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Pelancong kembali serbu Langkawi, tempahan hotel 90 peratus penuh

Mukasurat 4

PRK Kinabatangan, Lamag: SPR bermesyuarat Selasa depan

Mukasurat 5

Dituduh dalang gejala songsang, Mohd Na'im hantar notis tuntutan

Mukasurat 6

SinarDaily

Under-16 ban: Safety net or false security?

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Awas kereta terbiar di parkir awam!

Mukasurat 20

SUARA RAKYAT

Sinar Harian

Caj hospital swasta mencanak

KEBIMBANGAN pengguna terhadap caj hospital swasta semakin memuncak apabila FOMCA turut mendedahkan menerima lebih banyak aduan berkaitan bil rawatan yang tidak masuk akal terutama melibatkan pesakit berinsurans berbanding pesakit tunai.

Walaupun pihak hospital memberikan alasan pelaburan dalam teknologi canggih mempengaruhi kenaikan harga, banyak pihak berpendapat kerajaan perlu memperkenalkan mekanisme kawalan kos perubatan dan memberi kuasa kepada Kementerian Kesihatan untuk menetapkan parameter harga siling kos rawatan di hospital swasta.

Mukasurat 2 & 3

'Sejak 2016 sudah lantik ejen pemungut'

- KP JPJ jawab Ketua Pemuda UMNO

Mukasurat 7

Saman JPJ tertunggak tidak jejaskan kelayakan subsidi BUDI95 - Anthony

Mukasurat 7

Ramai pesakit hanya mengetahui jumlah akhir bil selepas rawatan kerana tiada anggaran awal diberikan.

Bil rawatan 'tak masuk akal'

LAPORAN MUKA DEPAN

Pesakit terbeban caj rawatan hospital swasta semakin mahal

Oleh IZWAN ROZLIN

SHAH ALAM – Aduan pengguna mengenai caj rawatan di hospital swasta yang mahal semakin meningkat sejak beberapa tahun kebelakangan ini, dengan banyak aduan tertumpu pada caj yang terlalu tinggi dan tidak sepadan, khususnya bagi pesakit berinsurans.

Ketua Pegawai Eksekutif Gabungan Persatuan Pengguna Malaysia (FOMCA), Dr Saravanan Thambirajah mendedahkan pesakit berinsurans mendakwa sering dikenakan caj lebih tinggi berbanding pesakit membayar secara tunai, sekali gus menimbulkan kebimbangan amalan caj melampau atau caj dinaikkan disebabkan insurans.

Beliau berkata, FOMCA turut menerima aduan mengenai caj bahan guna habis seperti ubat, jarum, *dressing*, sarung tangan, perkhidmatan diagnostik dan penggunaan mesin yang dianggap tidak munasabah.

Jelasnya, ramai pesakit hanya mengetahui jumlah akhir bil selepas rawatan kerana tiada anggaran awal diberikan.

"Terdapat juga kes pesakit dipengaruhi untuk dimasukkan ke wad walaupun keadaan mereka boleh dirawat sebagai pesakit luar, menyebabkan kos meningkat tanpa keperluan dan terus membebankan pengguna," katanya kepada *Sinar Harian* pada Selasa.

Mengulas faktor utama kenaikan caj perubatan swasta, beliau berkata, ia berpunca daripada ketiadaan kawal selia menyeluruh terhadap struktur harga hospital swasta.

Ujarnya, ketika ini hanya yuran profesional mempunyai jadual siling, manakala caj lain seperti bilik, diagnostik, ubat dan bahan guna habis langsung tidak dikawal.

"Kekosongan regulatori ini memberi ruang kepada hospital untuk menetapkan harga sendiri tanpa mengambil kira kos sebenar," katanya.

Kementerian Kesihatan Malaysia (KKM) sebelum ini sedang meneliti beberapa pindaan terhadap Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) bagi memperluas kawal selia berkaitan isu caj berlebihan di hospital swasta.

