# Nurse praised for showing compassion

**PETALING JAYA:** The heart-warming act of a nurse feeding an elderly Indian patient shows that the best treatment is not only through pills or injections but also empathy, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister, who met the nurse in person during his visit to the Seberang Jaya Hospital in Penang, said her actions deeply touched him.

"Thank you for embodying the spirit of Malaysia in your daily duties. May this be an inspiration for us all," he said in a Facebook post.

Dzulkefly also handed the nurse, Nur Deena Nadzhiefa, an award of appreciation.

"The award is small compared to the compassion shown by Nur Deena," he said.

A video showing the nurse meticulously preparing the patient's meal before feeding him has gone viral.

The 41-second video saw her being applauded by Malaysians, saying this was a true reflection of the unity and care possessed by Malaysians.

The recognition is described as a symbol of appreciation for human values, aligning with the ministry's commitment to foster empathy-based healthcare services.

**Model employee:** Dzulkefly presenting the appreciation award to Nur Deena. Also present is Deputy Health Minister Datuk Hanifah Hajar Taib (right). — Photo from Dzulkefly's Facebook

# Food allergy – a hidden crisis

## Medical experts are calling for more public awareness and food labelling

**PETALING JAYA:** Going by the numbers, the picture isn't pretty.

An estimated 33 million Americans have to put up with at least one food allergy, says the American Pharmacists Association.

Closer to home, Singapore has found that food allergies in children are on the rise, with more cases of adverse reactions to food such as egg and peanut.

The National University Hospital attends to an increasing number of children with food allergies – from about 300 in 2014 to 10,000 in 2022, according to a report in *The Straits Times*.

In Malaysia, doctors say that food allergy is no longer just a childhood "phase" or a minor rash after a meal.

As an increasing number of cases is identified in clinics, medical professionals believe that Malaysia must enhance public awareness and improve food labelling to better protect individuals who are at risk.

Malaysian Medical Association (MMA) president Datuk Dr Thirunavukarasu Rajoo said the global direction is clear, even if Malaysia's local numbers are not.

"Internationally, there is strong evidence that food allergies are increasing, and Malaysia is likely experiencing a similar trend," he said, adding that more awareness and diagnoses led to the identification of more cases.

But the country still lacks solid epidemiological data.

"Unfortunately, local epidemiological data remains limited, highlighting the need for more research in this area," he said.

Dr Thirunavukarasu acknowledged that Malaysia has evidence-based guidance for doctors, including the Malaysian Allergy Prevention (MAP) Guidelines for Healthcare Professionals (second edition) and the Guidelines for the Diagnosis and Management of Cow's Milk Protein Allergy (CMPA) in Children 2024 (second edition).

"These evidence-based guidelines are widely used by doctors in both public and private healthcare settings," he said.

Tracking severe reactions, however, remains a major gap.

"There is currently no comprehensive national data on the frequency of severe allergic reactions or anaphylaxis triggered by food in Malaysia. The absence of a formal reporting or registry system makes it difficult to determine trends," he said.

In daily practice, doctors see common triggers that mirror international patterns.

"Common food allergens include peanuts and tree nuts, eggs, milk, wheat- or gluten-containing products, fish, shellfish and other seafood," he said.

On the consumer side, Dr Thirunavukarasu said Malaysia has allergen labelling requirements under the Food Act and Food Regulations 1985, and established manufacturers generally comply.

The challenge, he said, is consistency across the wider market.

He said MMA would like to see stronger public education on recognising food allergies and early symptoms of severe reactions, as well as better awareness among food manufacturers.

"In schools, standardised policies for managing children with food allergies, staff training and emergency preparedness are important," he said.

In response to a question, Dr Thirunavukarasu said doctors and allied health professionals are trained to recognise and manage allergic reactions, including severe ones, and that early action can be lifesaving.

"Prompt recognition and appropriate emergency management are part of standard medical training," he said.

