

# KKM tingkat kerjasama klinik swasta di KLIA

Usaha tingkat kesiapsiagaan rawatan kecemasan di semua pintu masuk negara

Oleh Sariha Mohd Ali dan Ilah Abd Aziz  
bhnews@bh.com.my

**Kuala Lumpur:** Kementerian Kesihatan (KKM) akan bekerjasama dengan klinik swasta yang beroperasi di pusat komersial tumpuan ramai, termasuk di Lapangan Terbang Antarabangsa Kuala Lumpur (KLIA) bagi mempertingkatkan kemahiran dan kesediaan petugas bahagian rawatan kecemasan supaya berada pada tahap sepatutnya.

Langkah itu bagi memastikan setiap kes kecemasan berlaku ditangani sebaiknya mengikut prosedur operasi standard (SOP) ditetapkan dalam usaha menyelamatkan nyawa orang ramai.

Susulan itu, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata pihaknya sedia turun padang secara berkala ke pusat perubatan swasta itu bagi memantau dan memastikan keselamatan, kualiti perkhidmatan



serta kesiapsiagaan kesihatan awam sentiasa terpelihara.

## Ujian mengejut

Beliau berkata, pihaknya juga tidak menolak kemungkinan melakukan ujian tertentu secara mengejut di lokasi bagi mengetahui tahap sebenar tindakan bantuan rawatan kecemasan diberikan selepas kes dimaklumkan.

“Bagi fasiliti berorientasi komersial seperti di lapangan terbang antarabangsa, termasuk di KLIA, penyediaan perkhidmatan klinikal dilakukan dengan ker-

jasama sektor swasta dan kerajaan bertindak sebagai pengawal selia serta penatap piawaian.

“Pendekatan ini selari dengan amalan di lapangan terbang utama dunia seperti di Changi, Dubai, Abu Dhabi dan Muscat.

“Di KLIA, perkhidmatan pesakit luar disediakan klinik swasta yang mempunyai jaringan rujukan ke hospital dan klinik kerajaan berhampiran, malah Malaysia Airports Holdings Berhad (MAHB) menyediakan lima pasukan kecemasan lapangan terbang.

“Bagaimanapun, tahap kepekaan, kemahiran dan kesediaan kakitangan terbabit mengendalikan peralatan perubatan yang ada serta respons kepada kes kecemasan tidak menepati SOP dan perkara ini akan kita tangani segera,” katanya kepada BH, semalam.

BH semalam melaporkan seorang pengunjung KLIA 1 rebah hampir setengah jam sebelum petugas kesihatan tiba, namun

mangsa sudah disahkan meninggal dunia.

Kejadian di depan mata petugas media kelmarin itu menyebabkan keadaan kelam-kabut apabila mangsa warga Myanmar bersama anak berada di Blok B yang menuju ke kawasan parkir tiba-tiba rebah, tetapi tiada tindakan pantas diambil bagi membantunya, walaupun ketika itu beberapa kakitangan KLIA turut berada di tempat kejadian.

Dr Dzulkefly berkata, peralatan kesihatan canggih yang dimiliki tidak bermakna jika tidak ada kemahiran menggunakannya, terutama ketika kes kecemasan berlaku yang memerlukan tindakan pantas bagi menyelamatkan nyawa.

Susulan itu, beliau berkata, Bahagian Pendidikan Perubatan KKM sentiasa terbuka dan bersedia memberi pendidikan kemahiran terbabit, termasuk kepada orang awam kerana di saat kritikal, tanggungjawab memberi rawatan segera terletak kepada semua pihak.

“Kerajaan kekal komited memastikan perkhidmatan kesihatan diberikan berkualiti, selamat dan responsif kepada rakyat.

“Bagi pusat komersial seperti KLIA ini, kita akan terus memantau bagi memastikan keselamatan, kualiti perkhidmatan dan kesiapsiagaan kesihatan awam dan memberi rawatan kecemasan sentiasa berada pada tahap sepatutnya,” katanya.

