

KKM perlu buka klinik hadapi situasi kecemasan di KLIA

Lapangan terbang dikunjungi hampir 90,000 orang termasuk pelancong asing setiap hari

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Kuala Lumpur: Hampir setengah jam rebah sebelum petugas kesihatan tiba, tetapi mangsa sudah disahkan meninggal dunia, itu kejadian yang berlaku di depan mata pengamal media di Lapangan Terbang Antarabangsa Kuala Lumpur (KLIA), kelmarin.

Keadaan kelam kabut berlaku apabila mangsa warga Myanmar bersama anaknya berada di blok B yang mahu menuju ke kawasan parkir tiba-tiba rebah, tetapi tiada tindakan pantas diambil bagi membantunya walaupun ketika itu beberapa kakitangan KLIA turut berada di lokasi kejadian.

Pemerhatian mendapati, walaupun alat kecemasan mudah alih untuk memberi bantuan jantung (AED) dibawa kepada mangsa, malangnya tiada kakitangan yang tahu menggunakannya sebelum seorang lelaki secara sukarela berusaha membantu menekan dada mangsa beberapa kali.

Keadaan yang berlaku ini menimbulkan persoalan berhubung tahap bantuan kecemasan kesihatan yang ada di KLIA jika berlaku kejadian tidak diingini memandangkan KLIA dikunjungi hampir 90,000 orang termasuk pelancong asing setiap hari.

Tinjauan BH selepas itu mendapati masalah sama sudah lama dibangkitkan pekerja di lapangan terbang itu, termasuk permintaan supaya Kementerian Kesihatan (KKM) membuka klinik bagi memberikan perkhidmatan sebagai sokongan kepada satu-satunya klinik swasta yang ada, tetapi setakat ini tiada maklum balas mengenainya.

Pengurus restoran yang mahu dikenali sebagai Linda yang bertugas di KLIA selama tujuh tahun, berkata kejadian yang berlaku kepada mangsa kelmarin, menimbulkan kembali trauma kepadanya berhubung kejadian

sama berlaku di depan matanya beberapa tahun lalu.

Katanya, kejadian berlaku apabila seorang wanita yang baru pulang dari luar negara rebah hampir dua jam sebelum petugas kesihatan tiba, tetapi malangnya dia sudah meninggal dunia.

"Kejadian berlaku berdekatan restoran di tingkat bawah apabila mangsa tiba-tiba rebah, tetapi bantuan kesihatan hanya tiba selepas dua jam.

"Kami yang tiada asas memberi bantuan kecemasan berusaha membantu mangsa termasuk mengipasnya, tetapi dia gagal diselamatkan.

"Bagi saya, mangsa itu boleh diselamatkan sekiranya bantuan kecemasan tiba tepat pada waktunya," katanya kepada BH.

Kos mahal di klinik swasta

Seorang kakitangan penguat kuasa pula berkata, dia terpaksa memandu sejauh 15 kilometer ke Klinik Kesihatan Salak untuk mendapatkan rawatan apabila demam ketika bertugas.

Beliau berkata, bukan semua petugas mampu mendapatkan rawatan di satu-satunya klinik swasta di KLIA itu kerana kos dikenakan agak mahal.

"Bayangkan untuk ke tempat letak kenderaan di KLIA yang besar ini pun saya tidak berdaya kerana kesihatan terjejas, apatah lagi untuk memandu ke klinik itu.

"Namun, saya gagahkan juga ke sana kerana saya memerlukan pengesahan doktor untuk memeriksa kesihatan saya.

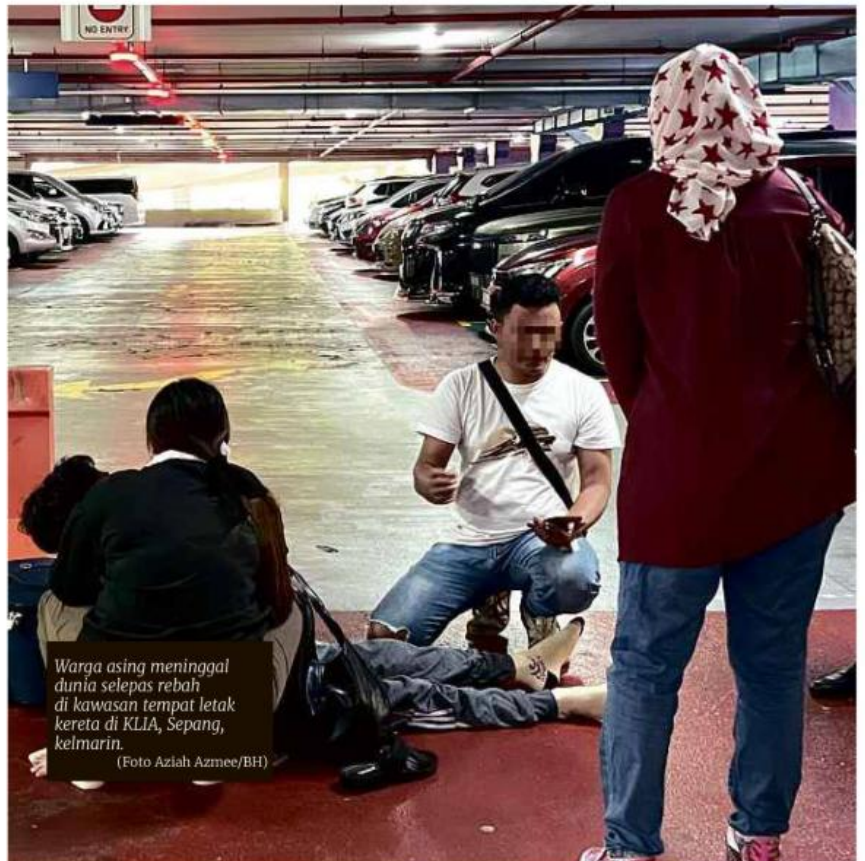
"Kami bukan berharap sebuah hospital yang canggih ada di KLIA ini, tetapi hanya klinik kesihatan yang kecil yang boleh memberikan respon awal kepada kami jika apa-apa berlaku," katanya.

