AKHBAR : THE STAR
MUKA SURAT : 1
RUANGAN : FRONT PAGE

AKHBAR : THE STAR
MUKA SURAT : 5
RUANGAN : NATION

The Star m/s 5 Nation 3/5/2025 (Sabtu)

Education before enforcement

Three-month grace period focuses on awareness, not penalties

By RAGANANTHINI VETHASALAM
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PUTRAJAYA: Advocacy and education will form the essence of the three-month grace period for the enforcement of the medicine price display law.

Deputy director-general (Pharmaceutical Services) Dr Azuana Ramli said there are no plans to issue compounds during the grace period.

"During the three-month phase of the educational enforcement, we will advocate and look at how this order is implemented. It is a learning phase for both sides."

Dr Azuana stated that the introduction of the price list law is aimed to assist the public in making informed decisions by facilitating price comparisons.

The Price Control and Anti-Profiteering (Price Marking for Drugs) order, which mandates private healthcare players to display medicine prices, came into effect on May 1.

However, certain private healthcare practitioners, particularly general practitioners, were not receptive to the move.

Learning curve: Dr Azuana and Azman chairing a press conference on the drug price display initiative. — LOW BOON TAT/The Star

Meanwhile, the Malaysian Medical Association will be organising a march from the Health Ministry to the Prime Minister's Office in Putrajaya on May 6.

On the proposed protest march, MMA's Private Practitioners Section (PPS) chairman Datuk Dr Parmjit Singh Kuldip Singh said the symbolic walk is being organised for private GPs nationwide to voice their displeasure and frustration over the use of a non-medical Act on the profession.

The Act in question is the Price Control and Anti-Profiteering Act.

They are also seeking answers to questions regarding implementation of medicine price display and the unresolved issue of stagnant private GP consultation fees, which has been a longstanding issue since 1992.

"Everything will be done within the confines of the law and with the necessary approvals," he said.

Under the order, individual healthcare providers who fail to comply with the provision will be subjected to a fine of up to RM50,000.

As for corporate bodies, they will be liable to a fine of up to RM100,000.

Enforcement would be jointly conducted by the Domestic Trade and Cost of Living Ministry and the Health Ministry.

Its enforcement director-general Datuk Azman Adam said enforcement officers would guide private healthcare practitioners as they adapt to the new order during the grace period.

"We will conduct checks and enforcement responsibly at private hospitals and clinics to ensure they fulfil the requirements," he said during a joint briefing by the two ministries yesterday.

Azman added that during this period, the government would gather feedback and revise the Frequently Asked Questions to address any shortcomings.

Refuting claims on social media, he said that no notices or compounds were issued on the first day of the law coming into effect.

He was responding to claims that healthcare practitioners were threatened with fines by enforcement officers for failing to comply with the new law.

Azman said enforcement activities carried out on May 1 were not solely confined to medicine prices but also involved other items such as cooking oil and eggs.

"Coincidentally, our officers were in the area to carry out operations. They asked (healthcare practitioners) whether they were aware (of the new law).

"It was a routine check. There were no notices or compounds issued."

Azman said the likelihood of price manipulation occurring is quite slim, adding that the healthcare sector is both mature and highly ethical.

AKHBAR : THE STAR
MUKA SURAT : 5
RUANGAN : NATION

66 more healthcare facilities in the works

By IMRAN HILMY
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BUTTERWORTH: Construction of another 66 new public healthcare facilities has been added into the Works Ministry's to-do list, bringing the total number of healthcare facilities to be built under the 12th Malaysia Plan (12MP) to 236.

The latest 66 projects are located at sites throughout the country and come under the Fifth Rolling Plan under the 12MP (2021-2025), with an estimated cost of RM2.4bil, said Works Minister Datuk Seri Alexander Nanta Linggi.

He said the ministry's Public Works Department, specifically the Health Works branch, was earlier mandated to build 170 healthcare facilities nationwide with an allocation of RM16.47bil.

"Of that, 62 projects are in the pre-construction phase with an estimated cost of RM4.05bil while 64 projects are currently in the construction phase with a value of RM7.88bil.

"The remaining 44 are completed, involving a cost of RM4.54bil," he said in his speech during the handover ceremony of the multi-storey block construction project at Hospital Seberang Jaya (HSJ) here yesterday.

Nanta and Health Minister Datuk Seri Dr Dzulkefly Ahmad witnessed the handover to Health Ministry secretary-general Datuk Seri Suriani Ahmad.

According to Nanta, the 10-storey block was an important project for Penang, initiated under the Second Rolling Plan of the 10th Malaysia Plan (2011-2015).

He said from the 9th Malaysia Plan to the 12th, construction of 12 healthcare facilities was planned at a cost of RM1.31bil in Penang. Of those, five are in the planning stage, five more are under construction, and two are complete.

Meanwhile, Nanta said the new block has created 316 beds.