“Pendekatan ini selari dengan amalan di lapangan terbang utama dunia seperti di Changi, Dubai, Abu Dhabi dan Muscat”

Dr Dzulkefly Ahmad,  
Menteri Kesihatan





# Pengamal perubatan belum terima PAT 2026 tak kena tindakan

**Kuala Lumpur:** Kementerian Kesihatan (KKM) memberi jaminan status sah dan perlindungan indemniti profesional pengamal perubatan kekal terpelihara, walaupun berlaku kelewatan pengeluaran Perakuan Amalan Tahunan (PAT) 2026.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata bagi permohonan yang lengkap dan dikemukakan sebelum atau pada 31 Disember 2025, manakala tarikh kuat kuasa sijil berkenaan adalah bermula 1 Januari 2026 tanpa mengira tarikh kelulusan fizikal oleh Majlis Perubatan Malaysia (MMC).

“Status sah dan perlindungan indemniti profesional anda kekal terpelihara tanpa mengira tarikh kelulusan fizikal,” katanya dalam kenyataan semalam.

Mengulas kebimbangan pengamal perubatan di fasiliti swasta, beliau turut memberi jaminan tiada tindakan penguatkuasaan akan diambil di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) susulan kelewatan pengeluaran PAT 2026.

Mengulas kebimbangan pengamal perubatan di fasiliti swasta, beliau turut memberi jaminan tiada tindakan penguatkuasaan akan diambil di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) susulan kelewatan pengeluaran PAT 2026.

Katanya, Bahagian Amalan Perubatan (BAP) mengesahkan moratorium penguatkuasaan oleh Cawangan Kejururawatan dan Amalan Perubatan Swasta (CKAPS) akan dilaksanakan terhadap mana-mana pengamal atau fasiliti yang masih belum menerima PAT.

Katanya, ia tertakluk kepada syarat permohonan dan bayaran yang dibuat sebelum atau pada 31 Disember 2025 serta status permohonan masih dalam proses melalui sistem MeRITS.

Beliau berkata, pihaknya memandang serius isu kelewatan berkenaan dan tidak mahu kelemahan pentadbiran menjejaskan kelangsungan tugas barisan hadapan kesihatan.

Sehubungan itu, kementerian akan melaksanakan pelan pemulihan sistem secara menyeluruh dengan kerjasama MMC bagi memastikan isu sama tidak berulang.

“Audit dalaman akan dijalankan dan MMC dikehendaki mengemukakan laporan terperinci mengenai punca kelewatan, langkah mitigasi serta garis masa penyelesaian penuh.

“Kementerian juga komited menaik taraf sistem legasi MeRITS kepada platform digital yang lebih teguh, automatik dan berasaskan peraturan bagi memperkemas proses kelulusan PAT.

“Kami komited membina ekosistem memudahkan urusan fraterntiti (pertubuhan) perubatan, bukan membebankan,” katanya.

# Urgent need for stronger organ donation framework

■ BY FAIZ RUZMAN  
newsdesk@thesundaily.com

**PETALING JAYA:** Only 50 of more than 800 potential organ donors identified in Malaysia last year were successfully converted, an achievement rate of less than 7%.

This highlights an urgent need for stronger laws as the government moves to make organ transplantation a national agenda in 2026.

Malaysian Society of Transplantation president and Kuala Lumpur Hospital transplant nephrologist Dr Mohamad Zaimi Abdul Wahab said gaps in the Human Tissue Act 1974 complicate life-and-death decisions, particularly over who can give consent and whether a donor's pledge must be honoured.

"We don't clearly define who is considered the next-of-kin, and there's nothing in the Act to say that you must honour the pledge (made by the deceased).

"In some countries, they call it 'soft opt-out' (presumed consent). Soft opt-out means if we know that the deceased is a (pledged donor), other people (including family members) cannot override or withdraw the consent.

"To me, if a person has pledged and never reversed that decision during his lifetime, that pledge should be respected. The problem is that we currently do not have an Act to enforce it," Mohamad Zaimi told *theSun*.

He said a more empowered National Transplant Resource Centre (NTRC) should

➤ Only 50 out of more than 800 potential organ donors in Malaysia last year successfully converted, representing achievement rate of less than 7%

lead reforms on consent, coordination and accountability across hospitals.

