

AKHBAR : BERITA HARIAN

MUKA SURAT : 13

RUANGAN : MINDA PEMBACA

Berat badan berlebihan tingkat risiko hidap 13 jenis kanser

Nur Syamila
Kamarul
Arefin
Universiti Putra
Malaysia

Tinjauan Kebangsaan Kesihatan dan Morbiditi 2019 mendapati, 50.1 peratus golongan dewasa di Malaysia berhadapan masalah lebih berat badan atau obesiti.

Angka ini bermakna, seorang daripada dua golongan dewasa di negara ini dikategorikan sebagai mempunyai berat berlebihan atau obes.

Dalam kalangan kanak-kanak berusia antara lima hingga 17 tahun pula, sebanyak 29.8 peratus didapati berhadapan masalah ini.

Empat tahun lalu, Pertubuhan Kerjasama dan Pembangunan Ekonomi (OECD) menganggarkan, penyakit berkaitan obesiti akan menjadi punca kematian lebih 90 juta orang di negara anggota OECD antaranya Australia, Austria, Belgium, Kanada, Turki, Amerika, Jerman dan Perancis.

Susulan itu OECD turut menjangkakan dalam tempoh 30 tahun akan datang jangka hayat manusia juga menyusut hampir tiga tahun.

Meskipun masalah obesiti kerap diperkatakan, kesedaran untuk mengawal berat badan belum dibuat dengan baik. Sedangkan fakta lebih menakutkan mengenai obesiti adalah ia mampu meningkatkan risiko kanser.

Malah, masih ramai yang beranggapan kanser terjadi disebabkan oleh faktor selain obesiti iaitu penuaan, genetik, merokok dan radiasi bahan kimia.

Menurut Ketua Laboratori Penyelidikan Kanser UPM-MAKNA (CANRES), Profesor Madya Dr Chia Suet Lin, rata-rata rakyat Malaysia beranggapan obesiti hanya menjadi penyebab masalah berkaitan kardiovaskular seperti penyakit jantung, angin ahmar, diabetes dan lain-lain.

Mereka yang mempunyai berat badan dengan indeks jisim tubuh (BMI) melebihi 40 lebih cende-

rung mendapat kanser berbanding berat badan normal. Namun, fakta ini masih tidak mengejutkan orang ramai, meskipun obesiti boleh menjadi punca berlaku 13 jenis kanser.

Peningkatan tahap insulin

Mengapa obesiti menjadi punca kanser? Secara umum kanser boleh dibahagi kepada beberapa jenis iaitu kolorektal, payudara, rahim, darah, buah pinggang, esofagus, pankreas, endometri-um, prostat, pundi hempedu dan tiroid. Antara punca ia terjadi adalah perubahan hormon susulan peningkatan tahap insulin.

Selain itu, keradangan berpanjangan dalam badan, perubahan metabolisme seperti pengambilan glukosa dan lipid yang berlebihan akan menyebabkan berat badan naik dengan sangat mendadak, sekali gus meningkatkan risiko kanser.

Tambah beliau, sel lemak yang berlebihan akan meningkatkan keradangan serta mengubah hormon badan dalam imunisasi badan seseorang. Ia juga akan menjadi punca sel dalam badan seseorang membahagi dan membesar



sehingga terjadinya tumor.

Sebuah kajian yang dilakukan oleh Persatuan Kanser Amerika menunjukkan, 90 peratus pesakit mengalami masalah obesiti dalam lingkungan usia 50 tahun dan ke atas.

Bagi wanita risiko untuk menghidap kanser payudara akan meningkat selepas menopause disebabkan masalah obesiti, manakala bagi lelaki secara umum mereka lebih cenderung berhadapan masalah barah kolorektal.

Kanser adalah penyakit kedua yang membunuh manusia. Hampir 10 juta orang meninggal dunia setiap tahun kerana penyakit ini. Malangnya di Malaysia, lebih daripada 60 peratus pesakit hanya menyedari masalah mereka ketika barah sudah pada tahap ketiga atau keempat.

Penuhi diet seimbang

Dalam hal ini, Dr Chia menyarankan supaya pelbagai sajian yang diambil selain mesti memenuhi diet seimbang dan dalam kuantiti sederhana.

Kaedah ini katanya, mampu menghalang daripada penyakit kronik dan masalah lain.

