

AKHBAR : BH AHAD
MUKA SURAT : 4
RUANGAN : NASIONAL

Pasukan khas bebas digesa teliti dakwaan kes buli doktor

Kuala Lumpur: Pasukan petugas khas bebas ditubuhkan bagi menyasat kematian pakar patologi di Hospital Lahad Datu, Sabah digesa supaya turut meneliti satu lagi kes dakwaan buli di negeri itu.

Presiden Persatuan Perubatan (MMA), Datuk Dr Kalwinder Singh Khaira, berkata ini berikutan kes terbabit yang dilaporkan pada tahun lalu, dikatakan belum diselesaikan hingga kini.

Katanya, MMA teguh menentang sebarang bentuk gejala buli, selain menyokong usaha Kementerian Kesihatan (KKM) mewujudkan persekitaran kerja selamat dan positif.

"MMA sudah menentang perkara ini kepada KKM sejak tahun lalu, selepas menerima aduan daripada sekumpulan doktor di sana. Kami juga mengulangi kesediaan membantu pasukan petugas khas dalam menyasat perkara terbabit.

"MMA secara konsisten menekankan kepentingan menguta-

makan kesihatan mental dan kesejahteraan doktor," katanya dalam kenyataan semalam.

BH Jumaat lalu, melaporkan Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad mengumumkan penubuhan pasukan petugas khas bebas, berkuat kuasa Khamis depan, bagi menyasat insiden kematian pakar patologi di Hospital Lahad Datu, Sabah.

Dr Dzulkefly berkata, langkah itu selari pendirian tegas KKM yang tidak bertolak ansur dengan perlakuan buli di tempat kerja.

Mengenai pasukan petugas khas itu, Dr Kalwinder berharap siasatan yang akan dibuat mulai Khamis depan akan dijalankan secara teliti, telus dan produktif.

"MMA mengalu-alukan pembentukan pasukan petugas KKM baru-baru ini, untuk menyasat kematian pakar patologi di Hospital Lahad Datu dan menilai keseluruhan budaya kerja di fasiliti berkenaan.

"Kita juga berharap siasatan

berkenaan akan menghasilkan cadangan bermakna untuk memperbaiki budaya kerja petugas kesihatan dalam sektor awam," katanya.

Sementara itu, Dr Kalwinder menggesa pasukan petugas khas berkenaan meneliti semula syor Pasukan Petugas Khas bagi Penambahbaikan Budaya Kerja Perkhidmatan Kesihatan (HWCI-TF), pada 2022.

Katanya, ia perlu mengambil kira banyak sumber, tenaga dan sebagainya yang dilaburkan bagi mengumpul pandangan serta maklum balas kakitangan penjagaan kesihatan awam, biarpun syor itu disusun kebanyakan panel berbeza.

"Ketelusan mengenai cadangan jika ada, diterima pakai KKM akan membantu menjelaskan hala tuju pembaharuan berterusan dan meyakinkan kakitangan penjagaan kesihatan mengenai komitmen kerajaan untuk menangani isu dan cabaran budaya kerja," katanya.

AKHBAR : BH AHAD
MUKA SURAT : 5
RUANGAN : NASIONAL

Kerajaan akan tubuh Pusat Kanser di Kedah, Sarawak

Usaha tingkat akses rawatan berkualiti di seluruh negara

Oleh Essa Abu Yamin
essabuyamin@bh.com.my

Putrajaya: Kerajaan akan menubuhkan Pusat Kanser Wilayah Utara di Kedah dan Pusat Kanser Sarawak di Kota Samarahan, dalam usaha meningkatkan akses kepada rawatan kanser berkualiti di seluruh negara.

Perkembangan itu diumumkan Timbalan Perdana Menteri, Datuk Seri Fadillah Yusof, semalam, kira-kira sebulan selepas *BH* melaporkan isu kekurangan fasiliti kesihatan khusus bagi merawat kanser.

Terdahulu, laporan *BH* pada awal bulan lalu, mendedahkan isu terbabit menyebabkan ada pesakit kanser terpaksa menempuh perjalanan jauh sehingga 300 kilometer (km), selain keluarga dibelenggu beban kewangan membiayai kos pengangkutan setiap kali mahu ke pusat rawatan kanser.

Ketika berucap merasmikan Karnival Pink Oktober 2024 di Institut Kanser Negara (IKN) di sini semalam, Fadillah berkata, dua pusat kanser terbaharu itu adalah satu langkah ke hadapan dalam memastikan rawatan kanser berkualiti dapat diakses rakyat di seluruh negara tanpa mengira lokasi geografi.

"Kerajaan sentiasa komited dalam memperkukuh sistem kesihatan negara, khususnya dalam meningkatkan akses kepada rawatan kanser yang berkualiti.

"Kerajaan sedar akan beban yang ditanggung oleh pesakit dan keluarga. Oleh itu kerajaan akan



Fadillah bersama Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad (dua dari kiri) menyaksikan penyerahan sumbangan RM150,000 daripada Malakoff Corp Bhd oleh Pengarah Urusan dan Ketua Pegawai Eksekutif Kumpulan Malakoff, Anwar Syahrin Abdul Ajib (kiri) kepada Pengarah IKN, Dr Mohd Anis Haron pada Majlis Perasmian Karnival Pink Oktober 2024 di IKN, semalam.

(Foto BERNAMA)

Kelurahan pusat rawat kanser tambah penderitaan pesakit



Keratan akhbar *BH* 2 September lalu.

terus memperuntukkan sumber bagi meningkatkan penyelidikan, kemudahan rawatan serta program pencegahan kanser," katanya.

Persatuan Sokongan Kanser Kanak-Kanak (CAKNE) menerusi laporan *BH* sebelum ini, mendedahkan ada keluarga pesakit kanser dari negeri yang jauh dari pusat rawatan kanser terpaksa menyewa kenderaan untuk ke Lembah Klang.

Ada juga memilih perubatan alternatif seperti rawatan tradisional yang boleh memberi kesan buruk kepada pesakit, manakala peratusan untuk sembuh dikhua-

tiri menjadi lebih rendah kerana lambat mendapatkan rawatan.

Menurut CAKNE, tiada pusat rawatan kanser untuk kumpulan pesakit berusia 19 tahun dan ke bawah di Melaka, Pahang, Perlis, Negeri Sembilan dan Kedah. Kemudahan itu hanya ada di Lembah Klang; Pulau Pinang; Ipoh, Perak; Johor Bahru, Johor; Kuala Terengganu, Terengganu; Kota Bharu, Kelantan; Kuching, Sarawak dan di Likas, Sabah.

Di Lembah Klang, ada tiga hospital yang dikesan, namun tiada di beberapa negeri lain seperti Pahang, Melaka dan Negeri Sembilan, menyebabkan pesakit dari negeri tanpa kemudahan itu terpaksa menempuh perjalanan ratusan kilometer untuk ke Kuala Lumpur.

Bina masyarakat lebih sihat

Menurut Timbalan Perdana Menteri, IKN bukan sahaja memberi rawatan perubatan yang berkualiti tinggi, malah sokongan emosi, fizikal dan psikososial ke-

pada pesakit serta keluarga mereka.

"Ia pastinya satu usaha murni yang memberi impak positif dalam meningkatkan kualiti hidup pejuang kanser.

"Semua lapisan masyarakat, terutama swasta dan badan bukan kerajaan (NGO) diminta terus bekerjasama dengan kerajaan menyokong usaha pencegahan dan rawatan kanser.

"Sokongan secara menyeluruh ini akan memastikan kita dapat membina masyarakat yang lebih sihat dan peka terhadap kesihatan mereka," katanya.

Julai lalu, Kementerian Kesihatan (KKM) memaklumkan kes kanser yang dikesan pada tahap tiga dan empat meningkat 64.1 peratus antara 2017 hingga 2021 berbanding 63.7 peratus antara 2012 hingga 2016.

Perkembangan itu dilihat membimbangkan kerana kadar kelangsungan hidup menjadi lebih rendah jika kanser dikesan lewat.

