Health Ministry launches guide to curb workplace bullying

By RAGANANTHINI VETHASALAM
raga@thestar.com.my

PUTRAJAYA: The Health Ministry has become the first ministry to launch specific guidelines on managing workplace bullying, though its minister has some words of caution.

Datuk Seri Dr Dzulkefly Ahmad said no amount of anti-bullying regulations will lead to a safe workplace if top management fails to uphold the right values in maintaining a safe and just working space.

With the ministry being among the largest service schemes in the country, he reminded senior ministry officials to not be part of the problem.

"You, the leaders, managers and seniors have the mandate to create an ambience that is just and safe.

"We cannot at all normalise (bullying). It will fester into cancer," he said at the launch of the guidelines at the ministry here yesterday.

Dr Dzulkefly recalled how he took action against a high-ranking officer for bullying during his first stint as Health Minister.

"I have zero tolerance for bullying, especially against the fairer sex," he said, pledging no compromise on incidents.

"Remind each other. When you see someone who is a victim of bullying, don't close your eyes, or turn your back or shoulder against the victim," he said, adding that juniors should be given the space to communicate.

> **"We cannot at all normalise (bullying). It will fester into a cancer."**
>
> Datuk Seri Dr Dzulkefly Ahmad

Asked whether whistleblowers reporting bullying cases will be protected, he said the ministry will ensure that their identities are kept confidential.

The ministry's guidelines on managing workplace bullying will be distributed to all its facilities nationwide.

Developed by the National Centre of Excellence for Mental Health (NCEMH), the guidelines outline a new workplace culture within the ministry that is more empathetic, professional and supportive.

It provides detailed guidance to department heads and staff members on identifying bullying behaviour, reporting and investigating complaints and handling cases transparently, fairly and effectively.

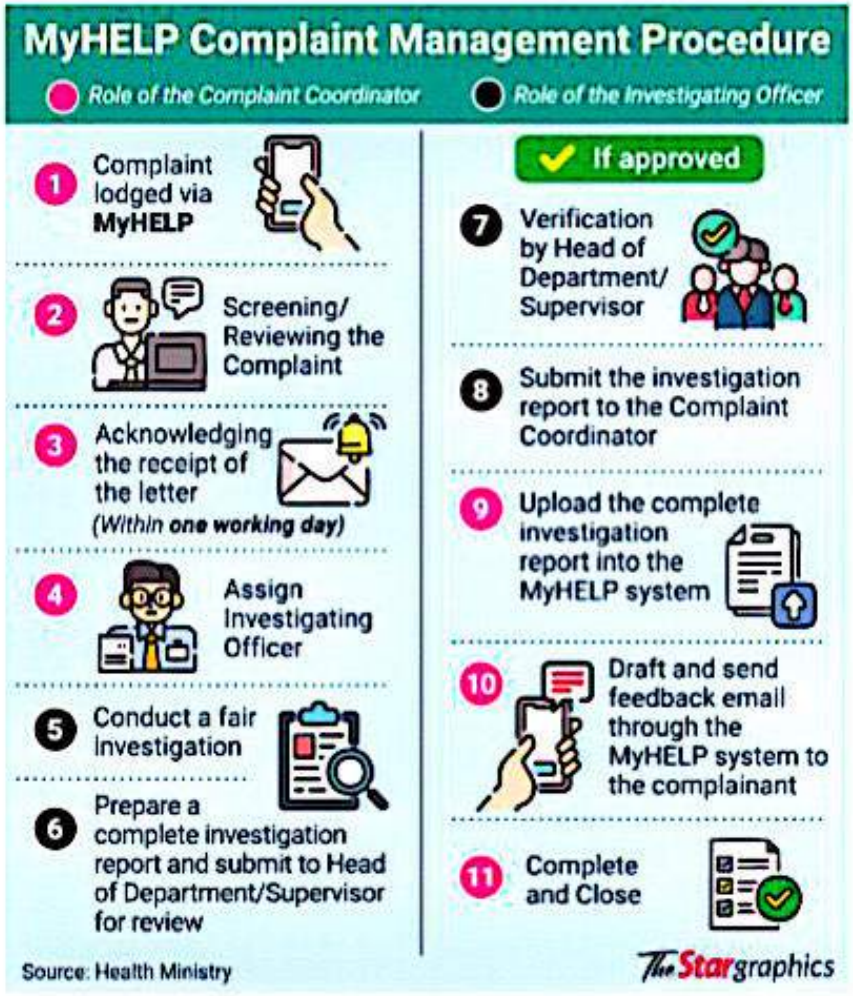
According to the guidelines, it will take the integrity unit up to 15 working days to resolve complaints that are classified under the common category, which is for complaints lodged through the ministry's bullying complaints management system, MyHELP.

