

AKHBAR : THE STAR  
MUKA SURAT : 11  
RUANGAN : NATION

THE STAR M/S 11 NATION 25/1/2025 (SABTU)

# WBB pilot project cancelled

## Govt to carry out new studies on shift system for doctors

By **TARRENCE TAN**  
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**KUALA LUMPUR:** The proposed Waktu Bekerja Berlainan (WBB) shift system, which triggered public backlash recently, has been cancelled pending further studies by the government, says Datuk Seri Dr Dzulkefly Ahmad (*pic*).

The Health Minister said this was decided during a Cabinet meeting yesterday.

"The Cabinet decided to cancel the pilot WBB project to allow for a more thorough and comprehensive study," he said in a statement yesterday.

Dzulkefly said the Health Ministry has set up a special task

force to be chaired by former health director-general Tan Sri Abu Bakar Suleiman.

"The terms of reference of this task force is in relation to strengthening the delivery of healthcare services to the people and the scheduling of working hours.

"We will continue our efforts to foster a safer and fairer workplace for all, especially healthcare workers," the minister said.

Recently, there have been calls for the immediate retraction of the WBB shift system circular.

Under the pilot project, doctors and dentists at selected govern-



ment healthcare facilities will see their on-call shifts capped at 18 hours, down from the current limit of between 24 and 33 hours.

Under Budget 2025, it was announced that their on-call allowance

rate has been raised by between RM55 and RM65.

With the WBB system, the take-home pay of doctors and dentists at selected government healthcare facilities will be less as they will only be able to claim for active calls on weekends and public holidays, and not for weekday shifts.

Based on the WBB system, the active on-call rates for weekdays and public holidays are RM275 for medical officers (MOs) and RM315 for specialists.

As for the current system, MOs are entitled to an active on-call allowance of RM220 on weekends and public holidays, and RM200 on weekdays.

Specialists are entitled to RM250 on weekends and public holidays and RM230 on weekdays.

But with the WBB, they will not be able to claim an active on-call allowance on weekdays.

The pilot project was initially scheduled to be implemented at seven hospitals on Feb 1.

AKHBAR : BERITA HARIAN  
MUKA SURAT : 5  
RUANGAN : NASIONAL

# 10 klinik haram dikendali doktor palsu warga Bangladesh diserbu

Aktiviti licik berselindung di sebalik kedai makan, runcit elak dikesan

Oleh Muhaamad Hafis Nawawi  
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**Kuala Lumpur:** Jabatan Imigresen Malaysia menyerbu 10 premis di ibu kota yang disyaki beroperasi sebagai klinik secara haram dan menahan 10 lelaki warga Bangladesh menyamar sebagai doktor.

Kegiatan itu yang dipercayai berlarutan sejak setahun lalu, berselindung di sebalik kedai makan atau kedai runcit bagi mengaburi pihak berkuasa.

Pihak berkuasa turut merampas pelbagai peralatan doktor dan ubat, selain pelbagai jenis ubat tidak berdaftar.

Ketua Pengarah Imigresen, Datuk Zakaria Shaaban, berkata pihaknya bersama Kementerian Kesihatan (KKM) melancarkan operasi khas terhadap 10 lokasi membabitkan enam premis di Jalan Tun Tan Siew Sin, dua di Leboh Pudu dan satu di Jalan Silang, kelmarin.

Beliau berkata, operasi yang bermula jam 11.45 pagi itu membabitkan pasukan dari Bahagian Perisikan dan Operasi Khas Ibu Pejabat Imigresen Putrajaya dengan kerjasama Bahagian Penguatkuasa (Farmasi) KKM Kuala Lumpur dan Putrajaya.

"Operasi dibantu pegawai dari Bahagian Penguatkuasaan, Ibu Pejabat Jabatan Imigresen Malaysia, Jabatan Imigresen Perak dan Jabatan Imigresen Perlis," katanya dalam kenyataan, semalam. Zakaria berkata, operasi ini turut disertai Timbalan Ketua Pengarah Operasi Imigresen, Jafri Embok Taha; Pengarah Bahagian Perisikan dan Operasi Khas, Mohamad Anas Mohamad Dzarib; Pengarah Bahagian Penguatkuasaan Farmasi KKM, Mohd Zawawi Abdullah serta Timbalan Pengarah, Cawangan Perisikan dan Operasi, Bahagian Penguatkuasaan Farmasi KKM, Mohd Azaruddin Jais.

"Berdasarkan aduan awam dan maklumat risikan selama dua minggu, pasukan operasi diatur gerak ke lokasi premis perniagaan dan menahan 10 orang lelaki warga Bangladesh berusia di antara 31 hingga 50 tahun.

"Semakan awal, mendapati seorang yang ditahan memiliki Pas Lawatan Kerja Sementara (PLKS) Sektor Perkhidmatan, enam orang memiliki PLKS Sektor Pembinaan, dua orang ting-

gal lebih masa, manakala seorang lagi tidak memiliki sebarang dokumen perjalanan atau pas yang sah untuk berada di negara ini," katanya.