Jumlah pakar onkologi dijangka meningkat

Putrajaya: Jumlah pakar onkologi di Malaysia dijangka meningkat kepada 400 orang menjelang 2040 berbanding 175 orang ketika ini.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata berkata sasaran itu mampu dicapai dengan penyertaan Malaysia dalam Fellowship of the Royal College of Radiologists (FRCR) dalam klinikal onkologi.

"Institut Kanser Negara (IKN) akan terus berperanan sebagai pusat kecemerlangan dan penyertaan dalam program FRCR.

Inisiatif ini selaras dengan usaha Kementerian Kesihatan (KKM) untuk meningkatkan jumlah pakar onkologi di negara ini," katanya.

Beliau berkata demikian kepada media selepas majlis perasmian Karnival Pink Oktober IKN 2024 yang disempurnakan Timbalan Perdana Menteri, Datuk Seri Fadillah Yusof, di sini semalam.

Yang turut hadir, Pengarah IKN, Mohd Anis Haron.

Dr Dzulkefly berkata, kanser kolorektal atau usus besar adalah

pembunuh utama lelaki, manakala kanser payudara adalah penyebab utama kematian wanita.

Beliau berkata, kes kanser yang dikesan pada tahap tiga dan tahap empat meningkat kepada 65.1 peratus pada 2017-2021, berbanding 63.7 pada 2012-2016.

"Trend ini amat membimbangkan kerana kadar kelangsungan hidup jauh lebih rendah jika kanser dikesan lewat. Kematian dapat dielakkan sekiranya ada pencegahan dengan melakukan saringan awal," katanya.

Dzulkefly berkata, dengan ada-

nya dua fasiliti pusat kanser di Kedah dan Sarawak akan meningkatkan perkhidmatan kepada rakyat, mengurangkan keperluan untuk pesakit pergi ke Kuala Lumpur bagi mendapatkan rawatan dan terapi.

Terdahulu, karnival itu mencatat rekod dalam *Malaysia Book of Records* dengan pembentukan formasi reben merah jambu terbesar membabitkan 2,050 peserta, sebagai simbolik komitmen bersama dalam perjuangan melawan kanser.

BERNAMA

AKHBAR : KOSMO AHAD
MUKA SURAT : 4
RUANGAN : NEGARA

Kerajaan tingkatkan akses rawatan kanser berkualiti – Fadillah

PUTRAJAYA – Kerajaan sentiasa komited dalam memperkukuh sistem kesihatan negara, khususnya dalam meningkatkan akses kepada rawatan kanser yang berkualiti.

Timbalan Perdana Menteri, Datuk Seri Fadillah Yusof berkata, kerajaan sedar beban ditanggung pesakit dan keluarga, seterusnya akan terus memperuntukan sumber bagi meningkatkan penyelidikan, kemudahan rawatan serta program pencegahan kanser.

Beliau berkata, kerajaan sedang berusaha untuk memperluaskan rangkaian pusat kanser di Malaysia bagi membolehkan perkhidmatan itu dinikmati semua lapisan masyarakat.

"Terkini, kita bakal menubuhkan Pusat Kanser Wilayah



FADILLAH (dua dari kanan) melihat selebriti Nur Fazura dinobatkan sebagai Ikon Pink Oktober di Putrajaya semalam. – IHSAN KKM

Utara di Kedah bagi kemudahan rakyat di utara dan Pusat Kanser Sarawak di Kota Samarahan bagi

kemudahan rakyat di Sabah, Sarawak serta Brunei dan Kalimantan, Indonesia.

"Ini adalah satu langkah ke hadapan dalam memastikan rawatan kanser berkualiti dan dapat diakses oleh rakyat di seluruh negara tanpa mengira lokasi geografi," katanya pada majlis Perasmian Karnival Pink Oktober 2024 di Institut Kanser Negara (IKN) di sini semalam.

Katanya, pertambahan pusat kesihatan itu tidak bermakna lebih banyak pesakit akan diberi rawatan, sebaliknya sebagai langkah pencegahan awal menerusi saringan awal kanser.

Fadillah berkata, beliau juga berbangga dengan IKN kerana pusat perubatan itu kini antara yang terbaik di rantau Asia.

Menurutnya, kerajaan berharap agar komitmen penyediaan pusat kesihatan kanser ini da-

pat melahirkan masyarakat yang sihat dan hidup dalam keadaan harmoni dan sejahtera.

"Berdasarkan Laporan Registri Kanser Kebangsaan Malaysia terkini, kanser payudara terus menjadi ancaman utama bagi golongan wanita di negara ini dengan statistik menunjukkan kekerapan tertinggi iaitu 38.9 bagi setiap 100,000 wanita bagi tempoh 2017 hingga 2021.

"Secara amnya, Malaysia menyaksikan peningkatan ketara dalam kes kanser yang dilaporkan antara 2017 hingga 2021.

"Justeru, amat penting untuk kita memperkukuh usaha bagi meningkatkan kesedaran, pencegahan, diagnosis awal dan mendapatkan rawatan berkualiti," katanya.

AKHBAR : KOSMO AHAD
MUKA SURAT : 7
RUANGAN : NEGARA

Kosmo/ Ahad 6 OKTOBER 2024

Negara! 7

Ibu bapa perlu baiki hubungan dalam keluarga terutama dengan anak-anak

Masalah kesihatan mental serius

Oleh NUR SHARIEZA ISMAIL

SEREMBAN – Ibu bapa perlu memperbaiki hubungan kekeluargaan terutama dengan anak-anak sebagai satu usaha menangani masalah kesihatan mental dalam kalangan masyarakat.

Pengerusi Pertubuhan Kebajikan Amal Silaturahim Isteri-Isteri Harapan (Kasih Malaysia), Datuk Seri Dr. Wan Azizah Wan Ismail berkata, masalah itu perlu dilihat secara serius kerana ia boleh dihadapi semua orang, malah bilangan pesakit meningkat setiap tahun.

Beliau yang juga isteri Perdana Menteri berharap ibu bapa memupuk hubungan lebih harmoni dalam keluarga serta lebih kerap meluangkan masa berinteraksi bersama anak-anak.

"Lihatlah anak-anak sekarang, semua hanya lihat *handphone* (telefon bimbit) terutama anak muda, mereka tidak dengan kita (ibu bapa), tetapi dengan alam maya. Kita juga dengan *handphone*, tiada interaksi, iktan dengan anak-anak kita.

"Apa yang kita kena lakukan



DR. WAN AZIZAH (tiga dari kanan) bersalaman dengan hadirin pada program Cahaya Dhuha, Sejahtera Jiwa sempena Hari Kesihatan Mental Sedunia 2024 di Masjid Sri Sendayan, Seremban semalam.

tentang kesihatan mental? Lihat dalam rumah tangga, apa yang boleh dibetulkan dalam hidup kita sebagai suami isteri. Kenapa

banyak sangat perceraian, apa silapnya sehingga anak-anak berpecah?," katanya.

Wan Azizah berkata demikian

sewaktu berucap merasmikan program Cahaya Dhuha, Sejahtera Jiwa sempena Hari Kesihatan Mental Sedunia 2024 di

“

Lihat dalam rumah tangga, apa yang boleh dibetulkan dalam hidup kita sebagai suami isteri.”

WAN AZIZAH

Masjid Sri Sendayan di sini semalam.

Ketua Jabatan Wanita Kerajaan Negeri Sembilan, Datin Seri Wan Hasni Wan Yusof pula berkata, kesihatan mental yang baik bukan sahaja mempengaruhi individu, malah memberi kesan kepada masyarakat secara keseluruhan.

"Ketidakstabilan mental boleh mengganggu kualiti hidup, produktiviti dan hubungan sosial. Justeru kita perlu sedar bahawa menjaga kesihatan mental adalah tanggungjawab kolektif," ujarnya.