For cases under the complex category, it can take a minimum of 16 working days to resolve.

Counselling services will also be provided to the victim as intervention for their emotional and mental wellbeing.

Complaints on bullying cases can also be submitted through various channels, including the Public Complaints Management System (SISPAA), email, official letters, complaint boxes, face-to-face (walk-in) complaints, as well as via mass media platforms.

The ministry recorded 430 complaints on its MyHELP as of July 31.



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KKM lancar garis panduan buli, tidak akan normalisasi budaya toksik

DR DZULKEFLY

PUTRAJAYA - Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad menegaskan bahawa kementeriannya berpegang kepada dasar toleransi sifar terhadap amalan buli di tempat kerja dan tidak akan sesekali menormalisasikan budaya toksik dalam organisasi.

Beliau berkata, amalan buli di tempat kerja satu gangguan sistemik yang meruntuhkan integriti organisasi, melemahkan motivasi dan menjejaskan kerjasama pasukan.

Dr Dzulkefly berkata, kesannya amat parah, apabila warga kerja merasa tertekan atau dipinggirkan menyebabkan mutu penjagaan pesakit terancam.

"KKM juga tidak akan berkompromi terhadap pelaku termasuk pegawai pengurusan tertinggi dipecat jika disabit bersalah menyembunyikan kes.

"Amalan toksik buli di KKM ini mungkin tidak ramai yang ingat, tetapi saya ingin mengingatkan semua. Pada penggal pertama saya memimpin KKM, saya telah mengambil tindakan terhadap seorang ketua jabatan di sebuah hospital. Akhirnya, beliau dipecat," katanya selepas melancarkan Garis Panduan Pengurusan Buli di Tempat Kerja bagi anggota KKM di sini pada Khamis.

KKM merupakan kementerian pertama dalam sektor awam yang memperkenalkan panduan khusus bagi menangani kes buli.

Menurut Dr Dzulkefly, walaupun kedudukan peribadi individu tersebut tinggi dalam hierarki perjawatan KKM, beliau tetap bertindak dan ia jelas mencerminkan komitmen KKM menolak tabiat dan tingkah laku buli khususnya di tempat kerja.

Beliau berkata, sebanyak 430 aduan buli telah direkodkan menerusi sistem MyHealth setakat 31 Julai dan setiap aduan disiasat dengan teliti, berdasarkan prinsip keadilan, ketelusan dan perlindungan kerahsiaan, termasuk bagi pengadu dan pemberi maklumat.

"Saya tidak mahu sebarang kes dilaporkan secara culas atau diremehkan, khususnya oleh ketua jabatan," katanya.

Dr Dzulkefly memberi jaminan identiti pemberi maklumat akan dilindungi sepenuhnya termasuk di bawah garis panduan baharu itu bagi menjaga privasi serta maklumat yang diterima. - *Bernama*

Healthcare urgently needs more funding, say experts

By RAGANANTHINI VETHASALAM
raga@thestar.com.my

PETALING JAYA: With the education and health sectors traditionally receiving the bulk of allocations under the national budget, calls have been made for this to be continued.