Consultant allergist and immunologist Prof Datuk Dr Kent Woo of Gleneagles Kuala Lumpur said clinicians are seeing food allergy as part of a broader rise in allergic disease, including eczema, asthma and allergic rhinitis.

One early marker, he said, is eczema, which should not be dismissed as "just skin".

"When the skin barrier is damaged, it's like a house with the gate open, the doors open, and the windows open. All can enter," he said.

There is a lack of nationally representative studies on food allergy prevalence in Malaysia, but going by the Asia-Pacific benchmarks and local clinical patterns, Dr Woo estimates around 5% of Malaysian children have food allergies, with the risk higher among children with moderate to severe eczema at about one in 10.

"Around 5% of Malaysian children have food allergies, but in children with eczema, that risk doubles to one in 10," he said.

Egg and cow's milk, he said, remain common triggers in younger children, while peanut allergy is being seen more often than in the past.

In older children and adults, seafood, especially shellfish and prawns, is a prominent trigger.

Prevention advice has also shifted, Dr Woo said.

"Early introduction of allergenic foods, even in high-risk infants, helps train the immune system toward tolerance rather than allergy," he said.

He cautioned against broad testing and unnecessary food avoidance, especially in children with persistent eczema.

"Indiscriminate allergy testing can lead to false positives, unnecessary food avoidance, and increased risk of new food allergies," he said.

For those with confirmed allergies, Dr Woo said avoidance remains essential, along with an emergency plan and knowing when to use an adrenaline auto-injector.

# Ihsan Nur Deena jentik perasaan

**Jururawat Melayu suap pesakit warga emas India terima pengiktirafan Menteri Kesihatan**

LAPORAN MUKA DEPAN

FOTO: FACEBOOK DR DZULKEFLY AHMAD


Dr Dzulkefly (dua dari kanan) menyampaikan pengiktirafan kepada Nur Deena di Hospital Seberang Jaya, Butterworth pada Sabtu.

**BUTTERWORTH -** Keikhlasan seorang jururawat menyuapkan makanan kepada pesakit warga emas berbangsa India yang tular menerusi media sosial baru-baru ini membuktikan bahawa ihsan dan kemanusiaan mengatasi perbezaan agama serta kepercayaan.

Sikap terpuji jururawat itu, Nur Deena Nadzhiefa Yaacob mendapat perhatian Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad yang memberikan pengiktirafan kepadanya ketika mengadakan kunjungan ke Hospital Seberang Jaya (HSJ) pada Sabtu.

Dr Dzulkefly berkata, video berkenaan benar-benar menjentik perasaan dan mendorong beliau untuk bertemu sendiri dengan jururawat itu.

"Anugerah yang disampaikan ini kecil nilainya berbanding nilai ihsan Nur Deena tunjukkan," katanya menerusi hantaran di Facebook.

Beliau berkata, sikap Nur Deena membuktikan penyembuhan di hospital bukan sahaja bergantung kepada pil atau suntikan, tetapi juga lahir daripada layanan penuh empati dan kasih sayang.

Beliau turut merakamkan penghargaan kepada Nur Deena kerana menghidupkan jiwa 'Malaysia' dalam tugas seharian dan berharap nilai murni yang ditonjolkan itu dapat menjadi inspirasi dan contoh kepada seluruh warga kesihatan.

Baru-baru ini, tular di media sosial rakaman seorang jururawat menyuap makanan menggunakan tangan kepada seorang pesakit berbangsa India di sebuah hospital.

Rakaman berdurasi 41 saat itu meruntun jiwa dan orang ramai memuji sikap jururawat tersebut serta menyatakan rasa terharu dengan keikhlasan dan empatinya dalam mengurus pesakit meskipun berbeza agama. - *Bernama*


Video Nur Deena menyuapkan makanan kepada pesakit warga emas berbangsa India tular di media sosial baru-baru ini.