AKHBAR : KOSMO AHAD
MUKA SURAT : 12
RUANGAN : NEGARA

Setakat ini KKM hanya mempunyai 175 orang dalam bidang berkaitan

400 pakar onkologi menjelang 2040

Oleh MOHD. HUSNI MOHD. NOOR

PUTRAJAYA – Kementerian Kesihatan (KKM) menyasarkan untuk meningkatkan jumlah pakar onkologi sehingga 400 orang menjelang 2040 berbanding 175 orang buat masa ini.

Onkologi merupakan cabang perubatan yang berurusan dengan pencegahan, diagnosis dan merawat kanser.

Menterinya, Datuk Seri Dr. Dzulkefly Ahmad berkata, sasaran itu mampu dicapai dengan penyertaan Malaysia dalam *Fellowship of the Royal College of Radiologists (FRCR) in Clinical Oncology*.

Beliau berkata, Institut Kanser Negara (IKN) akan terus menjadi pusat kecemerlangan dan penyertaan dalam FRCR itu.

"Penyertaan IKN dalam FRCR itu selari dengan usaha KKM dalam meningkatkan bilangan pakar onkologi," katanya pada sidang akhbar selepas majlis perasmian Karnival Pink Oktober IKN 2024 di sini semalam.

Dr. Dzulkefly berkata, sebelum ini, peperiksaan FRCR hanya dianjurkan di India dan Hong Kong,



DR. DZULKEFLY (lima dari kiri) selepas merasmikan Majlis Perasmian Karnival Pink Oktober IKN 2024 di Putrajaya semalam. – IHSAN KKM

namun kini berjaya dianjurkan di IKN pada 3 dan 4 September lalu.

Katanya, usaha itu telah dirintis oleh Dr. Soo Hoo Hwoei Fen,

seorang Pakar Onkologi Klinikal lulusan FRCR yang juga Pengeru-

si Jawatankuasa Kecil Parallell Pathway Bidang Onkologi Klinikal.

Menurutnya, bermula sebelum merdeka, pakar onkologi di Malaysia telah mengikuti latihan FRCR di United Kingdom dengan pembiayaan sendiri.

"Selepas itu, Program Sarjana Onkologi Klinikal pula telah diperkenalkan pada 2002.

"Namun begitu, usaha mengembangkan pembinaan kapasiti belum mencukupi menyebabkan bilangan pakar onkologi klinikal dalam negara belum mencapai sasaran," katanya.

Tambah beliau, dengan adanya pusat peperiksaan FRCR di IKN, calon tempatan akan mendapat akses lebih mudah kepada peperiksaan dan latihan tanpa perlu ke luar negara.

Jelasnya lagi, inisiatif itu mampu memperkukuhkan peranan dan kedudukan Malaysia sebagai pusat yang melahirkan pakar onkologi klinikal bertaraf antarabangsa setelah doktor dalam bidang itu mengikuti latihan dan peperiksaan tidak perlu lagi ke luar negara.

AKHBAR : SINAR AHAD
MUKA SURAT : 8
RUANGAN : NASIONAL

Rangkaian pusat kanser diperluas - Fadillah

PUTRAJAYA - Timbalan Perdana Menteri, Datuk Seri Fadillah Yusof berkata, kerajaan berusaha untuk memperluaskan rangkaian pusat kanser di Malaysia.

Beliau berkata, selari dengan usaha itu, dua pusat baharu yang akan ditubuhkan ialah Pusat Kanser Wilayah Utara di Kedah dan Pusat Kanser Sarawak di Kota Samarahan, Sarawak.

"Ini adalah satu langkah ke hadapan dalam memastikan rawatan kanser berkualiti dan dapat diakses oleh rakyat di seluruh negara tanpa mengira lokasi geografi," katanya ketika berucap di majlis perasmian Karnival Pink Oktober Insitut Kanser Negara (IKN) 2024 di sini pada Sabtu.

Fadillah berkata, kerajaan sentiasa komited dalam memperkuh sistem kesihatan negara, khususnya dalam meningkatkan akses kepada rawatan kanser yang berkualiti.

Justeru, katanya sumber akan terus diperuntukkan bagi meningkatkan penyelidikan, kemudahan rawatan serta program pencegahan kanser memandangkan beban ditanggung pesakit dan keluarga. - *Bernama*



Fadillah (dua dari kanan) menyaksikan penyerahan cenderamata Ikon Karnival Pink Oktober 2024 oleh Pengarah Institut Kanser Negara (IKN), Dr Mohd Anis Haron (kanan) kepada Nur Fazura Shariuddin (kiri) pada IKN pada Sabtu.

MMA gesa teliti satu lagi kes buli doktor di Sabah belum selesai

SHAH ALAM - Pasukan petugas khas bebas yang ditubuhkan Kementerian Kesihatan Malaysia (KKM) bagi meniasat insiden kematian pakar perubatan patologi di Lahad Datu, Sabah digesa untuk turut meneliti satu lagi kes dakwaan buli di negeri berkenaan.

Presiden Persatuan Perubatan Malaysia (MMA), Datuk Dr Kalwinder Singh Khaira berkata, ia berikutan kes membabitkan perbuatan tidak bertanggungjawab yang dilaporkan sejak tahun lalu itu belum lagi selesai sehingga kini.

"MMA telah mengentengahkan perkara ini kepada KKM sejak tahun lalu selepas menerima aduan daripada sekumpulan doktor di sana.

"Kami juga mengulangi kesediaan untuk membantu pasukan petugas khas dalam meniasat perkara ter-

sebut dalam apa sahaja bentuk bentuk diperlukan.

"MMA juga konsisten menekankan pentingnya mengutamakan kesihatan mental dan kesejahteraan doktor. Kami berdiri teguh menentang sebarang bentuk buli dan menyokong penuh KKM dalam mewujudkan persekitaran kerja selamat dan positif," katanya dalam kenyataan pada Sabtu.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad Jumaat lalu mengumumkan penubuhan sebuah pasukan petugas khas bebas, berkuat kuasa 10 Oktober ini, bagi meniasat insiden kematian pakar perubatan patologi di Lahad Datu, Sabah.

Menurutnya, langkah itu selari



KALWINDER

pendirian tegas KKM tidak bertolak ansur dengan perlakuan buli di tempat kerja.

Sementara itu beliau berkata, MMA turut menggesa pasukan petugas khas bebas meneliti semula syor Pasukan Petugas Khas bagi Penambahbaikan Budaya Kerja Perkhidmatan Kesihatan (HWCITF) yang dibuat pada 2022 lalu.

Kalwinder menambah, meskipun syor itu disusun kebanyakan panel berbeza, namun ia perlu diperhalusi kembali dengan mengambil kira banyak sumber, tenaga dan sebagainya dilabur dalam mengumpul pandangan dan maklum balas daripada kakitangan penjagaan kesihatan awam.

Pakar onkologi di Malaysia capai 400 orang menjelang 2040

PUTRAJAYA - Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, bilangan pakar onkologi di Malaysia dijangka meningkat kepada 400 orang menjelang 2040 berbanding 175 orang ketika ini.

Beliau berkata, sasaran itu mampu dicapai dengan penyertaan Malaysia dalam Fellowship of the Royal College of Radiologists (FRCR) dalam klinikal onkologi.

"Institut Kanser Negara (IKN) akan terus berperanan sebagai pusat kecemerlangan dan penyertaan dalam

program FRCR. Inisiatif ini selaras dengan usaha Kementerian Kesihatan (KKM) untuk meningkatkan jumlah pakar onkologi di negara ini," katanya.

Dr Dzulkefly berkata, kanser kolorektal atau usus besar merupakan pembunuh utama lelaki manakala kanser payudara adalah penyebab utama kematian wanita.

Beliau berkata, kes kanser yang dikesan pada tahap tiga dan tahap empat meningkat kepada 65.1 peratus pada 2017-202, berbanding 63.7 pada 2012-2016.

"Trend ini amat membimbangkan kerana kadar kelangsungan hidup jauh lebih rendah jika kanser dikesan lewat. Kematian dapat dielakkan sekiranya ada pencegahan dengan melakukan saringan awal," katanya.