As the government prepares to table Budget 2026 on Oct 10, healthcare professionals want a significant boost in funding to address mounting challenges with the sector under increasing strain.

Malaysian Medical Association (MMA) president Datuk Dr Kalwinder Singh Khaira said healthcare and education are equally critical investments and should not be viewed as "competing sectors".

"The health sector urgently needs more resources to tackle pressing issues such as the shortage of doctors and specialists, an ageing population and the growing burden of non-communicable diseases (NCDs)," he said.

Among the MMA's top proposals is for the government to abolish the contract doctor system and return to the pre-2016 practice of offering permanent posts to all new medical officers entering public service.

"More permanent posts are essential to improve workforce stability and retain doctors in the public healthcare system," said Dr Kalwinder.

He also called for an immediate adjustment to on-call allowances for doctors, which was pledged in the previous budget but remains unimplemented.

"The new rates must reflect the heavy sacrifices doctors make and should apply across the board to all undertaking on-call duties."

Dr Kalwinder also said the role of private general practitioners in managing NCDs should be strengthened through structured public-private partnerships.

"Currently, private primary care services remain underutilised. With better collaboration, patients can be managed more efficiently, reducing delays and congestion at public facilities," he said.

Tax rebates for doctors attending conferences and training courses as part of their continuing professional development, a requirement for renewing their Annual Practising Certificate, have also been proposed.

Prof Dr Sharifa Ezat Wan Puteh, who is Dean of Universiti Kebangsaan Malaysia's School of Liberal Sciences, said Budget 2026 must not only prioritise better infrastructure but also improved job conditions and remuneration for doctors.

"Many doctors are leaving due to low pay and unsatisfactory working conditions, leading to a shortage of specialist services, especially in rural areas," said the public health medicine specialist.

She said cardiovascular diseases, a major category of NCDs, are on the rise and will increasingly contribute to population mortality.

She urged the government to invest in facilities for both screening and treatment of such conditions at the primary care level.

"Simple procedures can be implemented at local clinics to reduce the burden on larger hospitals. Programmes like Peka B40 and other social protection initiatives also need better support and management," she added.

Acknowledging that the education sector usually receives more funding due to the larger base it served, Dr Sharifa Ezat said equally, there must be increased allocation not only for hospitals but for public health and primary care.

Former Health Ministry director Datuk Zainal Ariffin Omar echoed the call for stronger primary care, saying more funding was needed to upgrade government clinics, hire more family medicine specialists, support NCD management and for preventive care programmes.

He said it is important to accelerate digital health transformation, including integration of electronic medical records, upgrades to MySejahtera and expansion of telemedicine and public health data analytics.

Association of Private Hospitals Malaysia president Datuk Dr Kuljit Singh proposed a sales and services tax (SST) exemption on healthcare-related rentals to reduce cost pressures, especially for services between hospitals licensed under Act 586 of the Private Healthcare Facilities and Services Act 1998.

He also called for investment tax allowances for AI, robotics and IT infrastructure in hospitals to support patient care and digital upgrades in line with the national healthcare system roadmap.

Meanwhile, Health Minister Datuk Seri Dr Dzulkefly Ahmad said NCDs will be a principal focus of healthcare in the coming budget.

He said this included an emphasis on preventive medicine and the management of NCDs from the public health aspect.

"We have proposed over and above our usual line of (budgeting)," he told reporters yesterday.

'Recognise nursing degrees, raise salaries to keep locals'

PETALING JAYA: Malaysia must urgently recognise nursing degrees, improve salaries and reform working conditions to stem the outflow of local nurses to overseas healthcare systems, health experts warn.

Islamic Medical Association of Malaysia member Datin Dr Aishah Ali said the Bachelor of Nursing degree is still not officially recognised by the Public Service Department although it has been offered since 1993.

This means many graduates are placed under diploma-level salary schemes, limiting their career growth.

"Graduate teachers are placed at Grade 41. Why not graduate nurses?" she asked, urging the government to ensure pay and promotions match qualifications.