This volume represents a 77% increase from the existing capacity of 413 beds, bringing the total capacity to 729 beds.

The new block will be operational in stages with six operating theatres and seven multi-disciplinary wards, including an intensive care unit and a high dependency unit.

State health committee chairman Daniel Gooi Zi Sen was also present.

Dzulkefly said HSJ would become the referral centre for paediatric cardiothoracic and cardiology services in the northern region, reducing the strain on Penang Hospital on the island.

Other key medical services include otorhinolaryngology (ear, nose and throat) and rehabilitation medicine.

On addressing hospital congestion issues, Dzulkefly said it needs a more holistic approach rather than merely physical construction.

"This includes preventive activities, early screening and follow-up treatments that can be carried out at health clinics.

"Preventive care must take precedence, not just curative care," he added.

Healthcare boost: Dzulkefly (third from left) and Nanta (centre) visiting one of the operating theatres at Hospital Seberang Jaya's newly-built block. — ZHAFARAN NASIB/The Star

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 1
RUANGAN : FRONT PAGE

NEW STRAITS TIMES

ESTABLISHED 1845

RM2.00

PP413/09/2012 (030687) | MAY 3, 2025 | SATURDAY

HOSPITAL SEBERANG JAYA

NSTP PIC BY DANIAL SAAD

170 HEALTHCARE FACILITIES IN THE WORKS

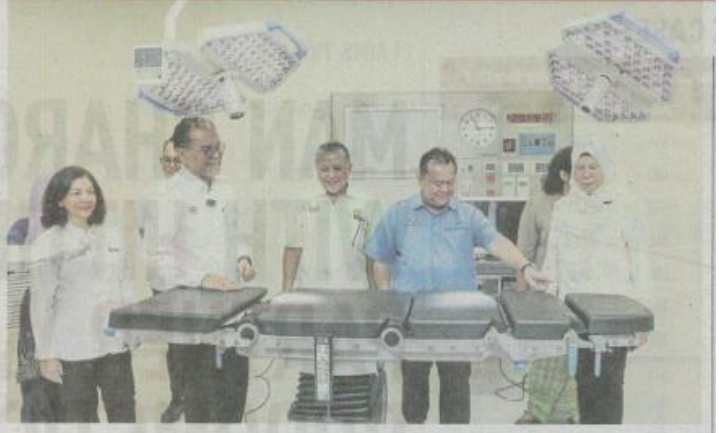
THE RM16.47 billion expansion of the nation's healthcare infrastructure, under the 12th Malaysia Plan, includes 66 ongoing projects for the Health Ministry, says Works Minister Datuk Seri Alexander Nanta Linggi.

■ 'No summonses during 3-month grace period for medicine price display rule'

» REPORTS BY **AUDREY DERMAWAN** AND **AMALIA AZMI** ON **PAGE 6**

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 6
RUANGAN : NATION

NST m/s 6 Nation 3/5/2025 (sabtu)



Health Minister Datuk Seri Dr Dzulkefly Ahmad (second from left) visiting an operating theatre after the Works Ministry's handover of a 10-storey additional block at Seberang Jaya Hospital in Butterworth yesterday. With him is Works Minister Datuk Seri Alexander Nanta Linggi (fourth from left). NSTP PIC BY DANIAL SAAD

PART OF 170 PROJECTS IN PIPELINE

66 HEALTH FACILITIES UNDER CONSTRUCTION

RM16.47b initiative under 12MP aims to upgrade, expand infrastructure, says works minister

AUDREY DERMAWAN
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MALAYSIANS can look forward to improved public healthcare services as the government rolls out 170 health facility projects under the 12th Malaysia Plan (12MP), including 66 new developments so far this year.

The RM16.47 billion initiative, spearheaded by the Public Works Department, aims to upgrade and expand medical infrastructure in response to the rising demand for public healthcare services.

Works Minister Datuk Seri Alexander Nanta Linggi said the 66 projects, costing RM2.4 billion, are under construction for the Health Ministry.

"We have been entrusted as the lead agency to oversee the implementation of 170 health facility projects across the country," he said during the official handover ceremony of a new multistorey block at Seberang Jaya Hospital to the Health Ministry yesterday.

Present was Health Minister Datuk Seri Dr Dzulkefly Ahmad.

Nanta said under the 9th to 12th Malaysia Plans, a total of 12 projects in Penang worth RM1.317 billion were being implemented.

These include five projects (worth RM139.1 million) in the pre-construction phase, five in the construction phase (RM781.38 million), and two post-construction projects (RM396.53 million).

He added that the new 10-storey block at Seberang Jaya Hospital would increase the facility's capacity and enhance the range of medical services, allowing it to better serve the growing patient load.

Malaysia's public healthcare system has been under increasing strain due to surging patient numbers, rising treatment costs, and a shortage of specialists.

In response, the government is ramping up efforts to expand hospital infrastructure, boost funding and accelerate the hiring of medical professionals to improve services and shorten waiting times.

