

AKHBAR : BERITA HARIAN

MUKA SURAT : 3

RUANGAN : NASIONAL

Kriteria pemeriksaan kesihatan bakal jemaah kekal

Kuala Lumpur: Kementerian Kesihatan (KKM) dan Lembaga Tabung Haji (TH) mengekalkan kriteria pemeriksaan kesihatan bagi bakal jemaah haji Malaysia musim haji 1444H/2023 seperti tahun sebelumnya.

Walaupun Malaysia kini menuju ke fasa endemik, kerajaan harus menghormati keputusan Pertubuhan Kesihatan Sedunia (WHO) yang masih mengklasifikasikan COVID-19 sebagai pandemik.

Keputusan KKM dan TH mengekalkan kriteria pemeriksaan kesihatan seperti musim haji 1443H/2022 adalah sebagai langkah berjaga-jaga bagi memastikan semua bakal jemaah haji Malaysia berada pada tahap yang baik dari segi fizikal dan mental untuk melaksanakan ibadat haji dengan sempurna.

Kriteria pemeriksaan kesihatan di bawah garis panduan itu, antara lain menetapkan indeks jisim badan (BMI) tidak melebihi 40, penyakit kronik seperti hipertensi dan diabetes yang stabil serta tiada penyakit yang serius seperti kanser dan penyakit paru-paru yang kronik.

Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah, berkata ibadat haji memerlukan kekuatan fizikal dan mental, maka aspek kesihatan harus dititik beratkan semua

bakal haji bermula di tanah air lagi.

"Pemeriksaan kesihatan adalah satu langkah positif supaya semua jemaah haji Malaysia mempunyai tahap kesihatan baik kerana ibadat haji melibatkan jutaan jemaah dari seluruh dunia," katanya dalam kenyataan, di sini semalam.

Beliau berkata, ketika di tanah suci, jemaah haji juga dinasihatkan supaya sentiasa menjaga kebersihan diri dan memakai pelitup muka semasa berada di tempat sesak.

Katanya, jemaah juga perlu mengelakkan daripada berhubung dengan mereka yang bergejala dan menjalani ujian RTK-Ag COVID-19 sendiri jika mendapati diri bergejala.

Sementara itu, Pengarah Eksekutif Haji TH, Datuk Seri Syed Saleh Syed Abdul Rahman, berkata saringan kesihatan yang ketat pada musim haji lalu adalah satu langkah yang berkesan apabila peratusan jemaah haji yang mendapatkan rawatan pesakit luar dan dimasukkan ke dalam wad amat rendah berbanding tahun sebelum ini.

"Ia selaras dengan peraturan yang dikenakan oleh kerajaan Arab Saudi dan KKM iaitu setiap bakal jemaah haji Malaysia wajib menjalani pemeriksaan



Keputusan KKM dan TH mengekalkan kriteria pemeriksaan kesihatan seperti musim haji 1443H/2022 adalah sebagai langkah berjaga-jaga bagi memastikan semua bakal jemaah haji Malaysia berada pada tahap yang baik. (Foto hiasan)

kesihatan oleh doktor di klinik yang diiktiraf.

"Langkah ini adalah bagi memastikan jemaah haji Malaysia berada pada tahap kesihatan yang optimum," katanya yang turut memaklumkan surat ta-

waran haji akan dikeluarkan bermula Rabu ini.

Katanya, semua bakal haji Malaysia boleh menyemak dan menjawab tawaran haji melalui www.thijari.com.my atau memuat naik aplikasi THiJARI ba-

gi tujuan itu.

Untuk maklumat lanjut mengenai perkhidmatan TH, orang ramai boleh melayari www.tabung haji.gov.my atau hubungi Tabung Haji Contact Centre (THCC) di talian 03-62071919.

AKHBAR : SINAR HARIAN

MUKA SURAT : 4

RUANGAN : NASIONAL

Kriteria pemeriksaan kesihatan jemaah haji kekal

SHAH ALAM - Kementerian Kesihatan Malaysia (KKM) dan Lembaga Tabung Haji (TH) mengekalkan kriteria pemeriksaan kesihatan bagi bakal jemaah haji Malaysia pada tahun ini sama seperti tahun sebelumnya.

