AKHBAR : BERITA HARIAN
MUKA SURAT : 14
RUANGAN : NASIONAL

Proses doktor layak mohon pindah perlu telus

Kuala Lumpur: Kerajaan perlu membenarkan pegawai perubatan yang berkhidmat dalam tempoh ditetapkan di Sabah dan Sarawak memohon pertukaran dan memastikan proses dijalankan secara telus.

Ia antara gesaan Persatuan Perubatan Malaysia (MMA) dalam isu kebajikan doktor yang terbabit dalam pemindahan ke hospital atau klinik kerajaan di beberapa negeri yang turut dilihat memberi impak kepada sistem kesihatan awam.

Presiden MMA, Dr Muruga Raj Rajathurai, berkata kerajaan juga perlu mempertimbangkan elaun penempatan munasabah untuk doktor yang diarahkan berpindah.

Beliau berkata, pegawai perubatan terbabit juga perlu diberi notis dengan jangka masa memadai untuk melapor diri daripada tarikh surat penempatan, dengan dimaklumkan perincian jelas berhubung penempatan baharu.

"Selain itu, kerajaan perlu memastikan tiada gangguan perkhidmatan penjagaan kesihatan di mana-mana fasiliti kesihatan dan turut memudahkan penempatan semula.

"Kerajaan perlu memastikan pemindahan ini tidak menjejaskan latihan kepakaran yang sedang dijalani mereka," katanya dalam kenyataan semalam.

Beliau turut meminta kerajaan menunjukkan keprihatinan terhadap kebajikan doktor.

Katanya, walaupun penempatan diberi berdasarkan keperluan setempat, cabaran perlu dihadapi apabila dipindahkan, masih perlu diberi perhatian sewajarnya.

KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

26 JULAI 2023

AKHBAR : KOSMO
MUKA SURAT : 1
RUANGAN : MUKA HADAPAN

AIS KIUB 'HARAM' DIRAGUI TERCEMAR

Kilang ais haram beroperasi tanpa seliaan pihak berkuasa dibimbangi ancam kesihatan pengguna

Oleh ABDUL RASHID ABDUL RAHMAN

KUANTAN – Rakyat Malaysia sememangnya menggemari minuman berais seperti milo ais, teh 'O' ais dan nescafe ais, namun tanpa mereka sedar, terdapat ais kiub yang digunakan di kedai makan boleh mengundang risiko terhadap kesihatan termasuk cirit-birit.

Ia ekoran masih wujud kilang-kilang ais kiub yang tidak berdaftar dengan pihak berkuasa beroperasi di seluruh negara terutama di Lembah Klang tanpa mengikut piawaian kebersihan dan berselindung di sebalik bangunan kedai.

» BERSAMBUNG DI MUKA 2

GAMBAR HIASAN

KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

26 JULAI 2023

AKHBAR : KOSMO
MUKA SURAT : 2
RUANGAN : NEGARA

Ais kiub 'haram' diragui tercemar

DARI MUKA 1

Pemilik kilang terbabit dikatakan mendapat untung besar kerana produk mereka menerima permintaan tinggi apabila ia dijual lebih murah berbanding syarikat pengeluar ais berlesen.

Sumber memberitahu, kilang-kilang ais kiub terbabit biasanya dibina di dalam bangunan kedai sahaja dan jauh daripada 'radar' pihak berkuasa.

Katanya, mereka beroperasi sekadar menghasilkan ais batu tanpa mengutamakan aspek kebersihatan.

"Kebanyakan kilang haram ini tidak menggunakan penapis air dan kaedah pembasmi kuman yang betul.

"Ada kilang-kilang ini juga kotor kerana proses pembuatan air kiub dilakukan sambil lewa sehingga ais yang dihasilkan terdedah kepada kekotoran," katanya kepada *Kosmo!* semalam.

Menurut sumber, kilang-kilang tidak berdaftar itu biasanya mendapat permintaan tinggi daripada kedai-kedai makan atau restoran apabila mereka mampu menawarkan harga separuh lebih murah berbanding kilang ais berdaftar.

"Biasanya peniaga kedai makan akan ambil ais yang paling murah untuk memastikan mereka mendapat lebih untung dan mereka langsung tidak memikirkan risiko ais itu tercemar.

"Jadi sekiranya keadaan ini berlarutan, mungkin kilang ais berdaftar tidak dapat beroperasi dan satu hari nanti, ais kiub hanya datang daripada kilang-kilang haram," katanya.

MINUMAN berais menjadi pilihan ramai rakyat Malaysia. – GAMBAR HIASAN

Satu beg ais kiub daripada kilang berdaftar dijual pada harga antara RM3.50 hingga RM4 berbanding kilang haram serendah RM2.20.

Sumber juga memberitahu, kilang yang berdaftar sentiasa memastikan pemprosesan ais dilakukan dengan baik dan bersih termasuklah menggunakan penapis air yang akan meningkatkan kos operasi mereka.

Katanya, kilang yang berdaftar juga disyaratkan untuk membasmi kuman dengan menggunakan kaedah sinaran ultraviolet (UV) yang akan menyebabkan peningkatan kos elektrik.

"Kadangkala kalau dilihat secara fizikal sahaja, ais dari kilang tidak berdaftar berbeza apabila ia tidak jernih selain rasa ais yang berlainan.

"Kilang berdaftar biasanya akan menggunakan penapis air dan kaedah UV bagi membunuh kuman, sebab itu aisnya nampak jernih," katanya.

Sumber berkata, kos yang lebih tinggi untuk memenuhi prosedur ditetapkan membuatkan pengilang bertindak nekad beroperasi tanpa lesen.

Katanya, untuk mendapatkan lesen, pengilang perlu memenuhi syarat seperti peralatan yang digunakan dan lokasi kilang selain dipantau secara berterusan.

"Difahamkan untuk mendapatkan lesen, sebuah kilang mesti mempunyai mesin pemprosesan yang mengikut piawai.

"Sampel ais batu juga perlu dihantar untuk dianalisis secara berkala kepada Jabatan Kesihatan, malah ada kilang berdaftar menghantar sampel setiap bulan kepada Jabatan Nuklear untuk dianalisis.

