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RUANGAN : NATION

THE STAR MIS + NATION 20/4/2025 (AHAD)

More choosing to drop out

Fewer trainee doctors willing to finish housemanship, says group

By BENJAMIN LEE
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PETALING JAYA: Fewer aspiring doctors are willing to complete their training as house officers than in previous years, says Hartal Doktor Kontrak.

Dr Muhammad Yassin, who is a spokesman of the healthcare interest group, observed that there had been a rising trend of house officers dropping out.

"If they leave before completing housemanship, they cannot get full registration from Malaysian Medical Council (MMC) and cannot practise as a doctor," he said.

As a result, he cautioned that there would be fewer doctors in the long term.

He said a shortage of doctors, coupled with an increasing patient load, ageing population and medical inflation, would burden the system and healthcare workers.

This in turn would lead to patients receiving suboptimal care as well as longer waiting times for care and surgery, he added.

"Doctors can be retained by improving the remuneration, for example, by increasing on-call allowances, better working schedule and work-life balance, improving their welfare and addressing issues like bullying,



Cause for concern: A shortage of doctors, coupled with an increasing patient load, ageing population and medical inflation, would burden the system and healthcare workers.
— FAIHAN GHANI/The Star

provide more specialisation slots, more permanent posts, and better perks for those in contract, among others."

Malaysian Medical Association president Datuk Dr Kalwinder Singh Khaira said housemen who fail to complete their housemanship will not only be unable to practise in the country but will also miss the opportunity to pursue any postgraduate training.

"This leaves them only with the options of finding a job in the healthcare sector which does not entail patient care or to move overseas to continue their career

there. This would then lead to brain drain.

"This sort of loss will lead to an ever decreasing number of new medical officers and even fewer specialists in the future, which will hurt the country's healthcare capabilities in the long run," he said.

To this, Dr Kalwinder said efforts must be made to retain housemen in service by providing increased job security, training, and career progression opportunities.

"Adequate attention should be given to ensure their work-life

balance and remuneration which includes salary and allowances that commensurate with their dedicated service."

The Star reported last year that the number of housemen at the Health Ministry had declined by 50% since 2019.

About two months ago, Health Minister Datuk Seri Dr Dzulkefly Ahmad told the Dewan Rakyat that only 3,316 housemen were appointed and placed at training hospitals nationwide in 2024.

He also said that his ministry was looking to appoint around 3,000 medical officers this year.

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THE STAR m/s 6 NATION 20/4/2025 (AHAD)

Fire hazards at hospitals

102 fire safety notices issued to at risk healthcare facilities

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PETALING JAYA: A total of 102 notices were issued to healthcare facilities such as hospitals and clinics last year for non-compliance to fire safety measures.

These "fire-hazard abatement notices" (MBK), which are sent out by the Fire and Rescue Department, came about after it carried out fire hazard elimination activities at 91 hospitals and 495 clinics throughout the country last year.

"The MBK is issued to ensure that lives and properties can be protected from fire hazards," said the department.

It pointed out that no cases were brought to court as there was full compliance to the notices.

Last year, healthcare facilities in Sarawak received the highest number of such notices at 27 followed by Kuala Lumpur and Kelantan each receiving 19 notices each and Pahang with 18.

It is unclear about the number of government and private facilities involved.

However, the situation was an improvement compared to the previous year when 177 notices were issued.

As for this year, the Fire and Rescue Department told *The Star* that fire hazard elimination activities were carried out at 19 hospitals and 118 clinics as of March whereby 13 notices were issued to clinics.

"The MBK is issued to ensure that lives and properties can be protected from fire hazards."

Fire and Rescue Department

It said that Selangor registered the highest number of notices with five notices while Kuala Lumpur and Sarawak had three notices each.

The MBK is issued under the Fire Services Act.

Premises owners who failed to comply with the MBK despite a second check can be penalised under the Act with a fine of RM5,000 per offence or a jail term of up to three years or both. They could also be issued a closure order.

According to the department, it also issued 33 notices from January last year until last month for offences related to the removal or absence of fire fighting equipment or fire safety installations.

This comes under Section 2c of the Act which defines "fire hazard" as "any removal or absence of any firefighting equipment or fire safety installation that is required by law to be provided in the building."