Dr Dzulkefly berkata, dengan adanya dua fasiliti pusat kanser di Kedah dan Sarawak akan meningkatkan perkhidmatan kepada rakyat, mengurangkan keperluan untuk pesakit pergi ke Kuala Lumpur bagi mendapatkan rawatan dan terapi. - *Bernama*

AKHBAR : NEW STRAITS TIMES
 MUKA SURAT : 2
 RUANGAN : NST LEADER

2

NST LEADER

Of smoke and noxious fumes

How to save lives

THAT nicotine is deadly isn't news any more. Yet, Malaysia sees smoking cigarettes and vaping e-cigarettes differently. At least as far as reduction targets are concerned. A distinction without difference, we say. Vaping is safer is a clever smokescreen created by tobacco companies as medical evidence mounted against cigarettes. For at least 50 years, big tobacco has been denying science even as people dropped dead from failed lungs and hearts. Now that the tide against tobacco has grown insurmountable, tobacco companies' clever commerce is promoting vape products as safer alternatives. Sure, there isn't tobacco as we know it in the vape products, but the addictive devil of nicotine is there. And so are other devils in disguise. As this newspaper's commissioned Universiti Teknologi Mara expert revealed, several e-cigarette liquids found on the market had noxious chemicals, which puts paid to the notion that vaping is less harmful than tobacco use. Here is the bad news: vape product users are at risk of developing cancer and other life-threatening health complications.

Malaysians may be moving away from tobacco use, but where does this shift take them? Granted, not all are shifting to e-cigarettes. Some, seeing the debilitating diseases and deaths caused by nicotine, are genuinely calling it quits. Perhaps this is why cigarette smokers have dropped to about five million, though a scare-inducing number this is. But some, falling prey to manipulative marketing tactics, are heading for

the noxious fumes laced with fruity flavours. These aren't fruit juices, but carcinogens and toxins mimicking apples, strawberries and what have you. If this isn't bad enough, some vape products come in the shape of toys to entice children and teenagers. Greed for money must not be allowed to come at the cost of young lives. We applaud the Health Ministry for banning them effective Oct 1. But banning is one thing and making the ban work is another. Laws prohibiting smoking in public places are robust, compelling owners of businesses to display notices warning of pecuniary pain. But with enforcement being near zero in some places, such notices of legal threats have become mere plastic lies. Call it a Malaysian malaise.

We know the Health Ministry has a recipe to make people quit smoking and vaping. But if we read this recipe right, the ministry appears to be treating the two differently. Now that we know for sure that vaping is as dangerous as smoking, both must be given the same treatment. Different strokes for different products is the wrong smoke signal to send. Already there are some who puff on both, cigarettes outside and e-cigarettes inside. This is bringing on diseases and deaths on the double. We suggest that the Health Ministry aim for a smoking and vaping rate of five per cent by 2035. It is the only way to make Malaysians kick both bad habits. We concede addiction is hard to get rid of. The best is to prevent people from starting. For those who have started, it must be made difficult to continue. Punitive taxes will help. Tobacco and vape manufacturers will say high taxes will encourage smuggling. There is a way out of this. Keep taxes high and go after smuggling simultaneously.

Different strokes for different products is the wrong smoke signal to send.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 2
RUANGAN : NATION / NEWS

QUALITY TREATMENT

Kedah, Sarawak to have cancer centres

PUTRAJAYA: The government is working to expand cancer centres, Deputy Prime Minister Datuk Seri Fadillah Yusof said.

He said two new centres would be established as part of this initiative — the Northern Region Cancer Centre in Kedah and the Sarawak Cancer Centre in Kota Samarahan.

"This is a significant step to ensure that quality cancer treatment is accessible to the public, regardless of geographical location."

He said this at the opening of the Pink October Carnival organised by the National Cancer Institute (IKN) here yesterday.

Present were Health Minister Datuk Seri Dr Dzulkefly Ahmad and IKN director Dr Mohd Anis



Deputy Prime Minister Datuk Seri Fadillah Yusof (in dark glasses) attending the Pink October Carnival in Putrajaya yesterday. BERNAMA PIC

Haron @ Harun.

Dr Dzulkefly said colorectal cancer, or cancer of the large intestine, was the leading cause of death among men, while breast cancer was the primary cause of death among women.

The National Cancer Registry Report said breast cancer remained a major threat to women, with an incidence of 38.9 per

100,000 women from 2017 to 2021.

He said the number of cancer cases detected at stages three and four had increased to 65.1 per cent between 2017 and 2021, compared with 63.7 per cent from 2012 to 2016.

"This trend is very concerning because the survival rate is significantly lower when cancer is detected late.

"Deaths can be prevented with early screening and preventive measures," said Dr Dzulkefly.

He said the number of oncologists was expected to increase to 400 by 2040, up from 175.

He said this target could be achieved with Malaysia's participation in the Fellowship of the Royal College of Radiologists in Clinical Oncology. **Bernama**

AKHBAR : SUNDAY STAR
MUKA SURAT : 1
RUANGAN : MUKA HADAPAN

Bullying at work must STOP

Bosses say office bullies will be dismissed. And the government wants offices to have first-aiders in mental health to help foster a positive work environment. These are among the steps that Malaysia is taking to prevent toxic workplaces.

>See reports on pages 4, 16 and 17 by GERALDINE TONG and SYED UMAR ARIFF

This visual is human-created, AI-aided.

AKHBAR : SUNDAY STAR
MUKA SURAT : 2
RUANGAN : NATION

Flushing out toxic workplaces

Govt gets serious about tackling bullying and its effects on mental health

By GERALDINE TONG
and SYED UMAR ARIFF
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PETALING JAYA: About 15,000 'Occupational Mental Health First Aiders' are being trained nationwide as Malaysia outlined rigorous measures to improve mental health management and ensure employees are not subject to a toxic environment at work.

"Our goal is to have at least one Occupational Mental Health First Aider in every office, to foster a better mental health environment in workplaces," Human Resources Minister Steven Sim said.

He added that while the Flexible Work Arrangement was incorporated into the Employment Act last year, which could improve working conditions, many employers and workers remain uncertain about how to implement it effectively.

"Although the provision has been in force since last year, we've noticed that many of them are unclear about how to move forward.

"To address this, we are developing a comprehensive guideline. Agencies such as the Labour Department, Talent Corp, and MyFutureJobs will actively promote its implementation," he told *Sunday Star*.

Sim said he had instructed that

the 2022 amendments to the Occupational Safety and Health Act on June 1 be enforced after a two-year delay.

"A key aspect of this amendment is extending occupational safety and health regulations to all economic sectors, not just the 10 sectors previously covered. Ensuring a safe and healthy workplace will help reduce stress and improve workers' mental health," he added.

Sim was responding to questions about workplace bullying, which had been rising in Malaysia.

Workplace bullying gained renewed attention following the apparent suicide of a specialist doctor from Lahad Datu Hospital in August.

Malaysian Employers Federation president Datuk Dr Syed Hussain Syed Husman, emphasised that workers have avenues to report workplace bullying.

"Every workplace has clear rules and guidelines. The human resource (HR) department has employee relations officers whose role is to guide and support staff.

"Any employee facing bullying can file a complaint with this department," he said.

Companies often have industrial relations departments to educate employees on workplace laws, as well as suggestion or complaint boxes managed by the



Ever present problem:

Studies across various industries in 2013 and 2019 both found that at least a quarter of respondents admitted to being victims of workplace bullying. Photo for illustrative purposes.

— SIA HONG
KIAU/The Star

HR or CEO's office, he added.

Syed Hussain maintained that companies do not tolerate bullying or sexual harassment.

"If found guilty of such misconduct, your employment will be terminated. Employees can also file legal suits against perpetrators," he said.

Despite numerous surveys on the subject, there is still no specific data or index that captures the full extent of workplace bullying

in Malaysia, said the National Institute for Occupational Safety and Health (Niosh), an agency under the Human Resources Ministry.

Niosh acknowledged that workplace bullying is a well-recognised problem with significant impacts on employees' mental health.