Meanwhile, Dzulkefly said addressing hospital congestion issues required a more comprehensive approach, not solely relying on building hospitals and additional blocks.

"The future model must be based on 'Primary Healthcare' — a comprehensive, inclusive and proactive community-based primary healthcare system.

"This includes prevention activities, early screenings and follow-up treatments that can be carried out at the health clinic level. It focuses on preventive care, as opposed to curative care."

He said Seberang Jaya Hospital will serve as a referral centre for the northern zone specifically for cardiology and paediatric cardiothoracic care.

This follows the completion of a 10-storey additional block at the hospital, which enables the operation of specialised services such as otorhinolaryngology (ENT), paediatric cardiology and rehabilitation medicine.

Dzulkefly said the new facility would begin operations in stages from Monday.

He said it was a facility that was eagerly awaited by the healthcare community and the residents of Seberang Prai since 2012.

"I must emphasise the importance of this new multistorey block facility, especially the paediatric cardiology and cardiothoracic services, which will serve as a referral centre for the northern zone.

"This is key to reducing congestion at other hospitals. This will be the main referral centre in the northern region."

With the completion of the additional block, the total capacity of Seberang Jaya Hospital now increases to 729 beds and 11 operating theatres.

In Penang, Dzulkefly said, several health clinic projects needed to be prioritised, such as the KK3 Bandar Tasek Mutiara, which was delayed for nearly a year and had now resumed; KK3 Mak Mandin, which was approved in 2023 but has not yet commenced; and KK2 Bayan Lepas, which received special approval from the prime minister with a cost of RM72 million and which must show significant progress.

Page 1 pic: The new 10-storey block at Seberang Jaya Hospital, which will begin operations in stages from Monday.

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

BH M/S 4 Nasional 3/5/2025 (Sabtu)

Malaysia tangga ke-88 Indeks Kebebasan Media Dunia 2025

Kuala Lumpur: Malaysia meningkatkan kedudukan dalam Indeks Kebebasan Media Dunia 2025 dengan melonjak 19 anak tangga ke kedudukan ke-88, menurut penilaian terkini *Reporters Without Borders* (RSF).

Negara mencatatkan 56.09 mata tahun ini, menandakan pemulihan berbanding 2024 apabila Malaysia berada pada kedudukan ke-107 dengan skor 52.07.

Dalam kalangan negara ASEAN, Malaysia kini berada di kedudukan kedua tertinggi, di belakang negara jiran Thailand, yang berada di tangga ke-85.

Brunei pula berada di tempat ke-97, diikuti Filipina (ke-116), Singapura (ke-123), Indonesia (ke-127), Laos (ke-150), Kemboja (ke-161), Myanmar (ke-169), dan Vietnam (ke-173).

Indeks Kebebasan Media Dunia menilai tahap kebebasan media di 180 negara berdasarkan pada indikator utama, termasuk persekitaran politik, perlindungan undang-undang, kebebasan editorial, ketelusan dan keselamatan wartawan.

BERNAMA

Nanta bersama Dr Dzulkefly menyaksikan pertukaran replika kunci simbolik penyerahan projek antara Pengarah Pembinaan Pasukan Projek Khas JKR, Suzzana Punari (kiri) dengan Ketua Setiausaha Kementerian Kesihatan, Datuk Seri Suriani Ahmad pada Majlis Penyerahan Projek Pembinaan Blok Bertingkat Hospital Seberang Jaya di Butterworth, semalam.

(Foto Danial Saad/BH)

RMK12 bagi Pulau Pinang, ada 12 projek dengan nilai keseluruhan RM1.31 bilion sudah dilaksanakan oleh Kementerian Kerja Raya.

Anggaran kos RM139 juta

Bagi Pulau Pinang, beliau berkata, fasa prapembinaan membabitkan lima projek dengan anggaran kos RM139 juta; fasa pembinaan lima projek dengan kos RM781 juta, manakala dua projek yang sudah siap dengan kos RM396 juta.

Mengenai Projek Pembinaan Blok Bertingkat Hospital Seberang Jaya, beliau berkata projek itu mematuhi Pekeliling Perbendaharaan yang ditetapkan, dengan menggunakan kaedah Sistem Binaan Berindustri (IBS), serta memperoleh skor penilaian IBS melebihi 70 peratus.

AKHBAR : SINAR HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

Sinar Harian m/s 4 Nasional 3/5/2025 (Sabtu)

Tiada saman dalam tempoh tiga bulan

Perintah pamer harga ubat bermula kelmarin fokus penguatkuasaan pendidikan

Oleh TUAN BUQHAIRAH TUAN MUHAMAD ADNAN
PUTRAJAYA

Kerajaan melaksanakan Perintah Pemaparan Harga Ubat di fasiliti kesihatan swasta yang terlibat bermula 1 Mei.

