

Administrative delays expose doctors to legal trouble

PETALING JAYA: Healthcare stakeholders are voicing concern as lengthy delays by the Malaysian Medical Council (MMC) in processing Annual Practising Certificates (APCs) have left doctors in a professional and legal lurch.

Malaysian Medical Association (MMA) president Datuk Dr Thirunavukarasu Rajoo said administrative failures must not criminalise compliant doctors.

He said the situation has left tens of thousands of doctors, especially those in private practice, in a state of legal and professional uncertainty as of Jan 1.

MMC, in a notice on its website, attributed the delay to an extremely high volume of applicants.

Dr Thirunavukarasu, however, said many affected doctors have fully complied with all statutory requirements well within the stipulated timeline.

"This delay carries serious legal implications. Under Section 20(1) of the Medical Act 1971, practising medicine without a valid APC constitutes an offence, regardless of whether the practitioner has fulfilled all renewal requirements."

"For private general practitioners, a valid APC is a legal prerequisite to consult, prescribe and practise."

"For private specialists, hospitals and



Professional requirement: A doctor logging into the MMC website. — FAIHAN GHANI/The Star

medical institutions are compelled to insist on a valid APC due to the high medicolegal exposure, including vicarious liability, where institutions may be held legally responsible if an unlicensed doctor practises within their facilities," he said in a statement.

He added that the impact extends beyond legal risk.

"For doctors in private practice, the inability to practise, even for a short period, directly affects their livelihoods, professional standing and continuity of patient care."

Dr Thirunavukarasu said under Section

4(1) of the Medical Act 1971, the MMC is statutorily responsible for the registration and regulation of medical practice in Malaysia.

"In view of the current situation, we (MMA) urge MMC to provide an immediate formal assurance that doctors who have submitted all required documents on time, including valid indemnity and payment, may continue to practise without penalty during this period, and that all APCs will be issued by Jan 31," he said.

He called for a clear public statement and an interim letter from the council to protect compliant doctors, reassure healthcare institutions and uphold patient safety.

"We further request urgent enhancement of the Medical Register Information and Technical System (MeRITS) system, moving towards a fully digital APC with real-time status tracking, automated verification of Continuing Professional Development (points) and indemnity, and prompt electronic confirmation upon compliance."

"Doctors who have complied with the law must not be exposed to criminal liability or loss of livelihood due to systemic inefficiencies beyond their control," he said.

Federation of Private Medical Practi-

tions' Associations Malaysia (FPPMAM) President Dr Shannuganathan TV Ganeson urged the MMC to clarify the matter and give an assurance that doctors who have duly applied and paid for their APCs within the prescribed time-frame will not be deemed non-compliant.

FPPMAM, he said, recognised administrative or systemic challenges may arise from time to time, including system upgrades or transitional issues.

However, such challenges cannot lawfully displace the rights of doctors who have acted in accordance with the Medical Act and the requirements set by the MMC.

"FPPMAM stands ready to engage constructively with the MMC to resolve this matter promptly, in the interest of legal certainty, professional fairness and the uninterrupted delivery of patient care," he said.

Association of Private Hospitals Malaysia (APHM) president Datuk Dr Kuljit Singh said the association has formally written to MMC to request for amnesty to allow affected doctors to continue practising while awaiting the issuance of their certificates.

"APHM shares the concerns over delays in the issuance of doctors' APC by the MMC, as these delays carry legal implications for affected practitioners," he said.

Anaemia caused by infection

Sometimes, an infection can result in decreased red blood cells, along with its accompanying symptoms.

TELL ME ABOUT: DR. Y.L.M.

A FRIEND of mine has been warded in the hospital for an infection. It was very hard to eradicate that infection, and they apparently had to give her antibiotics for many days before her fever finally came down. It was found that her red blood cells were low. Can infections cause anaemia? I thought they only affected the white blood cells.

Yes, infections can cause anaemia in many ways.

Infections can lead to inflammation of your body or parts of it, thanks to your body's immune response.

Then your body releases factors that can block iron utilisation.

Once you cannot process iron, you can get anaemia.

Some attacking microorganisms like parasites (like the one that causes malaria) or toxins released by some bacteria (e.g. *E. coli*) can directly attack red blood cells.

Infections can also affect your body's absorption of iron and other nutrients, thus not allowing new formation of red blood cells.

Viruses in particular can impair your bone marrow's ability to make new blood cells, both red and white.

I always thought that having anaemia means I don't have enough iron. That's what my mother always told me.

There are many causes of anaemia.

But first, do understand that anaemia is a condition of you having low levels of healthy red blood cells in your body.