Difahamkan, satu-satunya klinik kerajaan terdekat dengan KLIA terletak di Kuarters KLIA dengan jarak kira-kira empat kilometer dari terminal utama.

Kakitangan awam yang berkhidmat di KLIA selama 10 tahun yang mahu dikenali sebagai Anita pula berkata, sememangnya ada kumpulan petugas KKM di KLIA, tetapi mereka berada di pintu masuk negara bagi menguruskan isu berkaitan jangkitan penyakit yang mungkin dibawa dari luar negara.

Beliau berkata, masalah kelewatan ambulans tiba di lokasi kejadian mungkin disebabkan pemandu tidak mahir mengesan lokasi sebenar kejadian kerana bangunan KLIA yang besar.

"Saya pernah melihat kemala-



Warga asing meninggal dunia selepas rebah di kawasan tempat letak kereta di KLIA, Sepang, kelmarin.

(Foto Aziah Azmee/BH)



Klinik swasta di Lapangan Terbang Antarabangsa Kuala Lumpur, Sepang.

ngan kecil berlaku di sini, tetapi ambulans lambat tiba untuk membantu mangsa dengan alasan mereka tidak tahu laluan untuk menuju ke lokasi kejadian.

"Saya berharap petugas kesihatan khasnya pemandu ambulans menghafal setiap pintu keluar masuk ke KLIA ini bagi memudahkan bantuan kecemasan diberikan kerana setiap detik ke-

tika itu sangat berharga bagi membantu mangsa," katanya.

Harap kecemasan terjamin

Sementara itu, Vanita Subramanian, 33, pula berkata, dia berharap sebuah klinik kesihatan kerajaan diwujudkan berdekatan KLIA kerana terdapat ramai pekerja yang bertugas di sini.

"Orang lain mungkin boleh

membayar sejumlah harga di klinik swasta yang ada di sini, tetapi bagi kami yang bekerja dengan gaji rendah, pastinya berkira-kira untuk mendapatkan rawatan sekiranya ada kecemasan terjadi.

"Jika klinik kesihatan ada, pastinya ia menjadi kelegaan kerana perkhidmatan kerajaan adalah yang terbaik," katanya.

Kelewatan pemprosesan Sijil Perakuan Amalan Tahunan (APC) 2026

Pengamal perubatan dibenarkan berkhidmat jika sudah memohon

Kelulusan masih diproses dalam sistem MeRITS, kebenaran tertakluk kepada syarat tidak dikenakan sebarang sekatan

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Kuala Lumpur: Pengamal perubatan dibenarkan untuk terus berkhidmat tanpa dikenakan sebarang tindakan, sekiranya sudah mengemukakan permohonan lengkap bagi mendapatkan Sijil Perakuan Amalan Tahunan

(APC) 2026 tetapi menunggu proses.

Majlis Perubatan Malaysia (MMC) dalam kenyataan berkata, kelonggaran itu diberikan kepada permohonan yang mematuhi ketetapan Seksyen 20 Akta Perubatan 1971 dan Peraturan 28 Peraturan-Peraturan Perubatan 2017, serta dihantar sebelum atau

pada 31 Disember 2025.

"Permohonan itu masih diproses dalam sistem MeRITS dan kebenaran itu tertakluk kepada syarat pengamal perubatan terbabit tidak dikenakan sebarang sekatan, penggantungan atau larangan amalan di bawah mana-mana peruntukan lain Akta Perubatan 1971," katanya, semalam.

Sebelum ini media melaporkan, lebih 14,000 pengamal perubatan tiada sijil sah untuk berkhidmat kerana permohonan pembaharuan APC 2026 belum diluluskan.

Jurucakap Hartal Doktor Kontrak (HDK) mendakwa pengamal

perubatan terbabit mengemukakan permohonan pembaharuan pada 20 November tahun lalu, namun sehingga kini masih berada dalam status 'semakan' sejak pertengahan November 2025.