"We are working to better understand the extent of this issue through future studies and collaborative efforts," the agency said.

Complaints about workplace bullying cut across industries. Studies conducted in 2013 and 2019 both found that at least a quarter of respondents admitted to being victims of workplace bullying.

For example, the *Global Business and Management Research* journal highlighted a 2019 survey which found that 39% of 5,235 respondents from 47 companies in Malaysia had experienced bullying in the workplace.

A 2013 study, conducted by three researchers from Queen's University Belfast, including Malaysian researcher Dr Yuzana Mohd Yusop, found that 42.6% of workers in the healthcare industry reported facing "injustice in their organisations."

Last year, the Malaysian Bar adopted a resolution during its annual general meeting, calling for workplace bullying to be classified as misconduct under Section 94(3) of the Legal Profession Act.

"Workplace bullying is a serious issue in the legal profession, as evidenced by the numerous complaints from lawyers, pupils in chambers, and legal staff in Malaysia," said the Malaysian Bar.

FOR MORE:
See pages 16 and 17

Bullied staff feel isolated and worthless, say experts

PETALING JAYA: Workplace bullying is a widespread phenomenon that contributes to mental health issues, experts say.

Unfortunately, it is common everywhere, even in other countries, said Dr Saw Jo Anne from the Department of Psychiatry of Universiti Teknologi Mara.

Dealing with harassment and bullying at the workplace over a long period may eventually lead the victims to feel helpless, isolated or worthless, she said.

"As for its prevalence, studies suggest that workplace bullying is quite common.

"Research indicates that a significant percentage of employees have experienced bullying at some point in their careers," she added.

Dr Saw said workplace bullying could be manifested in several ways and occur between colleagues or among superiors.

"For instance, verbal abuse includes yelling, insults, name-calling or derogatory comments. It is aimed at undermining an employee's confidence.

"On the other end, incidents of undermining work can be seen by withholding necessary information or setting someone up for failure by assigning unrealistic tasks, providing harsh feedback without constructive guidance and embarrassing a colleague in meetings or public communication.

"Making the situation worse, gossip or malicious rumours can damage a person's reputation and create a toxic work environment."

The founder of mental health service provider Relate Malaysia, Dr Chua Sook Ning, said workplace bullying had been widely recognised as a contributor to mental health issues.

"A meta-analysis in 2015 found that workplace bullying leads to symptoms of depression, anxiety and other stress-related psy-

"Most of the time, (people with suicidal ideation) are at their most vulnerable, feeling hopeless and helpless."

Dr Hazli Zakaria

chological issues, for example, burnout."

And such feelings are common among those who begin to develop suicidal ideation, said Malaysian Psychiatric Association past president Dr Hazli Zakaria.

"Most of the time, (people with suicidal ideation) are at their most vulnerable, feeling hopeless and helpless.

"(They) believe they are a burden and there is no more reason for living. They feel also alone and disconnected," he said.

While impulsivity has sometimes been linked to suicide attempts, the majority of cases presented underlying psychological issues and mental illnesses which can be prevented or treated, he added.

Dr Saw said counselling services remained crucial in every organisation to facilitate professional support for employees to develop coping strategies.

"It is important to seek professional or medical help for further management when wellbeing is affected.

"Findings suggest that being bullied at work may also cause serious consequences and risk of developing mental illness."

AKHBAR : SUNDAY STAR
MUKA SURAT : 9
RUANGAN : NATION

New cancer centres soon

Patients in Kedah and Sarawak to get better access to treatments

PUTRAJAYA: Cancer patients have more options now that they can soon get treatment at two new cancer centres which will be set up in Kedah and Sarawak, says Deputy Prime Minister Datuk Seri Fadillah Yusof.

Fadillah said the new centres were to ensure that quality treatment was accessible to the public regardless of where they are.

He said the new centres are the Northern Region Cancer Centre in Kedah and the Sarawak Cancer Centre in Kota Samarahan, Sarawak.

"This is a significant step toward ensuring that quality cancer treatment is accessible to the public, regardless of geographic location," he said during his speech at the opening of the Pink October Carnival 2024 organised by the National Cancer Institute here yesterday, Bernama reported.

He added that resources will continue to be allocated to enhance research, treatment facilities and cancer prevention programmes, considering the burdens faced by patients and their families.

Also present was Health Minister Datuk Seri Dr Dzulkefly Ahmad who said the establishment of two cancer centres in Kedah and Sarawak will enhance services for the public, eliminating the need for patients to travel to Kuala Lumpur for treatment



All decked in pink: Fadillah (fifth from left) and Dzulkefly (fourth from left) witnessing the presentation of the Malaysia Book of Records certificate for the 'Largest Human Pink Ribbon Formation' with the participation of 2,050 people at the opening ceremony of the Pink October Carnival 2024 at the National Cancer Institute in Putrajaya. — Bernama

and therapy.

Dzulkefly also said the number of oncologists in Malaysia is expected to increase by more than twofold to 400 by 2040.

He said this target can be achieved with Malaysia's participation in the

Fellowship of the Royal College of Radiologists (FRCR) in Clinical Oncology. Currently the number stands at 175.

"The National Cancer Institute will continue to be a centre of excellence and participate in the

FRCR. This aligns with the Health Ministry's efforts to increase the number of oncologists," he said after the launch of the event.

According to the latest National Cancer Registry Report, breast cancer remains a major threat to women in the country, with statistics showing an incidence rate of 38.9 per 100,000 women from 2017 to 2021.

Malaysia has witnessed a significant increase in reported cancer cases between 2017 and 2021, he added.

As such, Fadillah emphasised the importance of strengthening efforts to raise awareness, promote prevention, enable early diagnosis and most importantly, ensure quality treatment for those in need.

This year's Pink October Carnival carries the theme "Living Well, Living Together," highlighting the values of awareness, strength and togetherness, emphasising the importance of prevention, early detection and effective treatment.

Health dept: Vape war heats up in Johor

By MOHD FARHAAN SHAH
farhaan@thestar.com.my

JOHOR BARU: The Control of Smoking Products for Public Health Act will provide more authority to the Johor Health Department to act against vape sellers in the state, which has banned these products since 2016.

State health and environment committee chairman Ling Tian Soon said the Act would help curb the sale of smoking products including vape and e-cigarettes to the public, especially minors.

"For the past eight years, the local councils have not allowed or

issued business licences to those selling vape-related products including its liquid and devices. The sale of any vape products is not allowed in Johor."

"However, it is a grey area as we found that some traders applied for a business licence under the pretext of selling other goods but were instead selling vape products," he said when contacted.

On Friday, the Health Ministry (MOH) said in a statement that the Act, which covers regulations on registration, sale, packaging, labelling and prohibition of smoking in public places, came into

effect on Oct 1.

There would be a six-month grace period for industries to adapt to the new law.

The MOH said that "educational enforcement" would be carried out concerning the registration and display of smoking products until March 31 next year.

However, the grace period regarding packaging and labelling will go on till Sept 30 next year.

"The one-year grace period, applied on a product-by-product basis, is crucial to give industries and shop owners adequate time to deplete their existing stock and

transition to new packaging and labelling requirements," it said.

He said that the Johor government welcomed the Act as it would help the authorities, especially the state Health Department, to curb the sale of these products.

"The Act will provide more bite to enforcement personnel in taking action on those selling vape related products in Johor.

"For now, as part of the grace period given by the Health Ministry, the department is carrying out educational enforcement to those that have been found selling vape related products," he added.

AKHBAR : SUNDAY STAR
MUKA SURAT : 16
RUANGAN : FOCUS

Stories by GERALDINE TONG
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Healthy workplaces for healthy minds

More needs to be done to minimise stressors on employees' mental health, especially bullying. *Sunday Star* looks at what could be done ahead of World Mental Health Day on Thursday, which will focus on workers' mental wellbeing at the workplace this year.

ON average, almost 90,000 hours – or one-third – of your life will be spent at work or in an office.

That's a large chunk of our life-time, and it is why we must be able to cultivate a good work environment for ourselves.