Furthermore, 89 notices were

Hospital fires in the last decade

Oct 2016

Hospital Sultanah Aminah intensive care unit

- Six patients dead and four injured
- Deadliest hospital fire in national history

June 2020

Hospital Sultanah Aminah female ward

- 24 patients evacuated
- No casualties

March 2023

Hospital Tuanku Ja'afar

- Fire originated from the pharmacy
- No casualties or injuries

Sept 2020

Hospital Kuala Lumpur storeroom

- Several patients evacuated
- No casualties

Nov 2024

Hospital Papar

- Fire engulfed the pharmacy and food service room
- Over RM1.3mil worth of medicine lost
- No casualties

The Star graphics

issued under Section 2d which is related to malfunctioning fire fighting equipment or safety installation.

The Star reported in October last year that there were 109 MBK notices issued to clinics, care

homes (199 notices) and hospitals (68 notices) in 2023. This was based on fire hazard checks conducted at 566 clinics, 310 care homes and 84 hospital premises conducted then.

The Health Ministry said in a

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14 Focus

SUNDAY STAR, SUNDAY 20 APRIL 2025

THE STAR M15 14 Focus 20/4/2025 (AHAD)

Stories by GERALDINE TONG
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"AKU bunuh kau nanti."
This "I will kill you" threat – whether it was made jokingly or with real criminal intent – hurled at Hisham during his first referral as a house officer, had shocked him to the core.
But what finally pushed him to quit medicine was the hospital management's response when he reported the incident: "I don't care what happens – bullying or not – as long as the officer can work well."

At that point, Hisham says he had to be honest with himself about his future.

"What good is a career if it destroys the person living it?" says Hisham, who is now 35 years old and thriving in auditing instead.

Hisham's story reflects the ongoing crisis of a high attrition rate among doctors in the public healthcare system.

It was reported last May that the number of housemen at the Health Ministry has dwindled by 50% since 2019.

Health Minister Datuk Seri Dr Dzulkefly Ahmad at the time also acknowledged the shortage of housemen.

"In fact, those who are working are feeling the burden due to the workload and manpower shortage," he said at the time.

The Health Ministry has since undertaken an ongoing review of the housemanship programme, which includes a proposal to shorten the training duration from two years to one year.

The Health Director-General Datuk Dr Muhammad Radzi Abu Hassan has said this change aims to address efficiency.

While experts and stakeholders see the shortened programme as a net positive, they stress that improving workplace support and modernising archaic hospital systems remain critical to retaining young medical talent.

Saving our saviours

The Health Ministry is reviewing housemanship training, but amid a shortage of junior doctors, experts warn outdated systems and a toxic workplace culture continue to drive many away. This can lead to a manpower crisis in the country's healthcare.

Reverting the housemanship programme from two years back to one year is expected to accelerate career progression for junior doctors, especially those who intend to undergo training for specialisation in the future, says Malaysian Medical Association (MMA) president Datuk Dr Kalwinder Singh Khaira.

"We are thinking that if it's a one-year housemanship, you may be able to move to the next scale faster." But that is

upon the condition that adequate training for young doctors is maintained, he stresses.

Vicious cycle

Addressing the concerns of career progression for housemen is good says Dr Kalwinder, but ultimately, they have to figure out how to increase the number of young doctors and also how to retain them.

"If you don't retain them, who is going to run your service and who is going to train (new doctors)?"

Dzulkefly had previously noted that the number of medical graduates has gone down over the years.

"There was a time where there were 6,000 to 7,000 medical graduates a year. Now we have a little over 3,000 which has led to fewer housemen at hospitals," he was reported as saying.

Dr Kalwinder believes that part of the reason there are fewer medical students is due to the growing fear of the issues that comes with becoming a doctor in Malaysia.

"You only hear the negative aspects – bullying, career progression, doctors leaving, stress, work-life balance. To a certain extent, it is true."

"But the effect it has had is negative. So because of that, the numbers have dropped."

Because the numbers have dropped, there are fewer doctors to carry the burden and when that happens, the doctors get stressed and some of them just leave," he explains.

The exodus of doctors is a vicious cycle that leads to fewer

If you don't retain house officers, who is going to run your healthcare service in the future?