"Kilang juga biasanya kena guna pembasmian kuman seperti kaedah UV yang memerlukan elektrik yang banyak, malah mesin yang ada kena berdaftar kerana menggunakan gas ammonia," jelasnya.

AIS kiub berwarna jernih lebih selamat untuk digunakan.

Tambahnya, selepas berdaftar, kilang akan dipantau termasuklah melakukan pemeriksaan mengejut bagi memastikan mereka mengikut peraturan ditetapkan dan sentiasa bersih.

Pilih ais warna jernih untuk lebih selamat – Pakar

KUANTAN – Ais kiub daripada kilang tidak berdaftar dan bukan di bawah seliaan Kementerian Kesihatan (KKM) berkemungkinan besar tidak selamat untuk diminum kerana dikhuatiri tercemar.

Pakar di Fakulti Teknologi Kejuruteraan Awam Universiti Malaysia Pahang (UMP), Prof. Datuk Dr. Zularisam Ab. Wahid berkata, dalam memastikan ais batu adalah selamat, faktor yang perlu diambil kira ialah punca asal air yang perlu memenuhi piawaian.

Jelasnya, ia juga melibatkan kebersihan peralatan, proses pembuatan dan pengendalian yang wajib memenuhi prosedur yang ditetapkan KKM.

DR. ZULARISAM

Katanya lagi, kandungan air yang telah menjadi ais perlu sama seperti punca air terawat yang telah mematuhi standard World Health Organization (WHO) Drinking Water dan Malaysia National Standard for Drinking Water Quality yang dipantau oleh KKM.

"Pembekuan adalah proses penurunan suhu air sehingga mencapai takat beku iaitu 0 darjah Celsius dan ke bawah.

"Jika punca air mengandungi kontaminasi bakteria dan patogen berbahaya, maka proses pembekuan hanya merencatkan aktiviti dan menyebabkan patogen itu dalam tidak aktif.

"Bagaimanapun, ia akan menjadi aktif dan berpotensi menjadi bahaya kepada pengguna apabila suhu air menjadi normal semasa proses air mencair," katanya.

Menurutnya, sifat air apabila membeku akan membentuk beberapa lapisan nyata yang bergantung kepada kandungan asal air seperti gas terlarut, partikel sedimen, bahan terampai dan kimia terlarut.

Justeru katanya, air yang tulen akan membeku dengan warna kristal jernih, manakala air yang kotor akan membeku dengan pelbagai warna lapisan.

"Sebab itu jika ais kiub itu berwarna jernih, ia selamat untuk diminum dan telah melalui proses pembuatan yang betul, namun jika warna pudar, ia dikhuatiri mengandungi bakteria.

"Ais kiub selamat diminum selagi punca asal air adalah memenuhi Malaysia National Standard for Drinking Water Quality dan proses pembuatan ais memenuhi prosedur keperluan di bawah Peraturan 39A(4), Peraturan-Peraturan Makanan 1985 yang dikuat kuasa," katanya.

KERATAN AKHBAR
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KEMENTERIAN KESIHATAN MALAYSIA

26 JULAI 2023

AKHBAR : KOSMO
MUKA SURAT : 5
RUANGAN : NEGARA

Fokus kesihatan rakyat demi kesejahteraan negara

Oleh RIDZAUDDIN ROSLAN

PUTRAJAYA – Keputusan kerajaan mengagihkan peruntukan kedua terbesar kepada sektor kesihatan menerusi Belanjawan 2023 dengan nilai RM36.3 bilion menterjemahkan prinsip Kerajaan Perpaduan untuk terus mengutamakan aspek kesihatan dalam menguruskan negara.

Peruntukan itu yang merangkumi pelbagai inisiatif terutamanya bagi menawarkan perkhidmatan kesihatan terbaik kepada rakyat juga dilihat berperanan sebagai senjata penting buat negara khususnya dalam mendepani era pasca Covid-19.

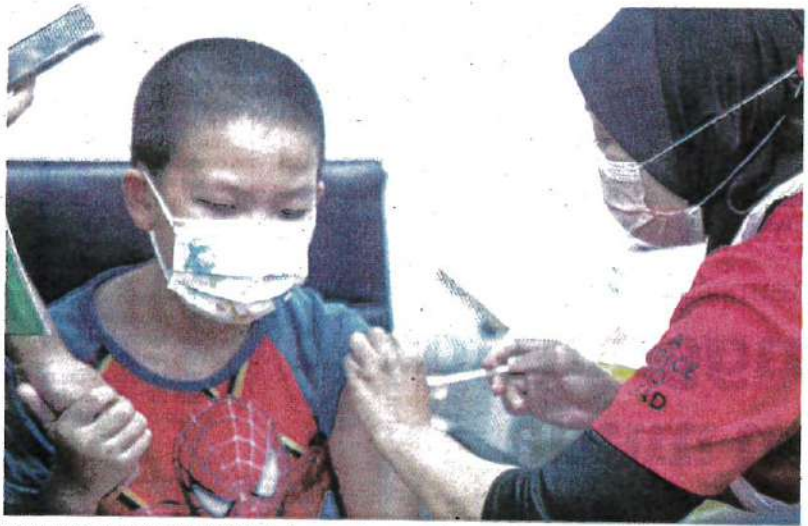
Pensyarah Kanan Bahagian Ekonomi Pusat Pengajian Sains Kemasyarakatan, Universiti Sains Malaysia, Dr. Abdul Rais Abdul Latif berkata, ini menunjukkan keprihatinan kerajaan dalam menawarkan perkhidmatan menyeluruh kepada rakyat.

Katanya, rakyat pernah berdepan pelbagai cabaran termasuk mendapatkan perkhidmatan kesihatan terbaik ketika negara dilanda pandemik Covid-19 dan situasi itu harus ditangani sebaiknya agar tidak kembali berulang.

"Memandangkan kita masih dalam fasa peralihan, fokus Belanjawan 2023 terhadap kesihatan merupakan langkah terbaik, sekali gus bakal memberi manfaat maksimum kepada rakyat.

"Susulan itu, banyak keperluan perlu disediakan dan ini menjadi penyumbang kenapa aspek kesihatan diberi perhatian utama dalam Belanjawan 2023," katanya kepada *Kosmo!* di sini baru-baru ini.

