

AKHBAR : BERITA HARIAN  
MUKA SURAT : 5  
RUANGAN : NASIONAL

## Kerajaan perlu beri penjelasan kepada doktor kontrak

**Kuala Lumpur:** Kerajaan perlu menjelaskan secara terperinci mengenai pelaksanaan sistem kontrak baharu membabitkan penjawat awam, khususnya kepada golongan doktor kontrak di negara ini.

Gesaan itu disuarakan Gerakan Hartal Doktor Kontrak (HDK) yang membangkitkan beberapa persoalan susulan pelaksanaan sistem kontrak baharu itu, berkuat kuasa 1 Februari ini, khususnya dalam aspek kenaikan tangga gaji dan tempoh kontrak.

Menurut HDK, sistem kontrak baharu itu yang diumumkan Selasa lalu, hanya tinggal seminggu lagi untuk dilaksanakan, namun sehingga kini masih tiada perincian diberikan kepada mereka yang bakal terbabit dalam skim berkenaan.

"Pengumuman sudah dibuat tetapi perancangan masih belum diketahui. Jika setelah ini tiada penjawatan tetap, bagaimana sistem kontrak ini dilaksanakan?"

"Selama ini, jumlah kontrak adalah 7 tahun (3+2+2) sebelum pegawai ditamatkan perkhidmatan, adakah jumlah ini masih kekal?"

"Jika selama ini pegawai kontrak dilanjutkan kontrak selama empat tahun untuk kepakaran, bagaimana selepas ini?"

"Dengan tiada perjawatan tetap selepas ini, bagaimana pula dengan kenaikan tangga gaji? Adakah akan terhenti di tangga UD43 seperti sekarang?"

"Jika tiada perjawatan tetap, adakah pegawai perubatan yang tamat pengajian kepakaran juga berstatus kontrak?" katanya melalui aplikasi X.

Sebelum ini, kerajaan mengumumkan akan melaksanakan pengambilan penjawat awam secara lantikan kontrak sehingga inisiatif kaedah lantikan baharu diperkenalkan bagi mengukuhkan lagi sistem saraan perkhidmatan awam di negara ini.

Ketika ini, inisiatif kaedah baharu itu dalam fasa pindaan kepada undang-undang berkaitan, juga dilihat mampu mengurangkan tanggungan fiskal negara dalam tempoh jangka masa panjang.

Pada masa sama, menurut HDK, mereka tiada masalah dengan sistem kontrak baharu itu kerana percaya ia dilakukan untuk memperkasakan sistem saraan perkhidmatan awam pada masa depan.

Namun katanya, kerajaan perlu memperincikan pelaksanaannya supaya golongan penjawat awam khususnya doktor yang bakal terbabit dalam sistem itu lebih jelas mengenai kedudukan mereka.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 34  
RUANGAN : DALAM NEGERI

## Derma 1,000 beg darah setahun

### **KUALA TERENGGANU:**

Polis Terengganu berhasrat membekalkan lebih 1,000 beg darah setahun melalui program derma darah membabitkan pegawai dan anggotanya bermula tahun ini.

Ketua Polis negeri, Datuk Mazli Mazlan berkata, bagi merealisasikan sasaran itu Polis Diraja Malaysia (PDRM) Kontinjen Terengganu akan menjadi rakan strategik Jabatan Kesihatan Negeri (JKNT).

Beliau berkata, sumbangan bekalan darah itu bagi membantu meningkatkan bekalan darah untuk kegunaan hospital-hospital di negeri ini yang didapati semakin berkurangan.

"Ini juga adalah salah satu tanggungjawab sosial korporat PDRM Kontinjen Terengganu kepada masyarakat setempat dan kita melihat jabatan kesihatan antara jabatan yang penting," katanya.

AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 15  
RUANGAN : LETTERS

## JUNIOR DOCTORS

# STOP BLEEDING IN HEALTH SECTOR

**S**OME Health Ministry policies, including the contract system of 2016, are thought to be the harbinger of the perceived shortage of junior medical doctors. It's not a new problem.

Recently, a frustrated medical officer said the healthcare system was on the verge of collapse, but this person didn't offer solutions.

I'd like to offer insights into the issue of uneven distribution of the healthcare workforce and try to be part of the solution.

The ideal ratio for doctor to the population is one for every 400, as recommended by the World Health Organisation.

The ratio in 2021 stood at 1:420. This seems to suggest that we are not desperately short in terms of numbers.

Put in another way, there are 2.4

doctors for every 1,000 persons in Malaysia.

This compares favourably with other Asean countries. Singapore, Brunei, Thailand and Indonesia have 2.7, 1.6, 0.9 and 0.6 doctors per 1,000 population respectively.

But in Malaysia, there is a gross mismatch of the number of doctor servicing the population, with over-representation of doctors in the Klang Valley versus rural areas, Sabah and Sarawak.

We have failed to distribute the doctors equitably and justly to serve the healthcare interests of Malaysians.