MMA president
Datuk Dr Kalwinder
Singh Khaira

Growing concern: The number of medical students in Malaysia has gone down, which can lead to a shortage of doctors in the future. — 123rf



TO Hisham, medicine represented years of sacrifice and sleepless nights in pursuit of his dream of becoming a doctor.

So when he suddenly decided to quit his housemanship training, everyone in his life, especially his parents, was confused.

"How could you throw all that away?" they'd say.

If he had to choose any particular incident that made him "throw it all away", Hisham says he would probably point to the time he reported a "particularly traumatic" case of bullying to his superiors and the management dismissed the incident entirely.

"How can you continue in a system where even management enables abuse?" he wonders.

But the hospital management's response was just the straw that broke the camel's back.

"What made me leave wasn't just one incident. It was the weight of countless moments that broke something inside me, piece by piece."

"The environment was deeply toxic. Public humiliation in the ward happened so casually that it became a routine. If a senior felt like shouting at you across the ward, they simply would. No hesitation, no regard for dignity," says Hisham.

'Without change, we'll keep producing broken doctors before they begin'

The junior doctors not only had to deal with public humiliation, but no real mentorship or counselling was being provided to them at the time, he adds.

"Help was rare and precious. Many of us were treated less like junior doctors and more like burdens to be endured."

"If you wanted help, you had to take the initiative to seek a psychiatrist on your own, knowing full well you'd risk being labelled as 'not strong enough'. That stigma stuck like a mark on your back."

Now 35, Hisham has since pivoted to auditing and has no regrets about leaving the field of medicine. Auditing was his "second chance at life", he says.

"I don't regret it, not one bit. I finally feel like I'm growing again – as a professional and as a human being. There's grief, yes, for the dreams I once had, but there's also relief and gratitude."

"I got out before I lost myself completely. But without a change

in the system, we'll keep producing doctors who are broken before they even begin," he warns.

Hisham's housemanship happened many years ago, but to this day, junior doctors are still experiencing similar issues.

Lily* recently quit her housemanship training in March, after one week on her first posting. Her stories sound familiar: constant verbal humiliation, lack of guidance and a toxic work environment. She recounts her first day when she asked someone where the toilet was and got shouted at.

"They pointed at the patients' toilet but I was told in university that it is not ethical to use the patients' toilet, so I didn't know we were allowed to use it."

"And then the person started saying things like 'Oh were we supposed to build a toilet for you?' and 'She thinks she's a doctor now.'"

"That was a constant in the

work environment and it makes you not really want to ask people anything anymore, but then when you make a slight mistake because no one taught you how to do it properly, then you get really, really badly chewed out for it."

Within one week of her housemanship training, Lily says she lost a lot of weight and hair due to the long hours and stress, sometimes only eating her first meal of the day at 11pm.

"But the main reason I quit was that I started becoming more afraid to get scolded than I was afraid of my patients dying," she says.

That was not the kind of doctor she envisioned herself becoming, so she left.

The Malaysian Medical Association (MMA) president Datuk Dr Kalwinder Singh Khaira acknowledges that there are some "bad apples" among the medical fraternity who apply undue pressure and stress on

junior doctors.

"But at the same time, what is the reason? Because we are dealing with life and death, sometimes expectations are high."

"So when expectations are not met and it affects the patient care, maybe some take it out on them (the junior doctors)," he says.

Then there is the issue of resilience and how different personalities deal with such challenges, he says.

But he attributes the hair-trigger tempers of some doctors to the insufficiency of medical professionals in the system and the massive workload government doctors have to deal with – something which Lily agrees with.

Older doctors who have been in government service for a long time have probably suffered through the staff shortage for a while and thus become more irritable, with Lily recounting senior doctors blowing up at her over simple questions, such as

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and fewer young medical professionals, he says.

As more doctors leave the profession for a multitude of reasons, those who remain have to take up more duties, which further adds to their stress, causing even more doctors to quit.

"We have to improve the work-life balance and the quality of life (to retain doctors), and for that, we need numbers," says Dr Kalwinder.

Overburdened and burned-out senior doctors are also often unhelpful towards junior doctors who may need guidance to adapt to the public healthcare system, further contributing to the vicious cycle.

Lily* expected the long working hours and heavy workload when she started her housemanship programme, but it was the uncaring and sometimes downright mean behaviour from her seniors that made her quit the training after just one week.