LAPORAN MUKA DEPAN

Kementerian Kesihatan Malaysia (KKM) tidak berhasrat mengeluarkan notis saman atau apa-apa tindakan kepada hospital dan farmasi yang gagal mempamerkan harga ubat dalam tempoh tiga bulan *grace period* Perintah Pemaparan Harga Ubat.

Sebaliknya, kata Timbalan Ketua Pengarah Kesihatan (Farmasi) Kementerian Kesihatan Malaysia (KKM), Dr Azuana Ramli, Perintah Kawalan Harga dan Anti Pencatutan (Penandaan Harga Ubat) 2025 yang dilaksanakan bermula Khamis itu akan menumpukan kepada penguatkuasaan pendidikan.

"Tempoh tiga bulan ini merupakan fasa penguatkuasaan pendidikan. Inilah masanya untuk KKM menjalankan advokasi dan melihat bagaimana perintah ini dilaksanakan oleh pihak pelaksana," katanya.

Beliau berkata demikian mengulas mengenai kekeliruan industri mengenai perintah pelaksanaan tersebut pada sesi taklimat Inisiatif Pemaparan Harga Ubat di sini pada Jumaat.

Turut hadir, Ketua Pengarah Penguatkuasaan Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup (KPDN), Datuk Azman Adam.

Sebelum ini portal berita melaporkan aduan oleh Persekutuan Persatuan Pengamal Perubatan Swasta Malaysia (FPMPAM) mengenai klinik yang dilawati oleh KPDN dan mengeluarkan notis amaran untuk klinik memaparkan harga ubat dalam tempoh tiga hari atau berdepan saman.

Sementara itu, Azman menangkis dakwaan FPMPAM bahawa pegawai penguat kuasa KPDN telah mengeluarkan notis berkenaan.

"Tidak ada notis atau saman dikeluarkan. Pasukan penguat kuasa KPDN berada di kawasan berkenaan untuk melaksanakan penguatkuasaan Op Gasak dan pemantauan harga telur ayam yang dikurangkan subsidi pada hari sama.

"Kebetulan klinik tersebut dibuka dan beroperasi. Pegawai kami cuma menanyakan sama ada dia (klinik) tahu atau tidak mengenai pelaksanaan perintah tersebut. Itu sahaja. Saya harap ini dapat menjelaskan kekeliruan," ujar Azman.

Ditanya sama ada wujudnya manipulasi harga ubat susulan pelaksanaan peraturan baharu itu, Azman berkata, beliau yakin tiada manipulasi harga ubat memandangkan industri dalam negara sudah matang dan profesional.

Bermula 1 Mei, semua jenis ubat yang dijual atau dibekalkan di farmasi komuniti serta fasiliti kesihatan swasta perlu mempunyai penandaan harga.

AKHBAR : SINAR HARIAN
MUKA SURAT : 5
RUANGAN : NASIONAL

Sinar Harian m/s 5 Nasional 3/5/2025 (Sabtu)

Mampu elak manipulasi harga pihak tertentu

Langkah pamer harga ubat beri manfaat besar kepada rakyat khususnya B40

Oleh MOHD FAIZUL HAIKA MAT KHAZI
SHAH ALAM

DR HALIZA

Pelaksanaan Perintah Pemaparan Harga Ubat di kemudahan jagaan kesihatan swasta dan farmasi komuniti seluruh negara mulai 1 Mei lalu mampu mengelak pengguna daripada menjadi mangsa manipulasi harga pihak tertentu.

Pakar Governan Persekitaran dari Fakulti Perubatan dan Sains Kesihatan, Universiti Putra Malaysia (UPM), Profesor Madya Dr Haliza Abdul Rahman berkata, langkah itu memberi manfaat besar kepada rakyat khususnya golongan berpendapatan rendah (B40).

Menurutnya, inisiatif berkenaan membuka ruang kepada pengguna membandingkan harga dan memilih jenama ubat yang bersesuaian dengan kemampuan masing-masing.

"Dengan harga yang dipamerkan, pesakit boleh buat keputusan awal dan tidak perlu tertekan sekiranya bajet tidak mencukupi.

"Bila ada harga, kita boleh pilih jenama berdasarkan harga dan kandungan. Ini memberi kelebihan kepada pengguna," katanya kepada *Sinar Harian*.

Beliau berkata demikian ketika diminta mengulas mengenai dasar baharu kerajaan yang melaksanakan Perintah Kawalan Harga dan Antipencatutan (Penandaan Harga Bagi Ubat) 2025 di bawah Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723).

Dr Haliza berkata, meskipun kebanyakan farmasi sebelum ini sudah memaparkan harga ubat, pelaksanaan menyeluruh ini penting untuk memastikan ketelusan di semua premis termasuk klinik swasta dan fasiliti berbayar kerajaan.

"Kadangkala kita tak tahu ubat apa yang diberi dan tidak diberi pilihan. Jika ada dua atau tiga jenama untuk ubat sama dan harganya dipamerkan, kita boleh pilih ikut kemampuan kita," katanya.