Kuat kuasa APC 1 Januari

Mengulas lanjut, MMC berkata tarikh kuat kuasa APC bermula 1 Januari atau mengikut tarikh perlindungan indemniti profesional, bukan tarikh kelulusan atau sijil dikeluarkan.

"MMC menghargai kesabaran dan kerjasama semua pengamal perubatan serta komited memastikan langkah ini dapat men-

jamin kesinambungan perkhidmatan kesihatan kepada orang awam.

"MMC juga akan mengambil langkah penambahbaikan sewajarnya bagi memastikan isu ini tidak berulang pada masa hadapan," katanya.

Pada masa sama, MMC menyatakan permohonan maaf atas kelewatan memproses dan mengeluarkan APC.

Katanya, ia susulan lonjakan mendadak jumlah permohonan diterima pada akhir tahun lalu, termasuk permohonan dihantar bersama dokumen sokongan yang diterima lewat.

Health cited as main reason for *haj* deferment

BACHOK: Health factors represent the main reason for *haj* deferment among Malaysian pilgrims this year, surpassing financial reasons, which now ranks third.

Minister in the Prime Minister's Department (Religious Affairs) Dr Zulkifli Hasan said so far, only 18% have deferred their *haj* pilgrimage, a significant decline from about 50% previously, following initiatives implemented by Lembaga Tabung Haji.

"Based on data received, personal and health factors are the primary reasons for deferments, and finance is no longer the dominant cause as before."

He was speaking after the Sinar Lestari housing handover event by the Malaysian Islamic Economic Development Foundation at Kampung Aman in Kandis on Friday.

Zulkifli said health screening is among the mandatory conditions that must be complied with to ensure safe and seamless worship throughout the pilgrims' stay in the Holy Land.

He added that the government would ensure that Malaysia's *haj* quota is fully utilised, with appeals to fill vacancies open until Ramadan.

"For pilgrims who defer their *haj*, the quota will be offered to the next most eligible candidate in accordance with existing rules and guidelines."

It was previously reported that Malaysia was still awaiting a response regarding a request to increase the *haj* quota for 2026 following the Saudi government's decision to maintain it at 31,600 pilgrims.

— Bernama



The doctor says

DR MILTON LUM

THERE was no objective evidence of improvement in Malaysian healthcare in 2025. Some of the pertinent issues for Malaysian healthcare in 2026 are discussed below.

Nicotine addiction

The Control of Smoking Products for Public Health Act was implemented on Oct 1, 2024. 18-month period when nicotine sales were unregulated, the floodgates opened to the advertising, promotion and sales of nicotine products; entry of tobacco companies to the vaping market; and legalised sales to everyone, including minors below 18 years.

It appears regulators are oblivious to the fact that the effects of nicotine addiction would only be obvious in the medium to long term.

Various announcements were made on the delayed banning of vaping, which, hopefully, will be implemented in 2026.

Hopefully, the conundrum on the regulation of the safety standards and manufacturing of smoking devices by the Domestic Trade and Cost of Living Ministry and the Investment, Trade and Industry Ministry respectively, will be resolved in 2026.

Infectious diseases

Dengue cases decreased in 2025.

Hopefully, the trend will go further south in 2026, or at least, not increase.

Covid-19 infections continue to occur, but in much smaller manageable numbers.

A review of 429 studies between July 5, 2021, to May 29, 2024, estimated that the global prevalence of long Covid was 36%.

Studies of long Covid by the National Institute of Health have yet to find themselves in the medical literature.

However, a study of 976 healthcare workers (HCWs) in Universiti Malaya Medical Centre, who had Covid-19 between Jan 1, 2020, to March 1, 2024, revealed that 49.2% had long Covid.

The sufferers had lower self-rated job performance and lower absolute presenteeism, with higher economic loss.

The new H3N2 variant of

Malaysia's healthcare in 2026

There remain many areas of healthcare that need to be tackled urgently in this coming year.

influenza A (subclade K) has rapidly become dominant in Malaysia, Japan, Europe and North America with increasing cases and hospitalisations.

It causes more intense symptoms, but thankfully, it is covered by the trivalent vaccine, which is strongly recommended for children under five years, the pregnant, senior citizens, diabetics, asthmatics, and those with heart/lung disease, HIV/AIDS and other chronic conditions.

Hopefully, Malaysians will heed the call to get vaccinated.

The virus with pandemic avian influenza (i.e. bird flu), which has infected hundreds of millions of farm animals, spilled into mammals at an unprecedented scale and devastated wildlife globally.

It has established itself in dairy cattle in the United States. According to the World Health Organization (WHO), as of Dec 18, a total of 480 cases of human infection have been reported in Cambodia, China, Indonesia,

Laos, Vietnam and Australia, of which 318 (66.3%) were fatal.

Although human cases are currently rare, the trajectory of its increase is worrying, the data is patchy and the future uncertain.

Some scientists are warning that bird flu could spark a human pandemic in 2026.

