

AKHBAR : HARIAN METRO

MUKA SURAT : 22A

RUANGAN : LOKAL

KKM ambil tindakan berdasar aduan diterima

Kuala Lumpur: Bukan tindakan membuta tuli sebaliknya tindakan penguatkuasaan dilaksanakan Kementerian Kesihatan Malaysia (KKM) terhadap premis farmasi dan klinik perubatan swasta berdasarkan aduan diterima.

Ketua Pengarah Kesihatan Malaysia, Datuk Dr Noor Hisham Abdullah berkata, sepanjang tempoh 2018 hingga 2019, sejumlah 3,162 bilangan aduan diambil tindakan oleh KKM melalui Bahagian Penguatkuasaan Farmasi (BPF) membabitkan aduan produk, pelanggaran amalan profesional dan lain-lain.

Menurutnya, KKM mengambil maklum laporan media mutakhir ini berkaitan tindakan penguatkuasaan yang dilaksanakan terhadap premis farmasi, premis klinik perubatan swasta dan lain-lain premis di seluruh negara.

"Tindakan penguatkuasaan yang dilakukan oleh KKM melalui BPF adalah bagi kes yang disyaki melanggar peruntukan undang-undang di bawah Akta Racun 1952, Peraturan-peraturan Racun (Bahan-bahan Psicotropik) 1989, Akta Jualan Dadah 1952 dan Akta Ubat (Iklan dan Penjualan) 1956," katanya.

AKHBAR : SINAR HARIAN

MUKA SURAT : 12

RUANGAN : NASIONAL

Tiada kes baharu polio dilaporkan di Sabah

KOTA KINABALU - Tiada kes baharu polio dilaporkan di Sabah selepas kes pertama dikesan pada 8 Disember lalu.

Menteri Kesihatan dan Kesejahteraan Rakyat Sabah, Datuk Poon Ming Fung berkata, seorang bayi lelaki berusia tiga bulan dari Tuaran yang dilaporkan dijangkiti virus polio itu masih dirawat dan diberi bantuan pernafasan di bilik isolasi hospital dan berada dalam keadaan stabil.

“Jabatan Kesihatan Negeri Sabah (JKNS) sedang meneruskan langkah pencegahan dan kawalan termasuk menjalankan aktiviti pengesanan kes yang mempunyai gejala seperti kelemahan otot atau kelumpuhan (AFP) bagi mengenal pasti jangkitan polio dalam kalangan kanak-kanak.

“Seramai 1,553 orang telah diperiksa dan tiada yang mempunyai gejala AFP dikesan,” katanya kepada pemberita selepas meninjau pelaksanaan larangan merokok di kedai makan di Jalan Gaya di sini semalam.

Pada 8 Disember lalu, seorang bayi lelaki berusia tiga bulan dari Tuaran dilaporkan dijangkiti virus polio iaitu kes pertama selepas 27 tahun Malaysia bebas daripada penyakit itu. - *Bernama*

AKHBAR : THE STAR

MUKA SURAT : 14

RUANGAN : NATION

Vaccinations surge as polio returns

By STEPHANIE LEE
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Tuaran folk immunise children after boy infected

KOTA KINABALU: There's been an increase in the number of parents getting their children vaccinated following the resurgence of polio in the country.

Sabah Health Department director Datuk Dr Christina Rundi said the case involving a three-month-old boy in Tuaran had triggered an increase in child vaccinations.

"This is not just immunisation for polio but for all sorts of vacci-

nations," she said after an anti-smoking campaign walkabout along Jalan Gaya in the city yesterday.

She said those who had delayed getting booster shots had also come forward.

"This is what we want to encourage, for everyone to get their immunisation jabs," Dr Rundi said, adding that no new cases had been detected so far.

She said those who came forward included locals and immigrants.

Dr Rundi added that the immunisation programme being carried out at selected localities, including Tuaran, was progressing well.

Sabah Health and People's Wellbeing Minister Datuk Frankie Poon, who was also at the walkabout, said 1,553 people in Tuaran had been screened for polio so far.

"These people were examined

and checked for symptoms such as Acute Flaccid Paralysis (AFP) but all tested negative," he said.

He said the baby diagnosed with polio is still being kept in an isolation ward and continues to receive treatment.

Poon said health officials were also still investigating how the baby contracted the virus.

This included taking stool samples from 20 people closest to the

baby, he added.

"We have also taken six environment samples to check on the presence of polio virus and are waiting for the lab results," he said.

The Health Department had as of Dec 14 seen a total of 59 children aged between two months and 15 getting vaccinated.

Poon advised the public to keep themselves and their surroundings clean and to seek immediate medical attention if they detect any symptoms of the virus.