Abdul Rais berkata demikian ketika mengulas tentang Belanjawan 2023 yang dibentangkan Perdana Menteri, Dato' Seri Anwar Ibrahim yang mana komponen utama dalam belanjawan kesihatan adalah untuk keperluan perolehan keperluan perolehan ubat-ubatan, bahan uji, vaksin dan bahan guna habis.



KERAJAAN memperuntukkan perbelanjaan yang besar untuk menyediakan keperluan ubat-ubatan, vaksin bagi membendung penularan penyakit berjangkit pada masa depan. – GAMBAR HIASAN

Ketika pembentangan di Dewan Rakyat, Perdana Menteri turut mengumumkan peruntukan sebanyak RM3 bilion bagi lantikan baharu secara tetap dan kontrak kepada 1,500 pegawai perubatan, pegawai pergigian dan pegawai farmasi.

Antara inisiatif lain ditawarkan kepada rakyat ialah Skim Perubatan Madani khusus untuk golongan miskin mendapatkan rawatan kesihatan dengan peruntukan sebanyak RM100 juta.

Pada masa sama, kerajaan turut menyediakan RM80 juta bagi memperkasa Skim Peduli Kesihatan (PEKA B40) yang turut merangkumi saringan penyakit kencing manis selain pemeriksaan atau saringan awal khas untuk golongan B40.

Abdul Rais menjelaskan, beberapa inisiatif yang difokuskan kepada golongan B40 membolehkan kumpulan itu menerima manfaat menyeluruh dalam penjagaan kesihatan berikutan kosnya semakin meningkat.

"Menerusi beberapa inisiatif itu, golongan B40 akan menerima manfaat terbaik.

"Justeru, pada pandangan saya, inisiatif yang diwujudkan memberi perhatian dalam memastikan penjagaan kesihatan rakyat kekal menjadi keutamaan," katanya.

Lantaran itu, menurut Abdul Rais, rakyat perlu lebih cakna mengenai inisiatif ditawarkan menerusi Belanjawan 2023 seterusnya membolehkan mereka menikmati kelebihan ditawarkan kerajaan secara maksimum.

Dalam konteks ini, jelasnya, perincian mengenai inisiatif itu bukan perlu disalurkan kepada penduduk bandar sahaja, malahan mereka yang tinggal di kawasan pedalaman juga perlu dijelaskan mengenai perkara ini.

"Susulan itu, kita perlu ada satu dasar atau sistem efisien bagi membolehkan rakyat mengetahui pelbagai inisiatif bagi menjamin kesejahteraan dengan menikmati apa yang ditawarkan kerajaan.

"Memandangkan kita berada dalam dunia digital, maka capaian Internet juga harus diberi keutamaan, lebih-lebih lagi bagi memastikan mereka yang di luar bandar mengetahuinya," katanya.

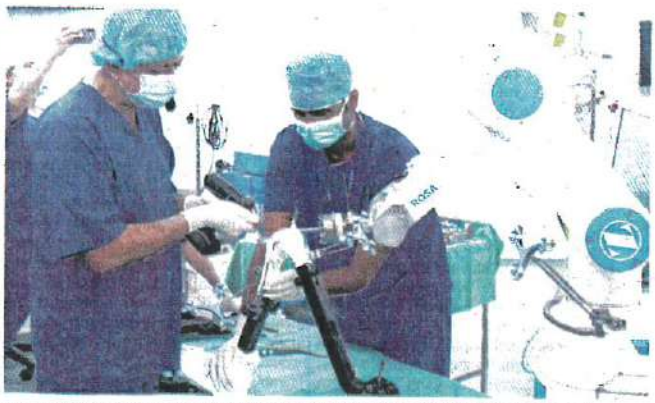
ABDUL RAIS

Sementara itu, ketika ditanya mengenai keseluruhan Belanjawan 2023 yang dirangka di bawah kepimpinan Anwar, Abdul Rais berkata, belanjawan berkenaan memberi penanda aras baharu khususnya dalam aspek kesihatan.

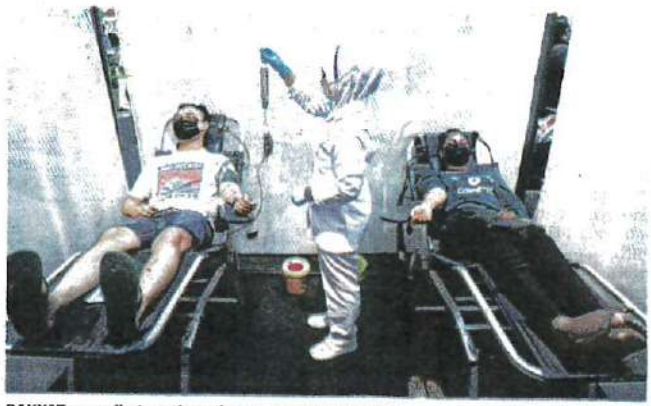
"Dalam situasi kesihatan diutamakan, rakyat yang sihat dan hidup sejahtera akan menyumbang kepada kemajuan ekonomi negara.

"Justeru, aspek kesihatan sememangnya perlu diberi fokus utama dengan memastikan setiap warganegara dijaga sejak bayi hingga usia emas dan seterusnya mewujudkan masyarakat sihat dan berupaya membantu perkembangan ekonomi negara," ujarnya.

Maklumat lanjut mengenai inisiatif di bawah Belanjawan 2023 boleh didapati di *https://belanjawan.mof.gov.my/manfaat*.



INDUSTRI kesihatan memerlukan peralatan dan teknologi terkini untuk merawat pelbagai penyakit yang semakin berubah. – GAMBAR HIASAN



RAKYAT yang sihat pastinya akan membantu menyumbang untuk melaksanakan aktiviti ekonomi negara. – GAMBAR HIASAN

AKHBAR : KOSMO
MUKA SURAT : 10
RUANGAN : NEGARA

Isu denggi: PBT pun perlu kena kompaun

SETIAP hari purata 305 orang penduduk Malaysia dijangkiti demam denggi. Ini bermakna, setiap bulan purata lebih 9,000 kes demam direkodkan di seluruh negara yang menyaksikan 63,966 kes dalam tempoh tujuh bulan pertama tahun ini.

Dalam tempoh berkenaan, purata enam kematian turut direkodkan setiap bulan.