"Before this, NTRC's main aim was just to promote organ donation, create awareness and coordinate organ procurement.

"But now, we want them to be more than that. Everything related to transplants – law, funding and manpower shortage – NTRC should be responsible for sorting it out."

He said despite previous ministry efforts to focus on donor identification at selected hospitals, the system remains uneven.

"Out of the 16 hospitals identified, at least three or four are performing well. Malacca is very good, Seremban is very good and so is Selayang.

"But what happened to the other 13 hospitals? There is no single body looking at all the hospitals and asking why donors are not being identified."

He said while donor identification is improving, follow-through remains low.

"This year at Kuala Lumpur Hospital, living and deceased donations are almost 50-50 for the first time ever. Previously, about 70% of our

transplant organs came from living donors, with only about 20% from deceased donors."

Mohamad Zaimi expressed hope that stronger coordination would translate into more transplants nationwide.

Health Minister Datuk Seri Dr Dzulkefly Ahmad had said on Dec 29 that organ transplantation would be reframed as a national agenda in 2026.

The key initiative is to restructure and elevate NTRC's role as a national command centre under the Medical Development Division of the Health Ministry.

Dzulkefly added that the revision of the National Organ, Tissue and Cell Transplantation Policy 2007 is in its final stages, while a review of the Human Tissue Act 1974 is underway.

He said although more than 400,000 Malaysians have registered as organ donors, over 10,000 patients remain on waiting lists, adding that MySejahtera recorded more than 16,000 new donor registrations as of July 2025.

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# PM hails UMMC for successful liver transplant on infant

**KUALA LUMPUR:** Prime Minister Datuk Seri Anwar Ibrahim has congratulated the medical team at the Universiti Malaya Medical Centre (UMMC) for the historic success of a liver transplant on a four-month-old baby boy last November.

The baby, who weighed just 6.2kg, suffered from liver failure and urgently required a transplant from his mother on Nov 25.

In a post on X yesterday, Anwar said the achievement reflects the high level of expertise, professionalism and dedication of Malaysia's healthcare personnel, particularly in performing highly complex and high-risk medical procedures.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the baby's heart suddenly stopped just minutes before the surgery began, creating a tense moment at the paediatric ICU.

"The medical team worked tirelessly to perform resuscitation. One hour filled with tension. The life of this little child was truly hanging by a thread.

"This is where the true greatness of our medical team was tested. Not only did they manage to stabilise the baby but with sharp and courageous clinical judgement, also made the difficult decision to proceed with the surgery," Dzulkefly said in a post on his Facebook page.

He said despite the high-risk nature of the operation, complicated by the baby's extremely delicate blood vessels, the surgery was successfully carried out, thanks to the combined expertise of surgeons, anaesthetists and nurses at UMMC.

Dzulkefly said the case proves that Malaysia possesses world-class medical expertise.

"We have the talent to create miracles. What we need now is a support system and public awareness for people to (sign up) as donors."

He also reiterated his commitment to the National Organ Transplant Agenda 2026.

– Bernama

## Fun in a frozen land

The annual Harbin Ice and Snow Festival takes shape as ice sculptors vie for the top prize and the dare-to-swim plunge. >13



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## Winning recipe

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# Nursing the end of life

With our population ageing and more Malaysians living to an advanced age, the hospice sector is in need of a booster shot. Experts say that with palliative care being a relatively new specialty in the country, more professionals need to be trained to provide adequate care for the dying.

> See reports on pages 6 and 7 by CHARLES RAMENDRAN and YEE XIANG YUN

## Growing need for palliative care

Govt urged to strengthen healthcare workforce and resources as demand rises

By CHARLES RAMENDRAN  
newsdesk@thestar.com.my

**PETALING JAYA:** With the population getting older and living well into advanced ages, the pressure to improve palliative and hospice care is piling by the day.

Longer life expectancy and the growing burden caused by chronic and degenerative illnesses are compounding the problem for health authorities, who are faced with a shortage of trained personnel, limited funding and uneven access.