AKHBAR : THE STAR

MUKA SURAT : 16

RUANGAN : VIEWS

Cut out the middlemen in medical care

THE call to deregulate doctors' professional fees is not new. What we at the Federation of Private Medical Practitioners' Associations, Malaysia (FPMAM) are surprised with is the abruptness of this change in policy and whether the public will be prepared to face the disruption it will create in the present unfavourable economic situation in the country.

When the Private Healthcare Facilities and Services Act (PHFSA) with its Fee Schedule was enacted in 2006, we had major reservations about its purported role in controlling cost of medical care. Experience now has clearly shown that a fixed fee schedule is the wrong instrument for cost control. The same applies to the proposed ceiling pricing of medications.

Before 2006, medical fees remained reasonably stable despite the absence of a fee schedule. We must always remember that since 2006, the cost of providing medical care has gone up mainly due to the increase in cost of living, cost of new technologies and treatment options and also from the cost of

regulatory compliance.

Setting up a new clinic today will cost the general practitioner (GP) at least five times what it would cost before 2006. Rentals, administrative cost, staff salaries and cost of utilities have increased significantly year on year, as have the costs of medications and clinic supplies. Over the years, many doctors had just absorbed this increase.

The promise by the Health Ministry that appropriate amendments to the Act and the Fee Schedule would be revised every two years also remains unfulfilled to date.

The issue of doctors' fees, which are already way out of date compared to the existing cost of running a clinic, has not been addressed in the existing fees schedule. It is thus good sense to scrap the schedule.

With deregulation, a short-term market correction in the fees is to be expected. There already exists a certain level of fees, which doctors and patients have been comfortable with for the past 10 years.

Exorbitant variation is unlikely as patients will naturally shun doctors who charge higher fees.

We are confident that deregulation will be for the better in the long run. Patients will compare prices and a GP will not charge more than his colleague down the road.

As far as the business of running a clinic is concerned, it must be clear to all that the professional fees are meant to be the salary of the doctor. As for guidelines, there is already an updated MMA (Malaysian Medical Association) Fees Schedule that can be used for reference. Income from the dispensing of medicines is meant for the cost of running the clinic and will vary from clinic to clinic depending on location, rental, staff salaries and etc. This must be left to market forces, and any proposal to regulate and interfere with this will end in the failure of our GP system.

However, many other issues that have pushed up the cost of care remain unresolved, including exploitation of GPs by middlemen

in medical care.

With regards to the concerns raised by the Federation of Malaysian Consumers Association (Formca), it must be pointed out that many other operational issues will also need to be addressed.

Over the years, we have continuously highlighted the issue of unfair fees and one-sided contracts with Managed Care Organisations (MCO) that have not been resolved by existing laws and regulations.

In addition, doctors have complained about the many quasi-regulations that have been unilaterally imposed by MCOs, which interfere with their medical management of patients. Is there a hidden agenda for GLCs that are operating MCOs?

As for the PHFSA, the medical management of the patient should be entirely in the hands of the doctor, and this must be clearly stated in all contracts with MCOs and the like. In urban areas where middlemen have now cornered a significant proportion of the patient flow, they and not the doctor will be the determinant of the doctors' fees.

In the end, to protect the quality of patient care, doctors will have no choice but to respond collectively to this trend. To ensure better care at affordable cost, our call is to cut out the middlemen in the delivery of medical care.

We are of the view that any contract with doctors must respect a minimal mutually agreed professional fee and clear transparent payment procedures that are in keeping with the tenability of good medical practice. This will prevent undercutting and compromised care.

The issue of medical fees and cost of over-regulation of the medical practice have been extensively studied and was published in the Recommendation Report of the Malaysian Productivity Corporation 2016. All relevant parties should look carefully at the recommendations made in this report.

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AKHBAR : THE SUN

MUKA SURAT : 9

RUANGAN : SPEAK UP

Taking responsibility for vaccine failure

COMMENT
by Amar-Singh HSS

THE recent unprecedented polio event in Sabah shows how fragile our health services are and how much vigilance is required to protect our children. Much has been written about it but I would like to bring our attention to taking responsibility for our behaviour and our policies. As a nation we are very much into blame-shifting and seldom take responsibility for our failure. There are four "responsibilities" here, four failures we need to address. Preventing vaccine-preventable disease epidemics is the responsibility of all parties involved and this includes government, our civil agencies, parents and the general public.

The responsibility of the government to vaccinate undocumented children

No nation can pretend today to be an island cut off from the rest of the world. Malaysia, especially Sabah, has its fair share of immigrants, refugees and stateless children. Remember that some of the stateless children are Sabahans without adequate identification records. We have a moral obligation to vaccinate these children, it is a rights issue. In line with United Nations Convention on the Rights of the Child (UNCRC), which is now 30 years old, we cannot deny any child access to health care. The fact that we put a significant barrier that prohibits these immigrant children from every child's health visit and every health check-up in addition not vaccinating these children means our community lose its vital health services thereby risking our own children from preventable diseases. We cannot say this is an expensive and so we will not

vaccinate these undocumented children. The actual price of not vaccinating them is much larger and more serious.