Pahang turut menyaksikan peningkatan 130 peratus demam denggi dalam tempoh enam bulan pertama tahun ini dengan menyaksikan 550 kes direkodkan dalam tempoh Januari hingga 17 Jun tahun ini berbanding hanya 239 kes dalam tempoh sama tahun lalu.

Meskipun tiada kematian direkodkan dalam tempoh berkenaan di Pahang, namun ia semakin membimbangkan apabila lokaliti demam denggi di negeri itu meningkat mendadak kepada 241 peratus.

Menteri Kesihatan Dr. Zaliha Mustafa turut melahirkan kebimbangan dengan situasi kes demam denggi di seluruh negara yang meningkat mendadak sehingga 129.2 peratus.

Beliau memberitahu, sejak Januari hingga 16 Julai tahun ini, sebanyak 63,966 kes direkodkan berbanding 27,914 kes dalam tempoh sama tahun lalu.

Katanya, kematian akibat demam denggi juga meningkat kepada 45 orang berbanding 19 orang dalam tempoh sama tahun lalu .

Jadi jika dilihat situasi semasa wabak denggi, ia perlu diberikan perhatian serius memandangkan tiada lagi vaksin diluluskan untuk wabak berkenaan di negara ini.

Jika penguatkuasaan Perintah Kawalan Pergerakan (PKP) semasa penularan wabak Covid-19 dilihat mampu membendung masalah wabak itu, kini penguatkuasaan lebih tegas dan kerap serta menyeluruh perlu dilakukan dalam membendung ancaman daripada nyamuk aedes itu.

Penguatkuasaan menyeluruh penting kerana virus maut itu boleh membunuh sesiapa sahaja walaupun mangsa sentiasa menjaga kebersihan kawasan rumah.

Namun, disebabkan kawasan kejiranan menjadi habitat jentik-jentik, maka mereka turut menjadi mangsa.

Ketegasan Jabatan Kesihatan Negeri Pahang dalam melaksanakan penguatkuasaan amat dipuji apabila daripada Januari sehingga 17 Jun tahun ini, sebanyak 262,155 buah premis telah diperiksa.

Pengarah Kesihatan Pahang, Datuk Nor Azimi Yunus berkata, sebanyak 2,043 premis dikenal pasti menjadi lokasi pembiakan aedes dan daripada jumlah tersebut, sebanyak 476 premis dikompaun di bawah Akta Pemusnahan Serangga Pembawa Penyakit 1975 (Pindaan) 2000.

Jelasnya, sebanyak 384 notis di bawah Seksyen 8 akta yang sama telah dikeluarkan kepada penduduk yang mempunyai tempat-tempat berpotensi pembiakan jentik-jentik aedes dan sebanyak 344 premis telah dijalankan tindakan susulan oleh penguatkuasa.

Namun, dengan situasi semasa yang semakin membimbangkan, penguatkuasaan dilihat perlu lebih menyeluruh lagi termasuk pemantauan terhadap pihak berkuasa tempatan (PBT) di sesuatu kawasan dan tidak hanya kepada individu.

Berdasarkan pemantauan di beberapa daerah di negeri ini mendapati, takungan longkang dan kawasan seperti taman permainan di bawah PBT turut menjadi lubuk dan tempat pembiakan jentik-jentik sehingga pihak berkenaan terlepas pandang.

Mungkin selepas ini, kompaun juga perlu dikenakan kepada PBT atau agensi berkaitan yang alpa menjaga kebersihan sehingga boleh mengancam nyawa penduduk itu.

KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

26 JULAI 2023

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 12
RUANGAN : DALAM NEGERI

Gagal lapor diri berkhidmat ke Sarawak

200 doktor kontrak tolak tawaran

Oleh MAISARAH SHEIKH RAHIM
maisarahrahim@mediamulia.com.my

PUTRAJAYA: Kementerian Kesihatan perlu mengambil serius isu lebih 200 doktor gagal melapor diri atau menolak jawatan kontrak untuk berkhidmat di Sarawak.

Bercakap kepada *Utusan Malaysia*, seorang doktor yang bertugas di salah sebuah hospital di Sarawak berkata, keadaan tersebut memburukkan sistem kesihatan memandangkan ada dalam kalangan doktor sedia ada yang ditempatkan di negeri itu meletak jawatan sekitar bulan ini.

Katanya, ia sekali gus memberi bebanan kepada pegawai perubatan yang masih 'setia' berkhidmat walaupun terpaksa mengorbankan separuh masa kehidupan untuk memberi rawatan kepada masyarakat di Sarawak.

Beliau yang enggan namanya disiarkan atas alasan pegawai kerajaan tidak boleh memberikan maklumat kepada media memberitahu, situasi doktor yang keluar dari sektor kerajaan adalah jauh lebih tinggi daripada sebelumnya terutama di Sabah dan Sarawak.

"Tiada siapa yang bersemangat untuk bekerja terlalu banyak dalam persekitaran yang kekurangan kakitangan dengan gaji rendah, sukar mengambil cuti untuk pulang melihat keluarga di Semenanjung.

> **"Meletakkan input minimum dan mengharapkan output maksimum daripada doktor dilihat oleh kebanyakan mereka sebagai satu tindakan eksploitasi."**
>
> **DR. K**

"Walaupun dijanjikan tempoh dua tahun sebelum dibenarkan untuk memohon pertukaran, namun apabila tiba masanya permohonan itu tidak dapat diluluskan kerana kekurangan kakitangan," katanya di sini semalam.

Beliau yang mahu dikenali sebagai Dr. K berkata, pihaknya tidak sekali-kali menyalahkan tindakan pegawai perubatan di Sarawak meletak jawatan kerana tidak ramai dalam kalangan muda sanggup mengorbankan kualiti hidup mereka kerja lebih banyak apatah lagi dengan bayaran tuntutan kerja lebih masa yang rendah.

Justeru katanya, Kementerian Kesihatan perlu menawarkan sesuatu yang lebih baik untuk meningkatkan bayaran atau menyediakan faedah kerja memadai dengan tugas golongan itu bagi menarik minat mereka.

"Meletakkan input minimum dan mengharapkan output maksimum daripada doktor dilihat oleh kebanyakan mereka sebagai satu tindakan eksploitasi. Itulah sebabnya mereka berhenti tanpa menoleh ke belakang.