On Aug 18, Health Minister Dr Dzulkefly Ahmad in a Dewan Rakyat written reply, said until June 30, there were 10,027 vacancies for nurses in the public sector.

Data showed that a total of 1,754 nurses have resigned from public hospitals from 2020 to last year.

However, during the same period, the ministry appointed 8,121 staff nurses in public hospitals.

He said the ministry is taking concrete and long-term measures to address the problem.

Dr Dzulkefly said the quota of trainee nurses has also been increased from 1,000 to 3,000 intakes, which is a three-fold increase.

He added that the Health Ministry will offer permanent Grade U5 nursing posts under exemptions provided by the Public Service Transformation, moving away from interim contract appointments.

The Higher Education Ministry also lifted the moratorium on Diploma in Nursing programmes at public and private institutions from Aug 1 last year, allowing more colleges and universities to offer the course.

Meanwhile, the Higher Education Ministry, through the Malaysian Nursing Board, has relaxed entry requirements for Sijil Pelajaran Malaysia (SPM) school leavers pursuing the diploma to boost enrollment at training institutes and higher education institution.

Entry requirements for nursing diploma programmes were relaxed from five to three credits for applicants with SPM.

Dr Aishah cautioned that the Health Ministry's decision to lower entry requirements for nursing diplomas could compromise patient safety.

"Nurses need a strong foundation in mathematics and science to safely calculate drug dosages. Lowering standards is not the solution."

She highlighted that Malaysia's nursing curriculum is respected globally and adopted in countries such as China and parts of Africa. Yet, local nurses remain undervalued.

"In countries like New Zealand and the United States, nurses are treated as equals by doctors. Here, we are still seen as subordinates," said Dr Aishah, who has worked abroad.

She said locally, nurses are often promoted only to be transferred out of state, disrupting family life and affecting retention.

Dr Aishah also flagged mismatches in job placement, such as assigning non-midwifery nurses to maternal clinics.

"In Saudi Arabia, nurses are placed according to their expertise. We should do the same here."

Dr Aishah urged the Health Ministry, universities and nursing bodies to unite and craft a long-term strategy centred on recognition, reward and respect.

Malayan Nurses Union president Saaidah Athman expressed similar concerns and called on the government to review and improve benefits that were frozen such as the critical, shift and transport allowances.

"The government must re-evaluate existing allowances or introduce new ones to encourage nurses to stay," she said.

Saaidah also pushed for better healthcare facilities, smoother promotion pathways and new roles such as clinical nurses and nurse researchers.

Nursing, she added, should be promoted as a career from primary school to build early interest.

Association of Private Hospitals Malaysia president Datuk Dr Kuljit Singh described Malaysia's nurse shortage in the private sector as "semi-critical," adding that thousands would continue to leave and lured by better opportunities overseas although replacements are hired.

"Hiring foreign nurses in the country can take from six to eight months, while in other countries, it's much shorter despite being more stringent. So sometimes these candidates give up waiting."

He said local private hospitals could not match overseas salaries without raising healthcare costs and urged the government to streamline recruitment processes and promote nursing as a viable career.

Nurse consultant and M&T Network Consultancy Services CEO Mariam Mohd Nasir said the increasing migration of Malaysian nurses highlighted both the strength of local training and weaknesses in the system.

"Our nurses are in demand globally because they're well-trained, adaptable, and professional. But they leave because they don't feel valued or heard," said Mariam, who is also part of the Malaysian Nurses Association.

She said higher salaries alone would not solve the issue, as nurses also want structured career paths, postgraduate education, mental health support and work-life balance.

"Stop viewing this as a temporary issue. Real action is needed," she said, calling for better nurse-patient ratios, proper rest periods and administrative reforms.

Even more seeking greener pastures

50% more nurses leave to work abroad this year

By DIYANA PFORDTEN
newsdesk@thestar.com.my

PETALING JAYA: Employment agencies involved in recruiting Malaysian nurses for jobs overseas say that the number of applicants has risen by up to 50% this year.

