AKHBAR : HARIAN METRO
MUKA SURAT : 10
RUANGAN : LOKAL

Harian Metro m/s 10 Lokal 7/6/2025 (Sabtu)

KETAHUI 'ISYARAT' AWAL BADAN SEBELUM SERANGAN

TEWAS AKIBAT STROK BERDARAH

IMEJ dijana AI

Kuala Lumpur

Dalam sekelip mata, sebuah keluarga kehilangan ketuanya apabila si ayah tiba-tiba mengalami strok berdarah seusai makan malam di sebuah restoran.

Baru berusia 48 tahun, Iskandar (bukan nama sebenar) memaklumkan isterinya yang dia terasa ingin muntah selepas selesai menikmati hidangan malam bersama-sama dengan empat anak mereka. Dia kemudian ke tandas.

Berkongsi kisah keluarga itu dengan Bernama, pakar perunding bedah otak dan saraf Dr Nor Faizal Ahmad Bahuri berkata selepas lebih 20 minit suami masih tidak muncul, si isteri meminta anak sulung mereka menjengah keadaan si ayah di dalam tandas.

"Lelaki itu dijumpai dalam keadaan terbaring di atas lantai, tidak sedarkan diri. Ketika tiba di hospital dia sudah berada dalam keadaan kritikal dan pemeriksaan CT scan menunjukkan berlaku pendarahan di dalam otak.

"Pesakit kemudian menjalani pembedahan namun meninggal dunia dalam tempoh 48 jam selepas itu," kongsi Dr Nor Faizal lagi.

Jelas pakar yang kini bertugas di Hospital Pakar KPJ Tawakkal Kuala Lumpur itu, insiden tersebut berlaku terlalu pantas, menunjukkan betapa pentingnya seseorang yang mengalami gejala strok dibawa ke hospital dengan kadar segera.

Amnya masyarakat hanya tahu tentang strok biasa, iaitu satu keadaan pesakit mengalami gejala seperti senget sebelah muka, percakapan tidak jelas dan lemah separuh badan. Namun, menurut Dr Nor Faizal, strok terbahagi kepada dua jenis.

"Strok biasa dikenali sebagai strok iskemik yang berlaku apabila darah tidak sampai ke otak, manakala strok hemoragik pula melibatkan pendarahan spontan di dalam otak disebabkan oleh saluran darah di otak pecah dan seterusnya menjejaskan fungsi organ itu.

"Keadaan ini berlaku disebabkan saluran darah semakin nipis dan kebanyakan kes berpunca daripada tekanan darah tinggi," kata beliau.

Menurut beliau lagi, sekalipun mereka yang menghidap penyakit darah tinggi lebih berkecenderungan mengalami strok berdarah, penghidap diabetes, kolesterol tinggi dan perokok juga berisiko.

"Bagaimana hendak gambarkan situasi mengalami strok berdarah ini? Kita cuba bayangkan yang kita berada di stesen Kuala Lumpur Sentral, di mana ada banyak perkhidmatan tren yang berselirat merentasi stesen ini. Tiba-tiba berlaku 'blackout', gelap gelita. Semua perkhidmatan tren akan terhenti, lumpuh.

"Begitu juga dengan individu diserang strok jenis ini. Pesakit akan terus pengsan dan ini berlaku dalam tempoh sangat pantas, beberapa saat sahaja," jelasnya.

> "Pesakit akan terus pengsan dan ini berlaku dalam tempoh sangat pantas"
> Dr Nor Faizal

Justeru kata Dr Nor Faizal, amat penting bagi masyarakat mengetahui dan mengenal pasti tanda-tanda strok agar rawatan segera dapat dilakukan bagi mengelakkan keadaan menjadi lebih parah.

"Sebenarnya strok berdarah ini didahului dengan tanda-tanda strok biasa seperti keadaan muka menjadi senget, percakapan atau pertuturan pelat, hilang fungsi setengah badan (lemah separuh badan) dan kesemua simptom ini terjadi dalam masa yang sangat cepat," katanya.

Beliau berkata seseorang boleh mengesan tanda-tanda awal terkena strok dengan berpandukan istilah 'BE FAST' yang sebenarnya satu akronim.

"B merujuk 'balance' atau keseimbangan, iaitu seseorang itu akan mengalami kehilangan keseimbangan. Huruf 'E' mewakili 'eyes' (mata) yang menjelaskan kehilangan penglihatan atau kabur secara tiba-tiba.

"F pula ialah 'face' (muka), iaitu sebelah wajah seseorang itu jatuh atau mengherot secara tiba-tiba, sementara 'A' merujuk 'arm', apabila individu tidak dapat mengangkat kedua-dua belah lengan yang menjadi lemah atau mengalami kebas," jelasnya lagi.

