

AKHBAR : BERITA HARIAN
MUKA SURAT : 13
RUANGAN : NASIONAL

HKL siasat dakwaan ventilator rosak

Kuala Lumpur: Hospital Kuala Lumpur (HKL) menyiasat dakwaan berkaitan kegagalan mesin bantuan pernafasan atau ventilator dalam rawatan pesakit seperti dilaporkan baru-baru ini.

Pengarah HKL, Datin Paduka Dr Rohana Johan, berkata komplikasi rawatan perubatan yang menjejaskan pesakit akan disiasat melalui sistem pelaporan insiden.

Katanya, ia selari garis panduan pengurusan Laporan Insiden Kementerian Kesihatan (KKM).

"Kita dengan kerjasama syarikat konsesi hospital sentiasa memastikan peralatan perubatan yang digunakan untuk merawat pesakit dipantau.

"Ia termasuk memastikan peralatan terbabit diselenggara mengikut jadual supaya perkhidmatan kesihatan berkualiti dapat diberi kepada pesakit," katanya dalam kenyataan, semalam.

Kelmarin, Ketua Pengarah Kesihatan, Datuk Dr Muhamad Radzi Abu Hassan, berkata pihaknya melancarkan siasatan terhadap laporan seorang pesakit yang didakwa meninggal dunia dan seorang lagi diklasifikasi mati otak di dua wad berasingan di sebuah hospital di Lembah Klang, didakwa berpunca kerosakan mesin ventilator.

Memetik laporan portal tempatan yang hanya memetik sumber semalam, ia berlaku dalam tempoh seminggu di dua wad berasingan.

Menurut sumber laporan berita itu, petugas perubatan cuba melakukan pertolongan cemas ke atas pesakit yang tidak sedarkan diri dan mendapati mesin ventilator yang digunakan gagal berfungsi.

Sumber laporan sama turut mendakwa dua lagi kes berkaitan kegagalan mesin ventilator berlaku.

AKHBAR : SINAR HARIAN
MUKA SURAT : 14
RUANGAN : NASIONAL

Pengambilan vaksin tambahan kurangkan risiko penyakit ketika tunai haji

KUALA LUMPUR - Bakal jemaah digalakkan supaya mengambil suntikan vaksin tambahan iaitu vaksin influenza dan vaksin pneumokokal sebagai pilihan sebelum menunaikan haji tahun ini, kata Pakar Anestesiologi Hospital Kemaman, Terengganu, Ahmad Nizam Ismail.

Katanya, walaupun kedua-dua vaksin itu merupakan pilihan seperti termaktub di dalam Garis Panduan Pemeriksaan

Kesihatan Bakal Haji Edisi 9, pengambilan perlu dititikberatkan kerana vaksin terbabit mampu mengurangkan risiko jangkitan penyakit salur pernafasan.

Beliau yang dilantik Lembaga Tabung Haji (TH) dengan sokongan Kementerian Kesihatan (KKM) untuk mengetuai rombongan perubatan haji tahun ini sebagai ketua pakar berkata, pada musim haji lepas, penyakit salur pernafasan ada-

lah penyumbang terbesar penyakit yang menyerang jemaah haji.

"Penyakit salur pernafasan seperti jangkitan kuman dan radang paru-paru, menyumbang kepada 60 peratus bagi pesakit luar yang mendapat rawatan di Klinik Maktab TH di Tanah Suci, manakala 49 peratus masalah berkaitan pernafasan ditempatkan di pusat rawatan TH," katanya ketika dihubungi *Bernama* baru-baru ini.

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 9
RUANGAN : DALAM NEGERI

Pesakit klinik swasta lebih terkesan dengan kenaikan harga ubat

PETALING JAYA: Pesakit akan merasai kesan apabila 50 peratus bekalan ubat-ubatan untuk pelbagai penyakit yang diimport dari luar negara dijangka naik harga.