"Kita tidak menghalang golongan yang sihat untuk menikmati juadah, tetapi perlu bijak ketika memilih jenis dan kuantiti makanan.

"Jangan ambil sambil lewa kerana ia boleh memberi kesan buruk kepada diri sendiri," katanya.

Untuk rekod, di Malaysia tiga jenis kanser yang paling kerap berlaku dalam kalangan lelaki adalah kolorektal atau usus besar (16.9) peratus, paru-paru (14.8 peratus) dan kanser prostat (8.1 peratus).

Dalam kalangan wanita pula barah yang kerap dikesan adalah payudara (33.9 peratus) diikuti dengan kolorektal (10.7 peratus) dan pangkal rahim (6.2 peratus).

AKHBAR : HARIAN METRO

MUKA SURAT : 5

RUANGAN : LOKAL

JKNT rampas 544 produk kosmetik, ubat tak berdaftar

Kuala Terengganu: Jabatan Kesihatan Negeri Terengganu (JKNT) merampas sebanyak 544 jenis produk kosmetik dan ubat-ubatan tidak berdaftar bernilai RM954,727 sepanjang tahun lalu.

Pengarahnya Datuk Dr Kasemani Embong berkata rampasan menerusi 121 siri serbuan oleh Cawangan Penguatkuasaan, Bahagian Farmasi JKNT, itu dilakukan hasil aduan orang awam dan risikan melibatkan premis perniagaan, kenderaan dan rumah yang dijadikan pusat jualan atau tempat simpanan barang.

"Bagaimanapun jumlah itu turun berbanding tempoh 2019 hingga 2020 yang merekodkan rampasan 1,231 jenis produk dengan nilai RM1.19 juta.

"Produk paling banyak dirampas ialah ubat-ubatan termasuk pil pelangsingan badan dan ubat perangsang



Produk paling banyak dirampas ialah ubat-ubatan termasuk pil pelangsingan badan dan ubat perangsang seks"

Dr Kasemani

seks," katanya selepas merasmikan Program Gerak Gempur Cakna Ubat 2023, di sini.

Dr Kasemani berkata JKNT juga telah mengeluarkan denda sebanyak RM282,450 di bawah Akta Jualan Dadah 1952, Akta Racun 1952 (Pindaan) 2022 dan Akta Ubat (Iklan dan Penjualan) 1956 bagi tempoh 2021 hingga 2022.

Menurutnya, selain aduan orang ramai, pihaknya juga mempunyai pasukan khas yang memantau ak-

tiviti jualan dan pengiklanan produk kosmetik serta ubat-ubatan yang tidak berdaftar secara dalam talian.

"Di JKNT, kita mempunyai 23 petugas termasuk pegawai dan kakitangan bertanggungjawab dalam aktiviti penguatkuasaan farmasi. Dengan kekuatan ini, kita mampu menjalankan antara lima hingga enam serbuan sebulan," katanya.

Dalam pada itu Dr Kasemani menasihati orang awam supaya memeriksa status ubat-ubatan dengan Kementerian Kesihatan Malaysia (KKM) sebelum membeli.

"Pengguna boleh menyemak status pendaftaran produk melalui laman sesawang KKM atau muat turun aplikasi FarmaChecker daripada Google Playstore atau App Store bagi memeriksa ketulenan sesuatu produk ubat dengan cepat dan tepat," katanya.

AKHBAR : SINAR HARIAN

MUKA SURAT : 12

RUANGAN : NASIONAL

KKM berusaha selesaikan isu jabatan kecemasan - Dr Zaliha

KUALA LUMPUR - Kementerian Kesihatan Malaysia (KKM) akan terus mendengar dan berusaha mengenal pasti penyelesaian bagi isu-isu jabatan kecemasan di hospital.

Menteri Kesihatan, Dr Zaliha Mustafa berkata, ia berikutan pelbagai cabaran berbeza yang dihadapi oleh setiap jabatan kecemasan.



DR ZALIHA

Susunan lawatan pihaknya baru-baru ini ke jabatan kecemasan di sebuah hospital kuarternari, beliau berkata, petugas barisan hadapan bergelut kerana pesakit yang sepatutnya dimasukkan ke wad tersekat di jabatan itu.

"Kelewatan kemasukan menyebabkan kesan domino yang teruk. Apa yang sedang dilakukan (oleh kementerian) ialah mengakui keseriusan masalah ini serta keletihan fizikal dan mental yang dialami oleh petugas dan pesakit di lapangan.