Beliau dalam pada itu turut menyuarakan kebimbangan terhadap kemungkinan wujudnya dominasi pasaran oleh pembekal tertentu yang hanya mempromosi produk berharga tinggi.

"Kadangkala ada perjanjian antara pembekal dengan farmasi atau klinik swasta, jadi produk yang murah kurang diberi perhatian. Kalau semua harga dipamerkan, pengguna lebih peka dan pembekal tidak boleh sesuka hati menentukan harga," ujarnya.

Katanya, walaupun pelaksanaan awal mungkin berdepan kekangan, manfaat jangka panjang kepada pengguna jauh lebih besar.

SENARAI FASILITI KESIHATAN SWASTA YANG TERLIBAT

- Hospital swasta
- Hospital psikiatri
- Rumah bersalin
- Pusat jagaan ambulatori
- Klinik perubatan swasta
- Klinik pergigian swasta
- Pusat hemodialisis
- Hospis
- Farmasi komuniti
- Pusat jagaan kejururawatan
- Pusat jagaan psikiatri
- Pusat kesihatan mental masyarakat

** Sumber KKM*

LAPORAN MUKA DEPAN

'Klinik tahu tapi belum sempat buat'

SHAH ALAM - Empat daripada lima di klinik swasta dan farmasi komuniti di sini didapati gagal memaparkan harga ubat di premis masing-masing walaupun pelaksanaan Perintah Pemaparan Harga Ubat telah berkuat kuasa sejak Khamis lalu.

Tinjauan *Sinar Harian* mendapati, kelima-lima klinik dan farmasi itu telah sedia maklum mengenai inisiatif tersebut namun, hanya satu sahaja yang mengikuti pelaksanaan berkenaan manakala dua daripada klinik swasta yang ditemui masih memikirkan pendekatan sesuai untuk pelaksanaan tersebut.

Salah seorang doktor yang enggan mendedahkan namanya berkata, pihaknya sedang memikirkan pendekatan sesuai untuk pelaksanaan tersebut.

Ujarnya, memandangkan klinik mempunyai lebih 2,000 jenis ubat, pihaknya bercadang untuk membuat katalog bagi senarai harga berkenaan.

"Pada awalnya, memang kami kurang jelas bagaimana cara hendak pamerkan harga. Selepas berbincang, kami fikir cara terbaik ialah membuat senarai harga ubat dalam tiga atau empat helai kertas kemudian digabungkan sekali seperti menu kedai.

"Senarai itu kita akan letak di kaunter pembayaran supaya pesakit dapat merujuk harga berkenaan. Kita jangka akan siap minggu depan," katanya kepada *Sinar Harian* pada Jumaat.

Sementara itu, seorang lagi doktor di klinik yang ditemui mempersoalkan pengumuman pelaksanaan inisiatif berkenaan yang disifatkan dilakukan secara tergesa-gesa.

Menurutnya, dia juga terkejut apabila dimaklumkan oleh kenalannya mengenai penguatkuasaan tersebut pada bulan lepas.

"Sepatutnya inisiatif seperti ini perlu diberitahu dalam tempoh setahun. Kita memang telah buat-senarai tanda harga untuk semua ubat tetapi tidak pasti sama ada ia diterima atau tidak.

"Sepatutnya, apa yang lebih penting ialah beri keutamaan pada kenaikan harga konsultasi klinik swasta dulu," ujarnya.

AKHBAR : KOSMO
MUKA SURAT : 14
RUANGAN : NEGARA

Kosmo m/s 14 Negara 3/5/2025 (Sabtu)

DR. DZULKEFLY (dua dari kiri) memperkatakan sesuatu kepada Alexander (kiri) pada majlis penyerahan blok bertingkat HSJ di Seberang Perai semalam.

HSJ jadi rujukan sakit jantung di zon utara

- **Miliki fasiliti rawat sakit kardiologi**
- **Blok baharu kurangkan sesak**

Oleh SITI NUR MAS ERAH AMRAN

SEBERANG PERAI – Blok tambahan Hospital Seberang Jaya (HSJ) di sini bakal menjadi pusat rujukan zon Utara bagi perkhidmatan Kardiologi dan Kardiotoracik Pediatrik.

Menteri Kesihatan, Datuk Seri Dr. Dzulkefly Ahmad berkata, blok tambahan yang telah siap sepenuhnya pada 12 April lalu dijadualkan mula beroperasi secara berperingkat pada 5 Mei ini.

"Fasiliti ini diyakini dapat mengurangkan keperluan rujukan ke Hospital Pulau Pinang dan memudahkan akses rawatan pakar kepada penduduk di Seberang Perai serta kawasan sekitarnya.

"Dengan siapnya blok ini, secara keseluruhannya kapasiti hospital ini meningkat kepada 729 katil, 11 dewan bedah sekaligus memperkukuh statusnya sebagai hospital rujukan utama di zon utara," katanya selepas Majlis Penyerahan Blok Bertingkat HSJ di sini, semalam.