National Cancer Society Malaysia (NCSM) managing director Dr Murallitharan Munisamy said hospice care is provided when curative treatment is no longer effective, with the focus shifting from fighting disease to preserving comfort and dignity.

"There comes a point in many serious illnesses where treatment can no longer heal the disease.

"At that stage, the priority becomes comfort, symptom control and, most importantly, freedom from pain, so patients can live the final chapter of their lives with dignity," he said in an interview.

While hospice care is often associated with cancer, he said many other conditions also require palliative support, such as those suffering from stroke, dementia, Parkinson's disease, and other neurological and psychiatric illnesses.

"People with dementia may suffer from sleep disturbances and palliative care can help manage

**"Early intervention is crucial. It is like watching a movie from the beginning rather than the last five minutes."**

Dr Ednin Hamzah

these symptoms," he said.

Contrary to common belief, palliative care does not begin only at the final stages of illness.

Dr Murallitharan said it can be introduced early and run alongside curative treatment.

"In the past, palliative care was offered very late. Today, it can be part of a planned approach from the point of diagnosis, especially if treatment outcomes are uncertain," he said.

However, access remains a major challenge.

Palliative care is still a relatively new specialty in Malaysia, with few trained professionals.

While services are available in government and private hospitals, costs in the private sector can be prohibitive.

This gap is often filled by hospice NGOs, which provide free home-based care across several states. Yet these organisations are underfunded, he said.

"They rely on donations and

partial government support. There is a serious manpower shortage, and services are sustained largely because of volunteers who sacrifice their time," Dr Murallitharan said, adding that NCSM has about 7,000 volunteers who include 3,000 medical personnel.

Even so, he estimated that the number of hospice staff nationwide would need to increase several-fold to meet existing needs.

Accessibility poses another barrier, particularly for patients in smaller towns and rural areas.

"How do patients who are immobile or severely ill travel long distances for hospice care?" he asked.

Social stigma also played a role, with some families regarding hospice care as taboo, he said.

Yet another obstacle is insurance coverage.

Dr Murallitharan said many end-stage patients faced limitations because palliative care was not recognised as essential treatment under most medical insurance policies.

Without sustained funding, stronger policy support and specialised workforce development, he cautioned that caring for terminally ill patients would become an even greater challenge in the years ahead.

Health Minister Datuk Seri Dr Dzulkefly Ahmad previously said that Malaysia aimed to increase the number of palliative care specialists to 50 in the next two years, up from the current 34, to meet

growing demand for end-of-life care.

He said an estimated 180,000 Malaysians required palliative care last year.

However, Malaysia faces a shortage of specialists at government hospitals, supported by experts from universities and the private sector.

Hospis Malaysia chief executive officer Dr Ednin Hamzah, who shared the concerns, said hospice and palliative care extended far beyond end-of-life care.

"Hospice grew out of care for the dying, but today it supports people at many stages of serious illness, including conditions that one may or may not recover from.

"Globally, non-cancer patients now make up the majority of those needing hospice care, including children," he said.

Despite rising demand, access remains severely limited, with Dr Ednin estimating that Malaysia currently meets only about 10% of its hospice care needs.

"While the numbers are not exact, it suggests that the vast majority of patients, possibly more than 75%, go without hospice care," he said.

Capacity constraints affect patients across all income levels, he said, but lower health literacy and the absence of services in rural areas further worsen access.

Late referrals are another persistent problem.

"Patients are often referred very late due to the misconception that hospice care is only for the terminally ill.

"Early intervention is crucial. It is like watching a movie from the beginning rather than the last five minutes," he said, pointing out that without timely care, thousands of Malaysians continue to suffer daily from pain, anxiety and emotional distress.

With an ageing population and rising non-communicable diseases, Dr Ednin said demand for such services would grow exponentially.

"Malaysia is an upper-middle-income country, yet some lower-income nations have already adopted practical solutions to address this issue. We can cope with future demands, but it requires national engagement and coordinated policies," he said.