"Jika kita benar-benar ingin menangani isu ini, kerajaan perlu membuat tawaran lebih baik untuk mereka. Bayaran RM9.16 sejam untuk tugas *on call* pada hujung minggu tidak mencukupi," katanya. Baru-baru ini, Timbalan Menteri Kesihatan, Lukanisman Awang Sauni memberitahu, ada doktor yang gagal melapor diri atau menolak jawatan kontrak untuk berkhidmat di Sarawak.

Doktor itu antara 800 yang ditawarkan jawatan kontrak oleh Kementerian Kesihatan.

Tiada peluang, bebanan kerja, punca doktor muda berhenti

PUTRAJAYA: Ketiadaan peluang untuk menyambung ke peringkat pakar akibat 'terperangkap' di hospital pedalaman Sarawak, seorang doktor muda mengambil keputusan untuk menamatkan perkhidmatan.

Apatah lagi dengan kekurangan petugas kesihatan terutama dalam kalangan pegawai perubatan memaksa mereka bekerja melebihi masa tanpa menerima bayaran setimpal.

Bercakap kepada *Utusan Malaysia*, bekas pegawai perubatan kerajaan yang mahu dikenali sebagai Dr. Chew berkata, bertugas di Borneo sama ada Sabah atau Sarawak bukanlah sesuatu yang 'mengerikan' kerana pengalaman luar biasa yang bakal diperoleh tidak boleh ditandingi di fasiliti kesihatan lain.

Ini terutama dalam melihat sisi lain penjagaan kesihatan terutama memberikan perkhidmatan kepada golongan kurang bernasib baik bersama kumpulan perkhidmatan di Borneo.

"Saya bertugas di Sarawak hampir tiga tahun, namun tidak ada tanda-tanda untuk saya berpindah semula ke Semenanjung hanya kerana kekurangan doktor di sini.

"Saya bercita-cita untuk menjadi seorang pakar ortopedik, tetapi tidak ada bidang ini di hospital tempat saya bertugas menyebabkan saya tidak berpeluang untuk mengembangkan kerjaya," katanya di sini semalam.

Doktor muda berusia 31 tahun itu memaklumkan, beliau merupakan bekas doktor kontrak sebelum ditawarkan jawatan tetap dan ditempatkan di Sarawak, mengakui isu pemindahan bukan perkara utama.

Ini kerana ia bergantung kepada kedudukan fasiliti kesihatan tersebut jika ramai doktor baharu ditempatkan, prosedur pertukaran tidak terlalu sukar

"Apatah lagi terlalu sukar untuk mengambil cuti kerana anda akan menambah beban kepada rakan sekerja. Apa yang pasti setiap orang tidak berpuas hati dan kecewa dengan cara kerajaan menjaga kesejahteraan pekerja terutama berkaitan kesihatan mental.

"Keputusan untuk berundur memberi peluang kepada saya menerokai bidang baharu dan mempunyai banyak masa untuk diri dan keluarga serta tidak perlu lagi menghabiskan masa bertugas *on call* yang panjang," katanya.

Beliau berpandangan, sistem kontrak adalah satu bentuk kegagalan kerajaan dalam perjawatan yang menjejaskan semua peringkat petugas kesihatan termasuk jururawat dan pembantu perubatan.

Sabah lokasi sesuai jalani latihan perubatan

KOTA KINABALU: Ketika ramai doktor menolak tawaran untuk bertugas di Sabah dan Sarawak namun, tidak bagi Dr Timothy Cheng,35, yang telah bertugas di Sabah selama hampir sembilan tahun.

Keindahan negeri ini menjadi faktor utama beliau memilih Sabah sebagai tempat pertamanya bertugas pada tahun 2012.

Bercakap kepada *Utusan Malaysia*, Pakar Ortopedik Hospital Duchess of Kent (HDOK), Sandakan itu berkata, Sabah adalah tempat yang sesuai untuk doktor menjalani latihan perubatan.

Beliau berkata, banyak peluang untuk belajar secara praktikal jika ditugaskan di Sabah. Malah, boleh menimba pengalaman dengan memberi perkhidmatan kesihatan kepada masyarakat di luar bandar dan pedalaman melalui penyertaan dalam misi-misi perubatan.

DR. TIMOTHY CHENG

"Dulu, saya banyak masuk ke kawasan pedalaman semasa menyertai Mercy Malaysia. Ketika mengikuti misi perubatan, cabaran utama adalah kemudahan jalan raya yang tidak berturap dan hanya boleh diakses menggunakan kenderaan pacuan empat roda.

"Sehingga kini, masyarakat pedalaman masih berhadapan kesukaran untuk ke hospital besar kerana ia mengambil masa perjalanan yang panjang. Malah, ada juga yang perlu menaiki bot," katanya.

Menurut Timothy, pengalaman sebegitu amat bermakna dan akan memberi nilai tambah kepada petugas kesihatan yang menjalani latihan perubatan.

Maka, beliau menyarankan petugas kesihatan yang mendapat penempatan di Sabah supaya menerima tawaran berkenaan. Perkhidmatan kesihatan di negeri ini memerlukan lebih ramai tenaga kerja.

"Sabah dan Sarawak adalah tempat yang sangat sesuai untuk menjalani latihan perubatan. Terima dulu tawaran bertugas dan sekiranya tidak sesuai, mereka boleh memohon pindah semula ke Semenanjung," katanya.

Pada masa sama, kerajaan juga harus membenarkan doktor yang baharu dilantik ke jawatan tetap untuk membuat tuntutan perjalanan bagi mengurangkan bebanan kewangan mereka.

Misalnya, jika mereka yang berasal dari Johor ditugaskan ke Sabah seperti Tongod, jarak perjalanan agak jauh dan memerlukan mereka menaiki pesawat. Tapi, jika tidak boleh membuat tuntutan perjalanan sudah pasti, ia memberi beban kewangan.

Mengulas lanjut katanya, biarpun sistem perkhidmatan kesihatan di Sabah agak baik namun, fasiliti kesihatan di kawasan luar bandar dan pedalaman masih perlu dipertingkatkan. Malah, bekalan ubat di klinik kesihatan di luar bandar juga agak terhad.