Huruf 'S' pula merujuk pertuturan tidak jelas dan 'T' ialah masa, iaitu perlu dikejarkan ke hospital secepat mungkin untuk mendapatkan rawatan.

"Lagi cepat pesakit mendapat rawatan, lagi banyak saraf yang dapat kita selamatkan," katanya.

Menurut Dr Nor Faizal, strok berdarah hanya boleh dikesan melalui CT scan kerana tanda-tandanya sama sahaja dengan strok lain.

"Namun dari segi rawatan, strok berdarah perlu dibedah segera bagi mengurangkan tekanan pada otak akibat limpahan darah yang berlaku secara tiba-tiba dalam pembuluh darah.

"Cuba kita bayangkan dalam otak ada tabung yang berkapasiti menampung sejumlah tertentu sahaja. Tiba-tiba berlaku pertambahan darah yang kemudian akan menekan bahagian otak sehingga organ itu gagal berfungsi.

"Maka rawatan untuk prosedur strok berdarah ialah kita perlu buat pembedahan bagi mengeluarkan darah itu supaya tekanannya berkurangan. Strok berdarah ini berbeza dengan strok iskemik. Strok iskemik ialah keadaan darah tidak sampai ke otak dan hanya tersumbat. Jadi tidak akan berlaku penambahan darah dalam otak pesakit," katanya.

Oleh sebab itulah kata beliau risiko kematian lebih tinggi bagi pesakit strok berdarah berbanding strok biasa.

Ditanya tentang pesakit meninggal dunia sebelum sempat menerima rawatan, Dr Nor Faizal berkata kes sedemikian berlaku berikutan persepsi bahawa strok hanya menyebabkan lemah atau lumpuh separuh tubuh.

"Namun kita tidak tahu apa yang berlaku dalam kepala seseorang itu. Oleh sebab itu, jika pesakit berada dalam keadaan lemah, bawa dulu ke hospital untuk kita kenal pasti jenis strok yang dialaminya.

"Contohnya pesakit warga emas yang sudah lemah di rumah. Anak-anak pula bekerja dan hanya balik bila lewat petang. Ketika itu baru nak dibawa ibu atau bapa ke hospital, dan selepas sampai, pemeriksaan mendapati pesakit telah mengalami pendarahan otak. Pada masa itu sudah terlambat," kata beliau.

Dr Nor Faizal berkata sekiranya pesakit strok berdarah berjaya diselamatkan, mereka biasanya berdepan risiko kehilangan fungsi tubuh sama ada secara ilat (kekal) atau separa kekal.

"Pesakit turut mengalami kesukaran untuk menelan, bercakap serta hilang tahap kesedaran. Komplikasi lain yang boleh berlaku selepas itu ialah pesakit mengalami jangkitan kuman pada paru-paru," katanya.

Menurut Dr Nor Faizal, berdasarkan pemerhatian beliau, strok lazimnya berlaku pada mereka yang berusia 40 tahun ke atas dengan kaum lelaki lebih berisiko berbanding wanita, kebanyakannya disebabkan oleh tabiat merokok.

"Bagaimanapun tahap kesedaran masyarakat tentang strok berdarah ini masih sangat rendah," ujar beliau.

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

NST MS 5 7/6/2025 (Sabtu)

UNCHANGED SINCE 1992

OUTDATED FEES STRAIN GP CLINICS

Doctors claim they need to see 53 patients a day to stay afloat

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OUTDATED consultation fees and rising operational costs are squeezing general practitioners (GPs), forcing them to see more patients daily just to stay afloat.

Consultation fees are regulated under Schedule 7 of the Private Healthcare Facilities and Services Regulations.

The fees were last revised in 1992, before construction of the Petronas Twin Towers, and are fixed between RM10 and RM35. The government is currently studying a possible increase.

Federation of Private Medical Practitioners' Associations Malaysia president Dr Shanmuganathan T.V. Ganesan said a typical clinic needed at least RM40,000 a month to operate.

This covers rent, wages, utilities, maintenance, medical supplies and statutory contributions, excluding the GP owner's or doctors' salaries and loan repayments.

Dr Shanmuganathan said based on a flat RM30 consultation fee per patient, and excluding revenue from medicine or additional services, a GP would need to see about 53 patients a day to break even — nearly three times the actual average.

"Unfortunately, consultation fees are no longer sufficient to sustain clinic operations.

"Rising costs in wages, medical consumables, digital systems and regulatory compliance, especially with new price display mandates, have compounded the financial burden," he told the *New Straits Times*.