To sum things up, Dr Ednin said there were two ways to respond to a health crisis – a top-down approach focusing on building hospitals and training specialists or a bottom-up approach that empowered communities.

The government announced last August that Malaysia was projected to become an "aged nation" by 2048, when the proportion of citizens aged 65 and above reaches 14% the total population.

It said Malaysia officially became an ageing nation in 2021, when the proportion of those aged 65 and above reached 7% of the total population.

**FOR MORE:**  
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# Palliative care helped family through testing period

By YEE XIANG YUN  
xiangyun@thestar.com.my

**JOHOR BARU:** Despite being ravaged by cancer, the final days of Tee Boon Leng's father's life were marked by dignity and peace.

He credited palliative care for helping his family navigate an emotionally devastating period.

The 37-year-old described palliative care as not giving up, but a way to preserve dignity at the end of life.

His 72-year-old father, diagnosed with end-stage pancreatic cancer in April last year, died after a two-month battle.

"In those final days, palliative care brought peace not just to my father but to all of us."

"It was medical support that eased his extreme pain, soothed emotions and helped guide my family through a roller coaster of feelings."

"Death is inevitable, but it does not have to be cruel," said Tee, who works in sales.

He said his family was initially divided over whether to pursue chemotherapy or palliative care when his father was first diagnosed.

Given his father's age and existing liver and kidney complications, Tee advocated palliative care, but the sick man decided to fight on and began chemotherapy.

His condition deteriorated sharply within two weeks.

Treatment was stopped and he was referred to the Palliative Care Association of Johor Baru (PCAJB).

A home visit was arranged promptly, with PCAJB senior nurse manager Premala Ponnusamy working closely with the hospital to secure controlled medication to manage his pain.

He said the palliative care nurses' role went far beyond clinical care, as they patiently explained and reassured family members with empathy.

"They helped us come to terms with what was happening. They didn't just help my father pass with dignity, they helped us cope, accept and be present," he said.

For Premala, such moments reflect the essence of palliative care.

"People think palliative care is about death, but to us, it is about how someone lives until the very end," she said, adding that the focus shifted from cure to comfort in a patient's final days.

"We manage severe pain, breathlessness, anxiety and agitation. We also care for emotions, fears, distress and family dynamics."

"Very often, families are overwhelmed and afraid. They need guidance just as much as the patient does," she added.

Beyond administering medica-



**Caring hands:** Premala providing comfort to a patient alongside medical support. — Photo courtesy of Premala

tion, Premala said palliative care nurses must navigate difficult conversations about dying, help families understand what is happening, and prepare them for what lies ahead, while respecting cultural and religious beliefs.

"Many patients fear being a burden or dying alone. Others worry about unresolved family matters."

"Sometimes, what they need most is someone who will sit with

them, listen and reassure them that they will not be abandoned," she said.

She said PCAJB provided phone consultations and worked closely with government hospitals to access controlled medications, with support from locum doctors when available.

Premala said a common misconception about palliative care was that it meant giving up.

"In reality, late referrals deprive

patients of the comfort and families of the support they deserve," she said.

The growing demand for palliative care is evident at PCAJB, where a small team is often stretched thin. Currently, three nurses, supported by an administrative manager, care for about 120 patients across Johor Baru and Masai, making up to six home visits a day.

PCAJB president Sonny Lim Pang Tew said many patients approached the association when their medical options run out to seek comfort at the end of life.

"We hope to cover more areas, including Senai, Kulai and Iskandar Puteri, but we are limited by resources and a shortage of palliative care nurses," he said.

Founded in 2007, PCAJB is fully licensed by the Health Ministry and is the only dedicated palliative home-care outreach programme in Johor Baru, which also serves as a training centre for final-year medical students and postgraduate doctors.

Lim said PCAJB relied heavily on public donations, with annual operating costs of about RM480,000 for medical and nursing services.

Those interested in learning more about palliative care or contributing to the association can call 07-222 9188 or e-mail pcjib.admin@gmail.com.

