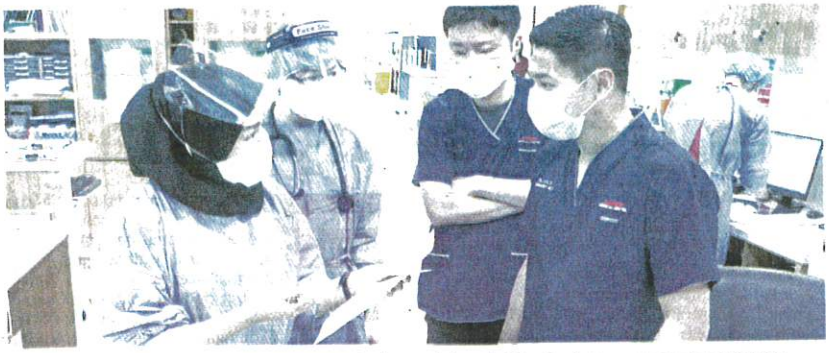
AKHBAR : KOSMO
MUKA SURAT : 9
RUANGAN : NEGARA



TENAGA jururawat di Malaysia amat diperlukan bagi mengimbangi sistem kesihatan yang turut melibatkan petugas lain termasuk doktor. – GAMBAR HIASAN

Penghijrahan jururawat ke luar negara

Jejas sistem kesihatan

Oleh NURUL IZZATI ZAINI

PETALING JAYA – Penghijrahan secara besar-besaran jururawat berpengalaman ke luar negara boleh menggugat sistem kesihatan Malaysia dalam tempoh lima tahun lagi.

Presiden Kesatuan Jururawat Malaya, Nor Hayati Abd Rashid berkata, baki jururawat di sini tidak mampu untuk menampung jumlah pesakit yang ramai.

"Disebabkan tak cukup jururawat, mereka akan dipaksa bekerja untuk tempoh masa yang lama hingga mengalami keletihan melampau.

"Kemudian ia akan menjurus kepada kesilapan pengurusan pesakit," katanya ketika dihubungi.

Semalam *Kosmo!* melaporkan faktor gaji sehingga empat kali ganda menjadi punca utama ramai jururawat berhijrah ke luar negara seperti Arab Saudi, Singapura, Jerman dan United Kingdom.

.KERATAN *Kosmo!* semalam.

Menurut Nor Hayati, penghijrahan jururawat ke luar negara bukanlah satu-satunya faktor yang menyumbang kepada kekurangan tenaga kerja itu.

Tambahnya, faktor lain termasuk persaraan, meninggal dunia, terpaksa tamatkan perkhidmatan kerana masalah kesihatan dan lain-lain.

"Kerajaan perlu kaji semula Bayaran Insentif Perkhidmatan Kritikal kerana agak mustahil kerajaan akan naikkan gaji jururawat. Jika elaun dikaji, ia akan membantu jururawat berdepan dengan kenaikan kos sara hidup," katanya.

Sementara itu, Lembaga Jururawat Malaysia (LJM) memberitahu, seramai 9,152 jururawat terlatih Malaysia direkodkan bekerja di 24 negara di seluruh dunia pada sejak lima tahun lalu.

"Statistik menunjukkan tiada peningkatan yang ketara permohonan untuk tempoh lima tahun ini iaitu kurang daripada 2.5 peratus setiap tahun.

"Jumlah terkini jururawat di seluruh Malaysia adalah seramai 115,230 yang terdiri daripada 70,797 jururawat bekerja di Kementerian Kesihatan Malaysia (KKM), 36,804 (swasta) dan 7,629 (fasiliti bukan KKM)," katanya.

Menurut LJM, secara purata terdapat antara 4,000 hingga 5,000 graduan jururawat didaftarkan pada setiap tahun.

"Pihak swasta boleh menggajikan graduan tempatan yang masih belum dilantik samada di KKM atau swasta," ujarnya.

AKHBAR : KOSMO
MUKA SURAT : 14
RUANGAN : NEGARA

PENGLIBATAN sebahagian komuniti penduduk di bawah Skim Perubatan Madani di Kajang, Selangor.

SKIM Perubatan Madani telah bermula sejak 15 Jun lalu.

600 klinik swasta telah berdaftar Skim Perubatan Madani

Lebih 28,000 dapat manfaat

PETALING JAYA – Lebih 28,000 isi rumah B40 telah mendapatkan rawatan di bawah Skim Perubatan Madani sehingga kini.

Syarikat pelaksana, ProtectHealth Corporation Sdn. Bhd. (ProtectHealth) dalam satu kenyataan memaklumkan, sebanyak 600 klinik swasta pula telah berdaftar di bawah Skim Perubatan Madani sehingga 1 Ogos lalu dan jumlah tersebut dijangka meningkat pada masa akan datang.