Vulgarity and name-calling were a constant during her brief time as a houseman, and while she says she did not bear the brunt of it, she witnessed others in her cohort who received the worst of it.

As a result, at least two other housemen quit around the same time she did.

While Lily did not reveal further details, she says the other two are currently under psychiatric evaluation.

"What I didn't expect was the lack of help, and I would say the environment was pretty toxic."

"There was no one that was really willing to help people because they were just too busy to help," she says.

The numbers game

Dr Kalwinder acknowledges that workplace bullying does happen among doctors, but adds that he does not think it is as rampant as it is made out to be.

Regardless, he says, it is most important that junior doctors feel they have a trusted channel

to lodge complaints.

"We proposed to the ministry to create an ombudsman system."

"An ombudsman system is whereby somebody can complain confidentially and that ombudsman has the authority to investigate."

"The trust in the system and the process is very important," he says.

Hisham agrees, saying if there were a way to report abuse without fear, he might have opted to stay in medicine instead of pivoting to auditing.

"There should be an independent body – outside of the medical fraternity – that listens to housemen and acts on misconduct. Real consequences. Real accountability," he says.

When it comes to mental health, Manvir Victor, a World Health Organisation (WHO) global patient advocate, who was a member of the Healthcare Work Culture Improvement Task Force (HWCITF), says there are simply not enough psychiatrists or counsellors in government hospitals to provide adequate care to the doctors.

"Let's say we have 100 people in psychiatry – they are serving the patients, not the doctors. So if you are a young doctor, who do you go to?"

The HWCITF was established as an independent committee in 2022 under the then health minister Khairy Jamaluddin to investigate the death of a house officer as well as the work culture and human resource management in government hospitals.

The task force released their report in August the same year but Manvir says there have been few updates on their recommendations since then.

Among the recommendations they made to improve workplace cultures in the public health sector are improving remuneration rates for doctors and standardising onboarding policies across all government hospitals.

It is obvious that improved remuneration rates will help retain more doctors, but the benefits of a standardised orientation for new housemen may not be so clear at first.

Manvir says currently, the onboarding process is slightly different at every hospital, where some may provide housemen with a full day of orientation while others can be done within an hour.

This ends up creating a maldistribution of workforce issue as more medical graduates may choose to apply for a hospital with a comprehensive onboarding process, leaving the other hospitals understaffed, he explains.

The maldistribution of the workforce is something Dr Kalwinder is very concerned about too, as he says the MMA has suggested creating a digital dashboard system that is accessible to healthcare officials to show the current distribution of the medical workforce in government hospitals across the country.

This would help hospitals plan their workforce better, he says.

"I must know how many (doctors) I have and how many they (other hospitals) have so that if I know you have more than me, then I can say, can you send some to me?" says Dr Kalwinder, who is based at the Sarawak General Hospital.

This also goes back to the numbers game mentioned by Dr Kalwinder earlier.

"I don't mean (we need to increase) absolute numbers. I mean the correct distribution of numbers everywhere so that in the country, every doctor should have the same kind of lifestyle and work-life balance," he says.

This vicious cycle must be stopped, he adds.

"Ultimately, what is it for? It's all about patient safety, so it is very important to have adequate manpower."

* Not real name



Lily says she decided to quit when she started becoming more afraid to get scolded than she was afraid of her patients dying. – Posed photo/123rf

where the toilet is.

It wasn't all uncaring and abusive seniors, as she says some medical officers tried to help the housemen.

"But they were also really, really overloaded themselves so they couldn't always be there,"

she says.

Hisham may have found his new calling in life, but Lily is still trying to figure out potential new careers, including perhaps in pharmaceuticals.

But she wants people to know, "When someone quits their

housemanship, it's not because they don't want to be a doctor anymore, it's because the environment is so unsuitable for them to be a good doctor that they just feel the need to leave."

* Not real name

AKHBAR : NEW STARITS TIMES
MUKA SURAT : 8
RUANGAN : NATION

NST MIS 8 NATION 20/4/2025 (AHAD)

Human activities big 'contributor' to infections

KUALA LUMPUR: Agriculture and logging activities are drawing out bacteria from deep beneath the soil, contributing to incidences of melioidosis — a rare but fatal disease.