Bercakap kepada *Utusan Malaysia*, Presiden Persatuan Farmasi Malaysia (MPS), Amrahi Buang berkata, kenaikan lima ke 10 peratus bagi setiap jenis ubat terutama *pattern drug* iaitu ubat yang tiada alternatif itu akan memberi kesan kepada pesakit dan waris mereka terutama di sektor swasta.

"Apabila syarikat pembuatan ubat di Amerika Syarikat (AS) menaikkan harga pasaran maka kita di Malaysia akan terkesan.

"Kesan situasi tersebut sudah pasti akan mengenai rakyat tetapi situasi akan menjadi berbeza di sektor awam dan swas-

ta. Harga akan menjadi tidak terkawal di sektor swasta kerana tiada kawalan," katanya ketika dihubungi.

Sebelum ini, media melaporkan, harga ubat-ubatan di Malaysia dijangka meningkat antara lima hingga 10 peratus tidak lama lagi susulan jangkakan syarikat pembuatan ubat AS menaikkan harga pasaran.

Mengulas lanjut, Amrahi berkata, kenaikan tersebut tidak boleh diletakkan di bawah tanggungjawab Kementerian Kesihatan (KKM) sepenuhnya.

"Kita mesti ingat bukan semuanya kepada KKM, sebab mereka tidak buat penetapan harga kerana ia melibatkan perdagangan antarabangsa dan sebagainya.

"Bagi pihak MPS, kita mahu siapa-siapa yang menjual ubat

mesti isytiharkan harga ubat dan KKM boleh menyediakan garis panduan.

"Pegguna juga perlu semak harga ubat sebelum membeli bagi memastikan harga munasabah dan tidak terlalu menekan," jelasnya.

Sementara itu, Pakar Perubatan Kesihatan Universiti Kebangsaan Malaysia (UKM), Dr. Sharifa Ezat Wan Puteh turut bimbang susulan jangkakan kenaikan harga ubat-ubatan tersebut.

Menurut beliau, kenaikan tersebut mampu membangkitkan pelbagai situasi yang akan memberi kesan kepada pesakit.

"Apabila kenaikan berlaku, ia akan memberi kesan kepada negara yang sedang membangun seperti Malaysia di mana kita tiada duit yang banyak seperti

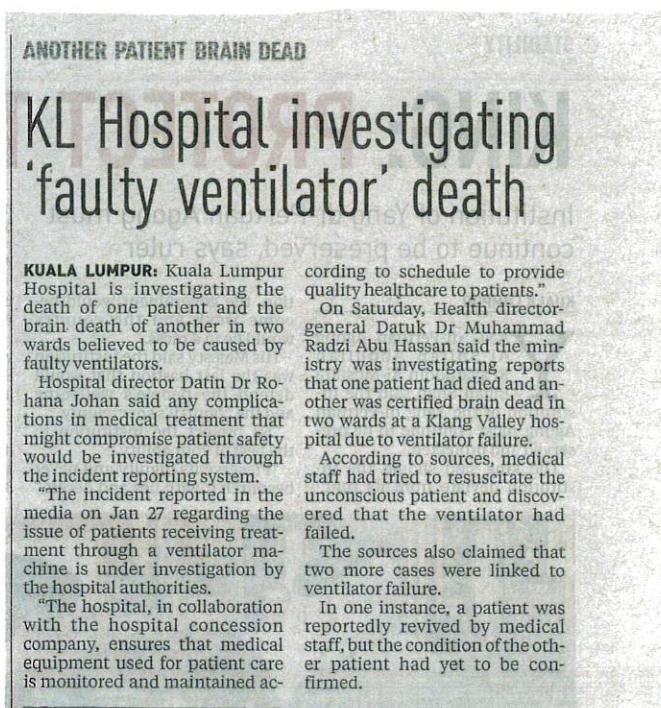
negara yang sudah mampan. Jadi kita akan menghadapi kesukaran untuk membiayai semua rakyat dengan ubat semakin mahal ini.

"Ini mungkin akan wujud keadaan di mana wujud situasi ubat-ubatan disubsidi separuh oleh kerajaan berbanding disubsidi penuh," katanya.