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

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

"Warga asing ini disyaki melakukan kesalahan mengikut Seksyen 13(a) Akta Racun 1952, Peraturan 3(1) Peraturan-Peraturan Racun (Bahan bahan Psikotropik) 1989 dan Peraturan 7(1) Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984," katanya.

## Ubatan tidak berdaftar

Zakaria berkata, modus operandi digunakan adalah menawarkan perkhidmatan rawatan pesakit melalui doktor warga Bangladesh yang tidak bertauliah dengan menyasar warga negara terbabit sahaja.

"Ubat-ubatan yang dijual mereka tidak berdaftar dan tiada kelulusan KKM yang dibawa masuk oleh warga Bangladesh yang datang sebagai pelancong dengan bayaran sebanyak RM200 hingga RM500 setiap seorang.

"Kegiatan ini berselindung di



Anggota imigresen menjalankan pemeriksaan ketika serbuan 10 lokasi klinik haram doktor palsu warga Bangladesh di Kuala Lumpur.

(Foto lhsan JIM)

sebalik kedai makan atau kedai runcit bagi mengaburi pihak berkuasa. Bayaran rawatan dan penjualan ubat-ubatan yang dikenakan adalah RM50 hingga RM200 bagi setiap pelanggan warga Bangladesh dan dipercayai telah beroperasi selama satu tahun.

"Semua warga asing ditahan kerana disyaki melakukan ke-

salahan mengikut Akta Imigresen 1959/63 dan Peraturan-Peraturan Imigresen 1963 dan ditahan di Depot Imigresen Putrajaya untuk tindakan lanjut," katanya.

Beliau berkata, dua lelaki warga Bangladesh dan enam wanita tempatan diberi notis untuk hadir ke pejabat bagi membantu siasatan.



AKHBAR : BERITA HARIAN  
MUKA SURAT : 5  
RUANGAN : NASIONAL

## Waktu Bekerja Berlainan

BH M/S 5 NASIONAL 25/1/2025 (SABTU)

# MMA temui Dr Dzulkefly bincang, perhalusi isu WBB

**Kuala Lumpur:** Persatuan Perubatan Malaysia (MMA), mengadakan pertemuan dengan Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dan pegawai kementerian bagi membincangkan isu berkaitan petugas penjagaan kesihatan dan penjagaan kesihatan awam.

Presiden MMA, Datuk Dr Kalwinder Singh Khaira, berkata antara isu yang dibincangkan adalah dasar Waktu Bekerja Berlainan (WBB) yang menyebabkan kekeliruan dan 'ketegangan' dalam kalangan doktor dan kumpulan doktor muda sepanjang minggu lalu.

Beliau berkata, dengan maklum balas yang diterima daripada ahli persatuan dan doktor lain, MMA menerangkan secara terperinci alasan dan keraguan mengenai sebab doktor dalam sektor penjagaan kesihatan awam secara amnya tidak bersestuju dan enggan menyokong sistem WBB.

"Kami mengakui niat di sebaliknya yang dirancang itu tetapi menekankan keperluan untuk menangani kekurangan dan ketidakseimbangan pengagihan petugas penjagaan kesihatan dalam sistem sedia ada, sebelum sistem baharu dirancang.

"Mengenai isu yang sama, MMA turut mengulangi keperluan untuk membabitkan pihak berkepentingan, termasuk MMA, dalam peringkat perancangan sebelum pengenalan sebarang dasar baharu, terutama apabila ia memberi impak kepada tenaga kerja penjagaan kesihatan dan penyampaian perkhidmatan," katanya dalam kenyataan, malam kelmarin.

Sebelum ini, satu surat edaran bertajuk Pelaksanaan Sistem WBB Fasa Pertama bertarikh 10 Januari yang dikeluarkan KKM, menyatakan yang WBB diluluskan untuk projek Fasa Pertama oleh Ketua Setiausaha KKM pada 3 Januari lalu, membabitkan be-

berapa jabatan di hospital terpilih.

Pelaksanaan sistem itu mendapat kritikan, antaranya berkaitan syif tugas doktor ditukar untuk bekerja selama 18 jam, dari jam 3 petang hingga 9 pagi kesokannya sehingga mereka tidak mendapat elaun *on call*.

Bagaimanapun, Dr Dzulkefly menjelaskan, surat edaran dalam itu adalah garis panduan pelaksanaan projek rintis WBB kepada fasiliti terbabit supaya persediaan di lapangan dapat dibuat sebelum projek rintis itu dilaksanakan, namun ia didedahkan kepada awam oleh pihak yang tidak bertanggungjawab sehingga disalah faham fungsinya.

Selain itu, Dr Kalwinder, memaklumkan MMA juga mengulangi gesaan kenaikan elaun *on call* segera dilaksanakan secara menyeluruh untuk semua doktor yang berkhidmat dalam penjagaan kesihatan awam yang disuarakan sejak sekian lama.