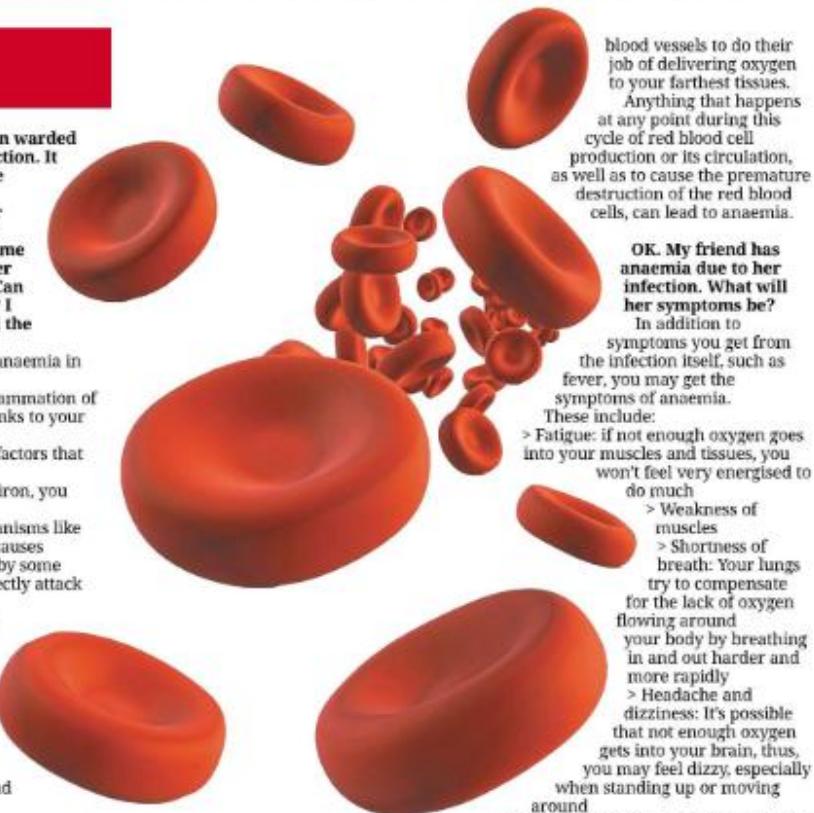
Your red blood cells carry oxygen to supply the organs and tissues in your body.

But first, let us understand our own red blood cells.

They are also known as erythrocytes (erythro = red, cytes = cells).

They transport oxygen from your lungs all throughout your body and take away the carbon dioxide back to the lungs to be exhaled and expelled.

The cycle repeats itself over and over to



Anaemia is a health condition where there is an insufficient amount of healthy red blood cells in the body. — Merck

sustain your very life.

The red blood cells, like your white ones, are developed in your bone marrow.

They take seven days to fully mature and be released from your bone marrow into your bloodstream.

Once released, they look like bright red discs with a depression in the middle, kind of like doughnuts.

They are so red because they contain haemoglobin, which has haem that contains iron.

Your red blood cells are very flexible and can squeeze through very narrow

blood vessels to do their job of delivering oxygen to your farthest tissues.

Anything that happens at any point during this cycle of red blood cell production or its circulation, as well as to cause the premature destruction of the red blood cells, can lead to anaemia.

OK. My friend has anaemia due to her infection. What will her symptoms be?

In addition to symptoms you get from the infection itself, such as fever, you may get the symptoms of anaemia. These include:

> Fatigue: if not enough oxygen goes into your muscles and tissues, you won't feel very energised to do much

> Weakness of muscles

> Shortness of breath: Your lungs

try to compensate for the lack of oxygen flowing around your body by breathing in and out harder and more rapidly

> Headache and dizziness: It's possible that not enough oxygen gets into your brain, thus, you may feel dizzy, especially when standing up or moving around

> Blurred vision: Same reason as above

> Cold extremities: By this, we mean cold hands and feet as these lose heat the easiest.

Do the infections that cause anaemia have to be of long duration?

Actually, no.

It is true that chronic infections – the ones that go on and on for a long time, such as malaria or tuberculosis – tend to cause anaemia more frequently than acute infections.

But acute infections – the ones that come on suddenly – can also cause anaemia.

The reason is that an acute infection can result in accelerated destruction of red blood cells.

Bacteria can release enzymes called

haemolysins that cause your red blood cells to shatter or burst.

Some bacteria can also invade your red blood cells directly and cause them to rupture.

Others release factors that surround your red blood cells, thus prompting your own white blood cells to remove them.

During certain infections, your spleen has to be overactive in order to fight the infection.

This temporary enlargement of your spleen can also cause many red blood cells to accumulate inside it.

This is called temporary hypersplenism.

My friend who has the infection and anaemia had to have a blood transfusion. Does anaemia have to be treated by blood transfusion?

If her red blood count is really low, then yes.

But first, it is important to treat the infection itself.

The infection must be eradicated with antibiotics or antivirals and such.