Timbalan Menteri Kesihatan, Datuk Lukanisman Awang Sauni berkata, langkah itu penting kerana isu inflasi kos perubatan dan penggunaan perkhidmatan kesihatan turut melibatkan peranan Kementerian Kewangan melalui Bank Negara Malaysia (BNM) serta sektor insurans.

> Kekosongan regulatori ini memberi ruang kepada hospital untuk menetapkan harga sendiri tanpa mengambil kira kos sebenar.'"
>
> **- Dr Saravanan**

Alasan 'teknologi canggih'

Tambah Dr Saravanan, hospital sering memberi alasan pelaburan dalam teknologi canggih bagi menyokong kenaikan harga, namun pelaburan itu sepatutnya ditanggung daripada keuntungan operasi yang munasabah, bukan melalui caj melampau yang membebankan pesakit.

Katanya, alasan 'teknologi canggih' kini sering digunakan hingga menyebabkan inflasi perubatan mencecah 16 peratus menurut industri, satu kadar dianggap tidak mampan bagi rakyat Malaysia.

Pada masa sama, ujarnya, syarikat insurans turut menaikkan premium tahunan berikutan tuntutan rawatan semakin tinggi, menjadikan perlindungan insurans perubatan semakin tidak mampu dimiliki ramai pengguna.

"Keadaan ini mewujudkan kitaran merugikan pengguna apabila kenaikan caj hospital dan premium insurans saling mengukuhkan antara satu sama lain," ujarnya.

Beliau menegaskan punca utama bukan terletak pada hospital atau syarikat insurans semata-mata tetapi kelemahan struktur regulatori yang tidak memberi kawalan mencukupi terhadap keseluruhan ekosistem perubatan swasta.

Bagi mengatasi isu itu, Dr Saravanan berkata, pindaan paling kritikal dalam Akta 586 perlu dilaksanakan bagi memberi kuasa jelas kepada KKM untuk menetapkan parameter harga siling keseluruhan kos rawatan di hospital swasta.

Menurutnya, harga siling perlu merangkumi semua komponen seperti ubat, bahan guna habis, fasiliti, penggunaan mesin, diagnostik dan caj sampingan supaya caj dikenakan lebih telus, terkawal serta munasabah.

FOMCA turut mencadangkan KKM diberikan kuasa audit lebih luas terhadap struktur kos hospital dan kuasa penalti terhadap caj tidak munasabah, selain mewajibkan hospital menyediakan anggaran kos awal dan bil terperinci kepada pesakit.

Mengenai isu ketelusan tuntutan insurans, Dr Saravanan berkata, hospital perlu diwajibkan mengeluarkan anggaran kos rawatan sebelum prosedur dimulakan dan menyediakan bil terperinci yang mudah difahami pengguna.

"BNM juga perlu perketat pengawasan terhadap syarikat insurans supaya sebarang kenaikan premium dibuat berdasarkan data kos sebenar, bukan semata-mata alasan 'inflasi perubatan'.

"Audit bersama KKM, BNM, syarikat insurans dan hospital perlu dilakukan bagi meneliti corak tuntutan serta mengenal pasti elemen caj tidak munasabah," katanya.

Menurut Dr Saravanan, keseimbangan antara kebajikan pengguna dan keperluan operasi hospital hanya akan tercapai apabila caj rawatan ditentukan berdasarkan kos sebenar, bukannya keuntungan maksimum.

"Hospital berhak menampung kos operasi, namun tindakan mengenakan caj melampau atau mencadangkan kemasukan ke wad secara tidak perlu tidak boleh dibiarkan kerana ia menjejaskan akses rakyat kepada rawatan kesihatan.

"Jadi, mekanisme seperti audit berkala, pemantauan harga masa nyata dan penguatkuasaan perlu diwujudkan bagi pastikan sistem kesihatan kekal adil dan tidak beban pengguna," ujarnya.