Hadir sama Menteri Kerja Raya, Datuk Seri Alexander Nanta Linggi.

Mengulas lanjut, beliau berkata, blok bertingkat baharu itu juga diyakini dapat mengurangkan kesesakan dan waktu menunggu yang lama.

Katanya, blok baharu ini turut membolehkan pengoperasian perkhidmatan dan sub kepakaran penting seperti Otorinolaringologi, Kardiologi Pediatrik serta Perubatan Rehabilitasi.

"Sungguhpun projek ini mengambil masa yang agak panjang untuk disiapkan akibat faktor-faktor di luar kawalan kontraktor, ia tetap menjadi satu realiti yang perlu kita hadapi dan teliti secara serius dan dijadikan iktibar serta pengajaran kepada semua pihak yang terlibat.

"Ini bertujuan projek-projek yang akan datang dapat disiapkan mengikut jadual, mengikut bajet dan mematuhi piawaian kualiti yang telah ditetapkan oleh Kementerian Kerja Raya dan KKM sendiri," katanya.

Projek pembinaan bangunan tambahan HSJ yang bermula pada tahun 2016 dengan peruntukan RM368 juta itu pada awalnya dijadualkan siap pada tahun 2020.

Bangunan bertingkat baharu antara lain merangkumi enam dewan bedah, 316 katil, tempat meletak kenderaan serta kemudahan lain.

Projek itu dikatakan mengalami kelewatan berikutan Perintah Kawalan Pergerakan yang dilaksanakan susulan pandemik Covid-19.

AKHBAR : KOSMO
MUKA SURAT : 8
RUANGAN : NEGARA

Kosmo M/s 8 Negara (Sabtu) 3/5/2025

Jangan manipulasi harga ubat

PUTRAJAYA – Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup (KPDN) menegaskan pelaksanaan penandaan harga ubat bermula kelmarin tidak akan menyebabkan berlakunya manipulasi harga.

Ketua Pengarah Penguatkuasa KPDN, Datuk Azman Adam berkata, isu seperti manipulasi harga seharusnya tidak timbul kerana rata-rata industri farmasi dan fasiliti kesihatan swasta di negara ini diyakini bersikap profesional, matang serta beretika.

"Saya yakin apabila kita laksanakan (perintah penandaan harga), tidak ada pihak yang akan cuba untuk memanipulasi (harga ubat). Kalau kita lihat semula hasrat asal perintah ini, ia berkaitan penandaan harga bagi ubat.

"Kita tidak pernah melarang atau tidak pernah ada cadangan untuk mengawal harga ubat. Apa yang sedang dijual oleh klinik dan farmasi, (mereka) jual lah.

"Apa yang diperlukan melalui peraturan ini adalah mereka dikehendaki untuk menandakan harga ubat tersebut. Jadi, tidak perlu mereka berfikir untuk memanipulasi harga atau (cuba) mengalihkan kos kepada perkara lain," katanya.

Beliau berkata demikian menerusi sesi taklimat media berhubung inisiatif pemaparan harga ubat di kemudahan jagaan kesihatan swasta dan farmasi komuniti di bawah Akta Kawalan Harga dan Anti Pencatutan 2011 (Akta 723) di Kementerian Kesihatan di sini semalam.

Kelmarin, *Kosmo!* melaporkan, semua kemudahan jagaan kesihatan swasta yang menjual, membekalkan atau memberikan ubat-ubatan serta farmasi komuniti perlu meletakkan tanda harga ubat.

Menerusi kenyataan bersama Menteri Kesihatan, Datuk Seri Dr. Dzulkefly Ahmad dan Menteri KPDN, Datuk Armizan Mohd. Ali, perintah itu dibuat di bawah pelaksanaan inisiatif Penandaan Harga Ubat di Kemudahan Jagaan Kesihatan Swasta dan Farmasi Komuniti.

SEMUA kemudahan kesihatan swasta diarah meletakkan tanda harga ubat bermula kelmarin. – GAMBAR HIASAN

AKHBAR : THE STAR
MUKA SURAT : 14
RUANGAN : VIEWS

The Star m/s 14 Views 3/5/2025 (Sabtu)

General practitioners must organise, unite

Photo: IZZRAFIQ ALIAS/The Star

THE role of primary care general practitioners has been debated and recognised as an important component in a holistic healthcare ecosystem. A well-structured primary care system is the backbone of a good cost-effective healthcare delivery system. While this has been advocated by the Health Ministry and all stakeholders, nothing is being done by any responsible body to create a pathway or structure to ensure such a sustainable system.

The cost of healthcare will definitely go up due to newer technology, increasing drug prices, and increases in other costs like wages, rental and disposables. The sensible way is for the authorities to find ways in which healthcare needs can be met effectively at a lower cost. For this, primary care has to be empowered to provide more rather than fewer services, and create a gatekeeper system to secondary and tertiary care.