Universiti Kebangsaan Malaysia Biological Sciences and Biotechnology Department senior lecturer Sylvia Chieng said the bacterium, *Burkholderia pseudomallei*, could be brought to the surface when soil was disturbed.

She said this increased the risk of infection through direct contact or inhalation.

Chieng said one study in Kedah found that areas impacted by commercial farming and deforestation had higher melioidosis prevalence than those near untouched forests.

"This highlights the impact of human activities on environmental contamination of *B. pseudomallei*," she said.

Agriculture and logging activities, which reduce natural vegetation that otherwise absorbs rainfall, have long been accused of worsening floods and expanding flood-prone areas.

Ironically, Chieng said, melioidosis cases tended to rise during the rainy season as floodwaters carried the bac-

teria to the surface.

She cited a 2010 outbreak in Lubuk Yu, Pahang, where the bacteria were detected in soil samples following a flood rescue mission.

Melioidosis, which carries diverse symptoms resembling those of other diseases, including skin infections, severe pneumonia and septicemia, can be fatal.

The disease is more dangerous for those with comorbidities. More than 75 per cent of those who contracted melioidosis also had diabetes.

A 2015 study found the disease was widespread in at least 48 countries in South Asia, Africa and Latin America.

In Malaysia, the latest National Surveillance for Antibiotic Resistance data indicates that the highest rates of melioidosis incidence are in Pahang (11.33 per 100,000 population), followed by Melaka, Negri Sembilan, Kedah and Terengganu.

PREVENTABLE DISEASE

Health Minister Datuk Seri Dr Dzulkefly Ahmad said those working in high-risk environments, such as padi fields and plantations, must take steps to prevent melioidosis.

"Preventive measures are crucial

"Wash your hands and feet with soap after engaging in outdoor activities, and ensure wounds or scratches are properly covered before coming into contact with soil or water," he said.

He said those who developed symptoms after potential exposure should seek immediate medical attention.

Chieng said the treatment for melioidosis included an intensive phase with intravenous antibiotics, followed by a prolonged eradication phase with oral antibiotics.

Despite treatment, the fatality rate ranges between 33 per cent and 54 per cent due to the bacteria's resistance to antibiotics.

There is currently no vaccine for melioidosis.

Chieng added that a lack of awareness among healthcare personnel and the public could lead to late or incorrect diagnoses.

Limited healthcare access, especially in rural areas, further complicates diagnosis and treatment.

Chieng said there was a need for greater awareness, improved diagnostic capabilities and better healthcare infrastructure to combat the rising threat of melioidosis in Malaysia.

By Mohamad Al-As



Wash your hands and feet with soap after engaging in outdoor activities, and ensure wounds or scratches are properly covered before coming into contact with soil or water.

DATUK SERI DR DZULKEFLY AHMAD
Health minister



in reducing the risk of infection, especially for those frequently exposed to soil and potentially contaminated water."

He advised wearing protective gear, such as boots and gloves, when working in fields or waterlogged areas.

Dzulkefly also stressed the importance of hygiene after outdoor activities.

AKHBAR : NEW STARITS TIMES

MUKA SURAT : 6

RUANGAN : NATION

NST MIS 6 NATION 2014/2025 (AHAD)

EXPOSURE

1 Human activities, such as agriculture, logging and land clearing, bring *Burkholderia pseudomallei* to the surface and raise risk of infection through contact or inhalation.



2 Extreme weather events, such as floods, disrupt soil conditions, further facilitating the bacteria's spread.



MELIOIDOSIS

A potentially serious infection caused by the bacterium *Burkholderia pseudomallei* found in soil and water. The disease's diverse symptoms have earned it the moniker 'the great mimicker'.



CASES IN MALAYSIA

1. Highest incidence rate: Pahang (11.33 per 100,000)
2. Fatality rate: Between 33 per cent and 54 per cent
3. Average annual incidence: 3.41 per 100,000 between 2014 and 2020.
4. Severity of melioidosis is heightened by diabetes, present in over 75 per cent of cases.
5. Hypertension, liver disease, chronic lung disease, and renal failure are other comorbidities that exacerbate melioidosis.

TREATMENT AND DIAGNOSIS

1. Treatment consists of rounds of antibiotics.
2. No vaccine.
3. Only research and academic institutions have diagnostic capabilities.