The Middle East and Singapore are top destinations, with Australia, New Zealand, the European Union and the United States showing greater interest in hiring Malaysian nurses.

Melorita Healthcare global digital marketing executive Asiah Osman Yusuf said the agency is seeing a 50% rise in applications from Malaysian nurses seeking jobs overseas this year compared to last year, with Saudi Arabia being the top destination.

"The highest demand is for nurses trained in critical care. Other in-demand specialties include medical-surgical, operating room and specialty care.

"Most nurses are motivated by opportunities for better career progression, higher and more stable income and exposure to international healthcare practices," she said.

Sehat Jobs CEO Santhya Maria Ramanado said the interest in overseas placements has steadily grown, with a 20% to 30% annual increase in the number of Malaysian nurses exploring international roles.

"The trend is driven by several factors, including the global nursing shortage and the growing visibility of overseas opportunities through social media and online platforms," she said.

She added that Singapore and Middle Eastern countries remain popular choices due to their proximity and cultural familiarity.

"In recent years, however, there's been a notable rise in interest from Australia, New Zealand, the European Union, and most significantly, the United States.

"The US wasn't always seen as a top choice, but in the past 24 months, we've seen more applicants aiming to work there, especially those wanting to relocate with their families and obtain green cards," she said.

Asked what motivated Malaysian nurses to leave, Santhya pointed to financial pressures.

"Many nurses face stagnant wages, overwhelming workloads and limited chances to save or advance their careers.

"They're burnt out. Some are sole breadwinners, working back-to-back shifts and still unable to save. Those (things) hit hard," she said.

In a written reply to the Dewan Rakyat on Aug 18, Health Minister Datuk Seri Dr Dzulkefly Ahmad said Malaysian Nursing Board records show that 3,021 nurses went abroad in 2024, up by 24% from the previous year (2,445).

Of this number, 2,554 (84.5%) were from the private sector, 353 (11.7%) from the Health Ministry, and 114 (3.8%) from other public healthcare facilities.

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The main destinations were Saudi Arabia (1,782 nurses), Singapore (1,038) and the United Kingdom (33).

The Health Ministry's data show that until June 30, there were 10,027 vacancies for nurses in the public sector.

A total of 1,754 nurses have also resigned from public hospitals from 2020 to last year.

The Association of Private Hospitals Malaysia has warned of a critical shortage of nurses in private hospitals, estimating a need for over 9,200 additional nurses between 2023 and this year.

In May 2024, Dr Dzulkefly also projected that Malaysia will face a nearly 60% shortfall of nurses by 2030.

For some nurses, the decision to move overseas is not just about money, but also about lifestyle and religious aspirations.

Three Malaysian nurses currently working in Saudi Arabia said high salaries and the easy opportunity to perform the Islamic pilgrimage were key motivations for making the move.

Siti Aishah Edrus, a 30-year-old staff nurse who has been based in Taif since October last year, said she had always dreamt of working in Saudi Arabia.

"I learned a lot in my previous workplace in Malaysia, but the main challenges were salary and time.

"I didn't earn much for seven years and most of my time was spent working.

"Here, I work five days a week compared to six in Malaysia," said Siti Aishah, who has been sharing her work journey on TikTok (@aishah_mnh).

Thirty-year-old staff nurse Muhammad Aiman Mohamad Noor, who moved to Jeddah in 2023 after seven years in Malaysia, said the switch offered him a better quality of life.

"Saudi Arabia offers better pay, advanced healthcare systems and a more structured work environment.

Stepping out of my comfort zone has strengthened my foundation and raised my professional standards," he said.