The Malaysian Medical Association has called for a minimum RM60 consultation fee.

On Thursday, the association urged the government to expedite cabinet approval for the revised rates, warning that continued delays could threaten the survival of private clinics nationwide.

On May 3, Health Minister Datuk Seri Dr Dzulkefly Ahmad indicated that revisions would be finalised within a month.

Dr Shanmuganathan said many patients required time-consuming consultations, counselling and emergency care, services that are often uncompensated.

Clinics are also required to stock life-saving medications, many of which have short shelf lives and go unused.

Former Johor assemblyman and practising GP Dr Boo Cheng Hau said a sustainable clinic needed to see at least 15 patients a day, five to six days a week, charging RM70 to RM100 per visit, including medication.

He said the public must be educated on what constitutes a fair consultation fee.

"For instance, for uncomplicated cough and cold cases, the market price in my area is about RM70 to RM80, inclusive of consultation and medication," he said.

"Often, doctors have to lower their consultation fees to meet market demand, as medication costs exceed the consultation fee itself."

PROFITS FROM MEDICINES

Dr Shanmuganathan said many clinics were not operating on conventional "profits", as current consultation fees alone cannot sustain operations.

To stay afloat, clinics often rely on modest profits from medicine sales.

"This is not profiteering, but a pragmatic workaround in a system that restricts doctors from transparently charging for other professional services, such as nursing care, regulatory compliance, equipment use or consumables," he said.

He estimated that a clinic spending RM12,000 per month on medicine stock might generate RM15,000 to RM17,000 in revenue, leaving a slim profit margin of RM3,000 to RM5,000.

Additional revenue comes from procedural fees, health screenings and medical report preparation, but these are irregular and often underpriced due to market pressure.

Dr Shanmuganathan said the recent implementation of medicine price display mandates had worsened matters.

The Galen Centre for Health and Social Policy previously warned that the rule could lead more consumers to request prescriptions and buy medicines at lower prices from pharmacies.

Its chief executive, Azrul Mohd Khalib, said while patients had every right to do so, this trend could undermine clinics' sustainability, as consultation fees remained low.

"GPs hesitate to itemise every charge — nursing, registration, equipment use — for fear of alienating patients or appearing to overcharge," he said.

> *Rising costs in wages, medical consumables, digital systems and regulatory compliance, especially with new price display mandates, have compounded the financial burden.*
>
> **DR SHANMUGANATHAN T.V. GANESAN**
> Federation of Private Medical Practitioners' Associations Malaysia president

AN ALTERNATIVE SOLUTION

Both Dr Shanmuganathan and Dr Boo said Malaysia should adopt a national health scheme to address the crisis.

In the United Kingdom, the National Health Service is funded primarily through general taxation, supported by National Insurance contributions. These fund services such as GP visits, hospital care and prescriptions.

In November 2023, then health minister Datuk Seri Dr Zaliha Mustafa said Malaysia was exploring a national health insurance scheme involving contributions from employees, employers and the government. However, it has yet to materialise.

Dr Boo said insurance policies must also cover outpatient management and GP visits, not just hospitalisation.

He urged the government to raise its health spending from four per cent of the gross domestic product to between five and 10 per cent, in line with advanced nations.

Dr Shanmuganathan added that such a scheme was necessary to strengthen healthcare financing and service delivery.

He also proposed revising the GP consultation fee range to between RM50 and RM100, depending on case complexity.

"It is important to recognise that these fees represent payment for the doctor's professional services and should not be subject to arbitrary discrimination," he said.

"Doctors with the same qualifications should be paid fairly and equitably for the same scope of work."

The Health Ministry has been contacted for comment.

COUNTING THE COSTS: RUNNING A GP CLINIC

Expenses for a small clinic with doctor-owner + 1 additional doctor

Rent: RM6,000+	Statutory contributions (EPF, Perkeso, EIS): RM2,500	Maintenance and consumables (telephony, cleaning, disposables): RM1,000+		
Staff salaries (assistants, nurses): RM16,000+	Electricity and water: RM1,000	Medical supplies: RM12,000+	Clinic management system and accounting: RM500	

TOTAL: RM40,000

- Consultation only
- Consultation with examination
- Consultation with examination and treatment plan

Consultation fees: Between RM10 and RM35

Required to break even if based on consultation fees alone: 53 patients/day

Consultation fees last revised in 1992

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 2
RUANGAN : BUSINESS TIMES

NST m/s 2 Business Times 7/6/2025 (Sabtu)

MAJOR PLAYERS VULNERABLE

TOBACCO DISPLAY BAN TO HURT MINI MARTS

Those that rely on cigarette sales may see decline in snack sales, reduced store traffic, says analyst

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CONVENIENCE store chains and mini marts nationwide are bracing for a significant hit from the impending ban on the open display of tobacco products, a regulatory move that could shake up revenue models heavily reliant on tobacco sales.