# 100% premium insurans biayai kos rawatan

Wadah Pembaharuan
BH BeritaHarian
Diterbit sejak 195[illegible] www.bharian.com.my

Susulan pembatalan 340,000 polisi akibat lonjakan premium pasca-pandemik, kerajaan mewajibkan penawaran Pelan Asas Polisi Insurans dan Takaful Perubatan (MHIT) menjelang tahun hadapan sebagai penyelesaian perlindungan tulen tanpa elemen pelaburan. Langkah strategik ini memastikan 100 peratus premium digunakan khusus untuk kos rawatan, sekali gus menghapuskan risiko produk 'rider' yang mengelirukan dan menjamin kemampanan ekosistem kesihatan negara.

*Oleh Mohd Zaky Zainuddin* → *Nasional* 5



Pelan asas Insurans dan Takaful Perubatan serta Kesihatan

# MHIT kembali fungsi asal hanya bayar rawatan perubatan

## Elemen pelaburan, simpanan tak lagi disertakan elak kekeliruan produk semakin kompleks

**Oleh Mohd Zaky Zainuddin**
zaky@bh.com.my

**Kuala Lumpur:** Pelan asas Insurans dan Takaful Perubatan serta Kesihatan (MHIT) akan ditawarkan sebagai pelan perlindungan perubatan semata-mata (*standalone*) bagi mendepani isu inflasi perubatan yang menyaksikan ramai pengguna membatalkan polisi masing-masing.

Kertas Putih mengenai pelaksanaan Pelan Asas MHIT ini diterbitkan hasil kerjasama tiga pihak utama iaitu Kementerian Kewangan (MOF); Kementerian Kesihatan (MOH) dan Bank Negara Malaysia (BNM).

Inisiatif MHIT yang diperkenalkan menerusi Strategi RESET (*Revamp, Enhance, Strengthen, Expand,* dan *Transform)* ini adalah perlindungan insurans asas yang tidak lagi dikaitkan sebagai produk pelaburan.

Langkah itu diambil bagi memudahkan pemahaman pengguna terhadap perlindungan perubatan serta mengurangkan kekeliruan yang wujud akibat struktur produk yang semakin kompleks dalam pasaran.

Kertas Putih itu mendedahkan, ketika ini lebih 70 peratus pelan MHIT dijual sebagai *rider* atau perlindungan tambahan kepada produk insurans utama berkaitan pelaburan, menyebabkan perlindungan kepada pemegang polisi bergantung kepada prestasi akaun itu.

Dalam produk berkaitan pelaburan sedemikian, perlindungan MHIT individu boleh terjejas jika prestasi pelaburan merosot atau nilai tunai dalam polisi itu tidak mencukupi untuk menampung caj insurans atau takaful.

Dokumen itu menjelaskan, walaupun produk berkaitan pelaburan mampu menawarkan fleksibiliti pengurusan kewangan, ia tidak difahami dengan baik oleh kebanyakan pemegang polisi, meskipun pelbagai usaha pendedahan maklumat telah dilaksanakan.

Keadaan itu menimbulkan kebimbangan terhadap individu yang mungkin tanpa disedari mendapati diri mereka mempunyai perlindungan kewangan tidak mencukupi untuk menampung keperluan perubatan, termasuk risiko polisi luput akibat kehabisan nilai tunai.

Sehubungan itu, Pelan Asas MHIT direka bentuk untuk kembali kepada fungsi asal insurans perubatan sebagai alat perlindungan risiko kesihatan dengan setiap premium atau caruman dibayar digunakan sepenuhnya untuk kos perlindungan dan pentadbiran.

### Bukan skim insurans sosial

Kertas Putih menegaskan, pelan terbaharu itu tidak mengandungi sebarang elemen simpanan atau pelaburan dan akan wujud bersama pelan MHIT lain yang ditawarkan secara kompetitif oleh syarikat insurans dan pengendali takaful.

Pelan Asas MHIT juga ditegaskan bukan skim insurans sosial, sebaliknya inisiatif nasional yang bersifat sukarela, dengan premium ditanggung sepenuhnya oleh individu menggunakan pendapatan atau simpanan sendiri.