PREVENTATIVE MEASURES

1. Wear protective gear such as boots and gloves.
2. Wash hands and feet with soap after outdoor activities.
3. Ensure wounds or scratches are properly covered before activities.
4. Seek immediate medical attention if symptoms develop.

DISEASES THAT IT MAY BE MISTAKEN FOR



MAJOR SYMPTOMS

- High fever above 39°C
- Severe pneumonia
- Severe sepsis leading to dangerously low blood pressure
- Confusion or disorientation indicates infection has reached the brain or caused septic shock
- Severe abdominal swelling potentially due to abscesses in vital organs
- Multi-organ dysfunction due to bloodstream infection

MODERATE SYMPTOMS

- Chest pain due to lung infection
- Shortness of breath
- Abdominal pain
- Swollen lymph nodes
- Muscle aches similar to flu-like symptoms
- Nausea and vomiting
- Weight loss

MINOR SYMPTOMS

- Skin lesions or abscesses
- Low-grade or intermittent fever
- Fatigue
- Joint pain or swelling similar to arthritis
- Persistent cough

INFOGRAPHIC NST BY AHMAD YUSRI & EMNOAZIA

Five years after nearly losing leg, fears remain

KUALA LUMPUR: N. Poolohgasingam did not think he was unwell when his son commented that he had lost weight during a visit in 2020.

But had it not been for that observation, the calligrapher might have lost his life.

"I felt fine, eating and exercising as usual. When he said I lost weight, I didn't think so," he told the *New Straits Times*.

However, the son insisted that his father did not "look the same".

That was when Poolohgasingam, now 75, decided to go to the hospital, where doctors confirmed he had indeed lost weight since his

last check-up.

A barrage of tests failed to identify the cause. Slowly, Poolohgasingam began to experience spasms and had trouble keeping his balance.

"I couldn't walk. I rushed to the Emergency Room one night as I was sweating and my heartbeat was up.

"It took them one-and-a-half months to diagnose my disease and it was through trial and error. They knew it was an infectious disease, but couldn't say what was wrong," he said.

Health authorities eventually tested the soil near his apartment and confirmed the presence of *Burkholderia pseudomallei*, the bacte-

rium that causes melioidosis.

Poolohgasingam is believed to have been infected while cleaning a garden barefoot near his apartment.

"The garden was unkempt but there is nothing like walking barefoot on grass," he said.

While in hospital, Poolohgasingam's condition deteriorated to the point that doctors considered amputation. He fought the procedure.

"They said they could put me on antibiotics but I had to be there for at least three months. I told them it didn't matter as I didn't want to be cut open," he said.

"My weight went down from 80kg to 76kg and then down to 56kg. I didn't even dare to look at myself in the mirror."

Although recovery was gradual, signs of improvement slowly became apparent.

"I was slowly regaining my weight and the chief physician told me that was a good sign," he said.

Five years on, Poolohgasingam still has concerns about melioidosis, as it can relapse.

"There is no more pain in my right leg, but I do not know whether they (the bacteria) are 100 per cent gone," he added.

"I couldn't walk. I rushed to the Emergency Room one night as I was sweating and my heartbeat was up. It took them one-and-a-half months to diagnose my disease and it was through trial and error. They knew it was an infectious disease, but couldn't say what was wrong."

N. POOLOHGASINGAM

AKHBAR : BERITA HARIAN
MUKA SURAT : 1
RUANGAN : MUKA DEPAN



AKHBAR : BERITA HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

BH MIS 6 NASIONAL 20/4/2025 (AHAD)

'Tentera semut' bawa ubat haram

Warga Bangladesh beri alasan untuk penggunaan sendiri strategi elak pemeriksaan

Oleh Fahmy A Rosli
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Kuala Lumpur: Warga Bangladesh yang tiba di Malaysia sebagai pekerja atau pelancong, dikenali sebagai 'tentera semut' apabila terlibat menyedut masuk ubat-ubatan dari negara asal untuk dibekalkan kepada premis niaga yang beroperasi sebagai farmasi haram bagi kegunaan rakyat negara itu yang berada di sini.

Kumpulan warga asing itu membawa sejumlah ubat-ubatan atas alasan untuk kegunaan sendiri, bagi mengubati pemeriksaan yang dijalankan pihak berkuasa dan mengelak ditahan di Lapangan Terbang Antarabangsa Kuala Lumpur (KLIA).