The factors contributing to vaccine hesitancy, which include safety, efficacy, religious incompatibility, misperceptions about alternatives and conspiracy theories remain unaddressed.

More effective efforts are needed in 2026 to educate parents on the benefits of vaccination.

Otherwise, uptake may decrease, particularly with social media messages from prominent anti-vaxxers, thereby contributing to a resurgence of preventable infectious diseases.

Non-communicable diseases

Non-communicable diseases (NCDs) will continue to rise with increasing undiagnosed and uncontrolled numbers, due to uncoordinated and poor control.

This will impact on their complications and long Covid, and endanger healthcare delivery.

Inadequate or no treatments for NCDs will inevitably lead to premature and excess illness

and death, thereby impacting the country's economy.

The 2024 *Prevention and Control of Noncommunicable Diseases in Malaysia: The Case for Investment* report by the Health Ministry (MOH), WHO and the United Nations Inter-Agency Task Force on NCDs reveals the economic burden of NCDs to be RM64.2bil (4.2% of the 2021 GDP, comprising RM12.4bil in public healthcare costs and RM51.8bil in productivity losses).

The report provided a detailed implementation roadmap with laboration and a whole-of-system approach. It highlighted the potential to save over 180,000 lives and recover RM30bil in economic output over the next 15 years.

Hopefully, the report's implementation will commence in 2026.

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Patient safety

Patient safety continued to be an issue in 2025 with increasing judicial awards for maimed patients.

Hopefully, 2026 will witness a definitive action plan to upgrade the 46 public hospitals, which are more than 50 years old, and the more than half of equipment that are more than 10 years old, both of which pose patient safety hazards.

The public has a right to know the level of healthcare safety in the public sector.

Healthcare workforce

HCWs' crucial role in healthcare delivery was evident during the Covid-19 pandemic.

The chaotic junior doctors' situation will continue in 2026.

The decreased incentives for service in Sarawak and Sabah will lead to decreased HCWs to meet the states' increasing needs.

Poor coordination between Putrajaya and public sector facilities; ignorance of facilities' needs and requests; and an insensitivity to the attitudes and needs of the junior doctors will hopefully improve.

Medical unemployment and disgruntlement will continue with junior doctors' issues inade-

quately addressed.

The best and brightest will continue to seek employment abroad.

Medical technologies

New technologies have impacted on healthcare with breakthroughs continuing in 2026.

Diabetes management will be improved by continuous glucose monitoring and glucagon-like peptide-1 (GLP-1) drugs, which will become an option in the treatment of obesity.

The first blood test for Alzheimer's disease approved by US Food and Drug Administration (FDA) in May will, hopefully, be available in Malaysia in 2026.

The MOH's statement that electronic health records (EHR) will be rolled out throughout Malaysia by 2026 is very unlikely to occur.

If a third or half the country has EHR, it would have done very well already.

Issues of patients' confidentiality and security, patient safety, and the successes and failures of the new technologies, will be increasingly problematic.

The accountability and framework of the safe and effective use of generative AI to meet the needs of all users will need to be addressed in 2026.

Increasing healthcare expenditure

Healthcare expenditure and medical inflation will continue to rise leading to increased demands on the underfunded, overworked and crowded public sector, which is on the road to collapse.

It is sad that policymakers, in their so-called attempt to control medical inflation, cannot get their act together

to provide a coordinated approach.

Increasing out-of-pocket expenditures will lead to more families facing financial ruin if they or their relatives get catastrophic diseases, e.g. cancer, heart attack and stroke, or are made redundant.

More general practitioner (GP) clinics and some private hospitals will close, because of financial unsustainability, staff burnout and the bureaucratic regulatory maze.

Hopefully, the long overdue GP fee schedule amendments will be gazetted in 2026.

There will be mergers, acquisitions and closures of some private medical schools and managed care organizations because of financial unsustainability and reducing demand.

GPs' minimal or non-involvement in management of NCDs of public sector patients will impact negatively on population health.

Public trust and health policies

Healthcare will be increasingly provided by non-health actors with technological tools, posing regulatory problems.

The MOH's 2026 budget cannot assure improved patient safety

and quality care unless wastages, inefficiencies, and the role of middlemen and rent seekers, are reduced markedly; and it has an open and just culture.

It is notable that a think-tank has described the MOH's 2026 budget as paltry.

At best, it appears that the situation is akin to that of a patient en route to the High Dependency Unit (HDU) in the hospital, which is next door to the Intensive Care Unit (ICU).

The RakanKKM programme is unlikely to succeed without any investment in new facilities and equipment.

Public trust will continue to wane for various reasons, including poor risk communication; non- or poor compliance to standard operating procedures; no meaningful engagement with the private sector, universities and civil society; misuse and abuse of social media; lack of transparency; and poorly considered policies.

Numerous examples of irresponsibility, unaccountability and incompetence underpinned by arrogance and poor insight were exposed in recent years.

There is limited or no available data of improved population health in 2025.

The political parties in the government in their manifestos.