Menurutnya, sejak skim berkenaan diperkenalkan, pihaknya secara proaktif mengadakan sesi libat urus dengan wakil-wakil negeri terlibat.

"Antaranya agensi kerajaan, badan bukan kerajaan (NGO), pertubuhan-pertubuhan serta pemimpin komuniti seluruh negara.

"Tumpuan utama sesi libat urus ini adalah untuk meningkatkan kesedaran tentang manfaat skim ini dan usaha kerajaan untuk meningkatkan akses kepada perkhidmatan rawatan primer akut di sektor swasta bagi golongan berpendapatan rendah," kata kenyataan itu.

Menurut ProtectHealth, skim itu menyediakan rawatan pesakit luar kes-kes akut secara percuma kepada penerima Sumbangan Tunai Rahmah (STR) iaitu golongan berpendapatan rendah.

Katanya, mereka boleh mendapatkan rawatan di klinik perubatan swasta (GP) yang berdaftar di bawah skim tersebut.

Antara wakil-wakil yang terlibat adalah Yayasan Wilayah Persekutuan, Lembaga Kemajuan Tanah Persekutuan (Felda), Lembaga Penyatuan dan Pemulihan Tanah Persekutuan (Felcra), Pertubuhan Tindakan Wanita Islam (Pertiwi) dan beberapa agensi lain.

"Sehingga Julai 2023, ProtectHealth telah mengadakan taklimat kepada 70 klinik kesihatan (KK) dan 186 klinik GP di 10 daerah.

"Dalam masa sama, enam taklimat telah diadakan kepada Persatuan Penduduk Projek Perumahan Rakyat (PPR) atau Projek Perumahan Awam (PPA) dan komuniti setempat yang mempunyai kepadatan penduduk B40 yang tinggi.

"Ia seperti PPR Pangsapuri Sri Kasih, PPR Taman Kajang Sentral dan PPR Taman Medan Jaya," ujarnya.

Dalam kenyataan sama, ProtectHealth berkata, skim itu juga sedang dalam perancangan untuk diperluaskan ke daerah lain termasuk di Kelantan (Kota Bharu dan Pasir Mas), Terengganu (Kuala Terengganu dan Kuala Nerus), Pahang (Kuantan) dan Melaka (Melaka Tengah).

Skim Perubatan Madani

- Peruntukan RM100 juta buat 700,000 isi rumah
- Inisiatif kerajaan bagi mengatasi kesesakan pesakit di hospital-hospital kerajaan
- Sasaran golongan B40 penerima STR
- Penjagaan kesihatan primer akut (rawatan pesakit luar kes-kes akut)
- Rawatan secara percuma di klinik perubatan swasta (GP) berdaftar
- Rawatan pesakit luar kes-kes akut merangkumi:
  - Demam dan selesema
  - Cirit-birit dan muntah
  - Terseliuh
  - Sakit kepala
  - Trauma ringan seperti luka ringan dan lain-lain

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 3
RUANGAN : DALAM NEGERI

Kekosongan jawatan doktor tetap diisi doktor kontrak

Oleh MOHD. FADHLI MOHD. SULAIMAN
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PETALING JAYA: Kementerian Kesihatan (KKM) akan mengisi kekosongan jawatan dengan mengambil doktor yang telah menamatkan latihan perubatan siswazah (*housemanship*) untuk berkhidmat di lokasi-lokasi baharu.

Langkah itu sekiranya permohonan rayuan diluluskan bagi doktor-doktor yang dilantik secara tetap supaya kekal di tempat perkhidmatan sedia ada atau berpindah ke penempatan lain.

Ketika ini, doktor-doktor yang ditawarkan lantikan tetap dikehendaki berpindah ke lokasi baharu, namun, sebanyak 1,843 rayuan doktor untuk kekal di penempatan sedia ada atau bertukar ke penempatan lain.

Memberitahu *Utusan Malaysia*, pejabat Kementerian Kesihatan berkata, sebanyak 3,226 pegawai perubatan yang digerakkan secara berfasa dan langkah untuk menampung kekosongan berkenaan telah bermula sejak Julai lalu.

Justeru, kementerian berkata, tidak timbul kebimbangan bahawa kelulusan permohonan rayuan pegawai perubatan untuk tidak berkhidmat di tempat sepatutnya mereka diarahkan selepas penawaran lantikan tetap.

"Bagi mengisi ruang kekosongan, kementerian akan gantikan dengan calon tamat yang telah tamat *housemanship*. Ia bermula dari Julai sehingga Disember.

"Sebanyak 3,226 yang akan dihantar secara berfasa bermula dengan 675 orang pada bulan Julai, diikuti 1,150 pegawai pada bulan ini (Ogos) manakala bakinya secara berperingkat sehingga hujung tahun ini," katanya.