Pihaknya menekankan bahawa kenaikan itu mesti diberikan kepada semua doktor dan tidak dikaitkan dengan mana-mana sistem kerja tertentu dan sejak tahun lalu, doktor dalam perkhidmatan awam sentiasa berharap kerajaan menunaikan janji yang dibuat.

"MMA juga menekankan keperluan ketelusan dalam proses pemberian jawatan tetap kepada doktor kontrak.

"Kami menggesa proses pemilihan dijalankan dengan jelas dan adil. Maklumat mengenai kriteria pemilihan mesti diberikan kepada doktor ini supaya mereka tahu di mana kedudukan mereka dan apa yang diperlukan daripada mereka," katanya.

Pada masa, Dr Kalwinder berkata, pihaknya juga membangkitkan mengenai isu Bayaran Insentif Wilayah (BIW) yang dikurangkan kepada jumlah yang jauh lebih rendah selepas pelaksanaan Skim Saraan Perkhidma-

tan Awam (SSFA).

Katanya, MMA mahu ia diberikan perhatian bagi menjamin kesaksamaan elaun bagi doktor yang berkhidmat dalam kapasiti dan kemudahan sama dapat dikekalkan.

Beliau berkata, MMA turut berkongsi pandangan mengenai kepentingan perancangan untuk masa depan dan mahu memastikan bakat baharu berkembang di sekolah dan kolej perubatan supaya mereka mempunyai masa depan sebagai doktor, terutama dalam sektor penjagaan kesihatan awam negara ini.

"MMA mengucapkan terima kasih kepada Menteri Kesihatan dan pasukannya kerana meluangkan masa untuk bertemu dengan kami.

"Kami mengharapkan hasil yang positif dan menantikan kerjasama berterusan dalam menangani isu mendesak dalam sistem penjagaan kesihatan Malaysia," katanya.

**AKHBAR : SINAR HARIAN**  
**MUKA SURAT : 7**  
**RUANGAN : NASIONAL**

SH MIS 7 NASIONAL (25/1/2025) (SABTU)

# 10 'dokter Bangladesh' kena cekup

Buka klinik di kedai makan, tawar khidmat jual ubat tidak berdaftar kepada warga asing

Oleh **HISYAMUDDIN AYUB**  
**KUALA LUMPUR**

Jabatan Imigresen Malaysia (JIM) menahan 10 lelaki warga Bangladesh yang menyamar sebagai doktor dalam serbuan di 10 buah klinik sekitar ibu negara pada Khamis.

Ketua Pengarahnya, Datuk Zakaria Shaaban berkata, serbuan jam 11.45 pagi itu dijalankan JIM bersama Kementerian Kesihatan Malaysia (KKM) menerusi operasi khas di enam lokasi di Jalan Tun Tan Siew Sin

diikuti Leboh Pudu (dua lokasi) dan di Jalan Silang (satu lokasi).

Beliau berkata, operasi tersebut dijalankan oleh sepasukan pegawai daripada Bahagian Perisikan dan Operasi Khas Ibu Pejabat JIM Putrajaya dengan kerjasama pegawai daripada Bahagian Penguat Kuasa (Farmasi) KKM Kuala Lumpur serta Putrajaya.

"Berdasarkan aduan awam serta maklumat risikan yang dijalankan selama dua minggu, pasukan operasi diatur gerak ke lokasi premis perniagaan terlibat.

"Pasukan operasi berjaya menahan 10 orang lelaki warga-negara Bangladesh berusia 31 hingga 50 tahun.

"Hasil semakan awal mendapati seorang yang ditahan memiliki Pas Lawatan Kerja Sementara (PLKS) Sektor Perkhidmatan, enam orang memiliki PLKS Sektor Pembinaan, dua orang tinggal lebih masa

manakala seorang lagi tidak memiliki sebarang dokumen perjalanan atau pas yang sah untuk berada di negara ini," katanya dalam satu kenyataan pada Jumaat.

Operasi terbabit turut disertai Timbalan Ketua Pengarah Operasi JIM, Jafrri Embok Taha; Pengarah Bahagian Perisikan dan Operasi Khas, Mohamad Anas Mohamad Dzarib; Pengarah Bahagian Penguat Kuasa Farmasi KKM, Mohd Zawawi Abdullah serta Timbalan Pengarah Cawangan Perisikan dan Operasi Bahagian Penguat Kuasa Farmasi KKM, Mohd Azaruddin Jais.

Menurut Zakaria, modus operandi yang digunakan adalah menawarkan perkhidmatan rawatan pesakit melalui doktor warganegara Bangladesh yang tidak bertauliah dan menyasarkan warga Bangladesh sahaja.

Jelas beliau, ubat-ubatan yang dijual secara tidak berdaftar dan tanpa kelulusan KKM telah dibawa masuk oleh warganegara Bangladesh yang datang sebagai pelancong dengan bayaran sebanyak RM200 hingga RM500 setiap seorang.