Yet, the hype about the Health White Paper adopted by Parliament in July 2023 has been reduced to a whimper.

Will there be meaningful changes in health and healthcare management in 2026, or will it continue to be another year of reckoning for the public healthcare system?

Stay healthy

Healthcare is avoidable by staying healthy.

A healthy diet, maintaining an appropriate weight, regular exercise, sufficient rest, safe sexual practices, avoiding nicotine exposure, moderate alcohol consumption and keeping vaccinations current are necessary.

This requires effort, smart lifestyle choices and the occasional medical check-up.

NCDs, infectious diseases and other health risks can be minimised by compliance with one's individual responsibilities and vaccination.

Wishing all readers good health in 2026.

Take care of yourself and stay safe.

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Commentary by Dr EUGENE CHOOI, Dr CAROLLYN KEE CHEE YEN and Dr CHANG CHEE SEONG

MALAYSIA'S healthcare system stands at a crossroads.

Reform is no longer a matter of preference. It is a necessity shaped by demographic, economic and structural realities that are becoming impossible to ignore.

The Covid-19 pandemic made one truth unmistakable: when a healthcare system falters, the consequences extend far beyond hospital walls.

Economies can rebound and policies may shift, but when emergency departments overflow, clinics struggle and staff burn out, the impact is immediate, deeply personal and often irreversible.

For decades, Malaysians have taken pride in a public healthcare system that is affordable, accessible and fair.

A clinic visit still costs RM1.

Ironically, parking fees or traffic fines often exceed the professional service delivered by doctors who have trained for years. This affordability reflects national values of compassion and equity.

Yet, beneath these strengths, pressure points are widening.

If left unaddressed, they risk turning a celebrated public good into an overstretched, unreliable service.

A system under strain

The warning signs are clear and growing.

Malaysia faces a shortage of over 11,000 specialists – the result of training bottlenecks, limited permanent posts and slow career progression.

Many junior doctors leave the public sector, and some migrate entirely in search of stability and growth.

Those who remain face rising workloads and mounting burn-out, which is increasingly normalised rather than considered as a crisis.

Medical inflation continues to outpace household income growth, while the population is ageing rapidly.

Chronic conditions such as diabetes, high blood pressure, heart disease, high cholesterol and kidney failure are climbing, increasing demand for long-term and complex care.

Yet, government health expenditure remains lower than that of comparable middle-income nations.

Predictably, this has led to longer waiting times, overcrowded facilities and the erosion of public confidence.

If action is not taken, a system once celebrated for reliability may soon struggle to meet the needs of a more demanding, older and medically-complex population.

Why this matters

Even those who rarely seek medical care are affected by systemic fragility.

When hospital congestion delays emergency treatment, the consequences can be life-changing.

When clinics lack staff, chronic diseases worsen silently.

When healthcare workers resign or disengage, safety, access and trust erode.

These outcomes ripple



Instead of prioritising treating diseases, a shift must be made to emphasising a healthy lifestyle in order to prevent illness in the first place. — Filepic

Why reform is needed

Malaysia's healthcare system is in trouble, and this will have ripple effects throughout the entire country if nothing is done soon.

through society. A strained healthcare system is not merely a policy issue, it affects families, communities, productivity, social stability and national resilience.

Reform is not optional; it is a responsibility.

Malaysia has reached a point where incremental adjustments can no longer keep the system afloat.

To ensure long-term sustainability, several realities must be confronted:

> A shift from "sick care" to real healthcare is overdue

Today's system focuses heavily on treating illness after it appears.

A sustainable future requires stronger investment in prevention, early intervention and community-based programmes.

> Health must be viewed beyond the individual

A shift must be made from thinking about just personal health to population health.

Clean environments, healthy schools, safe workplaces and strong public health systems shape the well-being of entire communities.

Better population health lowers national cost and strengthens socioeconomic resilience.

> Healthcare workforce reform is urgent

Training bottlenecks, uneven workloads, contract uncertainties and slow specialist pathways weaken morale and accelerate brain drain.

No system can thrive on the goodwill of exhausted professionals.

> Financing must become sustainable

Ageing demographics and rising chronic illnesses will drive costs upward.

Continuing with the current funding model risks slower services, widening inequity and increased pressure on households and public hospitals.

> Governance continuity is essential

Healthcare reforms often span a decade or more.

Frequent shifts in leadership undermine planning, execution and public trust.

Stability and bipartisan support are fundamental.

Malaysia's healthcare workforce remains deeply committed – "kami sedia membantu" reflects a genuine ethos of service.

Yet, dedication alone cannot compensate for structural gaps.

Without coherent planning, adequate investment and strong institutional support, even the most committed professionals have limits.

Leadership is crucial

Malaysia's future health landscape depends on how the nation chooses to view healthcare: as a cost to minimise or as an investment in long-term resilience and productivity.

Short-term cost-cutting may produce a fragile system, while strategic investment builds sustainability and fairness.