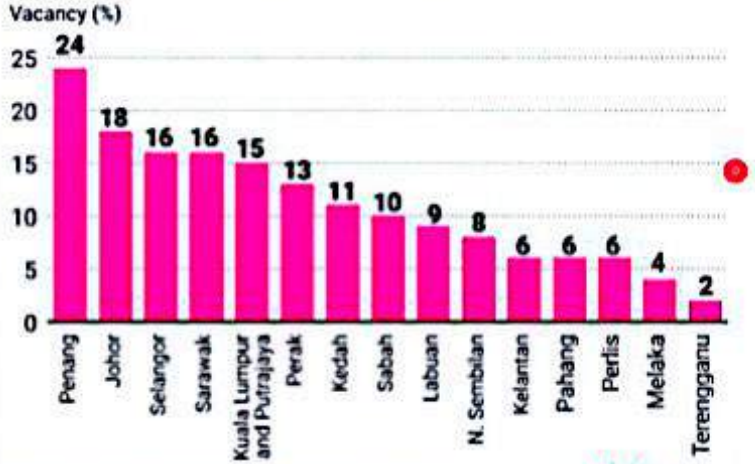
Noor Hafiza Fariha, 39, has been working in Saudi Arabia since 2017.

"The salary is four to five times higher than in Malaysia, and with paid leave for hajj and umrah, it was an easy decision," she said.

Top 10 destinations for nurses who went abroad in 2024

Destination	No. of nurses
Saudi Arabia	1,782
Singapore	1,038
United Kingdom	33
Bahrain	32
Australia	24
United States of America	22
Brunei	21
Germany	20
United Arab Emirates	14
New Zealand	6

Percentage of unfilled nursing vacancies in state public hospitals *(data as at June 30, 2025)*



Source: Malaysian Nursing Board/Health Ministry

The Star graphics

Free measles-rubella jabs for under-fives in Penang

By N. TRISHA
trishang@thestar.com.my

GEORGE TOWN: With measles cases increasing four-fold last year, the state is providing measles-rubella supplementary immunisation until Oct 12.

Penang health committee chairman Daniel Gooi (*pic*) said the state health department will be carrying out immunisation activity to reach 65,500 children aged between six months and 59 months (those born between Aug 1, 2020 and Jan 31 this year).

He said the initiative was in line with the nationwide measles-rubella vaccination campaign which began on Aug 4, following a rise in infections and reported deaths among unvaccinated children.

"We have given out 19,600 (29.92%) vaccinations of our targeted 65,500 supplementary shots. This initiative aims increase herd immunity, to support the country's goal of achieving the elimination of measles by 2030," he said yesterday.

Gooi said measles and rubella were highly contagious diseases and could cause serious complications such as pneumonia, brain inflammation (encephalitis), convulsions and even death, adding that both diseases were preventable through the administration of the MMR (measles, mumps and rubella) vaccine.

"An analysis of national cases found that 44.1% of cases involved children under the age of five, while 28.9% involved non-citizens, of whom 84.3% had never been vaccinated," he said.

Gooi said in Penang, 84 cases were reported in 2024, a sharp increase compared to only 20 cases in 2023.

"I advise parents and guardians to immediately take their children to receive the additional dose of the vaccine for free.

"Parents can book an appointment for their children through the MySejahtera application or walk into any government clinic in the state to get the vaccine," he said, adding that the free supplementary dosage was open to foreigner as well.

State health deputy director (public health division) Dr Rozaini Mat Shah said the supplementary vaccine was in addition to the compulsory ones an infant received at nine and 12 months.

"Your baby can take this dosage even at six months and take the compulsory ones when they reach nine and 12 months.

"This is just an additional dose to boost their immunity to measles and rubella. This measure is necessary as measles is considered more contagious that Covid-19," she added.

ZERO-TOLERANCE POLICY

Ministry issues anti-bullying guidelines

PUTRAJAYA: The Health Ministry has launched workplace bullying management guidelines as part of its zero-tolerance policy against bullying.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the guidelines outlined clear procedures for reporting, investigating and addressing bullying cases fairly and transparently.

He said bullying was not just an individual issue, but a systemic problem that could undermine organisational integrity, demoralise teams and compromise patient care.

"The guidelines, developed by the National Centre of Excellence for Mental Health, are more than an administrative framework. They represent a cultural shift within the ministry towards empathy, professionalism and support," he said.