CAJ HOSPITAL SWASTA

BAYARAN ENDOSCOPY

Endoscopy ialah satu prosedur perubatan untuk melihat keadaan organ dalaman menggunakan tiub fleksibel dengan kamera kecil di hujungnya

Hospital A: RM1,800 - RM2,200
Hospital B: RM2,000 - RM4,000
Hospital C: RM5,000 - RM6,000
Hospital D: RM1,200 - RM2,450

HARGA BILIK (SATU MALAM)

Hospital A: RM350 - RM1,250
Hospital B: RM298 - RM3,088
Hospital C: RM155 - RM1,500
Hospital D: RM84 - RM1,200

HARGA BERSALIN

Hospital A: RM3,500 - RM7,500
Hospital B: RM7,000 - RM18,000 ke atas
Hospital C: RM3,999 - RM17,000
Hospital D: RM2,999 - RM8,600

KOS PEMBEDAHAN HERNIA

Hospital A: RM6,000 - RM9,000
Hospital B: RM7,000 - RM10,000
Hospital C: RM8,000 - RM12,000
Hospital D: RM10,000 - RM12,000

Nota:
- Hospital A di Selangor.
- Hospital B di Kuala Lumpur.
- Hospital C dan D mempunyai banyak cawangan di seluruh negara.

** Perbandingan berdasarkan laman web hospital-hospital swasta berkenaan*

CAJ HOSPITAL SWASTA YANG TIDAK MUNASABAH
(DAPATAN & ADUAN PENGGUNA FOMCA)

CAJ UBAT JAUH LEBIH TINGGI DARIPADA HARGA FARMASI
CONTOH:
Ubat tahan sakit: RM40–RM80 (harga farmasi RM5–RM10)
Antibiotik: RM80–RM150 (harga farmasi RM18–RM25)
Paracetamol beberapa biji: RM20–RM25
Isu utama: Kenaikan harga ubat tidak munasabah dan tiada kawal selia harga di sektor hospital swasta

CAJ BILIK TIDAK SELARAS KUALITI KEMUDAHAN
Pesakit melaporkan caj bilik lebih tinggi daripada kualiti sebenar kemudahan.
CONTOH:
Wad biasa: RM180–RM350 semalam
Wad single/premium: RM450–RM900 semalam
Katil tambahan/tilam nipis: RM50–RM80
Isu utama: Hospital mengenakan caj setara hotel tetapi kemudahan tidak sepadan.

CAJ MESIN/ PERALATAN TINGGI
Peralatan asas tetapi dicaj pada kadar premium.
CONTOH:
Nebulizer: RM80–RM150 sekali
Cuci luka asas: RM100–RM250
Pam infusi: RM100–RM200 sehari
ECG: RM150–RM250
Isu utama: Caj berkali ganda walaupun kos operasi sebenar rendah.

CAJ PENTADBIRAN & CAJ SAMPINGAN TIDAK DIJELASKAN
Caj tambahan dimasukkan dalam bil tanpa penjelasan atau pemecahan kos.
CONTOH:
Caj perkhidmatan hospital: RM50–RM150
Caj pentadbiran insurans: RM80–RM120
Rekod perubatan: RM20–RM50
Isu utama: Pesakit tidak dimaklumkan sebelum caj dikenakan.

CADANGAN KEMASUKAN KE WAD YANG TIDAK PERLU
Aduan menyatakan pesakit disarankan masuk wad walaupun rawatan boleh dilakukan sebagai pesakit luar.
CONTOH:
Kemasukan untuk 'pemerhatian sehari': RM2,000–RM4,000
Pemeriksaan tambahan dicadangkan untuk **meningkatkan tuntutan insurans**
Isu utama: Risiko *over-treatment* kerana insentif kewangan

CAJ DIAGNOSTIK TIDAK SERAGAM
Jurang harga sangat besar antara hospital.
CONTOH:
X-ray: RM120–RM250
Ultrasound: RM250–RM500
CT scan: RM1,000–RM2,500
MRI: RM2,000–RM4,000
Isu utama: Tiada standardisasi harga dan pesakit tidak tahu kadar munasabah.

Proses ketat pantau caj perubatan - APHM

Ia termasuk ketelusan berkaitan ubat-ubatan, peralatan dan prosedur rawatan

Oleh DIANA AZIS

LAPORAN MUKA DEPAN

SHAH ALAM – Hospital swasta di negara ini telah mewujudkan proses dalaman yang ketat bagi memantau caj perubatan termasuk ketelusan berkaitan ubat-ubatan, peralatan dan prosedur rawatan.