Katanya, kenaikan harga tersebut juga bakal menyebabkan kurangnya akses pesakit terhadap ubat yang diperlukan terutama untuk penyakit-penyakit yang jarang ditemui.

"Ada beberapa kes dan penyakit yang pertimbangan ia sebagai penyakit jarang ditemui, jadi kos untuk ubat-ubat penyakit seperti itu akan meningkat sehinggalah kita bimbang akses padanya berkurang iaitu ubat tersebut habis," katanya.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 5
RUANGAN : NATION / NEWS



AKHBAR : THE STAR
MUKA SURAT : 9
RUANGAN : NATION

Surge in cancer cases concerning

What's alarming is that it involves adults under the age of 50, says NCSM

By RAGANANTHINI VETHASALAM
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PETALING JAYA: There is a concerning rise in cancer diagnosis among adults under the age of 50, says National Cancer Society Malaysia (NCSM) managing director Dr M. Murallitharan.

"At the moment we do not have any recent data as the most updated national statistics we have are from the Malaysian National Cancer Registry Report (MNCR) for 2012-2016," he said.

"According to the comparison made between the 2012-2016 and 2007-2011 MNCR reports, higher incidence rates for female colorectal cancer cases are seen in the younger age group between 35 and 44 in 2012-2016.

"Clinically, we are noticing a concerning rise in the number of under-50 adults being diagnosed with cancer in recent years. However, there is still limited recent data to confirm this trend epidemiologically," he added.

He said that in the under-50 cohort, most cases belonged to the 45- to 49-year-old age bracket.

"According to the MNCR 2012-2016, the most common types of cancer in male adults aged between 35 and 50 are colorectal cancer and nasopharyngeal cancer. For females within this age group, the most common cancer is breast cancer," he said.

On what the contributing fac-



Raising awareness on cancer: In this file photo from 2023, a young cancer survivor is being interviewed.

tors are, Dr Murallitharan said the increase in cases could be attributed to the sedentary lifestyle among the younger generation, where many tend to spend time on their mobile devices and lack physical activity.

On top of that, an unhealthy diet is also a contributing factor.

"This could lead to an increase in obesity rates among adults under 50 and result in cancer as obesity is linked to 13 different

types of cancer.

"The increase in the use of tobacco products among young adults may also contribute to this worrisome trend," he said.

"It is still too early to tell what the exact cause of this trend is as we all know it is very difficult to pinpoint the exact reason why someone gets cancer.

"Regardless, more research is required to explain why and how more young adults are getting

cancer," he added.

In a recent report, the American Cancer Society noted that cancer patients are "increasingly shifting from older to middle-aged individuals".

According to the report, there was an increase in overall cancer incidence among people younger than 50 compared to those aged 65 and older as well as those belonging to the 50 to 64 age bracket.

In a recent article, the Yale Medicine Colon and Rectal Surgery doctors reported seeing more colorectal cases among younger patients.

They also urged people younger than 45 to consult their doctors about any suspicious symptoms such as constipation, rectal bleeding or sudden changes in bowel movements.

The American Cancer Society reported that 20% of colorectal diagnoses in 2019 were among those aged below 55. This is about double the rate in 1995.

It also predicted that in 2023, an estimated 19,550 diagnoses and 3,750 deaths would be in people younger than 50.

Meanwhile, according to a study by scientists in China's Zhejiang University, Harvard University in the United States and Edinburgh University in the United Kingdom, the number of under-50s worldwide being diagnosed with cancer has risen by nearly 80% in the span of 30 years.

The research said global cases of early onset cancer increased from under two million people in 1990 to over three million in 2019.

Deaths among people in their 30s and 40s from cancer went up by 27% in the same period.

The report also noted that more than a million people under the age of 50 die of cancer every year globally.

Dr Dzul pledges to resolve specialist training issues

PETALING JAYA: Resolving the problems related to the Parallel Pathway Training, or the specialists' training programme, is part of Health Minister Datuk Seri Dr Dzulkefly Ahmad's (pic) 100-day key performance index (KPI).