Policy resets since 2018 have disrupted continuity – often with good intentions,

but mixed long-term outcomes. Malaysia's challenge now is consolidation and ensuring reforms endure beyond political cycles.

Two complementary initiatives are shaping Malaysia's reform landscape:

> The Health White Paper – A long-term structural blueprint aiming to modernise financing, governance, workforce development and prevention with a 10-15-year horizon.

> Reset – An immediate operational programme focused on cost control, insurance reform, sustainable financing, primary care strengthening and digitalisation.

One provides strategic direction; the other, operational execution. Both initiatives aim to stabilise and modernise the system.

How well these initiatives align will determine the trajectory of Malaysia's healthcare system.

Key takeaways

Healthcare reform is no longer a technical exercise; it is a national priority.

Malaysia can delay, but the cost of waiting will be far greater than the cost of acting now.

Reform will happen.

The real question is whether Malaysians will shape it proactively or allow circumstances to force change.

Dr Eugene Chooi is the president of the Private Medical Practitioners' Association Of Selangor And Kuala Lumpur (PMPASKL), Dr Carolyn Kek Chee Yen is the president-elect, and Dr Chang Chee Seong is the honorary secretary. This is the first in a five-part series on healthcare reform that will be published weekly. For more information, email starhealth@thestar.com.my. The information provided is for educational and communication purposes only, and should not be considered as medical advice. The Star does not give any warranty on accuracy, completeness, functionality, usefulness or other assurances as to the content appearing in this article. The Star disclaims all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.



Graphic: Copilot

MMC: Eligible doctors can work despite cert delays

PETALING JAYA: The Malaysian Medical Council (MMC) has apologised for delays in issuing Annual Practising Certificates (APCs) for 2026, citing a surge in applications towards the end of last year.

The council stated that the delays primarily affected applicants who submitted their supporting documents late.

It confirmed that any medical practitioner who submitted a complete application, made payment and complied with the requirements under Section 20 of the Medical Act 1971 and Regulation 28 of the Medical Regulations 2017 on or before Dec 31, 2025, but has yet to receive the

2026 APC is allowed to practise without enforcement action until the certificate is issued.

"This is provided the practitioner is not subject to any restriction, suspension or prohibition under any other provision of the Medical Act.

"For completed applications submitted on or before Dec 31, 2025, the effective date of the APC will commence from Jan 1, 2026, or in accordance with the date of professional indemnity coverage.

"The effective date shall not be dependent on the date of approval or the date of issuance of the certificate," the council said in a statement yesterday.

MMC expressed appreciation for the patience and cooperation of medical practitioners and assured that these measures aim to ensure the continuity of healthcare services to the public.

The council would also implement necessary improvements to prevent this issue from recurring in the future, it added.

The Star reported yesterday that healthcare stakeholders had voiced concern that lengthy delays in APC processing left doctors in limbo.

In another statement, the Malaysian Medical Association (MMA) has urged the council to strengthen its manpower and

administrative capacity.

Its president Datuk Dr Thirunavukarasu Rajoo said a comprehensive review of operations within the MMC Secretariat was needed, including staffing levels, workload management and overall process efficiency.

He added that the MMA supports the council's plans to accelerate the digital transformation of the APC system into a real-time, transparent and user-friendly platform.

He welcomed MMC's clarification that doctors who meet key requirements, including valid professional indemnity coverage, completion of continuing profes-

sional development points, and payment submissions, may continue practising pending the issuance of their APCs.

"This is timely and reassuring, especially for those in private practice. MMC's commitment to resolve all pending APC issuances by Jan 31 provides much-needed clarity for doctors who have been left in uncertainty," he said.

He noted that the assurance also eases administrative and legal pressure, particularly from hospitals, pharmaceutical partners and insurance networks, where delays could raise concerns about professional liability exposure.

Vape labels lie, lab results don't

'Magic mushroom' liquids instead hide a cocktail of synthetic drugs

By EMALIN ZALANI
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PETALING JAYA: Drug-laced vape liquids are being falsely marketed as "magic mushroom" products – typically known as natural fungi containing the hallucinogen psilocybin – when many actually contain synthetic drugs like cannabinoids or MDMA (commonly known as ecstasy).

According to Monash University Malaysia consultant addiction psychiatrist Assoc Prof Dr Anne Yee, most users – and even sellers – do not actually know what these vapes, also known as Kpods, contain.

"Many believe it's a 'mushroom' drug, but that's the problem. Vapes are just devices; people don't truly know what's in them.

"Dealers will say anything to make a sale," she said.

Police data showed that most seized Kpods actually contained synthetic cannabinoids or ecstasy.

In 2023, about 65% of vape liquids and devices seized tested positive for these substances.

According to Narcotic Crime Investigation Department Legal and Investigation assistant director ACP Chandra Segaran Subramaniam, no confirmed cases involving psilocybin or magic mushrooms have been detected in vapes.

"People continue to claim 'magic mushroom', yet there is no supporting evidence.

"All cases involve synthetic substances," he said.