Kata beliau, kegiatan tersebut berselindung di sebalik kedai makan atau kedai runcit



Pasukan operasi khas JIM memeriksa premis yang dijadikan lokasi operasi doktor palsu melibatkan warganegara Bangladesh di sekitar Kuala Lumpur pada Khamis.

bagi mengaburi pihak berkuasa.

"Bayaran rawatan dan penjualan ubat-ubatan yang dikenakan adalah sebanyak RM50 hingga RM200 bagi setiap pelanggan warganegara Bangladesh.

"Sindiket ini dipercayai telah beroperasi selama satu tahun," ujarnya.

Dalam serbuan itu, kata beliau, pihaknya turut merampas peralatan doktor palsu, ubat-ubatan serta wang tunai berjumlah RM800 dipercayai daripada hasil rawatan dan penjualan ubat.

Selain itu menurutnya, pihak KKM turut merampas sebanyak 502 jenis ubat tidak berdaftar dan nilai rampasan dianggarkan berjumlah RM265,192.

Tambah beliau, kumpulan warganegara asing yang ditahan itu juga disyaki melakukan kesalahan mengikut Seksyen 13(a) Akta Racun 1952, Peraturan 3(1) Peraturan-Peraturan Racun (Bahan bahan Psikotropik) 1989 dan Peraturan 7(1) Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984.

"Kesemua yang ditahan disyaki melakukan kesalahan mengikut Akta Imigresen 1959/63 dan Peraturan-Peraturan Imigresen 1963 dan ditahan di Depot Imigresen Putrajaya untuk tindakan lanjut.

"Dua lelaki warganegara Bangladesh dan enam wanita tempatan diberi notis untuk hadir ke pejabat bagi membantu siasatan," tambahnya.



Pasukan operasi khas JIM menyoal suspek yang dipercayai terlibat menyamar sebagai doktor selepas menyerbu 10 buah klinik di sekitar ibu negara pada Khamis.



**AKHBAR : SINAR HARIAN**  
**MUKA SURAT : 7**  
**RUANGAN : NASIONAL**

SINAR HARIAN (M/S NASIONAL 25/1/2025 (SABTU))

## WBB: MMA bawa maklum balas ahli kepada Menteri Kesihatan

**KUALA LUMPUR** - Persatuan Perubatan Malaysia (MMA) mengadakan pertemuan dengan Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad bagi membincangkan isu berkaitan petugas penjagaan kesihatan dan kesihatan awam.

Presiden MMA, Datuk Dr Kalwinder Singh Khaira berkata, antara isu dibincangkan adalah dasar Waktu Bekerja Berlainan (WBB) yang menyebabkan kekeliruan dan ketegangan dalam kalangan doktor dan doktor muda sepanjang minggu lalu.

Jelasnya, dengan maklum balas yang diterima daripada ahli persatuan dan doktor lain, MMA menerangkan secara terperinci alasan dan keraguan mengenai sebab doktor dalam sektor penjagaan kesihatan awam secara amnya tidak bersetuju dan eng-



Dr Kalwinder (empat dari kiri) mengadakan pertemuan dengan Dr Dzulkefly (lima dari kiri).

gan menyokong sistem tersebut. Menurutnya, MMA mengakui niat di sebalik dasar yang dirancang itu tetapi menekankan keperluan untuk menangani kekurangan dan ketidakseimbangan pengagihan petugas penjagaan kesihatan dalam sistem sedia

ada, sebelum sebarang sistem baharu dirancang.

"Mengenai isu sama, MMA turut mengulangi keperluan untuk melibatkan pihak berkepentingan termasuk MMA dalam peringkat perancangan sebelum pengenalan sebarang dasar baharu

terutama apabila ia memberi impak kepada tenaga kerja penjagaan kesihatan dan penyampaian perkhidmatan," katanya dalam satu kenyataan.

Dalam pada itu, Dr Kalwinder turut memaklumkan, MMA juga mengulangi gesaan supaya ke-

naikan elaun *on call* segera dilaksanakan secara menyeluruh untuk semua doktor yang berkhidmat dalam penjagaan kesihatan awam disuarakan sejak sekian lama.

"MMA juga menekankan keperluan ketelusan dalam proses pemberian jawatan tetap kepada doktor kontrak," ujarnya.

Dr Kalwinder menambah, pihaknya juga membangkitkan mengenai isu Bayaran Insentif Wilayah (BIW) yang dikurangkan kepada jumlah jauh lebih rendah selepas pejalaksanaan Skim Saraan Perkhidmatan Awam (SSPA).

"MMA mahu ia diberikan perhatian bagi menjamin kesaksamaan elaun doktor yang berkhidmat dalam kapasiti dan kemudahan sama dapat dikekalkan," ujarnya.