AKHBAR : THE STAR
MUKA SURAT : 10
RUANGAN : NATION

Patient gets a rude shock at hospital while waiting in the rain

By STEPHANIE LEE
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KOTA KINABALU: A medical officer at the Women and Children's Hospital in Likas near here is in hot water for allegedly being rude to a patient waiting at the emergency unit last week.

The female officer is said to have scolded and spoke in a rude tone to a patient who asked about the queue numbers as she had been there for over two hours.

The complainant, Fatimah, claimed she and quite a few other people were asked to wait their turn at an open area in the rain, and when she asked why her number had not been called yet, the officer apparently snapped.

"I had been waiting for over two hours and the numbers were not running. That was why I asked," she said to a local news agency.

"This is very much regretful on the part of the hospital because we wouldn't be here waiting in such weather in the night if we were not ill and needed medical attention," she said.

> "I had been waiting for over two hours and the numbers were not running."
> Fatimah

Fatimah claimed the medical officer had uttered some rude words besides asking them to just take paracetamol for their pain if they could not wait and the pain was too much to bear.

She said the others who were waiting there with her were too shocked and angry at how the officer handled the situation.

She said the officer would already have an idea of their medical condition as they had submitted their reports upon registering.

"We hope action can be taken to rectify the situation so that such matters would not recur," Fatimah said.

Sabah Health Department director Dr Asits Sanna said they had taken measures to address the complaint and were awaiting the full report for further action.

He said a meeting between Fatimah and the officer would be set up soon to resolve the conflict.

He urged all medical personnel to be at their highest level of professionalism at all times, especially when dealing with patients.

Dr Asits assured the public that the department appreciates such feedback from the public, and strives to be better in their daily duties as medical practitioners.

AKHBAR : THE STAR
MUKA SURAT : 16
RUANGAN : VIEWS

THE STAR, WEDNESDAY 26 JULY 2023

YOUR OPINION

EMAIL editor@thestar.com.my or MAIL The Editor, Menara Star, 15, Jalan 16/11, Section 16, 46350 Petaling Jaya. Letters must carry the sender's full name, address and telephone number. A pseudonym may be included.

Placing Covid-19 in history

LONDON, a city steeped in history and architectural wonders, is a dream destination for visitors worldwide. Recently, I had the privilege of visiting the enchanting city as part of a research opportunity provided by my university.

Amid the captivating sites, one place stood out – the renowned publicly-funded Science Museum, which houses an impressive array of exhibits covering diverse fields like engine technology, aerospace, and human biology.

But what truly caught my attention was the section titled "Injecting Hope: The Race for a COVID Vaccine".

In 2020, the world witnessed the start of the devastating Covid-19 pandemic, which unleashed a global health crisis that affected lives in every corner of the earth. It is undisputed that the Covid-19 vaccine was "born" in England, thanks to the remarkable efforts of vaccine scientists from Oxford University.

Amid the trials and tribulations brought about by the pandemic, I admired the United Kingdom government's commitment to preserving the collective memory of this historic period.

The Science Museum has meticulously curated a comprehensive collection of Covid-19 artefacts and records, testimony of humanity's triumphs and challenges during the pandemic.

Preserve for posterity: Police and armed forces personnel doing crowd control duties at a Covid-19 vaccination centre in 2021. As the UK government has done, we must take the initiative to preserve our nation's Covid-19 history in a gallery or museum. – AZHAR MAHFOF/The Star

This awe-inspiring initiative sets a shining example for governments and communities worldwide.

Within the walls of the Science Museum, one can find a treasure trove of significant items linked to the Covid-19 journey. From vials representing the various vaccine brands used to the names of the brave volunteers who selflessly participated in clinical trials, the collection leaves no stone unturned.

Visitors can also view the chair, trolley and equipment used in vaccine trials, the vaccine production line, the vial and syringe used in the world's first Covid-19 vaccine jab, and even the uniform of the NHS matron who administered that ground-breaking injection.

The handwritten meeting notes belonging to the UK's Vaccine Taskforce chair, chronicling the inception of a national vaccination strategy during the early days of April 2020, are also on display. Notably, the museum houses the very mug that once sat on the desk of a vaccine pioneer and co-creator of the AstraZeneca vaccine. It's a symbol of the scientific collaboration that brought hope to the world.

Standing among these artefacts, I deeply admired the UK's commitment to preserving its Covid-19 memories. This pandemic impacted lives across the globe, including my fellow citizens in Malaysia. We must record this chapter of our history and ensure it is passed down to future generations.

As the UK government has done, we must take the initiative to preserve our nation's Covid-19 history in a gallery or museum.

Malaysia faced its share of challenges during the pandemic, and it is essential to document this crucial period for posterity. Preserving facts, experiences, and artefacts will testify to our resilience and offer invaluable insights to future generations.

Creating a permanent record of Malaysia's Covid-19 journey can educate, inspire, and pave the way for a more resilient future. Let us embrace our legacy and safeguard the memory of this transformative time in history.

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KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

26 JULAI 2023

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

Perils of shisha

BY **ETHAN YEO**
newsdesk@thesundaily.com

Assumed safe by users, single session results in inhalation of smoke equivalent to 180 cigarettes

KUALA LUMPUR: An oncologist has called on the authorities to strictly enforce the ban on smoking in public places immediately and warned about the widespread ignorance involved in smoking shisha, with even medical students being unaware of its dangers.

National Cancer Society managing director Dr Murallitharan Munisamy said a study carried out by the Management and Science University (MSU) in Shah Alam found that one-third of its students surveyed had smoked shisha, with 20% of them being medical students.

He said in a typical one-hour shisha smoking session, users may inhale 100 to 200 times the amount of smoke produced from a single cigarette.

"In a single water pipe session, users are exposed to up to nine times the carbon monoxide and 1.7 times the nicotine of a single cigarette. The amount of smoke inhaled during a typical shisha session is about 90,000ml, compared with 500 to 600ml inhaled when smoking a cigarette.

"Going by this calculation, a typical shisha session is equivalent to smoking 180 sticks of cigarettes, which translates to nine 20-stick packets of cigarettes."

Murallitharan said many of the health risks associated with smoking shisha are similar to those from cigarettes.