"The guidelines provide department heads and staff with detailed procedures for identifying bullying behaviour, reporting and investigating complaints, as well as resolving cases with fairness, transparency and effectiveness.

"One of the key initiatives supporting the guidelines is the Bullying Complaint Management System (MyHELP), established in 2022 following recommendations from the Healthcare Work Culture Improvement Task Force.

"It allows complaints to be lodged directly with the ministry's Integrity Unit."

Dzulkefly said the guidelines complemented several initiatives aimed at improving workplace culture and staff well-being, including flexible working hours to reduce fatigue and peer support teams under the Public Service Peer Guidance Associates programme.

"It also complements the placement of counselling units at headquarters and state health departments, as well as the HEAL 15555 hotline, which operates daily, including public holidays, providing immediate emotional and psychosocial support."

He said the ministry would distribute the guidelines to all its facilities nationwide and continuously monitor their implementation.

Dzulkefly said the ministry recorded 430 complaints of workplace bullying between Oct 1, 2022, and July 31 this year, with four cases under investigation.

He said the ministry took a firm stance against bullying, stressing that any form of misconduct within its institutions would not be tolerated.

"Each complaint matters, and bullying should never be normalised. We will not tolerate complacency or negligence, especially among heads of department.

"I do not want to hear of under-reporting."

He added that every case received via the MyHELP platform was investigated thoroughly, based on principles of justice and transparency, while safeguarding the confidentiality of whistleblowers and victims.

"Those reporting must feel safe, and I am very conscious of this. I am fully aware of the concerns they may have regarding whether their privacy will truly be protected.

"I want to ensure that under our practices and within these guidelines, there are clear responsibilities to safeguard the privacy of those who lodge complaints," he added.

Health Ministry leads with first workplace guidelines

BY **FAIZ RUZMAN**
newsdesk@thesundaily.com

PUTRAJAYA: The Health Ministry has rolled out its first-ever Workplace Bullying Management Guidelines, making it the pioneer among government ministries to establish formal procedures for tackling bullying within its ranks.

Health Minister Datuk Seri Dr Dzulkefly Ahmad, who launched the initiative yesterday, said it marked a clear statement of the ministry's "zero tolerance" towards bullying and its commitment to building a fairer, healthier workplace culture.

Bullying is not a trivial matter he said, but a systemic problem that can erode integrity, weaken morale and ultimately compromise patient care.

"Under my leadership and that of my deputies, the ministry has zero tolerance for bullying.

"This document will be an important reference to ensure a workplace that is fair, safe and healthy. It must not remain a document alone, but a way of life for all of us."

He added that senior management and department heads bore the responsibility of leading by example and creating an environment built on empathy, fairness and respect.

"We cannot allow normalisation of bullying or under-reporting of cases. Every complaint must be dealt with swiftly and thoroughly."

Developed by the National Centre of Excellence for Mental Health (NCEMH), the guidelines outline procedures for identifying, reporting and investigating bullying.

They are backed by the MyHELP complaint system, launched in 2022, which allows staff to lodge reports directly with the integrity unit.

As of July 31, 430 complaints had been received through MyHELP, all under investigation with assurances of confidentiality and whistleblower protection.

Disciplinary action will be taken in proven cases, Dzulkefly said, but corrective reminders and a culture of accountability remain vital.

The initiative is part of a broader push to improve workplace well-being, alongside measures such as flexible working hours, peer counsellor groups, the mental health crisis helpline (HEAL 15555) and mental health support guidelines for house officers.

"How we treat colleagues will shape how we treat patients. There is no tolerance for bullying in this ministry. Full stop."

The 80-page document defines different types of bullying – physical, verbal, psychological and cyber – and spells out the rights and responsibilities of staff.

It also details reporting channels via MyHELP and other mechanisms such as the public complaints management system or SISPAA, email and formal letters, complete with timelines for resolution.