Everyone knows this but over the years there has been no bureaucratic or political will to support such a system. I am not sure about the reason for the reluctance or the inability to implement it.

In recent times there has been a lot of news about the rise in insurance premiums and the cost of healthcare in hospitals. I believe it is a domino effect: claims will dictate future premiums. The problem is many consultations and procedures which can and should be done in an outpatient setting are now being done in hospitals. Since the patient is covered by insurance, he or she will want to go to the most posh and expensive hospital. There is no gatekeeper system to channel these patients.

Recently, an order was issued for clinics to display drug prices, yet the consultation charges for the general practitioner have not been revised since 1992. That is, for the last 33 years the charges have remained the same despite inflation. Current Health Minister Datuk Seri Dr Dzulkefly Ahmad held two town hall meetings when he previously held the portfolio to discuss consultation fees; he has also had discussions with doctors representatives about the matter recently – but nothing has been forthcoming.

Doctor's organisations, especially the Malaysian Medical Association, should realise by now that the authorities might engage with them but they don't resolve problems – the fees issue has been around for three decades after all.

The time has come for all doctors to realise that we have a duty to help ourselves and at the same time protect the private primary care delivery system from collapsing by coming together and dictating what we truly deserve.

There are more and more general practitioners closing down their clinics, and this will continue at a faster pace if nothing is done.

If there are no immediate changes, our system will become like those in some developing countries where no primary care exists. The local pharmacy will be the first point of contact, followed by the hospital or specialists. This will not only increase overall healthcare cost but, importantly, hospitals will be seeing chronic cases at later stages, thus increasing mobility and mortality. (Pharmacies in Malaysia have started treating both chronic and acute issues.)

The irony is that third-party administrators who are playing a major role in the private healthcare delivery system are not regulated by any authority. Drug companies that increase their prices two to three times a year are not regulated. The whipping boy seems to be the general practitioner. The only reason for this that I can think of is that we are disorganised and not united.

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BH M/S 26 ZON 3/5/2025 (Sabtu)

Kekalkan penghidratan untuk terus sihat

Muka 27

Ubat penahan sakit boleh bawa padah

Pengambilan secara kerap bawa risiko kegagalan jantung, rosak buah pinggang dan hati

Oleh Suzalina Halid
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Setiap kali menghidapi sakit di bahagian tertentu, cara paling mudah untuk menanganinya adalah dengan pengambilan ubat penahan sakit.

Tanpa sedar rutin pengambilan ubat penahan sakit umpama menjadi 'menu tambahan' yang diamalkan sehingga bertahun-tahun lamanya.

Namun Ahli Farmasi Bertauliah dari IMU University, Kow Chia Siang, berkata terdapat enam kesan sampingan akibat pengambilan ubat penahan sakit secara kerap dan paling membimbangkan ialah risiko kegagalan jantung, selain kerosakan buah pinggang dan hati.

Beliau berkata, risiko itu boleh berlaku terhadap penggunaan ubat penahan sakit yang mengandungi *Non-Steroidal Anti-Inflammatory Drugs* (NSAID).

"NSAID boleh menjejaskan fungsi buah pinggang sekiranya diambil secara berpanjangan. Ia juga boleh menyebabkan keradangan atau pendarahan pada lapisan perut.

"Penggunaan NSAID dalam jangka masa panjang atau dos tinggi boleh meningkatkan tekanan darah dan menyebabkan kerosakan pada saluran darah, yang akhirnya meningkatkan risiko serangan jantung dan strok.

"NSAID juga boleh menyebabkan pengekalan cecair dan sodium, yang membebankan jantung, terutama bagi pesakit yang mempunyai kegagalan jantung," katanya.

Chia Siang berkata, bagi kesan lain, ubat penahan sakit jenis paracetamol yang melebihi had maksimum pula boleh menyebabkan kecederaan hati selain ketagihan terutama jenis opioid.

Katanya, bagi kerosakan hati atau buah pinggang yang serius biasanya berlaku apabila dos ubat tahan sakit diambil melebihi had maksimum disyorkan.

"Ubat tahan sakit diambil secara berterusan tanpa pengawasan doktor, terutamanya bagi pesakit yang mempunyai penyakit hati atau buah pinggang.

"Penggunaan serentak dengan alkohol atau ubat lain yang boleh menambah beban kepada hati atau buah pinggang," katanya.

Beliau berkata, jumlah kekerapan yang sewajarnya diambil bagi ubat penahan sakit ialah maksimum empat gram sehari bagi paracetamol namun bagi jenis NSAID antaranya ibuprofen, naproxen, celecoxib, ia bergantung kepada jenis ubat, jenis dan tahap kesakitan atau arahan doktor.

