegawai perubatan menjalani program sarjana kepakaran dengan Hadiah Latihan Persekutuan menjadikan jumlah keseluruhannya 1,000 pengambilan bermula 2015.

Program laluan paralel

Katanya, kerajaan turut menggalakkan pegawai perubatan yang berminat menjadi pakar menjalani latihan kepakaran melalui program laluan paralel bersama universiti luar.

“Kementerian turut melantik semula pegawai perubatan pakar yang sudah tamat kontrak untuk berkhidmat dengan kementerian mengikut keperlu-



Kami menggalakkan pegawai perubatan pakar warga negara Malaysia di luar negara pulang ke tanah air”

**Dr Hilmi Yahya,
Timbalan Menteri Kesihatan**

an,” katanya pada sesi pertanyaan lisan di Dewan Rakyat, semalam.

Beliau menjawab soalan Dr Izani Husin (PAS-Pengkalan Chepa) mengenai jumlah terkini doktor pakar di hospital kerajaan dan langkah kerajaan menangani masalah kekurangan doktor pakar.

Dr Hilmi berkata, pegawai perubatan pakar tempatan yang sudah bersara wajib turut dilantik semula secara kontrak untuk berkhidmat dengan kementerian mengikut keperluan.

Katanya, kementerian juga mendapatkan perkhidmatan doktor pakar swasta untuk berkhidmat secara profesional.

“Kami juga menggalakkan pegawai perubatan pakar dari kalangan warga negara Malaysia yang berkhidmat di luar negara pulang ke tanah air,” katanya.

AKHBAR : HARIAN METRO**MUKA SURAT : 67****RUANGAN : SETEMPAT**

Langkah tingkat doktor pakar

Kuala Lumpur: Sehingga 30 September lalu, seramai 4,898 doktor pakar berkhidmat di fasiliti kesihatan Kementerian Kesihatan, Dewan Rakyat diberitahu semalam.

Justeru, Timbalan Menteri Kesihatan Datuk Seri Dr Hilmi Yahaya berkata, kementerian sentiasa berusaha untuk mengatasi kekurangan doktor pakar di seluruh negara.

Menurutnya, antara langkah diambil ialah meningkatkan pengambilan pegawai perubatan menjalani program sarjana kepakaran dengan Hadiah Latihan Per-

**DR Hilmi**

sekutuan daripada 800 slot sehingga 2014 kepada 1,000 slot mulai 2015.

Kementerian juga, kata-

nya, menggalakkan pegawai perubatan yang berminal untuk menjadi pakar menjalani latihan kepakaran melalui program laluan paralel.

“(Seterusnya) melantik semula pegawai perubatan pakar yang telah tamat kontrak untuk berkhidmat dengan Kementerian Kesihatan mengikut keperluan,” katanya ketika menjawab pertanyaan Dr Izani Husin (PAS-Pengkalan Chepa) yang ingin tahu jumlah terkini doktor pakar di hospital kerajaan dan langkah menangani kekurangan golongan itu.

AKHBAR : HARIAN METRO**MUKA SURAT : 67****RUANGAN : SETEMPAT****Putrajaya****Pendaftaran dua produk tradisional Cina ditarik balik**

Kementerian Kesihatan mengesahkan dua produk tradisional Cina iaitu Wan Ling Ren Sem Chin Kuo Pill dan Chong Cao Dan ditarik balik pendaftarannya Januari lalu kerana didapati mengandungi *Dexamethasone*.

Ketua Pengarah Kesihatan Datuk Dr Noor Hisham Abdullah berkata, kedua-dua produk berkenaan pernah berdaftar dengan Pihak Berkuasa Kawalan Dadah (PBKD), namun ditarik balik kerana mengandungi bahan beracun.

Beliau berkata, kedua-dua produk berkenaan dipromosi mengandungi bahan herba yang boleh membantu melegakan sakit dan kebas anggota badan serta melancarkan peredaran darah.

"Sepanjang tahun ini, Bahagian Penguat Kuasa Farmasi kementerian membuat serbuan ke atas dua premis kedai ubat tradisional Cina dan 26 kotak produk Wan Ling Ren Sem Chin Kuo Pill dirampas.

"Penjualan produk yang tidak berdaftar melanggar Peraturan Peraturan Kawalan Dadah dan Kosmetik 1984 dan satu kesalahan di bawah Peraturan 30(1) peraturan yang sama dan boleh dihukum mengikut Seksyen 12 Akta Jualan Dadah 1952," katanya dalam kenyataan, semalam.