The chronic omission and commission of their basic duties has triggered the anger of junior doctors, who felt betrayed with unfair salary schemes, benefits and unjust career pathways.

This led to them to seek greener

pastures.

Many of the ministry's woes can be mitigated, if not solved, by technocrats in the ministry showing civility and decency, with a sense of urgency and best practices, at virtually zero cost.

They could:

**RECTIFY** the maldistribution of the medical workforce. I am led to understand that the paediatric sector has virtually solved its manpower distribution with an ingenious data-driven, doctor-to-workload norms, which can be improved, refined and digitalised for other disciplines;

**WITH** artificial intelligence and algorithms, the movement and rotation of doctors can be fairly and promptly decided.

Data driven with a prolific health information system would empower the ministry to better forecast medical

manpower needs and better allocate medical personnel.

The ministry can take the cue from multinational corporations about manpower distribution, just like we learnt about safety culture from the airline industry;

**IF** we cannot stop, then minimise the discrimination in the selection process by decision makers, including director-general, deputy D-Gs in states, directors, heads of services, consultants and administrators.

We do this by having a clear selection criteria for promotions, transfers, entry to postgraduate programmes and obtaining scholarships; and,

**GIVE** a fair and competitive salary scheme and promotion schedule for junior doctors. The selection criteria for permanent and key public sector positions (Jusa) posts must be made

known.

Other non-financial incentives, such as posting of choice upon completion of service to an underserved location, should be considered.

Attractive travel fares or priority seats should be explored to facilitate and incentivise the relocations of doctors to underserved locations in rural areas of Sabah and Sarawak.

The health minister should ensure the authorities act promptly and justly in dealing with the depleting medical human resources and its adverse effects on healthcare services.

The dissatisfaction index and attrition rates of the healthcare human capital are worrisome and must be addressed urgently.

**DR MUSA MOHD NORDIN**  
Kuala Lumpur

## CHANGING TONES

## Middle-ground approach to tackle vaping

**WHAT** can be a middle-ground approach to tackle vaping? This means effective tobacco control that transcends legislation and is rooted in education and transparency.

Informing the public about the effects of vaping is crucial to empower them to make healthier choices.

So the tone of the Health Ministry, and in public health issues, must shift from "do not do" to "the choice is yours, but here are the consequences".

The ministry does not have the manpower to police all of us about our health choices, but it can give people information about the consequences of their decisions.

Those seeking help will feel less stigmatised and marginalised to approach government health-support centres, and the government's more open approach will provide the ministry more information on the real issue at hand.

Imagine setting up a ministry centre in a kampung to help people stop vaping.

More people would approach that centre if they knew they would not be criticised or punished for even starting the habit. As a result, the ministry itself becomes empowered to help people.

But education alone is not enough.

The government must use a creep-in strategy if it wants effective regulation.

In other words, don't do everything all at once. Do it progressively.

Those who cook know that you don't throw a lobster into a boiling pot. You put it inside a pot then slowly boil it.

This approach can be employed for all sorts of scenarios.

For example, the ministry can look at nicotine levels in vapes and limit them to an enforceable amount.

In this way, the government can slowly reduce that strength to protect users.

A small reduction yearly can prove fundamental, and more effective, in a five-year period.

If you immediately make the nicotine strength too low, users won't be satisfied and they will look for illegal ways to boost the nicotine levels.

Another example could be in sales display restrictions. The ministry had mentioned at the recent Special Select Committee on Health meeting about introducing a point-of-sale display (POSD) ban.

We saw from the National Morbidity survey that 37.5 per cent of vape users obtain vapes from friends or col-



Informing people about the effects of vaping is crucial to empower them to make healthier choices. FILE PIC

leagues. So we know that a ban on display of products may not be effective.

In fact, the fear is that if sales outlets face a POSD ban, the number of users obtaining their vapes from friends will increase because of the increased queues during peak hours and customer dissatisfaction.

This is dangerous as the ministry then loses control. Regulating stores is easier than regulating social circles.

There is also no certainty that those products sold will pass the ministry's vetting for safety.

Rather than a display ban, other measures can be taken. A middle ground approach is also possible in terms of flavours.

The ministry can begin by allowing only a few basic flavours, then when the consumer market is controlled, it can slowly take away certain flavours.

This is akin to letting the lobster boil slowly rather than shocking it.

As the responsibility shifts away from Parliament and to the health minister, Datuk Seri Dr Dzulkefly Ahmad is the focal point of how Malaysia can address its youth smoking epidemic.

**LEE CHONG KIAT**  
Klang, Selangor

AKHBAR : THE STAR  
MUKA SURAT : 5  
RUANGAN : NATION

# Hike in drug prices expected soon

## 5-10% increase for pharmaceutical drugs due to rising costs globally

By FATIMAH ZAINAL  
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**PETALING JAYA:** Amid reports of pharmaceutical drug prices rising in the United States, the same may apply to Malaysia soon. Malaysian Pharmacists Society (MPS) president Prof Amrahi Buang said if drugmakers moved to raise prices in the United States, the prices of pharmaceutical drugs derived from the US market would be expected to increase between 5% and 10%.