Selain itu, kementerian memberitahu sedang mempertimbang doktor yang telah berkhidmat di Sabah, Sarawak dan Wilayah Persekutuan Labuan yang telah cukup tempoh minimum atau berkhidmat lebih dari dua tahun untuk kembali ke tempat asal.

"Doktor yang telah berada di Sabah, Sarawak dan Labuan yang telah mencukupi tempoh minimum berkhidmat lebih dari 2 tahun untuk dibawa pulang ke Semenanjung bagi mengisi kekurangan doktor

"Kerajaan juga mungkin menggunakan konsep hospital kluster bagi mengatasi masalah kesesakan di hospital dan pusat kesihatan," katanya.

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 31
RUANGAN : DALAM NEGERI

28,000 isi rumah B40 terima manfaat Skim Perubatan Madani

PETALING JAYA: Sebanyak 28,000 isi rumah B40 telah mendapatkan rawatan di bawah Skim Perubatan Madani.

Ia diwujudkan kerajaan bagi menampung keperluan kesihatan golongan berkenaan terhadap penjagaan kesihatan primer akut.

ProtectHealth Corporation Sdn. Bhd. (ProtectHealth) dalam kenyataan berkata, sehingga 1 Ogos lalu, jumlah klinik perubatan swasta (GP) yang berdaftar untuk skim itu melebihi 600 buah dan dijangka terus meningkat pada masa akan datang.

"Skim ini juga sedang dalam perancangan untuk diperluas ke daerah lain seperti Kota Bharu dan Pasir Mas di Kelantan; Kuala Terengganu dan Kuala Nerus di Terengganu; Kuantan, Pahang; Melaka Tengah, Melaka; Seremban, Negeri Sembilan; Kota Setar dan Kuala Muda, Kedah serta Seberang Perai Tengah di Pulau Pinang selain Perlis," katanya.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 19
RUANGAN : LETTERS

NEW SUBSPECIALTIES

CLINICAL IMMUNOLOGY ADDS VALUE TO WHITE PAPER

THE Health White Paper (HWP) has been long awaited to reform the health system to equitable, credible and sustainable healthcare, focusing on critical and long-standing issues.

The time is ripe to explore and assess the relevance of the newer disciplines of medicine "translated" as subspecialties. Foremost are clinical immunology, immunopathology and clinical pharmacology, which have gained a foothold in Malaysia.

Clinical immunology had made a beginning in Malaysia in the late 1970s, but fell by the wayside when the local clinical immunologist left the country. However, clinical immunology made a "comeback" at the Paediatric Institute, Kuala Lumpur Hospital, in 1986.

Since then, five newer clinicians trained in clinical immunology have returned from excellent centres abroad to provide consultations on immune-mediated diseases in public and private hospitals. Clinical immunology and immunopathology have the ignominy of not being recognised by the National Specialist Registry (NSR) of the Health Ministry.

Clinical genetics, but not clinical immunology, is recognised by the NSR. Both are examples of translational medicine. While the genes identify what is amiss in clinical genetics, immunology explains how abnormal genes cause disease in patients.

The NSR adopted clinical genetics as a subspecialty but, unfortunately, distanced itself from clinical immunology, although they work in synergy.

The delay in recognition of clinical immunology is a step backward. Clinical immunology underpins most immune-mediated diseases, specifically primary immunodeficiencies, inborn errors of immunity, allergies and autoimmune diseases. It also includes the study of immunity to infectious diseases that would spur vaccine discovery.

The HWP also emphasises the preparation of human capital to include training, nurturing and licensing of the workforce of varying categories, which have to be organised in terms of quality in professional development and in-service training.

To benefit from newer technology and research advances, talent should be identified and developed in an excellent ecosystem. Merely emphasising fundamental research is shortsighted. Obsessing about clinical research is self-defeating. Besides clinical care, clinical immunologists are relevant in empowering local data through research, especially in infectious disease or pandemic (Covid-19).

Another downside of Malaysian research practice is the lack of desire to share research programmes and projects between organisations, including the Health Ministry and universities; collaboration has been at best tepid.

We should emulate the trans-Atlantic collaboration between pharmaceutical giants Pfizer (the United States) and BioNTech (Germany), which has succeeded in fast-tracking Covid-19 mRNA vaccine discovery with huge profit. In a nutshell, we need more talent and more research projects in various aspects to yield cutting-edge discoveries. The present core clinical immunologist role is not merely to treat patients but also to nurture and polish local talent, as well as draw overseas talent together to yield innovations and discoveries.

It is reassuring that recently, home clinical immunologists have been called to train specialists for the new subspecialty in paediatric infectious disease and immunology. However, the NSR's continuing rejection of subspecialty clinical immunology would put us at odds with the spirit of WPH.