"(Serta) perbincangan dalaman dan hala tuju mengenai perjawatan dan pembukaan lebih banyak katil (serta) memperkasa kepimpinan di lapangan," katanya menerusi ciapan di Twitter pada Isnin.

Dr Zaliha berkata, banyak isu adalah diwarisi dan sistemik, namun sebahagiannya boleh ditangani pada peringkat tempatan dengan libat urus yang mencukupi.

Beliau berkata, ramai petugas barisan hadapan bekerja melebihi jangkaan ketika pandemik dan terus melakukannya memandangkan sistem penjagaan kesihatan kini berdepan kes penyakit tidak berjangkit yang terlampau banyak. - Bernama

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 3

RUANGAN : DALAM NEGERI

'Jika kementerian tidak respons, kami mogok'

Oleh AHMAD
FADHLULLAH ADNAN
fadhlullah.adnan@mediamulia.com.my

PETALING JAYA: Gerakan Hartal Doktor Kontrak bersedia melakukan mogok sekali lagi jika Kementerian Kesihatan terus 'membisu' dalam menangani isu berkaitan sistem kesihatan negara dalam tempoh tiga bulan ini.

Bercakap kepada *Utusan Malaysia*, jurucakapnya, Dr. Muhammad Yassin berkata, gerakan itu memberi tempoh tiga bulan kepada kementerian se-

belum mogok dirancang untuk dilakukan secara besar-besaran.

"Mogok besar-besaran itu akan membabitkan gabungan doktor pergigian, pegawai farmasi dan semua pekerja kontrak di Kementerian Kesihatan yang lain.

"Tetapi itu nanti, kita tunggu dulu. Kalau dalam dua atau tiga bulan masih sama atau tak ambil tindakan, maka mungkin terpaksa buat hartal 2.0. Setakat ini masih awal mahu katakan pimpinan baharu gagal atau tidak," katanya ketika dihubungi, semalam.

Pada Julai 2021, kumpulan doktor kontrak yang tidak berpuas hati tidak diserap ke dalam perkhidmatan tetap melancarkan mogok serentak di seluruh negara.

Menurut Dr. Muhammad berkata, pihaknya masih menunggu tarikh pertemuan dengan Menteri Kesihatan, Dr. Zaliha Mustafa seperti yang dimaklumkan pada Disember tahun lalun.

"Kata mahu jumpa... minta kami sediakan masalah yang dibelenggu doktor kontrak, apabila sudah beri, semua macam

berdolak dalik... banyak alasan (untuk jumpa).

"Setiasusaha Politik (Dr. Zaliha) berhubung dengan kami sejak awal Disember, tetapi sampai sekarang tidak ada tarikh (perjumpaan), asyik katakan Yang Berhormat (Menteri Kesihatan) sibuk," kata beliau yang kecewa.

Bagaimanapun, kata beliau, pihaknya akan terus beri tekanan kepada kerajaan terutamanya melalui media sosial atau memberi kesedaran kepada orang ramai supaya tahu sistem kesihatan negara semakin teruk.

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 29

RUANGAN : DALAM NEGERI



Derma darah sempena Thaipusam

BERSEMPENA sambutan Thaipusam yang diadakan di Batu Caves, Selangor, Kementerian Kesihatan turut mengambil peluang menggerakkan kempen derma

darah.

Kempen dijalankan di bawah jejambat Lebuhraya Lingkaran Tengah (MRR2) berdepan pintu masuk utama Kuil Sri Subramaniam Swamy.

Kempen Derma Darah itu diadakan bertujuan menambah stok atau bekalan darah yang berkurangan sejak akhir-akhir ini dan mendapat sambutan menggalakkan.

■ **PETUGAS** kesihatan mengendalikan penderma darah yang hadir dalam Kempen Derma Darah di Batu Caves, Selangor semalam. - **UTUSAN/AMIR KHALID**

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 6

RUANGAN : NEWS / NATION

NEW BASIC POLICIES

HEALTH WHITE PAPER IN FINAL PHASE

Deputy health minister says it will involve health services in Sabah, which need attention from the federal govt

LAHAD DATU

THE Health Ministry is in the final phase of preparing a Health White Paper that involves new basic policies for the national health services sector, said Deputy Health Minister Lukanisman Awang Sauni.