Penggunaan perlu dihadkan

Sementara, Pensyarah Perubatan dan Pakar Perunding Anestesiologi, Jabatan Anestesiologi dan Rawatan Intensif, Fakulti Perubatan, Hospital Canselor Tuanku Mukhriz, Universiti Kebangsaan Malaysia (UKM), Prof Madya Dr Nadia Md Nor, berkata risiko pengambilan ubat tahan sakit yang kerap bergantung kepada jenis diambil, tahap kesihatan seseorang serta fungsi hati dan buah pinggang.

Kow Chia Siang

Dr Nadia Md Nor

Sebagai contoh, ubat tahan sakit daripada kelas NSAID seperti etoricoxib, celecoxib, ibuprofen dan mefenamic acid, jika diambil kerap boleh menyebabkan kerosakan kepada buah pinggang dan luka (ulser) atau pendarahan pada perut.

"Ubat tahan sakit terkawal daripada kelas opioid contohnya morfin atau oxycodone boleh menyebabkan ketagihan dan pergantungan fizikal dan psikologi terhadap opioid.

"Ubat tahan sakit perlu diproses oleh hati dan kemudian disingkirkan keluar dari badan oleh buah pinggang. Jika kadar penggunaan dan dos ubat adalah tinggi bagi penggunaan NSAID, ia berpotensi mengehadkan pengaliran darah ke buah pinggang sekali gus menyebabkan kerosakan buah pinggang," katanya.

Beliau berkata, penggunaan NSAID secara amnya disyorkan dihadkan ke penggunaan selama satu minggu dan dos bergantung kepada jenis NSAID dan keadaan kesihatan seseorang itu.

Bagaimanapun, bagi golongan pesakit tertentu penggunaan perlu dihadkan beberapa hari sahaja dan sebaliknya bagi pesakit dengan kesakitan sendi kronik contohnya, penggunaannya kadang-kadang melebihi beberapa minggu di bawah pemantauan doktor.

Katanya, dos ubat tahan sakit adalah terhad untuk seseorang jika kerosakan hati atau buah pinggang telah sedia ada, sebelum penggunaan ubat tahan sakit.

"Peluasan penjualan ubat tahan sakit yang berpotensi mendatangkan mudarat kepada pengguna tanpa preskripsi doktor, tidak digalakkan. Ia akan menyebabkan beberapa masalah seperti risiko yang berkaitan dengan pengambilan ubat seperti NSAID dan opioid.

"Beberapa faktor perlu dipertimbangkan sebelum seseorang doktor memberi preskripsi ubat tahan sakit kepada pesakit. Antaranya, indikasi penggunaan ubat berkenaan, alergi terhadap ubat tersebut, kesihatan buah pinggang dan hati serta adanya penyakit sampingan contohnya, gastritis, tekanan darah tinggi atau sakit jantung tidak terkawal" katanya.

Cara alternatif kurangkan sakit

Beliau berkata, keperluan untuk pengambilan ubat penahan sakit adalah subjektif kerana setiap individu mempunyai toleransi kesakitan berbeza.

Katanya, simptom kesakitan adalah salah satu daripada sebab utama seseorang akan berjumpa doktor. Ia mungkin petanda sesuatu penyakit, justeru mempunyai fungsi lindungan kepada seseorang individu.

"Jika kesakitan yang dialami menjejaskan aktiviti harian dan kehidupan normal seseorang individu atau kesakitan itu berpotensi menimbulkan lebih masalah dengan adanya penyakit sampingan lain yang sedia ada (contohnya tekanan darah tinggi yang akan semakin naik jika kesakitan tidak terkawal) adalah disyorkan untuk seseorang mengambil ubat penahan sakit.

"Namun jumlah dan kadar kekerapan ubat penahan sakit bergantung kepada jenis ubat kesakitan, penyakit yang menyebabkan kesakitan, tahap kesakitan, status kesihatan individu, usia serta berat badan," katanya.

"Antara penyakit yang mungkin memerlukan pengambilan ubat tahan sakit adalah penyakit sendi (contohnya artritis), penyakit saraf kronik, sakit belakang dan kanser yang telah menyebabkan kesakitan," katanya.

Beliau berkata, cara alternatif untuk mengurangkan kesakitan bergantung kepada penyakit atau punca yang menyebabkan kesakitan.

Antaranya adalah kaedah fizikal seperti tuam panas, tuam ais, fisioterapi, senaman, rawatan *ultrasound*, akupunktur, rangsangan saraf elektrik; kaedah pendekatan psikologi; dan prosedur intervensi kesakitan.

info

Penggunaan betul ubat penahan sakit

- **Ikut arahan doktor**
Jangan mengambil dos yang lebih tinggi daripada yang disyorkan.
- **Pantau kesan sampingan**
Jika mengalami kesan seperti loya, pening atau gangguan perut, segera rujuk doktor.
- **Jangan bergantung sepenuhnya**
Gabungkan dengan rawatan lain seperti fisioterapi, senaman ringan, atau penggunaan haba dan ais.