Sumber berkata, perbuatan menyeludup bekalan ubat itu disyaki dilakukan secara berkumpulan dengan menampakan ubat-ubatan tersebut dibawa masuk dalam kuantiti 'runcit' memenuhi alasan untuk kegunaan sendiri, tetapi pada kadar maksimum yang dibenarkan.

Sumber lain yang rapat dengan kegiatan itu turut membabitkan sindiket yang turut menggunakan penumpang lain bagi membawa ubat dalam kuantiti yang munasabah untuk kegunaan sendiri bagi melepasi pemeriksaan di KLIA.

Permintaan terhadap ubatan dari negara asal yang dibawa masuk itu mempunyai pasaran tinggi dalam kalangan pekerja asing



Antara ubat yang dirampas dalam serbuan operasi KKM bersama Imigrasi di Kuala Lumpur, baru-baru ini.

Eksklusif

Bagi mereka yang hendak membawa ubat untuk kegunaan peribadi ke negara ini, kerajaan menetapkan ia hanya tertakluk bagi diri sendiri atau salah seorang ahli keluarga dengan kuantiti munasabah, iaitu tidak melebihi satu bulan penggunaan setiap individu.

Kuantiti yang dibenarkan bagi satu bulan ditentukan mengikut label dos produk yang dibawa masuk.

Selain itu, ubat-ubatan terkawal yang mengandungi dadah berbahaya seperti ganja atau narkotik yang boleh disalahgunakan atau menyebabkan keberangutan, perlu disyorkan ketika ketibaan di pintu masuk sempadan Malaysia.

Untuk ubat-ubatan preskripsi yang dikawal di bawah Akta Dadah Berbahaya 1952 dan Peraturan-Peraturan Racun (Bahan Psikotropik) 1989, preskripsi yang sah atau surat dari doktor yang merawat di luar negara perlu dibawa bersama apabila tiba di Malaysia.

Preskripsi mestilah dalam bahasa Inggeris dan jika dalam bahasa lain perlu disertai dengan terjemahan.

Tambahan pula, ia perlu dilengkapi dengan maklumat nama ubat dan dos diperlukan berserta dengan kuantiti dibawa.

Sekiranya warga asing berkeinginan datang ke negara ini untuk tinggal melebihi sebulan dan memerlukan bekalan ubat-ubatan berterusan, mereka dinasihatkan untuk berjumpa dengan penagih perubatan berdaftar atau doktor di negara ini bagi mendapatkan preskripsi dan bekalan ubat.

ban, mengesahkan kegiatan itu dan kuantiti ubat yang dibawa adalah kecil.

"Bekalan ubat dibawa masuk secara runcit (dalam kuantiti dibenarkan) dan bukan dibawa masuk dalam kuantiti yang banyak," katanya.

Selain warga Bangladesh yang mengusahakan klinik secara haram, Zakaria tidak menolak kemungkinan terdapat warga asing dari negara lain yang menjalankan kegiatan itu.

Bagaimanapun, beliau tidak boleh mengulas lanjut kerana siasatan sedang dijalankan bagi mengumpul lebih banyak maklumat.

Mengikut garis panduan Bahagian Perkhidmatan Farmasi KKM, pelancong atau mana-mana individu yang pulang dari luar negara boleh membawa ubat-ubatan untuk kegunaan peribadi, berdasarkan keperluan.

Untuk membawa masuk ubat-ubatan dari luar negara ke Malaysia, sesiapa saja perlu mematuhi Akta Racun 1952, Akta Dadah Berbahaya 1952, Akta Juatan Dadah 1952 dan Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984.

"Warga Bangladesh terbabit membawa ubat-ubatan itu dalam kuantiti yang sedikit dengan alasan untuk kegunaan sendiri. Ia adalah ubat dari Bangladesh.

"Jika ubat-ubatan itu dibawa dalam kuantiti dibenarkan dalam peraturan seperti untuk kegunaan sendiri, biasanya ia memang akan melepasi pemeriksaan di lapangan terbang," kata sumber.