Menurut Ketua Pengarah Kesihatan, Tan Sri Dr Noor Hisham Abdullah, walaupun Malaysia kini menuju ke fasa endemik, kerajaan harus menghormati keputusan Pertubuhan Kesihatan Sedunia (WHO) yang masih mengklasifikasikan Covid-19 sebagai pandemik.

"Keputusan mengekalkan kriteria pemeriksaan kesihatan seperti musim haji 1443H/2022 adalah sebagai langkah berjaga-jaga bagi memastikan semua bakal jemaah berada pada tahap kesihatan yang baik dari segi fizikal dan mental untuk melaksanakan ibadah haji dengan sempurna.

"Kriteria pemeriksaan kesihatan di bawah garis panduan ini antaranya menetapkan Indeks jisim badan (BMI) tidak melebihi 40, penyakit kronik seperti hipertensi dan diabetes yang stabil, tiada penyakit serius seperti kanser, penyakit paru-paru yang kronik dan sebagainya," katanya dalam kenyataan.

Dr Noor Hisham menjelaskan, pemeriksaan kesihatan bakal haji merupakan aktiviti penting yang dijalankan oleh KKM dengan kerjasama TH ke atas setiap jemaah yang akan menunaikan fardu haji ke Tanah Suci setiap tahun.

"Semasa di Tanah Suci, jemaah haji juga dinasihatkan supaya sentiasa menjaga kebersihan diri, memakai pelitup muka semasa berada di tempat sesak, elakkan berhubung dengan mereka yang bergejala dan menjalani kit ujian pantas antigen (RTK-Ag) Covid-19 sendiri sekiranya mendapati diri bergejala," katanya.

Sementara itu, Pengarah Eksekutif TH, Datuk Seri Syed Saleh Abdul Rahman berkata, saringan kesihatan yang ketat pada musim haji lalu adalah satu langkah yang berkesan apabila peratusan jemaah haji yang mendapatkan rawatan pesakit luar dan dimasukkan ke dalam wad amat rendah berbanding tahun-tahun sebelum ini.

Katanya, selaras dengan peraturan yang dikenakan oleh kerajaan Arab Saudi dan KKM, setiap bakal jemaah haji Malaysia wajib menjalani pemeriksaan kesihatan oleh doktor di klinik-klinik yang diiktiraf.

"Langkah ini dapat memastikan jemaah haji Malaysia berada pada tahap kesihatan yang optimum," ujarnya.

AKHBAR : NEW STRAITS TIMES

MUKA SURAT : 18

RUANGAN : LETTERS

PUBLIC HEALTHCARE

DOCTORS DESERVE HUMANE WORKING CONDITIONS

THE sorry state of our public healthcare has been highlighted in the past. But, it appears that the plight of our medical professionals is being ignored.

There does not seem to be any urgency in resolving the issues and our doctors and allied medical professionals continue to leave the civil service in their quest for better remuneration, working conditions and mental wellbeing.

Not only are their salaries and allowances meagre, their workplace environment is far from conducive and humane, infested with bullying and high-handed and authoritarian leadership.

The Health Ministry laments the shortage of medical specialists and yet, newly graduated specialists from the Parallel Pathway are not given assistance to begin their gazettement without delay.

To become a medical specialist in Malaysia, doctors have to either undergo a sponsored four-year master's programme at local public universities or a self-financed Parallel Pathway programme offered by the Royal Colleges of the United Kingdom, Ireland, or Scotland.

Both pathways require the doctor to work full time, including on-call duties. However, unlike the master's programme, candidates who undertake the Parallel Pathway, finance

their own studies and are not eligible for any study leave. Thus, they sacrifice a great deal of their time, money and resources.

On passing the Parallel Pathway, the doctors are required to undergo a 18-month gazettement period. However, before they can be assigned their gazettement posting, their logbooks and other documents must be signed off by their departmental heads, and this is where they face blockades and roadblocks.

There are many department heads who refuse to sign off the logbooks and just delay this process for reasons best known to them.

The result is doctors who have passed their Parallel Pathway examinations but are left in the lurch for long periods, which can drag to a year in some cases.

Obviously, this situation creates undue stress and frustration. And many just opt to leave. The ministry is aware of this problem as all doctors who intend to undergo the Parallel Pathway are mandated to first register as a trainee with the Medical Development Unit.