**AKHBAR : THE STAR**  
**MUKA SURAT : 3**  
**RUANGAN : NATION**

THE STAR M/S 3 NATION 25/1/2025 (SABTU)  
**Bogus doctors used to scam Bangladeshi workers**

By **FARIK ZOLKEPLI**  
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**KUALA LUMPUR:** Ten Bangladeshi men, most of whom entered the country to work in the construction and service sectors, ended up preying on their own nationals in a medical scam.

For about a year, they offered the unsuspecting workers "medical services" using Bangladeshis as bogus doctors, with unapproved drugs from their country.

The suspects used Bangladeshis headed here as tourists to bring in medicines, paying them up to RM500 each to do so, and charged the workers between RM50 and RM200 for the bogus services.

Immigration director-general Datuk Zakaria Shaaban, who disclosed this yesterday, said medical equipment and 502 types of medicines were seized from the syndi-

cate following raids in the city.

The raids conducted jointly with the Health Ministry on Thursday were focused on Jalan Tun Tan Siew Sin, Leboh Pudu and Jalan Silang.

"We conducted surveillance for about two weeks before the raids. The medicines were valued at RM265,192," he said in a statement yesterday.

Zakaria said investigations revealed that the suspects offered the bogus services only to their nationals.

"The medicines did not have the approval of our Health Ministry. The suspects operated in restaurants and sundry shops to evade detection," he added.

Zakaria said of the 10 men, one had a temporary work permit for the service sector and six for construction, while two had overstayed and the other was undocu-

mented. He said the probe was being conducted under Section 13(a) of the Poisons Act 1952 along with immigration offences.

"All suspects were brought to the Immigration headquarters in Putrajaya. We have also issued notices to two Bangladeshi men and six Malaysian women to assist with the investigation," he added.

In another case, police rescued three Bangladeshi men who were victims of forced labour, following raids on a furniture and a recycling centre in Damansara.

Bukit Aman said the victims were believed to have been beaten and threatened as well.

The raids were conducted by the CID Anti-Trafficking in Persons and Anti-Smuggling of Migrants (Atipsom) division (D3) at about 2.30pm on Thursday.

CID D3 principal assistant direc-

tor Senior Asst Comm Soffian Santong said the victims, aged between 28 and 35, were rescued in accordance with Section 44(1) of the Atipsom Act 2007.

"The victims have worked in the factory for between one and five years. They claimed they were beaten, threatened and not paid salaries and lived in poor conditions," he said when contacted.

SAC Soffian said 29 persons aged between 26 and 48 were also detained for various offences.

"Two men from Bangladesh and India were identified as managers of the two outlets. Also detained were suspects from Pakistan and Myanmar," he added.

Separately, the Kuala Lumpur Immigration Department detained 38 foreigners in an operation codenamed Ops Sapu KL Strike Force at a settlement in Kampung Baru yesterday.



**Caught red-handed:** One of the men being detained by the Immigration Department.

Its director Wan Mohammed Saupee Wan Yusoff said the 36 Indonesians and two Thais did not have valid travel documents or had overstayed.



AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 4  
RUANGAN : NATION

NS1 MIS U NATION 25/1/2025  
WORTH RM43,780 (SABTU)

## Media Prima donates medical equipment to govt hospital

**SUNGAI BULOH:** Media Prima Bhd (MPB) has donated respiratory medical equipment worth RM43,780 to Sungai Buloh Hospital.

The funds for the equipment to support patients with breathing difficulties were raised through public donations.

"These donations will benefit us," said Sungai Buloh Hospital director Dr Jasmeet Singh Sucha Singh at an event here yesterday.

Sungai Buloh Hospital is a public healthcare provider and a referral centre for specialised treatments, particularly for patients with complex conditions.



*Media Prima group corporate communications department and group chairman's office general manager Azlan Abdul Aziz (fourth from left) presenting a mock cheque to Sungai Buloh Hospital director Dr Jasmeet Singh Sucha Singh (fourth from right) in Sungai Buloh, Selangor, yesterday. NSTP PIC BY MOHAMAD SHAHRIL BADRI SAALI*

It plays a key role in providing advanced care and expertise in various medical fields, making it an essential institution within the national healthcare system.

MPB said it was committed to carrying out initiatives to help the less fortunate access life-saving surgeries.

At the event, MPB group corporate communications department and group chairman's of-

vice general manager Azlan Abdul Aziz presented a mock cheque to Dr Jasmeet.

Sungai Buloh Hospital respiratory medicine specialist Dr Tan Hui-Xin highlighted the importance of the donated equipment.

"The equipment includes a handheld, portable ultrasound with imaging capability, allowing me to see my patients' respiratory conditions instantly."

AKHBAR : KOSMO  
MUKA SURAT : 2  
RUANGAN : NEGARA

Kosmo m/s 2 NEGERI 25/1/2025 (SABTU)

# Klinik doktor Bangladesh haram

DARI MUKA 1

"Seorang yang ditahan memiliki Pas Lawatan Kerja Sementara (PLKS) Sektor Perkhidmatan dan enam orang memiliki PLKS Sektor Pembinaan.