These findings are supported by chemical analyses from the National Poison Centre at Universiti Sains Malaysia.

"To date, we have not detected any mushroom-derived hallucinogens, such as psilocybin or psilocin, in the vape samples analysed," said science officer Dr Normaliza Abdul Manaf.

"However, we have identified synthetic psychoactive substances, particularly those classified as New Psychoactive Substances, in certain drug vapes.

"These may produce hallucinogenic-like effects but are not natural mushroom-based compounds."



Not as it seems:

Magic mushrooms are fungi that contain the psychedelic compounds psilocybin or psilocin, which can alter perception and mood. Authorities say no confirmed cases involving psilocybin or magic mushrooms have been detected in vapes. — Canva

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According to Assoc Prof Yee, magic mushrooms could have become popular due to a Yale University study that suggested psilocybin – a component of such mushrooms – could help in treatment-resistant depression.

Vape stockist Din (pseudonym), 26, said he is regularly approached by sellers promoting drug-infused vapes.

"They come to the shop offering testers," he said, adding that they don't disclose the nature of the drug.

"I used to assume they were mushroom drugs because they were popular.

"They invited me to try it and said to call them if I was interested, but I declined."

Former chef Nur Maisarah (pseudonym), 42, unknowingly tried a Kpod given to her by friends.

The liquid tasted no different from her usual fruity nicotine vape, she said.

"After about five puffs, I felt cold.

"When people spoke near me, their voices sounded distant. It felt like I was floating on clouds, and it scared me.

"That was when I realised I was hallucinating," she said.

The effects lasted up to two hours.

Assoc Prof Yee, who also practises at a private hospital in Johor Baru, said clinical assessments are crucial because patients are often unsure of the substances they have consumed.

"We assess patients based on their symptoms and accounts to identify possible substances," she said.

"Most patients who come to us are already seeking help and are honest about their use because they're afraid they might be treated wrongly if we don't know what drug is involved."

Urine tests, she added, are conducted only when confirmation is necessary.

"If it's just nicotine, you won't see dissociation.

"Anything beyond that is considered drug-laced," she said.

The effects of psilocybin include altered perception of time and senses, euphoria, intensified emotions, and visual hallucinations.

Those who take etomidate can experience drowsiness, sedation, muscle spasms, loss of motor control, altered perceptions and psychosis – the so-called "zombie-like" symptoms featured in viral videos.

Cannabinoids can cause euphoria, relaxation, impaired memory and coordination, hunger, dry eyes, dry mouth, anxiety and paranoia.

The effects of vaping MDMA are unpredictable, as it does not evaporate well and is frequently contaminated with other potentially harmful substances.

By EMALIN ZALANI
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AT FIRST glance, it looks like an ordinary vaping device.

But hidden inside is something dangerous and illegal.

Across South-East Asia, a threat known as "Kpod" vapes is quietly spreading.

Laced with illicit drug compounds, these vape liquids are making this harmful habit even more perilous.

Former chef Nur Maisarah*, 42, unknowingly tried one after a friend offered it to her, assuming it contained a regular nicotine liquid.

The effects she felt were immediate.

"I took a few puffs for about five seconds, then stopped to talk," she shares.

"Suddenly, I felt cold.

"People were standing close to me, but their voices sounded far away."

In that moment, it felt as though she was "floating on clouds" – a sensation that frightened her.

"That's when I realised I was hallucinating."

Although the inhalation lasts only a few seconds, the resulting effects can persist for up to two hours.

"I didn't think it was serious because I'd only taken a little, but I could feel something moving inside my body," says Nur Maisarah.

"It felt like the substance had entered my bloodstream."

At times, she felt disconnected from reality after vaping the drug.

"When I got up to get water, the kitchen was right in front of me, but it felt so far away."

"It took me almost five minutes to reach it."

"Everything looked distorted, and I couldn't focus," she shares.

Despite experiencing several such episodes, she only stopped using the liquid after her fifth time.

Out of concern, she later went for a medical check-up, but her tests came back normal.

"The doctor said everything was fine – no infection, no fever."

"I was confused."

"Maybe it was stress, or maybe just my body reacting to the drug," she says.

Nur Maisarah says that the friend who introduced the drug-laced vape liquid to her suffers even more intense effects.

He would start acting strangely.

Although he is usually a quiet person, after vaping the Kpod, he would suddenly talk non-stop, but nothing he says would make sense.

It is as if his brain isn't working properly, she says.

She also notices physical changes in him: the area under his eyes turns red and his whole expression changes.

Nur Maisarah also recalls seeing a young boy outside a vape shop, clearly under some kind of narcotic influence after he had vaped.

He became hysterical, just like in the "zombie" videos online showing people who had used Kpods, she describes.

He was shivering, coughing, and even starting foaming around his mouth.

He was eventually sent to the hospital.

Nur Maisarah now speaks strongly about the dangers of

Ordinary vape liquids can be easily laced with drugs, making them difficult to detect. — Canva

A different danger

such products.

She feels angry as the people who sell them can ruin lives, including those of children.