"However, because of the way shisha is used, people who smoke it will absorb more of the toxic substances that are found in tobacco smoke. These toxic chemicals, like formaldehyde, acetaldehyde and acrolein, have been linked to various respiratory diseases and pose a real cardiovascular risk for people who consume them."

He said flavoured shisha has the potential to render additional health risks because heat stimulates the ingredients to produce more toxic chemicals.

Murallitharan added that just like conventional and e-cigarettes, second-hand smoke from shisha is harmful to non-smokers as well.

"Non-smokers can experience serious respiratory issues such as coughing and shortness of breath, among others.

"Long exposure can cause cardiovascular issues like increased blood pressure and development of heart diseases. Second-hand exposure to shisha smoke could also lead to cancer cells forming. Many tend to forget this," he said, adding that the public has a perception that shisha is less harmful than other forms of tobacco consumption.

"A study in Saudi Arabia found that 50% of students thought smoking shisha was less harmful than smoking cigarettes.

"Just as bad, 61% of them even thought the harmful substances in shisha would be purified by the water filtration system that the smoke goes through."

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KERATAN AKHBAR
UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

26 JULAI 2023

AKHBAR : THE SUN
MUKA SURAT : 3
RUANGAN : NEWS WITHOUT BORDERS

Risks of elderly living alone

Prompted by choice to be independent, such lifestyle isolates individuals from access to help in emergencies

BY **RAJVINDER SINGH**
newsdesk@thesundaily.com

PETALING JAYA: The public has been urged to keep an eye on senior citizens who live alone, after several cases of them being found dead in their houses were reported this year.

In two of the latest cases, a senior citizen was found dead in his house in Taman Suria, Johor Baru on May 10 while on June 27, an elderly woman was found dead in a house in Taman Sri Gombak, Selangor.

Third Age Media Association founding president Cheah Tuck Wing said senior citizens choose to live alone mainly because they value their independence and do not wish to burden their children, while some were forced to do so as their children had moved abroad.

Third Age Media is a non-profit organisation that engages a variety of media channels to make information available for the elderly in Malaysia.

The Statistics Department said senior citizens are expected to account for 15.3% of the population by 2030.

"But this might not be correct and the figure is most likely to be about 16% or slightly higher," Cheah said, adding that living alone and not socialising is why deaths involving such individuals are usually not discovered for several days.

A survey in 2018 estimated that 7.4% of the elderly live alone.

"Local community centres play an important role in helping the elderly to make friends and keep themselves busy. They exercise, have coffee and go shopping together. This can be described as 'seniors looking after seniors.'

"When a person fails to turn for an activity, his friends would be the first to know. They can contact him to ascertain if all is well, or alert the authorities if they suspect something amiss."

Cheah said a friend of his who lived alone died recently. However, since he hardly socialised, no one knew about his death for some time.

He suggested the government step in and help fund and maintain community centres where people could socialise, adding that such a move would be a good initiative as the government would not be able to take on the full responsibility of looking after senior citizens.

"With the existence of community centres, senior citizens can help each other. Exercise also plays an important part in keeping senior citizens healthier."

He said installing anti-slip floor tiles and handrails in bathrooms and other senior citizen-friendly equipment in a house would prevent falls. An emergency button in a home would also help as people living nearby could be alerted if help is needed.

Former Kuala Lumpur Hospital director Datuk Dr Zaininah Mohd Zain said: "There is no magic wand to handle an ageing population. Different countries and cultures will have different approaches."

On providing help to the elderly to ensure they are missed if they were to "suddenly disappear", Zaininah said isolation impacts all demographics of the population, leading to a rise in mental health issues.

"The elderly who live alone should be encouraged to register with a local community centre or a senior citizens' activity centre so that officials can make regular visits to check on their welfare."

Zaininah urged senior citizens to exercise regularly as this could help them improve their overall health and well-being, leading to a better quality of life.

'Strict enforcement of smoking ban needed'

From front page

Murallitharan said it would appear the authorities were not putting enough effort into stopping the sale of shisha products.

"Although the 2019 smoking ban for eateries was a step forward, enforcement has become lax post-Covid. The availability of shisha at places like mamak stalls is very worrying as anyone can have access to it.

"The health authorities must execute stronger enforcement measures by conducting regular inspections and impose stricter penalties on non-compliant businesses."

University student Fakhrul Aziz said: "It is part of a student's lifestyle to relax at mamak stalls or middle eastern establishments that offer shisha.

"Students would usually be at these establishments for hours after a long day of classes, and it is especially lively on weekends.

"I believed shisha is not as harmful as cigarettes. We were always warned about cigarettes in advertisements and campaigns, but I hardly see anyone talking about the dangers of smoking shisha."

INTI University student Ganesan Gopal said he and his friends smoked shisha to relieve stress after a long day in classes.

"Smoking shisha is like a pastime activity. We can have some food and snacks too during a session.

"It is also much cheaper when compared with other things because one shisha bong can be shared among a few other people and it can last an hour to two."

Shisha is currently freely available at many food and beverage establishments. – *AMIRUL SYAFIQ/THESUN*

AKHBAR : THE SUN
MUKA SURAT : 4
RUANGAN : NEWS WITHOUT BORDERS

IJN ranked 30th among best hospitals in region

Survey by *Newsweek* and global firm involving nine countries puts institute above hundreds of medical facilities in Asia-Pacific

BY **JOSHUA PURUSHOTMAN**
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KUALA LUMPUR: The National Heart Institute (IJN) has been ranked 30th among leading specialist hospitals in the Asia-Pacific region (Apac). The recognition in *Newsweek's* Best Specialised Hospitals Apac 2023 list places it ahead of hundreds of other institutions, recognising it as a top healthcare provider in the country.

The list is a partnership between US magazine *Newsweek* and global market research firm Statista R. In its first edition, the ranking aims to identify leading specialty hospitals in six medical fields in Australia, India, Indonesia, Japan, Malaysia, Singapore, South Korea, Taiwan and Thailand.

It is based on an online survey of over 8,000 medical professionals, including doctors, nurses, therapists and healthcare administrators from the nine countries.

From February to March, participants were asked to recommend hospitals in their field of expertise and a secondary medical field. Several Joint Commission International certifications related to specific medical fields were also considered part of the final scoring analysis.