However, research has shown that many of us experience various stressors at work, which, according to the World Health Organisation (WHO), include bullying and harassment.

And this is negatively impacting our mental health.

According to the WHO, 15% of working-age adults worldwide were estimated to have a mental disorder in 2019. In Malaysia, a 2018 survey by mental health organisation Relate Malaysia found that 29% of workers reported poor mental health conditions.

This phenomenon is not just detrimental to the individual employee: WHO estimates that globally, 12 billion working days are lost every year to depression and anxiety at the cost of US\$1 trillion (RM4.22 trillion) in lost productivity.

As such, the WHO has united with partners such as the World Federation for Mental Health to highlight the vital connection between mental health and work for this year's World Mental Health Day on Oct 10, which is themed "It is Time to Prioritise Mental Health in the Workplace".

The focus on mental health in the workplace is timely, as recently a specialist doctor in Lahad Datu Hospital, Sabah, allegedly took her own life; her family claim it was due to bullying in the workplace.

This tragic incident has reignited public discourse in Malaysia over the state of employees' mental health in the workplace and safeguarding against bullying and harassment.

Workplace bullying can have "profound and detrimental" effects on an employee's mental health, asserts Dr Saw Jo Anne, a clinical psychologist and senior lecturer in the Department of Psychiatry at Universiti Teknologi Mara.

"Past research has consistently shown that workplace bullying is related to an employee's mental health. It can lead to stress, anxiety and depression.

"Employees who are bullied

often experience a constant state of being fearful or feeling on edge while interacting with the bully.

"This may create a persistent state of stress and anxiety which may impact their overall well-being," she says.

Victims of workplace bullying might also isolate themselves because they fear further negative interactions or confrontations, which can exacerbate feelings of loneliness. This can then erode their confidence, leading them to doubt their abilities and self-worth.

"Over time, this creates a vicious cycle of low motivation, poor job efficiency, low enthusiasm and feelings of despair," Saw explains.

The mental health effects from the workplace run the risk of spilling over to the employee's home life as well, she adds.

"This eventually leads to disequilibrium in the family's well-being where maladaptive coping mechanisms with negative thoughts and emotions are brought home. This may jeopardise the employee's friendships or relationships as a sequelae of bullying."

Addressing negative workplace culture

Bullying in the workplace is not as straightforward as one may think either.

Yelling at someone or physical violence are common perceptions of what constitutes bullying, but it goes deeper than that.

Dr Chua Sook Ning, clinical psychologist and Relate Malaysia founder, says workplace bullying could also be meant to put others down to prevent them from

climbing the ladder at work; or spreading rumours about someone to claim their resources, position, or even office space. Such behaviour is usually driven by resource scarcity and stress among employees at the workplace, she notes.

Because of this, the oft-mentioned advice for those whose mental health is suffering to seek professional therapy is not enough, Chua says.

The workplace culture itself needs to be changed and policies that promote psychological safety at the workplace should be developed.

"The company needs to address the bullying and the workplace environment that allows such behaviours. We need to move from an individual approach to an organisational one.

"Actions like reducing unrealis-

tic deadlines, increasing resources, and not using fear and humiliation to control employees can help decrease hostile bullying.

"In other words, there needs to be an honest, intentional, and systematic effort to address bullying and to promote workplace well-being," she says.

That is not to say working on the individual employee's mental wellbeing is not effective at all, but it will require a holistic approach from all parties involved.

Saw says companies can provide counselling services or employee assistance programmes to offer professional support for employees to process their experiences and develop coping strategies.

Educational employee wellness programmes and workshops will also help raise awareness and normalise proactive engagement with one's mental health.

Training and workshops specifically on bullying prevention, conflict resolution, and communication skills can also empower employees and promote a culture of respect and understanding within the workplace. Fostering a sense of community and reducing isolation in the workplace can be done by establishing peer support groups as well.

"By integrating these holistic support measures, organisations can create a more supportive environment that not only addresses the immediate effects of workplace bullying but also fosters longterm mental health and wellbeing," Saw says.



Among the ways bullying on the job can be tackled is to promote a culture of respect and understanding among employees and to address workplace cultures which may be allowing such incidents, say clinical psychologists. — Freepik

Risks to mental health at work

Psychosocial risks at the workplace can include:

	Under-use of skills or being under-skilled for work		Excessive workloads or work pace, understaffing		Long, unsocial or inflexible hours
	Organisational culture that enables negative behaviours		Limited support from colleagues or authoritarian supervision		Conflicting home/work demands
	Unclear job role		Discrimination and exclusion		Violence, harassment or bullying
	Job insecurity, inadequate pay, or poor investment in career development		Unsafe or poor physical working conditions		Under- or over-promotion

Source: WHO

TheStargraphics

FOR about two years, June (not her real name) could not get a good night's sleep.

The 35-year-old would wake up every few hours at night, dreading the thought of having to go to work the next day.

Her restless sleep also meant she was exhausted the next morning, which did not help when she knew she had to face the same abuse at work again.

"I developed anxiety, started fidgeting, and began biting my nails and skin," she recalls.

This was not the experience she was hoping for when she landed her job in the creative industry at the time.

Though initially enthusiastic about her new job, she eventually became overwhelmed by the amount of work she was given and the demeaning manner in which her then-boss treated her.

"I was constantly asked to stay

Abuse by day, restless by night

in the office well past working hours, sometimes until midnight.

"I was given one task after another, and it became overwhelming because most of the time, it was other people's unfinished work.

"I had to work even on weekends and my requests for time off or to use my annual leave were consistently rejected.

"My former boss had a habit of shouting and swearing in the office and I was subjected to that countless times.

"It was demeaning and not worth my meagre salary," she says.

There were only two occasions when she got a brief respite: when she was hospitalised for a medical procedure and when she had a severe gastric episode.

But even then, she says, the gastric incident had to take a turn for the worse before she managed to get ant time off.

"When I had the severe gastric episode, my boss told me I needed to finish my work before going out to get food.

"I was hospitalised the next day."

June did try to alleviate her situation.

She tried setting boundaries such as not replying to emails on her days off but after a few weeks, she says her boss shamed her for this behaviour in front of all her colleagues.

Her boss also threatened to fire her if she continued doing that.

These experiences led her to seek professional therapy, during

which she was advised to quit her job.

"I'm glad I took that advice.

"There was nothing else I could do because the bosses were set in their ways and I didn't see any of them changing their attitudes.

"They just kept squeezing us until we were half dead.

"I've worked at a few places in the last 12 years and I knew this was not normal at all," she says.

Unsympathetic bosses are something 28-year-old Crystal (not her real name) can relate to.

She was mostly satisfied with her job in event planning before she gave birth to her first child, but things began to change after she returned to work from maternity leave.

Her bosses began questioning

her whereabouts and her working hours, even though her work was still being completed, and she explained she needed to take care of her new baby.

Already struggling with negative postpartum emotions at the time while caring for her baby, she now had to deal with hostile bosses as well.

"Now I was being ridden with guilt at work for having a baby because apparently, I cannot work and became a different person after having a baby?" she says sarcastically.

On paper, she says, her company was supposedly accommodating to new mothers but her new reality at work proved to be very different.

Like June, Crystal eventually decided to leave that place of employment.

Luckily for both of them, they managed to find greener pastures elsewhere.

AKHBAR : SUNDAY STAR
MUKA SURAT : 17
RUANGAN : FOCUS

Government intervention

In addressing the case of the doctor based in Lahad Datu Hospital, Health Minister Dr Dzulkefly Ahmad said he has had a zero-tolerance approach to bullying since his first stint in the ministry in 2018.

To prove his words, he set up an independent special task force to not only investigate the doctor's death but also examine the work culture at the hospital.

The National Institute for Occupational Safety and Health (Niosh) under the Human Resources Ministry also acknowledges that the data suggests mental health challenges in the workplace are a significant concern that requires continuous attention and proactive measures.

As such, Niosh, in collaboration with the National Centre of Excellence for Mental Health, introduced an Occupational Psychological First Aid (Opfa) training programme in February to address the under-reporting of workplace mental health issues.