# Walking with patients to the very end

Hospice nurses work round the clock despite limited resources

By CHARLES RAMENDRAN  
newsdesk@thestar.com.my

**PETALING JAYA:** Death is a constant in the life of hospice nurse Nurul Nadiah Jaafar.

For over 14 years in palliative care, she has sat beside hundreds of patients as their pain came to an end.

Managing symptoms, comforting families and absorbing raw emotions are a part of her daily routine.

Like many in hospice care, she faces a heavy emotional and psychological toll, yet she continues to show up, driven by a belief that no one should breathe their last while alone or in pain.

With 45 terminally ill patients currently under her care, the Hospis Malaysia nurse is on call round the clock, making between four and six house calls a day.

Patients remain under her care until they die, usually taking months.

"Those usually referred to us have very little time left. We prioritise patients who are most in need of palliative care before setting out each day," said the 40-year-old mother of two who has witnessed hundreds of deaths over the years.

Beyond managing pain and physical symptoms, she said a

crucial part of her role is providing psychosocial support to caregivers, many of whom are overwhelmed by the demands of caring for a terminally ill loved one.

"Caregivers also need support because the responsibility can be physically and emotionally draining," she said.

"We assess their emotional state and if they are struggling, we try to arrange for a private caregiver to help ease the burden," she said.

Asked how she copes with the emotional weight of witnessing death so frequently, Nurul Nadiah said her motivation comes from knowing that her work can ease suffering for the patients and their families.

"In my early days as a hospice nurse, it was emotionally taxing to see patients I looked after dying."

"Knowing I can help make their final days more comfortable and dignified became a source of consolation that keeps me going."

"It also helps tremendously that I have a supportive husband and sons," she said.

Public healthcare expert Datuk Dr Zainal Ariffin Omar said palliative care must be recognised as a non-negotiable medical right instead of an optional treatment to ensure humane care for



**In dire need:** Malaysia faces a critical shortage of trained palliative care professionals, including doctors, nurses and allied health workers.  
— CHAN TAK KONG/The Star

patients with incurable conditions.

He said palliative and hospice care, while medically essential, continue to be regarded as optional in Malaysia due to gaps in availability and funding.

Services are largely concentrated in major hospitals and urban centres, leaving many rural and suburban areas with little or no access to proper end-of-life care, he said.

"Costs for palliative care in the private sector can be prohibitive, with most insurance providers and the national healthcare system offering limited or no coverage for home-based hospice care."

"This forces patients to pay out of pocket or forgo services altogether, turning what should be essential care into a luxury," said the former Health Ministry director.

Dr Zainal said Malaysia faces a critical shortage of trained palliative care professionals, including doctors, nurses and allied health workers.

When proper hospice services are lacking, the physical, emotional and financial burden shifts

almost entirely to families.

"Without professional support at home, family members become untrained caregivers, managing complex symptoms, medications and equipment."

"For those with limited means, this often leads to lost income, burnout and emotional distress."

"The human cost is severe, with patients enduring pain and distress that could have been prevented, with families left exhausted and traumatised," he said.

He called for greater investment in training, nationwide palliative care services and financial support for both patients and their family members.

Public healthcare specialist Prof Dr Sharifa Ezat Wan Puteh of Universiti Kebangsaan Malaysia said hospice and palliative care remains underdeveloped partly because the field is seen as less profitable, resulting in too few doctors and healthcare personnel being trained in it.

"The shortage does not just limit access but can directly compromise the quality of care patients receive," she said, adding that inadequate manpower forces

providers to stretch limited time and resources across large case-loads.

"When care is spread too thin, it can lessen the quality of management."

"In the worst-case scenario, patients may forgo hospice or palliative care altogether because it is too expensive or too difficult to access," she said.

Citing World Health Organisation data, Dr Sharifa Ezat said an estimated 56.8 million people worldwide need palliative care each year, including 25.7 million in their final year of life, yet only about 14% received it.

She said training and support must be strengthened, mainly in the public sector where provider-to-patient ratios remains low, with the problem more pronounced in rural areas and among the urban poor.

"The wider impact on families must also be taken seriously."

"Hospice services can significantly reduce the burden on caregivers who are often overwhelmed while caring for their ailing loved ones," she said.