The Health Ministry announced the open display ban in October last year, initially set for April 1 this year, but had now phased it with full enforcement on Oct 1 this year.

Following the ban, retailers must store tobacco and vape products in closed cabinets.

Analysts caution that major players like 7-Eleven Malaysia Holdings Bhd (SEM), which generates about 33 per cent of its total revenue from tobacco products, are particularly vulnerable.

Other chains like KK Mart and MyNews are also expected to be affected, though to varying degrees depending on their reliance on tobacco sales.

In contrast, 99 Speedmart may be less impacted given its stronger emphasis on household essentials and grocery items.

"Tobacco purchases frequently trigger impulse buys of snacks, beverages and other essentials. With the display ban, these secondary sales could decline, potentially reducing both store traffic and basket size," said an analyst who requested anonymity.

He added that convenience retailers will need to revamp their shelving layouts and possibly retrain staff, incurring compliance costs that could weigh heavily on smaller chains.

CIMB Securities Sdn Bhd said that despite a temporary reprieve, it warned that retail companies like SEM could be significantly affected.

"Although the delay offers SEM some near-term reprieve, the eventual enforcement of the ban may weigh on its top-line performance," it cautioned in a research note, citing an expected decline in tobacco-related sales.

CIMB Securities said that SEM continues to face mounting regulatory and cost challenges, despite reporting steady revenue growth for the first quarter of 2025.

SEM reported a 10.4 per cent year-on-year increase in revenue for the first quarter, largely driven by 7.1 per cent same-store sales growth. The growth was attributed to a low base effect from the first quarter of 2024, longer operating hours and an accelerated rollout of the modern 7-Cafe format.

However, rising costs are eroding gains. The RM1,700 minimum wage hike and long business hours had pushed SEM's operating expenses up by 10.2 per cent year-on-year. As a result, its earnings before interest, taxes, depreciation and amortisation margin remained flat at 11.8 per cent, while core net profit edged up just 0.5 per cent year-on-year.

Looking ahead, CIMB Securities expects a quarter-on-quarter earnings improvement in the second quarter of 2025, helped by post-Ramadan consumer spending and continued expansion of 7-Cafe outlets. Margins are forecast to stay steady, supported by fresh food sales and improved operating leverage.

Despite the positive growth trajectory, it maintains a "reduce" rating on SEM stocks, with a target price of RM1.63, citing long-term challenges such as intensifying competition in the convenience retail space and mounting cost pressures.

SEM's share price has remained largely unchanged this year, fluctuating between RM1.96 and RM2.00, with a brief dip to RM1.90 in late January.

Notable shareholders include Classic Union Group Ltd (26.3 per cent), Berjaya Group founder Tan Sri Vincent Tan (22.4 per cent) and Perkeso (4.6 per cent), with public investors holding 14 per cent.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 3
RUANGAN : BUSINESS TIMES

NST M/s 3 Business Times 7/6/2025 (Sabtu)

ROBUST PERFORMANCE

'OVERWEIGHT' STANCE ON HEALTHCARE SECTOR

RHB Research cites strong earnings prospects, long-term structural shift

KUALA LUMPUR

RHB Investment Bank Bhd (RHB Research) has maintained its "overweight" rating on the healthcare sector, citing strong earnings prospects driven by demographic trends, expansion plans and supportive government policy.

In a note, the firm emphasised a long-term structural shift in healthcare demand, driven by an ageing population.

However, it warned of downside risks from higher-than-expected operating costs, lower-than-expected patient traffic, revenue intensity growth and regulatory changes.

"We expect the private healthcare sector to book stronger numbers on a quarter-on-quarter basis in the second quarter of financial year 2025, due to the shorter festive period," RHB Research said in its latest sector update.

It remains bullish on KPJ Healthcare Bhd, supported by strong earnings quality and strategic hospital upgrades.

RHB Research also highlighted IHH Healthcare Bhd's expansion efforts.

"We continue to like IHH due to its solid execution, reputable footprint across key regions from strong brand awareness, the inelastic nature of demand for healthcare services, and its focus on affluent clients, which provides earnings resiliency," it said.

RHB Research further expects steady growth from pharmaceutical player Duopharma Biotech Bhd, supported by its strong ethical speciality product segment and new contracts under the Health Ministry's approved product list.