"They want easy money, but they don't care who they harm," she says.

She offers this advice: love yourself, and don't follow friends just to fit in.

"It's easy to find people who can lead you down the wrong path," she says.

"If someone tries to pull you towards something harmful, walk away."

Hook first, sell later

Just like small shop promoters handing out free samples, dealers entice users to try Kpods before convincing them to buy.

Din*, a 26-year-old vape stockist, says he is regularly approached by promoting these illicit products.

"They come to the shop offering testers," he says.

"I'm not sure what brand it is, but it's definitely laced with drugs."

"They tell me to try it and call them if I'm interested, but I reject it."

Although the dealers don't say what substance is in the vaping liquids, Din assumes they contain mushroom-based drugs, which have become increasingly popular.

Indeed, he does have customers who frequently ask whether his shop sells drug-infused vapes.

He explains that these sellers

operate like street-level pushers.

"They don't promote the products openly."

"They work quietly as middlemen, finding buyers and moving stock through hidden channels."

A 10ml bottle typically costs RM100-200, while ordinary nicotine vape liquid sells for RM20-25 per 15ml.

He has also heard of schoolchildren buying the substance from outsiders for as little as RM1 per "drop", with stronger doses costing more.

The drug is easy to conceal, he warns, as it can be mixed into standard vape cartridges.

Some users report an unusual smell that differs from the familiar sweet scent of standard vape flavours.

These products are often sold under names like "Thor" or "Hulk", informal code words used in underground networks.

"Some sellers use WhatsApp or Telegram."

"I've seen Facebook posts saying, 'PM if you want certain flavours,'" Din says.

Kpod peddlers also add vape retailers to WhatsApp broadcast lists to secretly promote the illegal liquids.

He notes that the Health Ministry (MOH) will conduct raids whenever there are complaints about such substances being sold.

"Some shops are raided, and officers ask whether the products are being sold; they tell us it's illegal."

"It hasn't happened to us yet,

but if there's a complaint, they will come," he says.

The controversy affects the vape business, with sales dipping after increased enforcement.

"The products we sell are legal and customers know which brands are approved by MOH."

"But when illegal Kpods are sold online or privately, it harms the vape industry – people start losing trust," he explains.

Clueless about the drug

Most users and sellers still have little idea what these drug-laced vape liquids contain, says Monash University Malaysia consultant addiction psychiatrist Assoc Prof Dr Anne Yee.

"Both buyers and sellers often rely on hearsay rather than facts," says the adjunct professor at the Universiti Malaysia Centre of Addiction Sciences.

These products became known as "Kpods" because many assumed the drug in it was ketamine (represented by the "K"), a drug widely misused in Hong Kong and Taiwan.

"However, toxicology tests show the liquid actually contains etomidate, a short-acting anaesthetic."

"If anything, they should be called 'Epods', because the chemistry isn't ketamine at all," she says.

Assoc Prof Yee notes that etomidate, which can be legally used by doctors (usually anaesthetists), can be easily mixed into vape liquids, and is psychoactive and fast-acting.

"As it is not listed under the Dangerous Drugs Act (DDA) or Poisons Act, users cannot be charged specifically for possessing etomidate," she shares.

Dealers promote it as a "clean" product that cannot be detected by authorities.

"Standard rapid drug tests only screen for common substances like heroin, cannabis and methamphetamine, which means newer agents like etomidate often slip through unless a lab conducts advanced toxicology testing," she explains.

She shares that she began seeing patients affected by these products in her clinic about a year ago.

"People don't understand what they are and assume they're linked to 'magic mushrooms', especially after research from Yale University suggested psilocybin may help treat treatment-resistant depression," she says.

Psilocybin is a naturally-occurring psychedelic compound found in certain mushrooms that alters perception, mood and thought by affecting serotonin receptors in the brain.

"Many equate psilocybin with magic mushrooms and assume they are the same, or even therapeutic."

"But mushrooms contain many different compounds, and psilocybin is only one of them," Assoc Prof Yee warns.

Sellers exploit this confusion, using the term "magic mushrooms" to market the vape liquids as natural remedies.

"Dealers flavour and brand the products attractively, promoting them as 'legal' and 'undetectable' to make them even more appealing to inexperienced users."

"They claim the products are safe because they aren't listed under the DDA," Assoc Prof Yee points out.

She notes that many young people perceive these Kpods as less harmful because vaping is marketed as harmless, healthy and a cool lifestyle habit.

"When celebrities promote vaping, it becomes linked to a lifestyle image – much like how tobacco companies once tied cigarettes to manhood, adventure and status," she says.

"Young people view vaping as modern and cleaner than smoking, while manufacturers design flavours and packaging that appeal especially to women, widening the market beyond the traditional male user base."

While the effects of these Kpods may be felt immediately, the real danger could only surface much later – with serious consequences for the user's health.

**All names have been changed to preserve privacy*

See StarHealth next Sunday for how substances like etomidate affect the brain and body, and why their risks extend far beyond the initial high.