We cannot put all the blame for this failure on the previous administration. The government appears to be deferring a decision on making vaccinations mandatory for all children.

The responsibility of the Ministry of Health to vaccinate all children

The issue also falls at the doorstep of the Ministry of Health (MOH). How strongly has MOH advocated with the previous and current government to fully vaccinate all children in Malaysia? How strongly have they advocated for the right of every child to be protected? How strongly have they communicated to government that vaccinating all children protects Malaysian children?

In addition how good is MOH's vaccination coverage on the ground for Malaysian children? The recent polio event has shown that close to 12% of children, aged between two months and 15 years, examined at the location had not received polio vaccine. It'll be good if MOH would let us know how many of these are undocumented children and how many of them are Malaysian children.

We are aware that the MOH primary health care services are struggling. Over the years the focus of MOH has shifted extensively to curative, hospital-based services. Hence we have a significant lack of manpower, especially of public health nurses on the ground. So much so that our child health programmes are no longer optimal. It is not possible to adequately reach all children without having adequate nursing manpower on the ground. Even doubling the current public health nursing manpower would just be a beginning to restore our primary health care services, especially child health services that include immunisation. The funding for our primary



A National Security Council employee gets a flu shot at Sibuga Detention Centre in Sandakan on Oct 18. -BERNAMAPIX

health care services are also dismal (about 70% of MOH funds goes to curative and hospital services) and need a major revision.

The responsibility of parents and the anti-vaccine movement

The government and MOH cannot go it alone. We need parents to take responsibility for their children. The rise of the anti-vaccine movement and the concerns some parents have regarding vaccinations have also damaged our immunisation programme for children. That available studies and data has shown these are largely educated individuals is of concern. How we can move forward with these parents is still a challenge. The fact that the number of measles cases has risen tenfold in the last five years alone (from 195 in 2013 to 1,934 in 2018 with six deaths) speaks about the seriousness of this growing problem. Some parents no longer use MOH or private health services and hence we are unaware of the true number of these

families that refuse vaccinations.

In addition, will the anti-vaccine proponents take responsibility when children are damaged or die from not being vaccinated? They make very loud comments and claims when promoting their anti-vaccine ideas but are silent when children die from vaccine-preventable diseases. There must be some accountability for their messages.

The responsibility of the general public

Finally there is the need for the general public to take responsibility. We cannot say that this is purely the responsibility of government and MOH. The general public need to be informed about issues and need to counter misinformation and the anti-vaccine lobby. We have a responsibility to all children in Malaysia, including those who are not Malaysian. It is time for us to be more proactive in social media to ensure that good information is shared. We cannot deny this responsibility, otherwise we fail our children.

The psychological "2020" and "developed nation status" looms over us but we still have a long way to go.

A developed nation supports all the children in its borders, irrespective of their nationality.

A developed nation cares especially for the poor, marginalised and vulnerable children.

A developed nation ensures that the rights of everyone are upheld.

Datuk Dr Amar-Singh HSS is a senior consultant paediatrician. Comments: letters@thesundaily.com

AKHBAR : THE STAR

MUKA SURAT : 8

RUANGAN : NATION

Sabah gets serious on smoking ban at eateries

By STEPHANIE LEE
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KOTA KINABALU: After a year of educating the public not to light up at eateries, the Sabah government will no longer tolerate or compromise on errant smokers.

"Smokers and premises operators have had ample time to get used to the law," said state Health and People's Wellbeing Minister Datuk Frankie Poon.

"Starting Jan 1, there will be no compromise and offenders will be fined, jailed or both if found guilty of smoking and allowing patrons to smoke in their shops," he said after

a walkabout along Jalan Gaya here yesterday.

Shop owners who did not put up No Smoking signs would be penalised, he added.

Meanwhile, Sabah Health Department director Datuk Dr Christina Rundi said there was an increase in smokers getting help to quit the habit this year, but only a small number successfully stopped.

"There are many places where smokers can go for help to quit smoking. It is free at government hospitals and clinics but the public can also go to private clinics or pharmacies."

During the walkabout, health officials inspected eight premises.

Four were found to have violated the law.

Three premises did not have No Smoking signs, while one shop failed to stop patrons from smoking in the premises.

In October 2018, the Health Ministry announced that smoking would be banned in all restaurants, coffee shops and hawker centres nationwide starting 2019.

Those caught smoking in prohibited areas can be fined up to RM10,000 or face two years' jail, while eateries that allow customers to light up can be slapped with a fine of up to RM5,000 or jailed up to a year.

Smokers (cigarettes, vape and shisha with nicotine) can only light up 3m away from eateries.