Bagi pencarum Kumpulan Wang Simpanan Pekerja (KWSP), Kertas Putih memaklumkan bayaran premium Pelan Asas MHIT boleh dibuat menggunakan simpanan dalam Akaun Sejahtera yang sedia diperuntukkan bagi perbelanjaan perubatan, pendidikan dan perumahan.

Penggunaan Akaun Sejahtera adalah sepenuhnya atas budi bicara pencarum, tanpa sebarang kewajipan atau paksaan untuk mengeluarkan simpanan KWSP bagi tujuan pembayaran premium.

Bagi menyokong perancangan kewangan individu, dokumen itu turut menyatakan bahawa alat dan bantuan perancangan akan dibangunkan untuk membimbing individu mengenai jumlah yang perlu diketepikan bagi perbelanjaan perubatan.

Ini termasuk panduan untuk mengambil kira keperluan menghadapi kenaikan premium yang munasabah sepanjang hayat, sejajar usaha memastikan perlindungan kekal mampan dan berterusan.

Dari sudut penawaran produk, penyertaan syarikat insurans dan pengendali takaful dalam pelaksanaan MHIT tertakluk kepada syarat tertentu yang ditetapkan di bawah rangka kerja Pelan Asas MHIT.

Pengendali insurans dan takaful (ITO) yang ingin menawarkan pelan MHIT mereka sendiri dikehendaki turut menawarkan Pelan Asas MHIT secara *standalone* bagi memastikan pengguna sentiasa mempunyai pilihan asas yang standard.

Pendekatan itu bertujuan menyediakan penanda aras yang jelas kepada pengguna untuk membuat perbandingan antara pelan, selain menggalakkan ketelusan dan konsistensi dalam reka bentuk produk MHIT di pasaran.

Kertas Putih turut menyatakan Pelan Asas MHIT akan berfungsi sebagai asas kepada pembaharuan lebih luas dalam pasaran insurans perubatan, termasuk pengukuhan langkah kawalan kos dan peningkatan ketelusan.

Pelaksanaan perintis Pelan Asas MHIT dijangka bermula separuh kedua tahun ini, sebelum diperkenalkan secara rasmi dalam pasaran pada awal tahun depan sebagai sebahagian usaha membina ekosistem penjagaan kesihatan swasta yang lebih mampan, telus dan sejajar dengan objektif pembaharuan sistem kesihatan negara.

# Protecting babies and the elderly


RESPIRATORY Syncytial Virus, or RSV, often mistaken for a common cold or seasonal flu, is one of the leading causes of severe respiratory illness in infants worldwide. Nearly all children will be infected with RSV by the age of two.

For some, the consequences can be serious and even life-threatening.

Globally, RSV causes about 3.6 million hospitalisations and around 100,000 deaths each year among children under five. Almost all of these deaths happen in low and middle-income countries, where access to hospital care may be limited.

"RSV is one of the most common causes of severe lung infections in young children, yet many families are not aware of how serious it can be," says consultant paediatrician Dr Jenny Tan Yen Ling.

RSV does not only affect babies. Older adults, especially those aged 65 and above, or those living with diabetes, heart disease, asthma or lung conditions, are also at high risk.

For babies under six months, RSV can cause breathing to become fast and difficult. Some babies struggle to feed or sleep and may need oxygen or intensive care. For older adults, symptoms may start mildly, with a cough or tiredness, but can worsen quickly and lead to serious complications.

RSV spreads easily through coughs, sneezes and close contact. An adult with a mild cough may unknowingly pass the virus to a newborn or an elderly parent.

There is currently no specific medicine that cures RSV. Doctors can only provide supportive care. This is why prevention is important.

"When it comes to RSV, prevention is our strongest protection. Once severe illness develops, treatment options are limited," says Dr Tan.

One of the most important breakthroughs is maternal RSV immunisation. When a pregnant woman receives the RSV vaccine, usually between the 32nd and 36th week of pregnancy, protective antibodies pass through the placenta to her unborn baby.