IJN CEO Datuk Dr Aizai Azan Abdul Rahim said: "We are delighted by this prestigious accolade, especially now that we are implementing our roadmap to becoming a flagship smart hospital and are continuously raising the bar for heart healthcare and patient outcomes.

"Our expansion plan includes a new multidisciplinary facility with 120 beds and premier facilities. It is expected to be completed in 2026."

He said since its establishment in 1992, IJN has earned a global reputation for innovative heart treatments and its high standards of patient safety. The institute currently has 433 beds, eight invasive cardiac laboratories, nine operating rooms, a hybrid operating theatre, 10 dialysis beds and a wellness and sleep centre.

Having adopted a preventative health approach, Aizai Azan said IJN owns over 70 consultation clinics in a broad range of specialities beyond cardiology, including those catering to diabetics, smoking cessation, respiratory services and paediatric and congenital heart disease care.

"IJN was on June 22 named 'Best Digital Health Service Provider of The Year' at the 23rd PC.com Awards for our efforts in leveraging cutting edge technology to enhance patient care, and also swept up five accolades at the GlobalHealth Asia-Pacific Awards in Bali the month before – Cardiology Service Provider of the Year in Asia-Pacific, Paediatric Cardiology Service Provider of the Year in Asia-Pacific, Diabetes Service Provider of the Year in Asia-Pacific, Emergency Care Service Provider of the Year in Asia-Pacific and Most Innovative Hospital of the Year in Asia-Pacific.

"These achievements reflect the collective efforts of our exceptional team. They have consistently striven for excellence and innovation in delivering top class care to patients. We remain steadfast in our commitment to continue being even better at what we do, and are heartened by all the support we have received thus far," he added.

AKHBAR : THE SUN
MUKA SURAT : 8
RUANGAN : SPEAK UP

Handling diabetes during pregnancy

COMMENT

DIABETES mellitus, also known as diabetes is a health problem that is often given attention in the media.

It is one of the chronic diseases that can bring various complications or adverse effects that are detrimental to the health of a patient and also incur a high medical cost not only in Malaysia but around the world.

According to KPJ Ampang Puteri Specialist Hospital physician and endocrinologist Dr Chooi Kheng Chiew, gestational diabetes or gestational diabetes (Gestational Diabetes Mellitus/GDM) is a condition experienced by pregnant women who did not have pre-pregnancy diabetes, but were detected to have blood glucose levels that are higher than normal.

"According to our national statistics, more than 8% of pregnant women were diagnosed with diabetes during pregnancy in 2012", he said.

Chooi also explained that during a woman's pregnancy, various hormones are produced by the placenta which can affect the function and effectiveness of the insulin hormone in the body to control body sugar levels.

"This is also known as insulin resistance. As the placenta grows, more inhibitory hormones such as cortisol, oestrogen and human placental lactogen are released and this causes resistance to the action of insulin to increase even higher.

"The pancreatic organ, which is one of the organs located in the back of the stomach, is forced to produce more insulin to overcome resistance to insulin function. Insulin produced by the pancreas helps to control the amount of sugar in the blood and allows a person's body to store glucose that is not needed immediately to produce energy.

"If these efforts are insufficient or fail, glucose levels in the body will rise, and diabetes during pregnancy will occur. Usually, patients will recover after the child is born", he said.

However, patients will be more likely to develop diabetes later in life.

Because of this, periodic screening or check-ups are necessary to detect postpartum diabetes.

Contributing factors

Asked about the factors that cause diabetes during pregnancy, Chooi explained that even healthy women before pregnancy are at risk for diabetes during pregnancy, but several factors increase the likelihood of diabetes during pregnancy.

Among these risk factors are:

1. Women who are overweight or obese, have close relatives who have diabetes;
2. If the woman has had diabetes during pregnancy before and if she has ever given birth to a large baby (more than 4 kg) and the baby is deformed or dies at birth; and
3. Advanced age, or if experiencing other related problems during pregnancy such as hypertension or excessive production of amniotic fluid.

Symptoms or warning signs

Usually, many women who develop diabetes during pregnancy do not show any warning signs but some will feel thirsty, tired and urinate frequently.

Pregnant women at risk are advised to take an oral glucose tolerance test (OGTT), also known as a "sugar water" test to check the body's response and ability to control blood sugar levels and detect the presence of diabetes during pregnancy.

According to Chooi, our guidelines in the country recommend that a pregnant woman who has a risk factor for developing diabetes during pregnancy should undergo this OGTT test on the first visit (booking visit) to the clinic for antenatal treatment.

If the result is negative, this test can be repeated in the sixth to seventh month or 24 to 28 weeks of pregnancy.

This is to allow for early detection and care for the disease.

For women 25 years of age and older who do not have risk factors for diabetes during pregnancy, this test can be done in the sixth to seventh month.

All mothers required to go through the OGTT procedure should fast for at least eight hours before the procedure.

After the first blood draw, sugar water will be given. After two hours, a second blood draw will be performed.

If the sugar level exceeds a certain level, the woman is diagnosed with diabetes during pregnancy.

Complications during pregnancy

It is known that women who develop diabetes during pregnancy have a higher risk of developing complications during pregnancy.

Such complications include the risk of miscarriage, birth defects, premature birth and even macrosomia (babies born weighing 4kg or more).

This can make it difficult to give birth normally and increase the need for surgery to deliver the baby.

In addition, unborn babies have a higher risk for respiratory problems and tend to become obese or develop diabetes in the future.

Diabetes treatment during pregnancy

Chooi further explained that the treatments for diabetes during pregnancy include:

1. Taking steps to ensure that blood glucose levels are always at normal or optimal levels during pregnancy;
2. Patients should follow an appropriate diet plan according to the advice of a nutritionist and reasonable physical activity should be increased gradually so that blood glucose levels can be controlled within a safe range;
3. Regular monitoring of blood glucose levels is very important to ensure that blood sugar levels are always at normal levels.

There are some pregnant mothers with GDM who may need medication treatment or insulin injections, in addition to healthy eating habits and active physical activity, to achieve the recommended blood glucose levels.

Advice and treatment should be obtained from a qualified physician.

*KPJ Ampang Puteri Specialist Hospital's **Dr Chooi Kheng Chiew** is an endocrinologist. Comments: letters@thesundaily.com*