Lukanisman, who is on his first working visit to Sabah, said this would also involve the state's health services, which need the federal government's attention.

"We must review health requirements, including schemes that require additional manpower. The information I get from every working visit will be brought to the attention of the highest working positions of the ministry.

"We are also aware of the state government's involvement through the cooperation of the MA63 Special Committee, which we will discuss tomorrow (today) with the Sabah Health Department," he said after launching the 2023 Grand Smile Operation Initiative programme at the Lahad Datu Hospital, here, yesterday.

On Jan 10, Health Minister Dr Zaliha Mustafa said the Health Ministry aimed to table the Health White Paper in Parliament in the middle of this year.

Meanwhile, Zaliha said the ministry would continue to listen and work on solutions pertaining to emergency department issues in hospitals.

She said each emergency department faced different challenges.

During a recent visit to an emergency department at a large quaternary hospital, she said the ministry's team found that the frontline staff were struggling because patients who were supposed to be admitted were stuck in the emergency department.

"Delays in admissions have a domino effect. What is being done (by the ministry includes) acknowledgement of the scale of the problem and the physical and mental fatigue faced by staff and patients.

"(Also) internal discussion and direction regarding staffing, opening up of more beds, (and) empowering leadership on the ground," she said in a Twitter thread yesterday.

Dr Zaliha said many issues were inherited and systemic, but some could be tackled locally with sufficient engagement.

She said many frontliners had worked beyond the call of duty during the pandemic and continued to do so as the healthcare system faces a tsunami of non-communicable diseases.

AKHBAR : THE STAR

MUKA SURAT : 9

RUANGAN : NATION

MOH working to resolve emergency dept issues

KUALA LUMPUR: The Health Ministry (MOH) will continue to listen and work on identifying solutions pertaining to emergency department issues in hospitals.

Health Minister Dr Zaliha Mustafa said this was due to the different challenges faced by each emergency department.

She said during a recent visit to an emergency department at a large quaternary hospital, the ministry's team found that the front-line staff were struggling because patients who were supposed to be admitted were stuck in the emergency department.

"Delays in admissions have an adverse domino effect. What is being done (by the ministry includes) acknowledgement of the scale of the problem and the physical and mental fatigue faced by staff and patients on the ground.

"(Also) internal discussion and direction regarding staffing, opening up of more beds, (and) empowering leadership on the ground," she said on Twitter yesterday.

Dr Zaliha said many issues were inherited and systemic, but some can be tackled locally with sufficient engagement.

She said many frontliners have worked beyond the call of duty during the pandemic and continue to do so as the healthcare system faces a tsunami of non-communicable diseases.

Meanwhile, her deputy, Lukanisman Awang Sauni said that the MOH is in the final phase of preparing a Health White Paper that involves new basic policies for the national health services sector.

He said this would also involve health services in Sabah, which need Federal Government attention.

On Jan 10, Dr Zaliha said the ministry aimed to table the Health White Paper in Parliament in the middle of this year.

Lukanisman, who is on his first working visit to Sabah, also said that after Covid-19, the country was facing a crisis in health services and that it was crucial to look into the matter.

"We must review health requirements, especially neglected clinic services, including schemes that require additional manpower.

"Of course, the information and input I get from every working visit will be brought to the attention of the highest working positions of the ministry, including the minister.

"We are also aware of the involvement of the state government through the cooperation of the MA63 Special Committee, which we will discuss tomorrow with the

Sabah Health Department," he told Bernama after launching the 2023 Grand Smile Operation Initiative (GSOI) programme at the Lahad Datu hospital.

Lukanisman said that through the GSOI, a total of 58 cleft patients here will undergo surgery from yesterday until Feb 11.

"The main objective of the GSOI is to overcome the increase in existing cases and provide exposure and awareness to the community about cleft lip and the treatment that can be done.

"A cleft occurs when there is a gap or split in the upper lip and/or roof of the mouth (palate). This also happens one in 941 births," Lukanisman said while expressing hope that NGOs would contribute and provide the necessary assets to the hospital to continue the GSOI programme.

AKHBAR : THE STAR

MUKA SURAT : 12

RUANGAN : VIEWS

Efficient logistics overcome hospital congestion

I AM a registered patient of the Geriatric Clinic, Hospital Tuanku Ja'afar (HTJ), Seremban. I was recently referred to the Outpatient Department (OPD) there because of a new complaint of poor vision.