If the anaemia is mild, the doctor can give you iron supplements that you can take by mouth (i.e. orally).

You can also be given folic acid (vitamin B9) and vitamin B12 supplements, which are also needed in red blood cell production.

There are some medications that you can take to stimulate your bone marrow to produce more red blood cells, such as erythropoietin.

Of course, if your red blood count is really low and your condition is rapidly worsening, your doctor may give you a blood transfusion.

If the infection is triggering an immune attack on your cells, immunosuppressants may also be used.

Dr YLM graduated as a medical doctor, and has been writing for many years on various subjects such as medicine, health, computers and entertainment. For further information, email starhealth@thestar.com.my. The information provided is for educational and communication purposes only, and it should not be construed as personal medical advice. Neither *The Star* nor the author gives any warranty on accuracy, completeness, functionality, usefulness or other assurances as to such information. *The Star* and the author disclaim all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.

25 bayi Tahun Baharu 2026 lahir di HRPZ II

KOTA BHARU – Detik awal Tahun Baharu 2026 disambut penuh makna apabila 25 bayi selamat dilahirkan di Hospital Raja Perempuan Zainab II (HRPZ II), sekali gus menjadi simbol harapan dan permulaan baharu buat keluarga terlibat.

Pengarah HRPZ II, Dr Izamin Idris berkata, daripada jumlah tersebut, 16 bayi lelaki dan sembilan bayi perempuan dilahirkan sehingga jam 2 petang pada Khamis.

Menurutnya, kelahiran pertama direkodkan seawal jam 12.29 tengah malam, melibatkan seorang bayi perempuan yang menjadi bayi terawal membuka tirai tahun baharu di hospital berkenaan.

"Setiap kelahiran adalah satu anugerah yang sangat bermakna. Ia bukan sahaja membawa kebahagiaan kepada keluarga, malah menjadi amanah besar kepada pihak hospi-

tal untuk terus memberikan perkhidmatan terbaik," katanya kepada pemberita pada Jumaat.

Beliau berkata, bersempena kelahiran bayi tahun baharu itu, pihak hospital turut mengadakan sambutan simbolik sebagai tanda kesyukuran serta doa kesejahteraan buat semua bayi yang dilahirkan.

Katanya, pihak HRPZ II berharap agar bayi-bayi berkenaan membesar dengan sihat, sejahtera dan menjadi insan berguna kepada masyarakat, agama serta negara.

Dalam perkembangan sama, Dr Izamin turut merakamkan setinggi-tinggi penghargaan kepada seluruh warga kerja HRPZ II yang sentiasa komited dan bertungkus lumus memastikan kebajikan pesakit, khususnya ibu-ibu yang baru melahirkan anak, sentiasa terpelihara tanpa mengira masa.



Dr Izamin menyampaikan cenderamata kepada ibu bayi Tahun Baharu 2026 dalam satu majlis sambutan khas yang diadakan di HRPZ II.

Kes alahan kanak-kanak kian meningkat, ibu bapa perlu peka

Bukan sekadar ketidaksesuaian, simptom beri kesan jangka panjang terhadap kesihatan

Kehidupan bandar yang serba pantas dan moden kini membawa cabutan kesihatan bahan kepada kanak-kanak di Malaysia, apabila kes alahan dilitian semakin meningkat dan membingungkan.

Apa yang dahulunya dianggap sekadar berisi atau ruang ringan, kini berkomponen menggali ira kesihatan yang boleh menjelaskan keristi hadap kanak-kanak jika tidak ditangani dengan betul.

Pakar Perubatan Pediatrik dan Pakar Pernafasan Kanak-kanak di Pusat Perubatan Sunway, Bandar Sunway, Dr Noor Zehan Abdul Rahim, berkata mempunyai suggaran, seorang dutpada lima kanak-kanak di Malaysia berkecukupan mengalami alahan, sekali pun mempunyai kesedaran dan rintikan awal daripada ibu bapa.

"Alahan bukan sekadar ketidaksesuaian sementara. Ia boleh memberi kesan panjang terhadap kesihatan, tidak perbelahan dan aktiviti harian kanak-kanak," katanya.

Beliau merujukkan, persekutuan bantuan mendedahkan kanak-kanak kepada perhajai siangan seperti rumah bahru, asap kenderaan dan penerokaan udara.

"Walaupun ibu bapa tidak mampu mengawal semua faktor luaran, mereka masih boleh mengelakkan rumah sebagai ruang perlindungan yang lebih sefamur,"

Dr Noor Zehan

Abdul Rahim



sebagai lipostbergensi, ia masih boleh menyebabkan timbal batuk kepada kanak-kanak yang sensitif," jelas Dr Noor Zehan.

Alahan makaran puja, walaupun kurang kerap berbanding negara Barat, masih berdaik, khususnya menyebabkan kacauan narah, makaran laut dan asma.