Siasat modus operandi

Bagaimanapun sumber berkata, siasatan masih dijalankan untuk mengenal pasti modus operandi warga asing yang membawa masuk ubat-ubatan dari luar itu, sama ada membabitkan individu sama atau berbeza, selain kerap ditugaskan membuat 'penghantaran' atau sebaliknya.

Senakan awal Jabatan Imigrasi baru-baru ini, mendapati warga asing yang membawa masuk ubat-ubatan ke Malaysia adalah pemilik Pas Lawatan Kerja Sementara (PLKS) sektor perkhidmatan, pembinaan dan ada yang tinggal lebih masa di negara ini.

Sementara itu, Ketua Pengarah Imigrasi, Datuk Zakaria Shau

AKHBAR : BERITA HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

BH M/S 6 NASIONAL 20/4/2025 (AHAD)

Harga murah, boleh dibeli tanpa preskripsi doktor

Kuala Lumpur: Harga murah dan boleh dibeli sebanyak mungkin tanpa preskripsi atau had dibenarkan pihak berkuasa atau doktor.

Itu faktor permintaan ubat-ubatan yang dibawa masuk tanpa kebenaran mendapat permintaan tinggi dalam kalangan warga asing termasuk dari Bangladesh.

Tanpa perlu melalui protokol, ubat-ubatan itu mudah dibeli di premis tertentu termasuk kedai menjual permaidani atau agensi pelancongan.

BH menjau sekitar Jalan Tun Tan Siew Sin dan Leboh Pudu di ibu kota, selepas serbuan dijalankan Jabatan Imigresen dan

Kementerian Kesihatan pada 23 Januari lalu.

Sebuah premis agensi pelancongan ditutup selepas serbuan tetapi sebuah lagi kedai menjual karpet beroperasi seperti biasa, meskipun ubat-ubatan yang disimpan dalam stor berkenaan dirampas ketika serbuan.

Menurut seorang pekerja di kedai karpet itu yang mahu dikenali sebagai Farouk, selepas serbuan dilakukan imigresen dan KKM, premis berkenaan beroperasi seperti biasa.

Pemuda berusia dalam lingkungan umur 30-an itu turut menunjukkan stor dalam kedai berkenaan yang digunakan untuk menyimpan ubat-ubatan dari

Bangladesh itu.

"Meraka yang datang seribu tempoh hari hanya rampas ubat-ubatan itu dan menangkap dua orang warga Bangladesh yang jual ubat itu."

"Saya tidak tahu macam dia boleh bawa masuk ubat itu ke sini. Sebab saya cuma jaga kedai (karpet) sahaja," katanya.

Difahamkan, antara ubat-ubatan yang dijual di situ adalah pil demam dan sakit kepala.

Seorang pekerja restoran warga Bangladesh di tingkat bawah agensi pelancongan yang diserbu tempoh hari, mengakui ramai warga asing yang membeli ubat-ubatan itu di premis berkenaan.

Mengakui tidak pernah membeli, dia sangsi dengan keselamatan ubat-ubatan yang dijual di tingkat tiga bangunan kedai dekat Jalan Tun Tan Siew Sin.

Pada 24 Januari lalu, Jabatan Imigresen menyerbu 10 premis di ibu kota yang disyaki beroperasi sebagai klinik secara haram sejak setahun lalu dan menahan 10 lelaki warga Bangladesh menyamar sebagai doktor di setiap tempat terbabit.

Ketua Pengarah Imigresen, Datuk Zakaria Shaaban, dipetik berkata Imigresen bersama Kementerian Kesihatan (KKM) melancarkan operasi khas terhadap 10 lokasi membabitkan enam pre-

mis di Jalan Tun Tan Siew Sin, dua di Leboh Pudu dan satu di Jalan Silang.

Operasi itu membabitkan serbuan pegawai pelbagai pangkat dari Bahagian Perisikan dan Operasi Khas Ibu Pejabat Imigresen Putrajaya dengan kerjasama Bahagian Penguat Kuasa (Farmasi) KKM Kuala Lumpur dan Putrajaya.

Beliau berkata, pasukan operasi merampas peralatan doktor palsu, ubat-ubatan dan wang tunai RM800 dipercayai hasil rawatan dan jualan ubat.

KKM juga merampas sebanyak 502 jenis ubat tidak berdaftar dan nilai rampasan dianggarkan sebanyak RM265,192.00.