Presiden Persatuan Hospital Swasta Malaysia (APHM), Datuk Dr Kuljit Singh menjelaskan langkah tersebut merupakan sebahagian usaha berterusan hospital swasta untuk mengawal kos dan memastikan pesakit menerima rawatan terbaik.

DR KULJIT SINGH

"Setiap hospital swasta mempunyai mekanisme pemantauan bil masing-masing untuk memastikan ketelusan dan pematuhan terhadap keperluan sedia ada.

"Komitmen itu seiring dengan dasar kerajaan yang menumpukan kepada kawal selia kos perubatan berasaskan bukti," katanya kepada *Sinar Harian* pada Selasa.

Dalam pada itu, beliau juga memberi jaminan APHM akan terus menyumbang kepada inisiatif Kawalan Inflasi Perubatan (RESET) bagi menangani isu kos perubatan swasta.

Malah, Dr Kuljit Singh berkata, sebagai sebahagian daripada Jawatankuasa Konsultatif di bawah Jawatankuasa Menteri-Menteri bagi Kos Penjagaan Kesihatan Swasta, persatuan itu turut meminta supaya peranan mereka diperkukuh sebagai wakil rasmi hospital swasta dalam perbincangan mengenai pindaan Akta 586.

"Ia bagi memastikan sebarang cadangan perubahan lebih praktikal dan mengambil kira realiti operasi industri.

"Keutamaan kami adalah memastikan semua langkah yang digerakkan sama ada oleh hospital swasta atau kerajaan, memberi nilai lebih baik dan menjamin kesejahteraan pesakit," ujar beliau.

Setiap hospital swasta mempunyai mekanisme pemantauan bil masing-masing untuk memastikan ketelusan dan pematuhan terhadap keperluan sedia ada.

Perkenal segera mekanisme DRG untuk kawal kos perubatan - Tze Tzin

TZE TZIN

SHAH ALAM - Kerajaan digesa segera memperkenalkan mekanisme kawalan kos perubatan seperti Diagnosis-related group (DRG) bagi memastikan perkhidmatan kesihatan di Malaysia lebih munasabah dan adil.

Ahli Parlimen Bayan Baru, Sim Tze Tzin berkata, langkah itu penting untuk mengawal caj rawatan tinggi yang dikenakan kebanyakan hospital swasta di negara ini sehingga membebankan pengguna.

"Kerajaan kini sedang berusaha memperkenalkan DRG bagi membolehkan wujudnya penetapan harga yang seragam untuk rawatan tertentu.

"Contohnya, denggi atau rawatan yang asas, kumpulan ini akan tetapkan harga. Jika penyakit berisiko tinggi dan ada komplikasi, ada harga yang berlainan pula," katanya kepada *Sinar Harian* pada Selasa.

Menurutnya, usaha itu penting supaya terdapat harga minimum yang ditetapkan bagi rawatan, sekali gus membolehkan pesakit sama ada membayar secara tunai atau menggunakan insurans membuat penilaian harga mengikut kemampuan mereka.

"Jadi, kita harap perkara ini ada penyelesaian segera untuk membolehkan sistem ini dibentangkan di Parlimen dan seterusnya dilaksanakan bagi mengurangkan beban rakyat Malaysia," katanya.

Tambah beliau, dengan adanya pelaksanaan itu akan membolehkan komuniti berkaitan membuat ketetapan yang munasabah berhubung caj perubatan di hospital swasta.

"Bagi yang berkemampuan contohnya, mereka masih boleh pilih rawatan atau tinggal di wad bertaraf lima bintang tapi sekarang ini penting untuk wujudkan penetapan harga paling minimum.

"Kita sekarang bercakap mengenai beban ditanggung rakyat disebabkan caj yang tinggi dikenakan oleh hospital swasta," katanya.