This is against a backdrop of increasing detection of cases and high mortality for congenital immunodeficiency/primary immune deficiency.

Let us add value to the White Paper by evaluating and recognising the newer medical disciplines, including clinical immunology.

DR LOKMAN MOHD NOH
Consultant paediatrician; member, Translational Immunology Group for Education Research and Society

AKHBAR : THE STAR
MUKA SURAT : 16
RUANGAN : VIEWS

Sweet and cool dangers of vape

LACK of regulation on vaping is a critical concern, especially considering the increasing popularity of vape products with cooling flavours among young adults. These flavours may escalate the frequency of vaping and potentially lead to nicotine dependency.

It is essential to dig deeper into the constituents of these products and understand their potential health effects.

In the United Kingdom, the Tobacco and Related Products Regulations 2016 (TRPR) stipulate that electronic cigarettes and refillable vape liquids must not contain harmful ingredients classified as carcinogens (cancer-causing), mutagens (gene-altering), or reprotoxins (reproduction-damaging).

The law also prohibits additives that facilitate the inhalation or absorption of nicotine.

Biomedical and public health researchers at the School of Medical and Life Sciences at Sunway University Malaysia conducted an independent study on 28 vape liquids sold in Malaysia, both from online platforms and physical stores. Our findings show, among others, that out of the 28 products, 16 were labelled as containing sweeteners, and only one openly declared the presence of a cooling agent on its label.

Sucralose, a common artificial sweetener found in commercially canned drinks, was among the sweeteners listed on the labels of the sampled vape products.

Although sucralose is generally considered safe to ingest in the recommended amounts, heating it to high temperatures in the atomizer of a vape device may cause it to break down into harmful chemicals.

What is less known among the general public is the presence of cooling agents in vaping products. These agents, which leave a refreshing and cool sensation, may seem harmless.

Even at lower concentrations, cooling agents like WS-23 have been found to adversely affect normal human cell growth.

While these cooling agents or coolants are deemed safe for limited oral ingestion, the effects of daily inhalation are still largely unknown. A recent biological study conducted at the University of California confirmed that cooling agents were found to be toxic to cells in the human lung.

It's important to be informed about the potential risks associated with the chemicals used in vape liquids.

The sweeteners and synthetic cooling agents may pose significant health risks when inhaled frequently or over prolonged periods.

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

Health risk from traffic pollutants

Carbon monoxide from fossil fuels could trigger asthma, heart disease and lung cancer: Respiratory expert

KUALA LUMPUR: Asthma is among the world's major non-communicable diseases, having affecting an estimated 262 million individuals and led to over 45,000 deaths in 2019, according to the World Health Organisation.

Consultant respiratory and internal medicine physician Dr Jurina Mohd Hassan said the prevalence of asthma in the adult population ranges between 3.4% and 7.5% nationwide.

She cited global reports last year, that outlined nearly two million new cases of paediatric asthma caused by traffic-related air pollutants, particularly fossil fuel emissions from vehicles.

"Those with asthma are at greater risk of breathing in small particles that could worsen their condition."

Jurina added that the long term effects of air pollution, especially carbon monoxide (CO) emissions, on such patients include heart disease, lung cancer and respiratory diseases such as emphysema.

"Some scientists suspect that air pollutants cause birth defects. I have seen an increase of asthma exacerbation cases in the urban population, more so during the haze."

Jurina said such phenomena cause immediate and delayed effects on mortality, with more than 10,000 respiratory deaths recorded during 88 days of haze between 2000 and 2007, Bernama reported.

She suggested that asthma patients limit their time outdoors, especially from 11am to 8pm, during periods when high air pollution index levels are recorded.

Meanwhile, Universiti Kebangsaan Malaysia Earth Sciences and Environment Department senior lecturer Assoc Prof Dr Mohd Shahrul Mohd Nadzir said odourless and colourless CO is produced during the incomplete burning of fossil fuels such as petrol, gas or coal.

"When the gas enters through the respiratory system, it competes with oxygen to bind to the haemoglobin. Thus, our blood cannot efficiently carry oxygen throughout the body, especially to the brain.

"If the CO level in the blood is high, organs and tissues would not receive enough oxygen to function properly, which could lead to serious health problems, including brain and internal organ damage."

Mohd Shahrul said it is essential to install sensors in vehicles, houses and other frequented premises to prevent CO poisoning, adding that current Industry 4.0 and the Internet of Things technologies have generated advanced sensors for real-time CO concentration detection.

Fatalities from CO poisoning are not unheard of in Malaysia.

It was reported in 2020 that three college students died from CO poisoning while another survived, following a leak in the exhaust system that pumped the gas into the car cabin on their way back from vacationing in Pulau Jerejak, Penang.