"I place the problem of 'Parallel Pathway Training' as my 100-day KPI. (Even if) I risk 'failing' in this KPI, do it I must!" he posted on X on Saturday.

He said he had met almost all "feuding" medical entities and eminent healthcare practitioners in relation to the issue.

"Having listened to all, I am positive that we shall find an amicable closure.

"Again, I stress, never lose sight of the forest for the trees. Even in dire need to increase the number of specialists, we must not compromise on our quality," he added.

Dr Dzulkefly said it is not in the



ministry or the nation's interest to abolish the Parallel Pathway programme.

"But, it's important that we promptly harmonise the training programmes that meet the requirements of our local laws, regulations and standards, so as to achieve our nation's urgent

needs for specialists.

"I don't (want to) dwell on the specifics (as) that is the job of the task force, but as the minister, I would want to see more to be trained and do it better.

"We must work together on this. We must do a catch-up on quantity yet jealously protect our quality," he added.

The Health Ministry has said that the Parallel Pathway "has been designed to allow training of internal medicine trainees - wherever they may be - so that services to patients are not jeopardised".

It also said the Parallel Pathway is "part of the overall post-graduate training programme and forms part of the process of finally becoming a sub-specialist in Malaysia".

Dr Dzulkefly was responding to a tweet by Hospital Putrajaya consultant nephrologist Dr Rafidah

Abdullah, who said there are quarters trying to "kill off" the Parallel Pathway programme which enables doctors to continue their specialist training.

"(One) has to wait for at least five years to enrol in a Master's programme in a local university. The seats are limited. The service rendered to the people would definitely be affected due to the shortage of specialists.

"We need the Parallel Pathway programme to continue. Please don't destroy it," she said.

Dr Rafidah, a vocal advocate of the medical community, said she was simply lending her voice to highlight the agony of junior doctors.

She added that doctors could only keep their anguish to themselves as they have to continue serving the country.

"The lowest point of my 26 years' career so far is seeing my

colleagues suffer. Soon the nation will be affected," she said.

Tagging Dr Dzulkefly and Prime Minister Datuk Seri Anwar Ibrahim in one of her posts in the thread, Dr Rafidah said she is certain that they will help the medical fraternity.

Malaysia is currently facing a shortage of specialists.

Last year, the Health Ministry increased the training slots for the Master of Medicine programme to 1,500 in 2023.

Former minister Dr Zaliha Mustafa said last year that this will be done in collaboration with the Higher Education Ministry to offer 23 specialist areas in eight public universities.

Apart from that, she said training slots under the Parallel Pathway specialist programme sponsored by the ministry have also been increased to 600 every year, involving 14 specialist areas.

Event being probed over alleged vape firm sponsorship

PETALING JAYA: A recent Youth and Sports Ministry sports programme is under investigation after the event was allegedly sponsored by a vape product company, says Adam Adli Abd Halim.

The Deputy Youth and Sports Minister said the ministry's policy disallows any companies associated with tobacco or vape

products from being involved in any of its youth or sports programmes.

"This matter is under investigation," he wrote in a reply to X user @khairulhafidz on Saturday.

In Khairul's original post, he highlighted that the Poodie Fútbol Fest 2024 was co-sponsored by a vape company through

an official promotional poster for the event that was going viral online.

Among its listed strategic partners was the Youth and Sports Ministry, while the event was also supposedly supported by the Tourism, Arts and Culture Ministry.

He then tagged the relevant ministers, Hannah Yeoh and

Datuk Seri Tiong King Sing respectively, in his post as he asked, "I see two ministries are supporting and named as strategic partners with a vape company. Doesn't this violate Section 9 of the Control of Tobacco Act?"

Khairul was referencing the Control of Smoking Products for Public Health 2023 Bill that was passed by the Dewan Rakyat on

Nov 30 last year, which prohibits any form of advertising, promotion or sponsorship of vape products.

The three-day event, which began last Friday, involved various food and beverage vendors, sports competitions, lifestyle programmes, children's activities, and even a small petting zoo for kids.