Mengulas lanjut, Tze Tzin berkata, dengan adanya keputusan dibuat oleh DRG untuk mengawal kos perubatan tersebut, secara tidak langsung akan melancarkan lagi usaha kerajaan membuat pindaan terhadap beberapa Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586).

Jelas beliau, ketika ini belum ada akta khusus untuk mengawal caj rawatan tinggi yang dikenakan kebanyakan hospital swasta.

Pemandu maut, ambulans terbabas sebelum terbalik

Kluang: Pemandu maut, manakala dua pembantu perubatan dan seorang pesakit cedera selepas ambulans Hospital Segamat terbabas sebelum terbalik di Kilometer 59.8, Lebuhraya Utara-Selatan (arah selatan), semalam.

Dalam kejadian jam 1.10 tengah hari, pemandu ambulans berusia 43 tahun disahkan meninggal dunia di lokasi kejadian.

Komander Operasi Bomba dan Penyelamat (BBP) Renggam, M Nasir A Shah, berkata pihaknya menggerakkan jentera 'Fire Rescue Tender' (FRT) bersama enam anggota dan tiba di lokasi pada jam 1.27 tengah hari.

Beliau berkata, kemalangan membabitkan empat mangsa terdiri pemandu ambulans, dua pembantu perubatan wanita serta pesakit wanita.

"Hasil pemantauan mendapati, pemandu dan seorang penumpang hadapan tercampak keluar dari ambulans, manakala dua lagi mangsa yang berada di ruangan belakang tidak tersepit.

"Bagaimanapun, pemandu ambulans terbabit disahkan meninggal dunia di tempat kejadian. Mayat kemudiannya diserahkan kepada polis untuk tindakan lanjut," katanya dalam kenyataan.

Ambulans Hospital Segamat terbabas sebelum terbalik di Kilometer 59.8, Lebuhraya Utara-Selatan (arah selatan), semalam. (Foto ihsan bomba)

Measures rolled out for nurse staffing in public hospitals, clinics: Health Ministry

PETALING JAYA: The Health Ministry has updated its nurse-staffing figures to an 83% fill rate across federal facilities while maintaining its projection of reaching at least 90% staffing by 2030, it said in a written reply to the Dewan Negara on Monday.

The ministry said that as of September this year, 69,494 nurses were serving in the Health Ministry against 84,286 established posts, representing an 83% staffing level.

The ministry said several factors contributed to shortages across federal hospitals and clinics.

"One factor was the sharp reduction in trainee intake during the Covid-19 pandemic. In 2021, the intake for the Health Ministry training institutes' Diploma in Nursing was only 153 trainees, which indirectly affected the number of graduates produced in 2024," it said.

Another factor was the creation of new posts that outpaced the supply of graduates.

"Between 2021 and 2024, a total of 12,925 additional nursing posts were created at the Health Ministry. However, during the same period, the training institutes only produced 4,220 graduates or 33% of the additional posts created," it added.

The ministry said some facilities now require more nurses than originally projected due to "unforeseen factors such as peak patient arrivals and outbreaks of infectious diseases".

The written reply was issued in response to Senator Datuk Mustafa Musa, who asked about projected staffing needs through 2030.

In the same reply, the ministry also introduced a key change to the hiring process for new nurses beginning next year.

"Starting this year, new appointments of Grade U5 nurses will no longer be required to undergo an interim contract phase," the ministry said, referring to the temporary contract period previously required before nurses were placed on permanent service.

A series of initiatives have been introduced to increase the supply of trained nurses.

Among them is the permanent appointment of 3,254 nurses this year, which the ministry described as a key measure to strengthen long-term staffing stability.

It said 935 nursing graduates from the training institutes were targeted for appointment to Grade U5 posts next year, which is a 53% increase compared with the 613 graduates for this year.

"For this year, a total of 3,343 trainees have been admitted for the Diploma in Nursing programme, higher than the intake of 2,265 trainees last year and 1,667 in 2023," said the ministry.