"Dua orang lagi telah tinggal lebih masa, manakala seorang pula tidak memiliki sebarang dokumen perjalanan," katanya dalam satu kenyataan.

Menurutnya, modus operandi yang digunakan adalah menawarkan perkhidmatan rawatan kepada pesakit warga Bangladesh terutamanya.

Katanya, klinik haram tersebut berselindung di sebalik kedai makan atau kedai runcit yang telah beroperasi selama setahun.

"Ubat-ubatan dijual tidak berdaftar dan tanpa kelulusan KKM yang disyaki dibawa masuk oleh warga Bangladesh yang datang sebagai pelancong. Mereka menerima upah antara RM200 hingga RM500 setiap seorang.

"Bayaran rawatan dan penjualan ubat-ubatan yang dikenakan pula serendah RM50 hingga RM200 bagi setiap pelanggan," ujarnya.

Katanya, JIM turut merampas peralatan doktor palsu, ubat-ubatan dan wang tunai sebanyak RM800 dipercayai hasil rawatan dan jualan ubat.

"Warga asing yang ditahan disyaki melakukan kesalahan di bawah Seksyen 13(a) Akta Ra-



**SEBAHAGIAN ubat yang dibawa masuk dari Bangladesh dirampas dalam serbuan di sembilan klinik haram di Kuala Lumpur kelmarin.**

cun 1952, Perkara 3(1) Peraturan-Peraturan Racun (Bahan-bahan Psikotropik) 1989 dan Perkara 7(1) Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984," katanya.

Katanya, kesemua yang ditahan di bawah Akta Imigresen 1959/63 dan Peraturan-Peraturan Imigresen 1963 kemudian dibawa ke Depot Imigresen Putrajaya untuk tindakan lanjut.

**SALAH seorang lelaki warga Bangladesh yang ditahan pihak berkuasa.**



**AKHBAR : THE STAR**  
**MUKA SURAT : 5**  
**RUANGAN : NATION**

THE STAR M/S 5 NATION 25/1/2025 (SABTU)

## Healthcare heroes recount their ordeals

**Strength in unity:** Some of the frontliners joining hands in their fight against Covid-19 during the height of the pandemic.



**PETALING JAYA:** When Malaysia and the world went to war against Covid-19, it was the medical frontliners who worked tirelessly under gruelling conditions as the first line of defence against the virus.

They worked non-stop, outfitted in personal protective equipment (PPE) that made them feel they were in a sauna.

They had to set aside their emotions at not being able to go back to be with their loved ones for weeks on end.

Worse, the hospitals they were working in were bursting at the seams with high patient loads and they had to deal with over-stretched and severely limited medical resources.

Despite these complications, our frontliners pulled through and rightfully have been recognised as true heroes.

For Dr Brigette Woo, the memories from five years ago are still vivid. The pandemic also led to a major turning point in her personal life.

She said serving as a frontliner during the Covid-19 pandemic from March 2020 to 2021 in Johor Baru was one of the most challenging experiences of her life.

She worked to provide care for Covid-19 patients, monitored symptoms, administered treatments and took blood samples.

She was part of the pioneer batch of frontliners drafted to serve even before a vaccine existed.

The challenges she faced included physical exhaustion from working long hours wearing PPE, which caused dehydration due to excessive sweating.

"The emotional toll was also apparent. The fear of contracting the virus and spreading it to our loved ones was constant. Witnessing patients struggling to breathe, dying and the anguish of families separated from their loved ones was a frightful experience," said Dr Woo, who now works at a private hospital.

"There was a time when a

patient might not survive, and we donned PPE to help him make a video call to his wife and children. It might have been their last call. Thankfully, the patient survived," she said.

Five years on, she said she has learned that the true meaning of humanity is having an immense capacity for compassion and resilience despite the vulnerability to uncertainty and harm.

"Meeting my future husband, a fellow doctor during the Covid-19 pandemic, was a blessing. We were both called in from different hospitals to help in the sudden surge of Covid-19 patients. This experience has instilled in me a better appreciation of the value of life," she added.

Dr Cedric Wee, who served at the Queen Elizabeth Hospital in Kota Kinabalu, said as a house officer at that time, it was an experience mixed with exhaustion and fear.

"Being a new doctor at a time when the healthcare system was



**Memories of protective suits:** Dr Thum (left) and Dr Wee in their life-saving PPE attire during the Covid-19 pandemic days.

stretched thin really tested me in every way possible.

"One of the worst experiences I remember was contracting Covid-19 while working in the Emergency Department. After completing my quarantine, I was immediately tasked with working 12-hour shifts in full PPE, as the staff shortage was critical and most of my colleagues were also down with Covid-19.

Working in full PPE was grueling.

"The layers of protective gear made everything harder – vision was blurry through fogged goggles, double gloves dulled my sense of touch and performing procedures became more challenging.