Having heard and read so much about overcrowded out-patient clinics in hospitals all over the country, I braced myself for a long haul – sure enough, the car park was full.

There was a crowd of about 30 people at the registration centre where two nurses were taking everyone's temperature and blood pressure readings. Once I got mine

done, I joined the long registration queue. I was pleasantly surprised when my turn came in only about 20 minutes and I was directed to a consultation area where there were 12 rooms in use. I estimated there were 150 patients waiting to see doctors so I resigned myself to a long wait.

I was wrong! I had not factored in that 12 doctors were on duty so I only waited about half an hour before my call number came up.

When I was finally in the consultation room, I was further surprised to find that there were actually two attending doctors in

the room. So if it was the same for every room, then there would be 24 doctors in attendance. That explained why the numbers were moving faster than I expected.

The doctor sent me for a full eye assessment at a lab on the first floor. Again, over 100 patients were gathered. And again, I got through the procedure unexpectedly quickly and was sent back to the doctor who had first seen me. She explained the test results, prescribed medication, and even discussed what sort of diet might help in my eye care.

I went next to the pharmacy sec-

tion to collect my medication. Yes, there was a big crowd but also many counters. I managed to collect my medicine within half an hour. I left the OPD feeling very happy that the congestion and long delay I had dreaded had not happened.

Thumbs up to the management of HTJ Seremban! You have overcome congestion with your well-planned, effective and efficient logistics. Hats off too to all the dedicated staff.

LIONG KAM CHONG
Seremban

AKHBAR : THE SUN

MUKA SURAT : 2

RUANGAN : NEWS WITHOUT BORDERS

Health White Paper in final phase of preparation

LAHAD DATU: The Health Ministry is in the final phase of preparing a Health White Paper that involves new basic policies for the national health services sector, said Deputy Health Minister Lukanisman Awang Sauni.

He added that this would also involve health services in Sabah, which need federal government attention.

Lukanisman, who is on his first working visit to Sabah, also said the country was facing a health service crisis after Covid-19 and that it was crucial to look into the matter.

"We must review the health requirements, especially neglected clinic services, including schemes that require additional manpower. Of course, the information and input I get from every working visit will be brought to the attention of the highest working positions of the ministry, including the minister.

"We are also aware of the involvement of the state government through the cooperation of the MA63 Special Committee, which we will discuss

► 'It involves basic policies regarding neglected clinic services, including schemes that require additional manpower'

today with the Sabah Health Department," he said after launching the 2023 Grand Smile Operation Initiative (GSOI) programme at the Lahad Datu Hospital yesterday.

On Jan 10, Health Minister Dr Zaliha Mustafa was reported to have said that the ministry aimed to table the Health White Paper in Parliament by the middle of this year, Bernama reported.

Meanwhile, Lukanisman said through the GSOI, a total of 58 cleft patients here will undergo surgery starting Feb 6 until Feb 11, with the involvement of 11 oral surgeons, three anaesthetists and four paediatricians.

"The main objective of the GSOI is to overcome the increase in existing cases and provide exposure

and awareness to the community about cleft lip and the treatment that can be done. A cleft occurs when there is a gap or split in the upper lip and/or roof of the mouth (palate). This also happens in one out of 941 births."

He expressed hope that companies or NGOs with financial means would contribute and provide the necessary assets to the hospital to continue the programme.

Meanwhile, Zaliha said the ministry would continue to listen and work on identifying solutions pertaining to issues at emergency departments in hospitals.

She said this is due to the different challenges faced by each department.

During a recent visit to an

emergency department at a large quaternary hospital, the ministry's team found that frontline staff were struggling to manage operations as patients who were supposed to be admitted were stuck in the emergency department.

"Delays in admissions have an adverse domino effect. What is being done (by the ministry includes) acknowledgement of the scale of the problem and the physical and mental fatigue faced by staff and patients on the ground."

"(Also) internal discussions and direction regarding staffing, opening up of more beds (and) empowering leadership on the ground," she said in a Twitter thread yesterday.

Zaliha said many issues were inherited and systemic, but some could be tackled locally with sufficient engagement.

She said many frontliners have worked beyond the call of duty during the pandemic and continue to do so as the healthcare system faces a tsunami of non-communicable diseases.