Then, we have the issue of on-call allowance. A medical officer is paid RM200 for working 32 hours at a stretch during weekdays and RM220 for being on duty on weekends and public holidays. Specialists are paid RM230 for weekdays and RM250 for weekends and public holidays.



Tired, stressed and burnt out doctors cannot treat patients effectively. FILE PIC

To clarify further, being on-call means they report for work at 8am and continue to be on duty until 5pm the next day. They are on their feet all the time and rarely have adequate time to have meals and perform their prayers.

They are human and they must be treated as such. Tired, stressed and burnt out doctors are a threat to the wellbeing of patients. Doctors cannot be faulted for any lapse in service and treatment as it is the system that is

faulty, not the doctors.

There are many other issues with our public health service, and unless these are resolved soon, the exodus of health professionals from the public sector will continue.

And, the people will suffer the consequences due to no fault of the medical professionals.

ROZITA HAJI SIRAT
Kajang, Selangor

AKHBAR : THE STAR

MUKA SURAT : 4

RUANGAN : NATION

'Social intervention can help combat mental health issues'

PETALING JAYA: Social intervention is needed to address mental health problems among youth, particularly those living in people's housing projects (PPR), as a purely medical approach may not work, say health experts.

The experts also noted that there was a global mental health pandemic, especially among teenagers, and Malaysia was no exception.

They said school-based prevention programmes that would enable teachers and counsellors to detect such cases would be a good step.

Consultant paediatrician Datuk Dr Amar-Singh HSS said although the figures in the recent report were alarming, they were not unexpected.

He added that previous studies had also indicated the problem was not confined to the Klang Valley or PPR.

"The National Health and Morbidity Survey (NHMS) 2017, which did a much larger national sample of more than 40,000 students aged 10 to 17, using validated tools, showed

that one in five students (20%) were depressed, two in five (40%) were anxious, and one in 10 (10%) were stressed," he said.

In addition, 10% reported suicidal ideation.

The 2017 NHMS data showed a rise in rates from an earlier 2012 NHMS study.

In the NHMS data, suicidal ideation was higher in urban students compared to those in rural communities, he added.

He said studies had also shown that mental health crises among adolescents had been worsened by the Covid-19 pandemic as a result of social isolation and learning loss.

"Train a large number of counsellors to support children, as well as facilitate group discussions, to enable students to express and process the emotional impact of the pandemic," he said, adding that increased funding is needed to expand access to mental health services nationwide.

"The Contributing Factors to Psychological Distress, Coping



Strategies and Help-Seeking Behaviours among Adolescents Living in the Klang Valley's People's Housing Projects" report found that 12.3% of adolescents aged 10 to 17 living in PPRs experience psychological distress.

Of these, 10.7% have depression symptoms, and 7.2% have anxiety symptoms.

In addition, 212 participants (13.4%) reported suicidal and self-harming thoughts.

Consultant Psychiatrist and

President of the Malaysian Mental Health Association Prof Datuk Dr Andrew Mohanraj (pic) said poor-quality housing, high-density living conditions, excessive noise, and other social conditions often found in the lower socio-economic areas of the Klang Valley can contribute towards increased cases of depression and anxiety.

"Rapid and unplanned urbanisation all over the world has led to the creation of a 'fringe population', mostly living from hand to mouth, which further adds to poverty, which inevitably leads to mental health issues," he said, adding that this could increase the prevalence of depression and anxiety.

He said urban residents were still grappling with job insecurities and the high cost of living after the Covid-19 pandemic.

This also increases psychological stress, which can have a spillover effect on teenagers and children.

"In PPR communities, social 'over-stimulation' can lead to increased crime and domestic vio-

lence, which are also determinants of mental health issues.

"Children and teens growing up in such overstimulated communities could have increased exposure to cigarettes, alcohol and substance abuse," he said.

Prof Mohanraj said mental health issues affecting the urban poor could not be solved by just providing psychological support, adding that social intervention was equally important.

"The relevant ministries and agencies should promote and encourage healthy behaviours that can help prevent the onset of a diagnosable mental disorder and reduce risk factors that can lead to the development of a mental disorder."

"This also involves creating safe living conditions and environments that support the mental health of children and teenagers," he said.

"Examples of these could include child and youth development programmes and skills-building programmes for older teenagers and youth."