Symptom alahan latunnya, misalnya sembelit seawal usia dua hingga tiga tahun, namun alahan makaran boleh berdaik seawal empat atau lima tahun, manakala alahan pernafasan seperti rintik alegri sering berulang sejak usia lima atau empat tahun.

Antara tanda yang perlu diberi perhatian termasuk bersin berulang, hidung berair atau tersumbat, batuk, bendahar, ruam kulit, eksima serta simptom pencernaan seperti muntah dan cuci-boti.

"Jika simptom berulang berlangsung kali selepas mengambil makanan tertentu atau berada dalam persekitaran tertentu, ia bukan semata yang boleh diabaikan," tegar beliau.

Ibu bapa disarankan menyimpulkan dari simptom bagi membaiki doktor mengambil pustaka alahan dengan lebih tepat.

Riski jika tidak diagusi

Mengabaikan alahan boleh membawa kesan yang lebih serius.

Timbal siang yang berpunggung

Asma yang berpunca dengan alahan boleh dicerap atau "flowed" (lebih awal) (Foto: iStock)

berisikan menyebabkan simpati kronik dan asma, sekaligus memejasakan hidur, tumpang serta persetiaan hantam kanak-kanak.

Statistik memaparkan, peringkatkan kafar atau asma kanak-kanak di Malaysia, daripada 6.4 peratus kepada 9.4 peratus dalam kalangan kanak-kanak berada emam hingga tujuh tahun dan dinaipada 9 peratus kepada 13 peratus bagi kumpulan usia 13 hingga 14 tahun.

"Asma yang berpunca daripada alahan tidak dirawat boleh mengubah kehidupan seorang kanak-kanak. Lebih memedihkan, banyak kes sebenarnya boleh ditragik atau dikawal," kata Dr Noor Zehan.

Walupun alahan boleh menjadi cabaran, terdapat langkah mudah dan berkesan yang boleh diambil ibu bapa bagi mengurangkan perdaikan kepada abegon, antaranya:

- Kekakuan kebersihan rumah dengan menggunakan saring tilam kakis rumah bahru dan vakum bersengap HEPA.
- Elkuk pembersihan kepada asap rokok, temusuk portokel yang melekat pada pakalan.
- Draskan alegri lahan

peliharaan dengan menjauhkan batwan dan bahan tular.

- Perkenalkan makanan berisiko secara terkawal, dengan nasihat doktor, berulang emam hingga enam bulan.
- Pilih pembersih udara dan pendek rumah dengan bijak, elakkan pewangi dan hafan kimia yang memengarkan.

Membentukkan mitos

Antara salah faham umum ialah keperayaan, alahan akan hilang dengan sendirinya apabila kanak-kanak membesar.

Halukannya, kebiasaan alahan boleh berterusan sejoga dewasa jika tidak diurus dengan baik.

Begitu juga kebiasaan terhadap penggunaan inhaler.

"Inhaler tidak menyebabkan ketagihan. Ia memudahkan mengawal simptom dan memeliharakan kanak-kanak menjalani kehidupan yang sejuk dan normal," jelasnya.

Pandemik COVID-19 turut memberi kesan kepada freud alahan. Walangpm sekitan pergerakan mengurangkan pagkitan dan sementara meredakan simptom pernafasan, pemeliharaan yang betul terhad juga menjelaskan pembenaran imunisasi kanak-kanak.

"Perkenalkan semula anak kepada pelbagai persekutuan secara berperangkat sembilan menggalakkan kebersihan. Ibu penting untuk membina ketahanan tubuh dan menggalakkan polis generasi alahan," katanya.

Menurut Dr Noor Zehan, pengurusan alahan kanak-kanak memerlukan kerjasama erat antara ibu bapa dan pengaruh prestasi kesihatan.

Pemeriksaan berkala dengan pakar pediatrik membolehkan pengesaman awal serta rawatan yang lebih berkesan.

"Tahap-tahap awal adalah fasa kritis. Dapatkan maklumat yang betul, berstandar awal dan jangan terguguk agar mendapatkan hasil perubatan. Setiap usaha ibu ini adalah perihatan untuk masa depan anak yang lebih sihat dan bahagia," katanya.

info

Jenis alahan kanak-kanak dan tanda amaran

Jenis Alahan	Pencegah Iaum	Symptom utama
Batuk alergi	Hawa bahru, debung, hidu hidu	Bersus, hidung berair terusah
Asma alergi	Hawa bahru, osp, pencernaan	Batuk, berselut, sesak nafas
Alahan makaran	Kacang, makaran laut, mumi	Buses, mumbah, cuci-boti
Alahan kredit	Kulanguk, makaran, hafan kimia	Bahan kimia, gatal, eksema