It added that five public universities and 39 private institutions are now offering the Diploma in Nursing following the lifting of the moratorium on Aug 1, 2024 and that strategic collaboration with private colleges will continue through career briefings to attract graduates to the public health sector. – *By* ***FAIZ RUZMAN***

Sinusitis: Early treatment prevents complications

Heal
By Meera Murugesan

If sinusitis isn't treated or managed properly, it can become chronic. PICTURE CREDIT: GPOINTSTUDIO — FREEPIK

IT is a common condition, but one that could end up controlling your life if not properly managed.

Sinusitis, or rhinosinusitis, is an inflammation of the sinuses. Normally, the sinuses drain mucus smoothly into the nose, but when this "drainage system" gets blocked due to an infection, swelling or even allergies, mucus builds up, creating the perfect environment for germs to breed and that's when sinusitis occurs.

It's a very common problem that can affect anyone, but with the right care, most people recover well, says Pantai Hospital Melaka consultant ear, nose and throat surgeon Dr Timothy Wong Leong Wei.

WHO'S AT RISK?

Certain individuals are at increased risk and these include smokers and passive smokers, those with allergic rhinitis, asthma or chronic respiratory diseases, and people with a family history of the condition.

Those who frequently catch colds, have gastroesophageal reflux disease or sleep apnea, immunocompromised individuals and people with anatomical variations that impede sinus drainage are also at risk.

Dr Timothy Wong Leong Wei

"Often, sinusitis is triggered by a viral infection that a person contracts. The source can be bacterial as well, but if it is, it would be worse compared to a viral infection."

Usually, a cold will resolve on its own within five days, explains Dr Wong.

If there is worsening of symptoms after five days or symptoms persist after 10 days, then it has progressed to acute sinusitis.

While not every cold will lead to sinusitis, it is wise to seek treatment if symptoms persist beyond the normal time frame.

If sinusitis isn't treated or managed properly, it can become chronic, meaning symptoms last for months.

In rare cases, the infection can spread to the eyes or even the brain, which is very serious and needs urgent medical attention.

"More commonly, untreated sinusitis can lead to poor sleep, fatigue and a lower quality of life."

MANAGING SINUSITIS

For acute viral sinusitis, symptomatic relief is achieved with analgesics (painkillers), antipyretics (fever reducers) and nasal saline irrigation.

Intranasal corticosteroid sprays may also be prescribed to reduce inflammation.

Dr Wong says antibiotics are reserved for cases where bacterial infection is strongly suspected or confirmed.

Chronic sinusitis, meanwhile, may require long-term use of intranasal corticosteroids, and in some cases, oral corticosteroids or surgery if medical therapy fails.

Saline nasal irrigation is recommended for both acute and chronic cases and antihistamines are useful if allergic symptoms are present.

Dr Wong says surgery is considered only for complications or when optimal medical therapy fails.

SINUSITIS

FAST FACTS

- Acute (short-term) — lasting less than 12 weeks
- Chronic (long-term) — lasting 12 weeks or more

SYMPTOMS

- Blocked or stuffy nose
- Thick, yellowish or greenish mucus
- Pain or pressure in the face (especially around the eyes, cheeks or forehead)
- Reduced or lost sense of smell
- Headache, postnasal drip (mucus dripping down the back of your throat)
- Cough, sore throat and sometimes fever

"If you're struggling with sinusitis, don't suffer in silence. With the right care, you can breathe easier, sleep better, and get back to enjoying life."

meera@nst.com.my

Not just a woman's problem

THE Human papillomavirus (HPV) is the most common sexually transmitted infection worldwide. While cervical cancer is its most devastating consequence, HPV also causes other cancers, including anal, penile and throat cancers.

More importantly, HPV affects both men and women, yet misconceptions persist that it is solely a women's health issue.

There is currently no screening test for men, but vaccinating boys also protects them against HPV-related cancers and reduces the circulation of high-risk HPV strains. This lowers overall prevalence in the population and accelerates herd immunity, indirectly protecting women.

HPV is so common that most people will encounter it in their lifetime, and the immune system often clears the virus naturally.

What matters is access to accurate screening and timely treatment.

"Men may be more susceptible to HPV-related cancers, but the silence around it? That's deadly," says Gleneagles Hospital consultant urologist Professor Dr George Lee.