"It is because more than half of our drugs are imported. Usually, every year, the prices will increase twice, but it depends on how much," he said when contacted.

Prof Amrahi said that even in the endemic stage, pharmaceutical manufacturing had been affected because of delays in the availability of raw materials, active pharmaceutical ingredients and delivery.

"We have seen this for the last few years," he said, noting that any change in pricing would impact all stakeholders along the supply chain, including the importer, distributor, supplier and retailer.

Prof Amrahi also said that drugs used to treat chronic illnesses such as hypertension and diabetes tended to be more price-sensitive or volatile to price changes compared to more common drugs such as medicines for fever, flu and body pain.



**Rising cost:** A pharmacist arranging medicines at a pharmacy in Bandar Baru Sg Buloh. — AZMAN GHANI/The Star

On Dec 29, 2023, Reuters reported that drugmakers planned to raise prices in the United States

On Jan 18, the *Wall Street Journal* reported that companies

hiked prices of 775 medicines on more than 500 drugs in early January, according to data analysed by healthcare research firm 3 Axis Advisors.

including Ozempic and Mounjaro, which are drugs used to treat diabetes, at the start of the new year.

Federation of Private Medical Practitioners Associations Malaysia (FPMPAM) president Dr Shanmuganathan Ganeson said the

price of pharmaceutical drugs and all essential goods would continue to go up.

"This is due to the rising input cost worldwide such as raw materials, labour, energy and government taxes.

"Malaysia, in particular, will see a minimum 2% increase with the increase of 2% service tax, in particular logistics, starting this year," he said.

Dr Shanmuganathan highlighted that the price increase of drugs in Malaysia would not only depend on the input costs but also the exchange rate versus the US dollar.

"The ringgit has been going downhill versus all major currencies for the past few years. I am not sure how much further it will go down," he said.

Dr Shanmuganathan also said that once the prices of pharmaceutical drugs in the United States go up, it would be a stimulus for the rest to follow suit.

"The universal supply of goods has always been based on the free market concept, which is demand versus supply.

"When supply constraints arise, who can pay the highest price will always get the goods first.

"After all, businesses are not charity organisations. They are here to profit," he said.

# Generic drugs could provide budget-friendly relief

By MARTIN CARVALHO  
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**PETALING JAYA:** Consumers should consider relying on generic drugs for over-the-counter (OTC) medicines rather than proprietary or branded ones to cushion the rising prices of medication, says the Pharmaceutical Association of Malaysia (PhAMA).

"To further off-set rising prices of medication, they could also wait or group-buy when there are product promotions in retail outlets," PhAMA executive director Dr Choe Tong Seng said when contacted yesterday.

He said several global factors such as raw materials, currency exchange rates, logistics and supply chain disruption had contributed to the rise in prices of OTC

medication in recent times.

"As such, local manufacturers, which are dependent on imported raw materials, are not immune to price fluctuation as well," he said.

However, he cautioned consumers against purchasing medication online without proper verification.

"All OTC products in the country are approved by the Health Ministry and are safe.

"A word of caution: do not purchase online unless you recognise the manufacturers and are confident that their products are registered with the ministry," he added.

Dr Choe suggested that the government exempt or exclude pharmaceutical products from the coming increase in the service

tax, particularly affecting the logistics sector.

"This should be considered so as not to compound the rakyat's financial burden.

"This is particularly true for the elderly who may be prescribed with a number of drugs due to their comorbidities.

"Pharmaceuticals are essential products and once prescribed, patients have no other choice but to follow the prescriptions faithfully," he said.

Based on the United Nations global trade data, Malaysia imported pharmaceutical products valued at about US\$2.21bil in 2022.

According to the Malaysian Industrial Development Authority (Mida), the major local pharmaceutical companies involved

mainly in generic drugs, particularly antibiotics, painkillers, health supplements and injectables include Pharmaniaga Manufacturing Bhd, Duopharma Biotech Bhd, Kotra Pharma (M) Sdn Bhd and Hovid Bhd.

A pharmacist, who wanted to be known only as Christine, 39, said there had been a gradual increase in prices of OTC medication over the past several months, which is likely to rise further this year.

"The rise in prices is due to several factors and there is worry that prices are likely to go up again this year due to an increase in logistics cost," she said when met at a pharmacy in Petaling Jaya yesterday.

Christine said the increase would be more on imported bran-

ded drugs than locally-manufactured or generic ones.

"We have some customers who spend more than a RM1,000 on prescription medication a month, not including supplements," she said.

Christine noted that some customers might switch to purchasing generic drugs and locally-manufactured medication, which might be between 20% and 30% cheaper compared to the imported branded drugs.

"The impact won't be felt as much for those in the high-income group because they can afford to continue purchasing their branded medication, which they are more familiar with.

"It is those in the lower and middle-income group that will feel the pinch," she added.