"Every movement required immense focus and the physical toll was indescribable. That day is etched in my memory as one of the toughest I've faced," he added.

Dr Wee is now applying to undergo a Master of Sports Medicine programme at

Universiti Malaya.

Dr Sean Thum served in Johor, Sabah and Selangor in 2020 and 2021.

"We faced long hours and immense pressure. However, I was motivated by a profound sense of duty.

"As a doctor, I felt a deep responsibility to provide the best possible care to my patients, especially during a time when their need for medical assistance was critical," he said.

Looking back five years on, he said his experience shaped his career path profoundly.

"Witnessing firsthand how government policies directly impacted the lives of the rakyat ignited a desire in me to contribute to policymaking," says Dr Thum, who now serves as special functions officer to Deputy Communications Minister Teo Nie Ching.

"This experience instilled in me a deep appreciation for the importance of effective and compassionate governance," he added.



AKHBAR : THE STAR  
MUKA SURAT : 13  
RUANGAN : VIEWS

AS someone who has been through the grind as a doctor in Malaysia's public hospitals, I empathise with the plight of government physicians and surgeons.

I was part of the system as a houseman, medical officer, registrar and specialist. Then I jumped at the first opportunity to study and work in Australia, where I finished my subspecialty training and became a full-time consultant.

I must say that life is way better here in Australia.

Income disparity between Malaysia and comparable countries matters, but it doesn't fully explain our medical brain drain. Equitable pay for humane working hours is what Malaysia is struggling with.

The 36-hour shift is absolutely insane. No occupational health guidelines can support it and no human should have to deal with it, let alone for peanuts in pay. Unfortunately, it is considered a norm in Malaysia, excused with declarations like "It's for the people", "You're gaining experience" or "A doctor shouldn't be in it for the money".

The truth is, it's draining, soul-crushing and makes one feel like a machine.

Having worked in Britain's National Health Service, with Malaysia's Health Ministry and in Australia's healthcare system, I hope my perspective can spark some ideas or at least get people talking.

In Australia (where even the

# Appreciate doctors, don't exploit them



Photo:  
AZMAN  
GHANI/  
The Star

small state of Victoria is as big in size as Peninsular Malaysia), there is a dire shortage of physicians beyond the metropolitan areas. But in rural areas where resources are tight, the system remains equitable.

One department of a rural

hospital where I was assigned had seven registrars (doctors who are in the later stages of their postgraduate training and have completed several years of clinical experience) and four HMOs (hospital medical officers) handling the workload.

Working hours for doctors were capped at 40 to 50 hours a week or 120 hours a fortnight. Shifts lasted for a maximum of 12 hours, and there were no 36-hour marathons.

When it comes to working overtime beyond 38 hours a week, Australian law requires hospitals to pay 50% more than the regular rate. For night shifts, there is extra pay for the added stress. This is to protect doctors from burn out. The excess-overtime charges encourage hospitals to proactively manage doctors' rotations and capacity planning.

The following is a sample of rates for base, overtime, shift loading and on-call duties:

> The base hourly rate for junior registrars (Year 1) and senior registrars (Year 3+) is A\$45 to A\$55 per hour (RM125 to RM153) and A\$55 to A\$75 (RM153 to RM209) per hour respectively, depending on experience.

> For overtime, the rate is 1.5 to two times the base rate.

> For shift loading, evenings and weekends mean an extra 15% to 50% on top of one's pay.

Working during public holidays, the rate is two times the base rate.

> And just being on standby (on call) can get you A\$20-A\$40 (RM55.70-RM111.50) per hour, and more if you're called in.

There are incentives for postings in rural areas, including allowances, bonuses, subsidised housing and even help with relocation and childcare.

Locum jobs can pay between A\$120 and A\$180 (RM334 and RM502) an hour. Government hospitals attract experienced professionals mostly through locum arrangements.

Thanks to these policies, I actually have time for my family. I can play with my children, and watch them grow up – things I could only dream of doing in Malaysia.

I have actively discouraged my children from pursuing medicine in Malaysia, but here in Australia, they have my full support. Here, you're valued, not exploited.

I've moved on, but my heart still aches for my friends, family and former colleagues back home.

Enough with the "charity mindset". Doctors also have bills to pay, families to feed and lives to live. Besides "thank yous", they also deserve respect, proper support and a system that values them as much as they value their patients.

DR EAO  
Melbourne, Australia

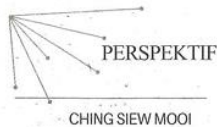


AKHBAR : SINAR HARIAN  
MUKA SURAT : 7  
RUANGAN : CETUSAN

SINAR HARIAN MELIPUTI CETUSAN (25/1/2025-SABTU)

Harlan

# Kesan dahsyat penyakit TB



PERSPEKTIF

CHING SIEW MOOI

**P**ada 24 Mac, kita menyambut Hari Tuberkulosis Sedunia, iaitu hari yang dikhususkan untuk meningkatkan kesedaran tentang penyakit tuberkulosis (TB) dan kesannya yang dahsyat terhadap kesihatan awam seluruh dunia.