There is also a need for men to be active allies in cervical cancer elimination not only by supporting vaccination and screening, but also by dismantling stigma and normalising conversations about HPV.

They can advocate HPV vaccination for daughters and sons where possible to protect future generations, help reduce misconceptions and normalise conversations about HPV and cervical cancer.

"Cervical cancer elimination is not just a woman's issue, it is a collective responsibility," says Selina Yeop Junior, founder of Teal Asia, Malaysia's first peer-to-peer cervical cancer support movement.

By engaging men as allies and strengthening partnerships across sectors, Malaysia can accelerate progress toward the World Health Organisation's elimination targets and ensure that cervical cancer becomes a disease of the past.

meera@nst.com.my

HPV affects both men and women, yet misconceptions persist that it is solely a women's health issue. PICTURE CREDIT: IBRANDIFY — FREEPIK

Heal
By Meera Murugesan

By engaging men as allies, Malaysia can quickly ensure that cervical cancer becomes a disease of the past. PICTURE CREDIT: FREEPIK

Rising cost of private healthcare causes concern

BY **KIRTINEE RAMESH**
newsdesk@thesundaily.com

PETALING JAYA: The rising cost of private healthcare is emerging as a serious concern for the sustainability of health insurance and *takaful* premiums, warned Takaful Malaysia Group CEO Nor Azman Zainal.

He said treatment charges have consistently outpaced general inflation, driven by higher medical costs, increased utilisation of healthcare services and the adoption of advanced medical technologies.

"Medical inflation is a key concern for the sustainability of health protection offerings in Malaysia.

"In 2025, we continue to see double-digit growth in medical claims, reflecting higher treatment charges and service utilisation."

For the *takaful* sector, the implications are particularly direct.

Contributions from customers are pooled to pay for medical claims and rising treatment costs put pressure on the fund, making long-term sustainability a challenge.

He emphasised that prudent cost management and responsible stewardship are crucial to safeguard customers' interests.

Nor Azman said sustainability requires greater collaboration across the entire healthcare ecosystem, including insurance and *takaful* operators, healthcare providers, regulators and consumers.

Collective efforts to promote cost transparency, fair pricing, ethical charging practices and preventive healthcare initiatives would be essential in managing medical inflation and protecting the affordability of coverage.

Nor Azman underscored the role of innovation and digitalisation in the insurance and *takaful* sector. – ***ADAM AMIR HAMZAH/THESUN***

On immediate measures to prevent premiums from becoming unaffordable, he pointed to addressing medical cost inflation as the top priority.

"Strengthening claims data sharing, promoting evidence-based treatment guidelines and adopting outcome-based pricing models with healthcare providers could help reduce unnecessary outflows and make protection more efficient."

Bank Negara Malaysia, together with industry stakeholders, is developing an affordable basic medical and health insurance and *takaful* product.

He said this initiative aims to expand affordable protection, make healthcare coverage more accessible to middle and lower-income households, curb rising medical costs, stabilise premiums and contributions.

"Preventive healthcare is another critical focus area. A significant portion of claims arises from lifestyle-related illnesses, such as cardiovascular diseases."

He said by incentivising preventive care, early screening and wellness programmes through tax benefits or co-funded initiatives, the sector could reduce long-term claims burdens and help stabilise costs for consumers.

Nor Azman underscored the role of innovation and digitalisation in the insurance and *takaful* sector.

He urged the public to be proactive about their health while understanding the coverage and benefits available under their plans.

"The rising cost of treatment is a pressing issue affecting consumers and the broader insurance and *takaful* ecosystem.

He said this requires close collaboration with healthcare providers, regulators and industry stakeholders to promote transparency, cost efficiency and responsible pricing within the healthcare system.

"Affordability cannot be addressed by a single party. It requires an ecosystem approach involving policymakers, regulators, healthcare providers, industry players and consumers.

"By working together, we could maintain sustainable contribution levels and ensure quality healthcare remains accessible and financially sustainable for Malaysians in the years to come."