Only one psychosocial case was reported in the 2022 National Occupational Accident and Disease statistics, compared with over 5,000 physical cases.

"This is not because there are no mental illness cases, but instead it shows a lack of awareness about mental health and the possible solutions," said Human Resources Minister Steven Sim at the time.

The ministry also took it one step further by allocating RM12mil to sponsor the first 10,000 participants of the new training programme.

"This initiative aims to increase mental health literacy and provide essential tools to support workplace mental health through the Opfa-trained personnel," Niosh tells *Sunday Star*.

For those who are currently facing bullying in the workplace, Niosh suggests that they can utilise the "TALK" method as promoted by the Health Ministry.

"TALK" stands for Telling someone they trust about their problems, Asking for help when needed, Listening without judgement when others confide in them, and Knowing where to find professional help.

"Employees can seek support from their human resources department, workplace counsellors or external mental health professionals.

"By taking these steps, they can improve their mental well-being and seek solutions to their challenges," says Niosh.

By JOLANTA BURKE

THE World Health Organisation (WHO) has just published alarming statistics showing that employee mental health issues result in a US\$1 trillion (RM4.2 trillion) loss in productivity each year. The WHO has called on employers to take urgent action by introducing comprehensive well-being programmes to tackle the escalating mental health crisis in the workplace.

But the problem is that many workplace well-being programmes don't work.

A British study which looked at 46,336 employees from 233 organisations found there was no evidence that a range of common workplace well-being initiatives – including mindfulness and stress management classes, one-to-one mental health coaching, well-being apps or volunteering work – improved employee well-being.

So, despite companies investing over US\$60bil (RM253.2bil) annually worldwide in well-being programmes, they appear to make little impact.

There are a number of reasons why these programmes don't work – and understanding them is the only way companies will be able to make these programmes effective.

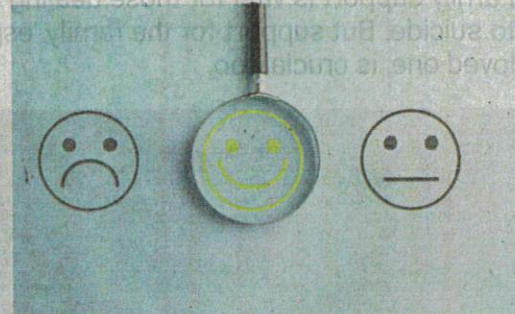
Motivation crucial

Organisations often opt for easy-to-implement initiatives, such as hosting well-being talks or offering mindfulness or yoga classes. They then complain that employees don't attend or don't appreciate them.

Many employees say they don't attend these activities because they find them irrelevant, unhelpful, or they don't value them enough to attend – meaning their workplace has failed in identifying their needs.

Understanding what motivates people to participate in well-being programmes is crucial in improving their effectiveness. For example, one survey found employees were more interested in learning about healthy lifestyles than having a discussion about stress management. Although not directly related to mental well-being, prioritising these kinds of talks would have a greater effect on improving

Here's how to make workplace wellbeing programmes better



Maximising a programme's impact requires careful attention to not only the content but also how it's implemented, says the writer. – 123rf

well-being in the end.

Content matters

Well-being programmes tend to be more effective for people whose well-being is average or below average.

So when people with high levels of well-being participate in such programmes, they often see little benefit.

This can make it appear the programme isn't effective – when in reality, it still is for those who need it most.

This is why it's so important to determine what type of help employees need most when designing well-being programmes. For employees who aren't experiencing poor mental health, a programme that primarily addresses depression or anxiety may be less effective, as they're probably already practising many of the strategies such programmes would discuss.

But if the well-being programme goes beyond reducing symptoms and focuses on promoting flourishing, meaning and purpose in life, it could provide value to a broader audience. This is where a programme designed by an expert in positive psychology would be beneficial in workplaces.

Positive psychology is the science of well-being.

It focuses on building on the positive aspects of life that

make life worth living – rather than solely addressing symptoms of mental ill health, which affect only 10 per cent to 20 per cent of the population.

But positive psychology measures still have a positive impact on those who experience mental health issues at the same time. They include such activities as identifying and using your character strengths at work, rethinking your past events positively, learning optimism or practising gratitude.

The content of workplace well-being programmes is crucial. Avoiding generic self-help approaches will enhance their overall impact.

Everyone is different

Factors such as whether an employee enjoys a specific well-being activity or programme, whether they believe that well-being can be changed, or their level of distress when starting a programme can all affect whether workplace well-being initiatives work.

Even a person's genetics can significantly affect whether such programmes have any impact. Research shows that people who have a higher genetic predisposition towards change are more likely to benefit disproportionately from these programmes – and their positive effect tends to last longer.

All of these factors should be carefully considered when designing a workplace well-being programme.

And given how difficult this will make it to design one that's effective, it's important employee well-being programmes are actually developed by experts in the field – not consultants who lack in-depth knowledge of psychology.

Implementation often overlooked

The way a well-being programme is implemented is just as important as its content – though this aspect is often overlooked by well-being consultants.

For instance, overusing gratitude exercises can lead to disengagement from a programme. Similarly, offering too many well-being activity options can overwhelm participants and result in them discontinuing the programme.

Maximising the impact a well-being programme has in the workplace requires careful attention to not only the content but also how it's implemented.

There are many nuances involved in designing a workplace well-being programme. Employers must ensure the programmes they offer not only promote well-being but also avoid causing unintended harm to others in the process.

Consulting experts who know the nuances of psychology and of well-being programmes is key, as they will ensure programmes will be effective and helpful.

Programmes that combine positive psychology and lifestyle medicine (which focus on helping people improve their health and fitness) may be particularly beneficial in workplaces. – The Conversation

Jolanta Burke is a senior lecturer at the Centre for Positive Health Sciences, RCSI University of Medicine and Health Sciences in Ireland.

Government measures for better mental health at work

CONCERTED efforts are in place to ensure better mental health management at the workplace in line with the 2020-2025 National Strategic Plan for Mental Health.

Human Resource Minister Steven Sim says ongoing efforts include strengthening mental health resources – as listed in the national strategic plan – to train 10,000 mental health first aiders nationwide for free at the National Institute of Occupational Safety and Health (NIOOSH); this is a part of a campaign to ensure better mental health management at the workplace.

He says the Occupational Mental Health First Aid course takes three days and aims to



Sim says at least 10,000 workers nationwide will be trained as mental health first aiders.

train employees to provide mental health first aid to their colleagues.

"We are training them for

free for employees throughout the country. It will cost NIOOSH [which developed the programme] RM12mil or RM1,200 per pax.

As of now, despite its initial 10,000 participation target, almost 15,000 have been registered to undergo the course.

"We aim to have at least one occupational mental health first aider in every office to ensure a better mental health environment in our workplaces," Sim says.

At the same time, Sim reiterates that the implementation last year of Flexible Working Arrangements (FWA) in the Employment Act 1955 can help to enhance working conditions for workers.

"What we want is good industrial relations where employers must understand the situation of workers, and we see FWA as one of the methods to enable workers to have a better work environment, especially [when it comes to enduring] traffic hours or the need for career care tasks," Sim had said in April.

FWA allows employees to request flexible working hours from their employers but the approval will be subject to their terms of employment as well as the impact on productivity, among others.

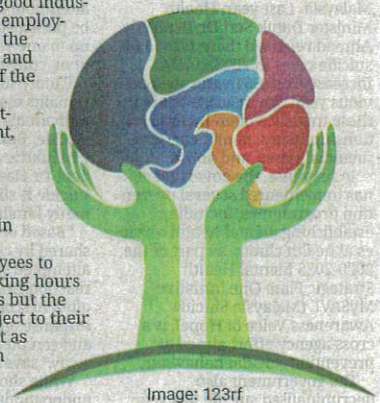


Image: 123rf

AKHBAR : STARHEALTH
MUKA SURAT : 3
RUANGAN : ALTERNATIVE HEALTH

Updating traditional medicine

By Asst Prof Dr TEO CHIAH SHEAN

TRADITIONAL and complementary medicine (T&CM) has long been a part of our country's informal healthcare landscape.