Tema tahun ini, "Bersatu untuk menghabiskan tuberkulosis" menekankan kepentingan usaha bersama di seluruh dunia untuk menghapuskan TB sebagai ancaman kesihatan awam.

Walaupun penyakit ini dapat dicegah dan dirawat, TB masih meragut berjuta-juta nyawa setiap tahun.

TB ialah penyakit berjangkit yang disebabkan oleh bakteria *Mycobacterium tuberculosis* yang ditemui oleh Robert Koch pada tahun 1882.

Ia menyerang paru-paru, tetapi juga boleh menjejaskan organ lain.

TB merebak melalui udara apabila individu yang dijangkiti batuk, bersin, atau bercakap.

Gejala TB termasuk batuk ber-

panjang, demam, berpeluh malam dan keletihan.

Individu dengan sistem pertahanan yang lemah, seperti mereka yang menghidap HIV/AIDS, kencing manis, atau menerima rawatan kanser seperti kemoterapi, lebih berisiko dijangkiti TB.

Kumpulan berisiko tinggi lain termasuk perokok, individu yang kurang zat makanan dan mereka yang tinggal atau bekerja di tempat sesak seperti penjara, tempat perlindungan, atau kem-kem pelarian.

TB biasanya dirawat dengan gabungan pelbagai antibiotik dalam satu pil ubat untuk tempoh enam hingga sembilan bulan.

Bagi mengurangkan ketidakpatuhan, rintangan ubat dan berulangnya jangkitan, pendekatan *Directly Observed Treatment, Short-Course* (DOTS) sering digunakan, di mana pegawai perubatan atau sukarelawan terlatih akan memantau dan memastikan pesakit mengambil ubat seperti yang diarahkan.

Komplikasi akibat TB yang tidak dirawat atau tidak diuruskan dengan baik termasuk kerosakan paru-paru, kegagalan pernafasan, pleuritis, TB tulang belakang, meningitis, disfungsi buah pinggang atau hati, kemandulan, TB perikarditis, kegagalan pelbagai organ dan kematian.

Walaupun penyakit TB boleh di-

rawat dengan antibiotik tetapi kita masih menghadapi cabaran seperti kelewatan diagnosis, ketidakpatuhan rawatan, dan TB tahan pelbagai ubat (MDR-TB) menekankan keperluan untuk campur tangan yang lebih intensif.

Di Malaysia, Pada tahun 2023, jumlah kes TB yang dilaporkan meningkat kepada 26,781 berbanding 25,391 pada tahun 2022.

Dengan 10.6 juta kes baharu dilaporkan seluruh dunia pada tahun 2022 dan 1.3 juta kematian, adalah penting bagi kita semua untuk meningkatkan kesedaran terhadap penyakit ini dan mendapat rawatan dengan segala jika dijangkitinya.

Matlamat Hari Tuberkulosis Sedunia 2025 menekankan beberapa aspek yang penting.

Pertama, meningkatkan kesedaran untuk mengurangkan stigma dan menggalakkan diagnosis awal serta rawatan.

Program pendidikan komuniti boleh memberi kuasa kepada individu untuk mengenali gejala dan mendapatkan rawatan perubatan dengan segera.

Kedua, akses kesihatan sejagat memastikan pencegahan dan rawatan TB yang adil, terutama untuk golongan yang terpinggir. Menangani penentu sosial kesihatan dapat memperbaiki hasil rawatan dan me-

ngurangkan jurang dalam penjagaan TB.

Ketiga, pelaburan dalam alat diagnostik baharu, vaksin, dan rejimen rawatan yang lebih pendek adalah penting untuk mengakhiri TB.

Kemajuan teknologi, seperti kecerdasan buatan dalam diagnosis TB, menawarkan penyelesaian yang menjanjikan untuk meningkatkan akses dan ketepatan penjagaan kesihatan.

Keempat, kerjasama antara kerajaan, organisasi bukan kerajaan, dan agensi antarabangsa seperti WHO amat penting untuk menggabungkan sumber dan kepakaran.

Bersempena Hari Tuberkulosis sedunia, marilah kita bersama-sama mengambil langkah untuk memerangi TB dengan berkongsi pengetahuan tentang TB dan pencegahannya dalam komuniti kita, melibatkan diri dalam kempen kesedaran dan saringan tempatan untuk menyebarkan mesej, serta menyumbang kepada organisasi yang memimpin usaha pencegahan dan rawatan TB.

Dengan memerangi TB, kita turut menyumbang kepada peningkatan kesihatan, kestabilan ekonomi, dan kesaksamaan sosial di Malaysia.

\* Profesor Dr Ching Siew Mooi ialah Pakar Perubatan Keluarga Jabatan Perubatan Keluarga Fakulti Perubatan Sains dan Kesihatan, UPM