Katanya, jika sabit kesalahan, individu yang melakukan kesalahan boleh dikenakan denda tidak melebihi RM25,000 atau penjara tidak melebihi tiga tahun atau kedua-duanya untuk kesalahan pertama dan denda tidak melebihi RM50,000 atau penjara tidak melebihi lima tahun atau kedua-duanya untuk kesalahan berikutnya.

Dr Noor Hisham berkata, bagi syarikat yang melakukan kesalahan pula, boleh dikenakan denda hingga RM50,000 untuk kesalahan pertama dan denda hingga RM100,000 untuk kesalahan berikutnya.

AKHBAR : KOSMO**MUKA SURAT : 6****RUANGAN : NEGARA**

KKM ada hampir 5,000 doktor pakar

KUALA LUMPUR - Terdapat 4,898 doktor pakar sedang berkhidmat di fasiliti Kementerian Kesihatan Malaysia (KKM) setakat 30 September tahun ini, persidangan Dewan Rakyat diberitahu semalam.

Timbalan Menteri Kesihatan, Datuk Seri Dr. Hilmi Yahaya berkata, kementerian itu sentiasa berusaha untuk meningkatkan lagi bilangan doktor pakar di negara ini.

"Antara langkah yang diamalkan kementerian adalah dengan meningkatkan pengambilan pegawai perubatan menjalani program sarjana kepakaran. Kementerian juga menggalakkan pegawai perubatan yang berminal untuk menjadi pakar menjalani latihan kepakaran melalui

program laluan paralel bersama universiti luar negara," katanya.

Beliau menjawab soalan Dr. Izani Husin (**Pas-Pengkalan Chepa**) yang ingin tahu jumlah terkini doktor pakar di hospital kerajaan dan apakah langkah bagi menangani masalah kekurangan jawatan berkenaan.

Hilmi berkata, antara langkah lain yang diambil KKM adalah dengan melantik semula secara kontrak pegawai perubatan pakar yang telah bersara wajib.

Selain itu, katanya kerajaan turut mendapatkan perkhidmatan kepakaran daripada pihak swasta serta menggalakkan pegawai perubatan pakar warganegara Malaysia yang berkhidmat di luar negara untuk pulang ke tanah air. - Bernama



HAMPIR 5,000 doktor pakar kini berkhidmat dengan KKM.
– Gambar hiasan

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 20

RUANGAN : LETTERS

AGED NATION

RETIREMENT VILLAGES THE WAY FORWARD

MALAYSIA is fast becoming an aged nation, with over two-thirds of its population reaching the age of 60 by 2050. The latter will make up 23.5 per cent of the population, according to a United Nations 2016 assessment. This statistic includes this scribe. We all have to be prepared, like it or not!

It is commendable that the government is proposing a new bill, the Private Aged Healthcare Facilities and Services Bill 2017, to promote healthy living among the aged.

The good news is an editorial piece in a medical journal that stated that 72 per cent of aged Malaysians live with their families. But, is it? Sadly, this was way back in 1984.

Fast forward to today, is this going to be a reality? As it is, it is a problem.

The reasons are plentiful: from the rising cost of living to the current and future generations of youths (the Y and Z, born post-1980 and post-1995) who have a different mindset about the term "extended family".

Gen Y and Z are characterised as individualists, creative, talented, but perhaps selfish, unfocused and loners. They tend to spend more time on social media and smartphones.

Are they then the ones to be counted upon when folks reach 65 years and above? This generation would have their own set of priorities and lifestyle.

Why 65? The common logic is upon retirement at the official age of 60, most people would still be productive, trying to fill in the shoes of post-retirement.

Most would find it difficult to accept this change, as they feel they had led rather active and constructive lifestyles until then.

From 65 onwards, they could then think of perhaps consolidat-

ing their finances and deciding to move to a more conducive living setting, instead of the empty nest they would be facing. In such places they could then live active and productive lifestyles which result in greater wellbeing, and not degenerate out of boredom living by oneself, as suggested by studies.

We have to be practical. What the new bill should incorporate is a section for professionally-managed retirement homes.

Aged care homes would be one good option. In Finland, about 11.4 per cent of people aged over 75 years are in long-term institutional care, or nursing homes.

State-level geriatric policy guidelines state that all elders in institutional care should be guaranteed a high quality of care.

Research also indicates that people who usually go to nursing homes have significant chronic impairments, and are likely to become more impaired over time for several reasons, including lack of opportunity to exercise and socially interact within the set environment.

Besides staffing, proper resources, and the philosophy of running a good nursing home, having the physical environment and infrastructure for residents (like parks, lakes) to live in is equally important.

What I am suggesting is a retirement village. Currently, there are some retirement homes in Malaysia, but it is a costly affair.

As the investments are high, most Malaysians would not be able to afford it.

For instance, it was reported recently, that a newly-launched retirement village in Ipoh required residents to pay an upfront deposit of RM300,000 upwards for a lifetime lease.