However, concerns have been raised, particularly among modern healthcare practitioners, regarding the safety of T&CM practices.

Many doctors have encountered cases where patients delay proper medical treatment after seeking care from T&CM practitioners, leading to adverse outcomes.

Acknowledging the importance of T&CM in Malaysian society – where traditional medicine is deeply rooted in cultural practices – the Health Ministry (MOH) has taken proactive steps to safeguard public health.

Malaysia's T&CM landscape is highly diversified, reflecting our country's rich history, languages, philosophies and cultural heritage.

T&CM therapies are often sought for their holistic approach, addressing physical, mental and spiritual well-being.

The popularity of these practices is evident from the results of the 2015 National Health and Morbidity Survey (NHMS), which estimated that 29.3% of the population had used T&CM with consultation in the past 12 months, and 69.4% had used T&CM at some point in their lifetime.

This widespread usage underscores the need for stringent safety measures to protect consumers from potential risks.

In line with this, the MOH has established a robust regulatory framework to oversee T&CM practices.

A key milestone was the establishment of the T&CM Division within the ministry in 2004 to regulate the safety and quality of T&CM services.

This division is responsible for the development and enforcement of T&CM-related policies and regulations.

The introduction of the T&CM Act 2016 [Act 775] further strengthened the regulatory framework, leading to the establishment of the T&CM Council on Jan 16, 2017.

The T&CM Council, chaired by the Health director-general, comprises up to 22 members and is tasked with regulating recognised T&CM practices, including traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy, chiropractic, osteopathy, and Islamic medical practice, which was gazetted on July 28, 2017.

Practitioners who wish to practise in these areas must register with the T&CM Council, where their eligibility and academic qualifications are

thoroughly vetted.

Safety first

Safety is a paramount concern in T&CM practice.

The MOH has outlined several safety principles that T&CM practitioners and service providers must adhere to.

Various T&CM practice guidelines have been published since 2005 to guide T&CM practitioners working in MOH facilities.

These include the *Traditional Malay Medicine – Malay Massage* (3rd edition, 2018), *Traditional Chinese Medicine – Acupuncture* (3rd edition, 2017), *Herbal Therapy as Adjunct Treatment for Cancer* (2nd edition, 2018), and *Traditional Indian Medicine – External Basti Therapy* (1st edition, 2015), *Varmam therapy* (1st edition, 2016) and *Shirodhara* (2nd edition, 2019), among others.

These guidelines serve as a guide for clinical practice, based on the best available evidence at the time of development, and are reviewed every five years or when new evidence emerges.

The development of these T&CM practice guidelines involves a committee of experts in the field, along with internal and external reviewers, to ensure comprehensiveness.

Each guideline includes information such as referral criteria, indications, contraindications, standard operating procedures (SOPs) for treatments, requirements for treatment rooms and equipment, types of medicines, treatment regimes, and monitoring of treatment responses.

Additionally, templates for T&CM clerking sheets (for healthcare professionals to fill in the patient's relevant medical information), consent forms in English and Bahasa Malaysia, and patient management flow charts, are provided.

Regarding the safety of T&CM practices, each guideline lists potential adverse events.

For instance, in Shirodhara (an Ayurvedic technique where oil or other liquids are dripped onto the patient's forehead), patients may experience side effects such as discomfort at the occipital region of the brain, headaches, neck pain, light-headedness, and allergic reactions caused by the oil used.

The guidelines provide clear instructions on identifying and reporting adverse events.

Adverse reactions related to T&CM medicine are to be documented in the T&CM Unit's Adverse Reaction Form and submitted to the National Pharmaceutical Regulatory Agency (NPRA) for further investigation.

These guidelines also incorporate treatment outcome scales, such as the Ministry of Health Pain Scale, Depression, Anxiety



Various T&CM practice guidelines have been published by the MOH, including for the Ayurvedic technique of Shirodhara seen here. – Filepic

and Stress Scale – 21 Items (DASS-21); and Pittsburgh Sleep Quality Index (PSQI).

These allow the measurement of the efficacy of T&CM treatments using modern medical scales, in line with the era of evidence-based medicine.

Establishing professional standards

In addition to practice guidelines, the Code of Professional Conduct for T&CM Practitioners, published in 2021, ensures compliance with professional standards.

T&CM practitioners must be competent and continuously enhance their knowledge and skills.

The code also addresses advertising, stating that T&CM practitioners must comply with the Medicines (Advertisement and Sale) Act 1956 [Act 290] and other related legal provisions.

T&CM practitioners are prohibited from using titles and abbreviations such as Doctor of Medicine, Dr, Physician or Medical Consultant, in a way that misleads the public into believing they are qualified to practise modern medicine or perform surgery under the Medical Act 1971 [Act 50].

They are also prohibited from using terms like “clinic”, “dispensary” or “hospital” in their business names.

Their most recent annual practising certificate (APC) must be prominently displayed within their premises.

A two-way communication mechanism between registered medical practitioners (modern medicine) and T&CM practitioners in MOH hospitals was established, with the 3rd edition of the SOP published last year.

This SOP provides guidance on the operation of T&CM units in MOH facilities, covering organisational structure; roles and responsibilities of T&CM personnel; human resources; procurement and storage of T&CM-related items; infection control; planned preventive maintenance (PPM); medical records management; reports and statistics; and quality management; which are all designed to ensure the safety

of T&CM operations in hospitals.

To maintain T&CM service standards, it is essential that such services are provided in a safe and hygienic environment, following established protocols to minimise patient risks.

The *Guidelines for Traditional and Complementary Medicine Healthcare Facilities and Services in Malaysia*, published last year, serves as a vital reference for new and existing private T&CM healthcare service providers.

These guidelines also assist local authorities in approving new applications or renewals for business licenses, ensuring that T&CM facilities operate in accordance with MOH standards.

As this is only a guideline, it is anticipated that a law equivalent to the Private Healthcare Facilities and Services Act 1998 (Act 586) & Regulations 2006 (PHFA) will be introduced and gazetted soon.

This law is crucial for the T&CM industry to secure insurance coverage, and ensure both the practitioner and the place of practice are adequately governed.

The T&CM Division has also published the *Virtual Consultation Implementation Guidelines for T&CM Practitioners* in response to the growing demand for virtual consultations post-Covid-19.

These guidelines outline the protocols for conducting virtual consultations for registered T&CM practitioners in public and private healthcare facilities.

However, virtual consultations are not permitted for patients with mental health problems, those under 18 years of age (except in the presence of a guardian/parent), patients with cognitive impairment, patients under the influence of drugs/alcohol, or those deemed unsuitable for virtual consultations by the T&CM practitioner.

Additionally, the *Guideline on Traditional Chinese Medicine Nursing Procedures in Private Healthcare Facilities*, published in July, acknowledges the critical role that nurses play in assisting in procedures and monitoring patients, particularly in private practices with traditional Chinese medicine inpatient services.

There is hope that a post-basic course in T&CM practices will soon be developed and adopted by the Nursing Board.

Providing data and evidence

With the launch of the *Framework on T&CM Research in Malaysia* and the *Guideline for Herbal Medicinal Research* by the MOH in April 2023, Malaysia is leading the way in harmonising modern clinical research methodologies with traditional medicine principles and theories.

This initiative provides a comprehensive guide for researchers interested in developing and conducting T&CM research, representing a significant step towards the professionalisation of the T&CM industry.

Scientific research is crucial for demonstrating the safety and quality of T&CM treatments.

With this research framework in place, it is anticipated that more rigorous T&CM research will be conducted by local universities with T&CM programmes, in collaboration with T&CM stakeholders in Malaysia.

In summary, the integration of T&CM into Malaysia's healthcare system comes with a strong commitment to safety and professionalism.

The MOH continues to take significant steps to ensure that T&CM practices are regulated, safe and effective, benefiting all Malaysians while preserving the rich cultural heritage of traditional medicine.

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