AKHBAR : THE SUN
MUKA SURAT : 10
RUANGAN : SPEAK UP

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COMMENT by Dr Musa Mohd Nordin

Address issues in Health Ministry

THE poorly conceived policies of the Health Ministry, especially the 2016 contract system, are the root cause of the current "perceived shortages" of junior medical doctors. Contrary to some suggestions, this is not a new problem.

Recently, a write-up by a frustrated medical officer implies that the healthcare system is teetering on the brink of collapse. However, the writer does not offer any remedies for the issue.

In an interview, I proposed several ideas to tackle the acute shortage of house officers in university hospitals.

The approach involves holistically circumventing the silo operations of the Health Ministry and Higher Education Ministry. This includes harmonising the distribution of house officers and medical officers, addressing salary concerns for junior doctors, rectifying the maldistribution of the healthcare workforce and reviewing the parallel pathway and Master of Medicine programmes.

Here are some insights on the issue of maldistribution of the healthcare workforce.

The recommended ratio of doctors to the population by the World Health Organisation is 1:400. However, as of 2021, the ratio stands at 1:420. This indicates that, in terms of numbers, we are not desperately short of doctors.

Malaysia boasts a ratio of 2.4 doctors for every 1,000 individuals. This compares favourably with other Asean countries, where Singapore, Brunei, Thailand and Indonesia have ratios of 2.7, 1.6, 0.9 and 0.6 doctors per 1,000 population, respectively.

However, there is a significant disparity in the distribution of doctors within Malaysia, with an over-representation of medical professionals in the Klang Valley compared with rural areas and East Malaysia.

Too many doctors are concentrated in Putrajaya, the state Health Departments, large hospitals, medical and surgical departments and similar institutions.

There is an inequitable and unjust distribution of doctors to effectively meet

"There is an inequitable and unjust distribution of doctors to effectively meet the healthcare needs of the broader community."



The dissatisfaction index and attrition rates within the healthcare human capital must be urgently addressed with compassion, care and finesse. — REUTERSPIC

the healthcare needs of the broader community.

This has triggered the ire of junior doctors who feel betrayed by unfair salary schemes, benefits and unjust career pathways, leading to a brain drain as these professionals seek more better opportunities elsewhere.

Many of the challenges in the Health Ministry can be alleviated if the ministry exhibits civility and decency, coupled with a sense of urgency and adherence to best practices, all at virtually zero cost.

➊ Address the maldistribution of the medical workforce within the Health Ministry and collaborate with the task force in the Higher Education Ministry.

The paediatric fraternity has successfully tackled manpower distribution through an ingenious data-driven approach, incorporating doctor-to-workload norms. This methodology can be further enhanced, refined and digitised for application across other disciplines.

Artificial intelligence and algorithms

can be leveraged to fairly and promptly determine the movement and rotation of doctors.

Leveraging data-driven insights through a Health Information System can empower the Health Ministry to more accurately forecast medical manpower needs and efficiently allocate medical personnel.

The Health Ministry should draw inspiration from global multinational corporations on manpower distribution, similar to how we adopted a safety culture from the aviation industry.

➋ Prevent discrimination in the selection process by establishing transparent criteria for promotions, transfers, entry to post-graduate programmes, attainment of scholarships and other avenues. The ministry must promote and embody the principles of a just culture.

➌ Implement a fair and competitive salary scheme along with a transparent promotion schedule for junior doctors. Publicly disclose the selection criteria for

permanent and premier grades. Additionally, explore non-financial incentives, such as allowing choices in postings to underserved locations upon completion of service, to enhance overall motivation and satisfaction.

➍ Explore public-private partnerships, such as offering attractive travel fares or priority seats, to facilitate and incentivise the relocation of doctors to underserved areas in rural or East Malaysia.

➎ The monumental task of the health minister is to ensure that the Health Ministry, Higher Education Ministry, Finance Ministry and Public Service Department act promptly and fairly in tackling the crisis of declining medical human resources and its adverse effects on healthcare services.

The worrisome dissatisfaction index and attrition rates within the healthcare human capital must be urgently addressed with compassion, care and finesse.

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