This gives newborns protection during their first months of life, when their immune systems are still developing and they are at their most vulnerable.

Studies show that maternal RSV vaccination can reduce severe RSV illness by up to 82 per cent in the first three months after birth, with protection continuing through the first six months.

Last year, the World Health Organisation recommended maternal RSV vaccination for global use, providing a strong scientific foundation for countries to plan how best to protect mothers and babies.

# WHO: Hike taxes on sugary drinks, alcohol to prevent disease

*The World Health Organisation says consistently low taxes on unhealthy products in most countries are fuelling obesity, diabetes, heart disease and cancers.* PICTURE CREDIT: VECTORJUICE - FREEPIK


SUGARY drinks and alcohol are getting relatively cheaper, the World Health Organisation (WHO) said, as it urged countries to hike taxes to reduce consumption and boost health funding.

The United Nations agency found that consistently low taxes on these products in most countries are fuelling obesity, diabetes, heart disease and cancers.

"Weak tax systems are allowing harmful products to remain cheap while health systems face mounting financial pressure from preventable non-communicable diseases.

It said while such drinks generate billions of dollars in profit, governments capture a relatively small share of that through health-driven taxes, leaving societies to bear the long-term health and economic costs.

"Health taxes are one of the strongest tools we have for promoting health and preventing disease," WHO chief Tedros Adhanom Ghebreyesus said.

"By increasing taxes on products like tobacco, sugary drinks and alcohol, governments can reduce harmful consumption and unlock funds for vital health services."

Tedros told a press conference that in poorer countries left struggling as aid funding dries up, such taxes could help make the transition towards sustainable self-reliance in running health systems.

> *There is significant room for better design and higher excise taxes on alcoholic beverages to decrease affordability and thereby reduce alcohol consumption and its related harms.*
> Tedros Adhanom Ghebreyesus

### 'POWERFUL INDUSTRIES WITH DEEP POCKETS'

WHO assistant director-general in charge of health promotion, disease prevention and care Jeremy Farrar said the evidence on tobacco taxation reducing consumption is clear — and sugary drinks should be seen in the same light.

"This is also about using taxation as a move to shift behaviour," he said, adding that it could also bolster prevention in countries struggling to deal with the rise in non-communicable diseases and allow countries to invest in healthcare.

Tedros warned that health taxes are not simple to implement.

"They can be politically unpopular, and they attract opposition from powerful industries with deep pockets and a lot to lose.

"But many countries have shown that when they are done right, they are a powerful tool for health," he said, citing measures in the Philippines, Britain and Lithuania.

WHO urged countries to raise and redesign their taxes as part of its "3 by 35" initiative, aimed at increasing the prices of tobacco, alcohol and sugary drinks by 2035.

*Many high-sugar products such as 100 per cent fruit juices, sweetened milk drinks and ready-to-drink coffees and teas escape taxation, the World Health Organisation reports.* PICTURE CREDIT: RAWPIXEL-COM - FREEPIK

### SLIPPING THROUGH THE NET

The health agency has issued twin global reports on taxes on alcohol and on sugar-sweetened beverages.

According to them, at least 116 countries tax sugary drinks like sodas.

"But many other high-sugar products, such as 100 per cent fruit juices, sweetened milk drinks and ready-to-drink coffees and teas escape taxation," WHO said.

The alcohol report found beer had become more affordable in 56 countries from 2022 to 2024, and less affordable in 37.

It said wine was exempted from excise taxes in at least 25 countries, particularly in Europe.

"Excise taxes should apply to all alcoholic beverages.

"There is significant room for better design and higher excise taxes on alcoholic beverages to decrease affordability and thereby reduce alcohol consumption and its related harms."

More affordable alcohol "drives violence, injuries and disease", said Etienne Krug, who heads WHO's health determinants, promotion and prevention department.

"While industry profits, the public often carries the health consequences and society the economic costs."