This amount excludes the ad-

ditional monthly general service charges, which start at RM371 for a sinking fund which covers the operational cost of the village and access to the facilities and activities at the clubhouse. The lease deposit will be refunded when residents decide to leave.

There must be a regulatory body established under the Women, Family and Community Development Ministry's Social Welfare Department to oversee the operations of these homes in an accountable manner.

The Malaysian Anti-Corruption Commission (MACC) could also be roped in for good governance. This way, the government also has a commitment to the wellbeing of the residents and the industry.

The question is how to make this affordable, as most retirement villages are self-funded without major government support?

For instance, in England, to own a retirement home, the government provides up to 25 per cent funding. There is also a similar policy in Ontario, Canada. In Australia, retirement villages have shown to reduce the costs on publicly-funded health services.

Since we are not a high-income nation, one suggestion would be a system where one has to contribute a specific amount monthly via the Schedule Tax Deduction or PCB (potongan cukai bulanan).

Since this would essentially be a "by the people, for the people" initiative, all it takes is a RM1 deduction.

With about 17 per cent contribution from personal income taxes out of RM118.5 billion, this huge amount could be used to help spur this industry.

Apart from generating savings, the retirement village sector contributes to national gross domestic product and taxation revenue, through investment and village operation.

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AKHBAR : THE STAR

MUKA SURAT : 9

RUANGAN : NATION

Health D-G warns of flood-related diseases

PETALING JAYA: Flood victims in Penang, Kedah and Perak have been reminded to practise good hygiene to avoid contracting diseases.

Health Ministry director-general Datuk Dr Noor Hisham Abdullah said floodwaters are contaminated and dirty, and could cause various infectious diseases such as diarrhoea, typhoid, hepatitis A and leptospirosis.

"Direct contact with contaminated floodwaters can cause infections of wounds, skin, eyes, ear, nose and throat," he said in a statement.

Dr Noor Hisham cautioned that infections could worsen if early treatment is not given, especially for high-risk groups such as children, senior citizens and chronically-ill patients.

Sungai Buloh Hospital Infectious Disease head Datuk Dr Christopher Lee advised people to wear protective gear to ensure that cuts, wounds and ulcers do not come into direct contact with floodwaters.

"If wounds do come into contact with floodwaters, wash them with clean water as soon as possible," he said.

Dr Lee added that flood victims need to seek immediate medical attention if they contract diarrhoea and fever.



Deluge in Penang

The fever could be caused by leptospirosis or other infections.

"For diarrhoea, flood victims need to be aware if there is a disease cluster – a few family members experiencing diarrhoea at the same time," Dr Lee said.

He cautioned that while larvae would have been washed away by the floodwaters, there would be risks of dengue and other mosquito-borne diseases if standing waters accumulate over the next few days.

Meanwhile, Dr Noor Hisham said that five health facilities in Penang were affected by the floods, namely Penang Hospital, Klinik Kesihatan Mak Mandin, Klinik Desa Lahar Yooi, Klinik Kesihatan Perai and Klinik 1Malaysia Taman Seri Delima.

However, he said that Penang Hospital and Klinik Kesihatan Perai were still accessible to the public.

Diseases to be wary of after floods

Disease	Cause	Symptoms
Typhoid	Salmonella typhi bacteria, through consumption of contaminated food and water	• Prolonged fever, headache, nausea, loss of appetite, constipation, diarrhoea
Hepatitis A	Hepatitis A virus (HAV) transmitted through consumption of contaminated food and water, or through direct contact with infectious person	• Fever, malaise, loss of appetite, diarrhoea, nausea, abdominal discomfort, dark-coloured urine and jaundice
Leptospirosis	Exposure to water contaminated by urine from infected rodents	• High fever, severe headache, muscle pain, chills, redness of the eyes, jaundice, haemorrhages in the skin and mucous membranes, diarrhoea / vomiting, rash
Mosquito-borne diseases (dengue, chikungunya, malaria)	Infected Aedes and Anopheles mosquitoes	<p>Dengue • High fever, pain behind the eyes, severe headache, nausea / vomiting, swollen glands, muscle and joint pains, rash</p> <p>Chikungunya • Abrupt onset of fever, joint and muscle pain, headache, nausea, fatigue, rash</p> <p>Malaria • Fever, headache, chills</p>

Actions to prevent diseases

	Wash hands with clean water and soap, especially for food preparation		Keep the evacuation centre clean		Wear protective gear such as gloves and boots
	Do not play in the floodwaters		Boil water and cook food thoroughly		After the floods, be cautious not to get hurt when cleaning the house

Source: Malaysian Health Ministry and World Health Organisation