The document has flowcharts that map out investigation steps, counselling pathways, data tracking and intervention measures such as awareness campaigns and anti-bullying training.

Projek 'MyPriMeCatcher' KKM

3 persatuan pengamal perubatan swasta tolak kerjasama

Aplikasi 'penjejak harga ubat' didakwa jejaskan hubungan profesional doktor dan pesakit

Oleh Ercy Gracella Ajos
ercy.gracella@bh.com.my

Kuala Lumpur: Tiga persatuan mewakili pengamal perubatan swasta menolak untuk meneruskan kerjasama dengan Kementerian Kesihatan (KKM) berhubung projek 'MyPriMeCatcher', iaitu aplikasi baharu berkaitan harga ubat.

Persatuan terbabit ialah Persekutuan Persatuan Pengamal Perubatan Swasta Malaysia (FPMPAM), Persatuan Pengamal Perubatan Swasta Selangor dan Kuala Lumpur (PMPASKL), serta Gabungan Persatuan Pengamal Perubatan Malaysia (MPCAM).

Laman web *CodeBlue* melaporkan, tiga persatuan itu berpandangan aplikasi 'penjejak harga ubat' keluaran KKM itu menjejaskan hubungan profesional antara doktor dan pesakit dengan merendahkannya kepada sekadar urusan jual beli.

Presiden FPMPAM, Dr Shanmuganathan Ganeson dan Presiden PMPASKL, Dr Eugene Chooi Yuo Hao melalui kenyataan bersama hari ini berkata walaupun dipromosikan atas nama 'ketelusan', projek itu sebenarnya satu bentuk penguatkuasaan harga ubat secara tidak langsung melalui aplikasi yang dikawal kerajaan.

Ubat bukan barangan runcit

"Kami ulangi bahawa ubat bukan barangan runcit yang boleh disenaraikan dalam aplikasi pasar raya. Pesakit berhak menerima rawatan perubatan profesional, diagnosis yang tepat dan preskripsi yang selamat, bukan pencarian harga murah yang cetek dan berisiko menggalakkan pengubatan sendiri yang berbahaya," katanya seperti dilaporkan portal *CodeBlue*.

CodeBlue melalui artikel disiarkan kelmarin melaporkan Program Perkhidmatan Farmasi (PSP) KKM sedang melaksanakan projek perintis bagi aplikasi baharu 'MyPriMeCatcher' yang membolehkan pengguna membandingkan harga ubat runcit antara fasiliti kesihatan swasta dan farmasi komuniti, meskipun aplikasi 'PriceCatcher' sedia ada oleh Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup (KPDN) sudah memantau hampir 500 barangan pengguna setiap hari.

PSP menjemput doktor perubatan dan ahli farmasi untuk menyertai projek perintis itu secara sukarela dengan menyerahkan data harga ubat, disertakan pemberian mata pembangunan profesional berterusan (CPD).

Menurut surat bertarikh 12 Ogos yang ditandatangani Timbalan Ketua Pengarah Kesihatan (Perkhidmatan Farmasi), Azuana Ramli, peserta yang bersetuju perlu berkongsi data itu dengan aplikasi sekurang-kurangnya selama setahun.

MyPriMeCatcher diwujudkan susulan pelaksanaan mandat paparan harga ubat yang diwartakan di bawah Akta Kawalan Harga dan Anti Pencatutan 2011 (Akta 723) yang terletak di bawah bidang kuasa KPDN, berkuat kuasa 1 Mei lalu.

Dalam pada itu, FPMPAM dan PMPASKL melalui kenyataan bersama juga mendakwa KKM cuba menjadikan doktor sebagai 'kerani data tanpa bayaran' bagi eksperimen digital kementerian itu, sambil menyifatkan projek perintis berkenaan sebagai pencerobohan yang tidak boleh diterima dalam amalan perubatan.

Kibar Jalur Gemilang terbalik

Klinik gigi swasta diarah tutup 30 hari

Pemilik premis boleh kemuka rayuan bertulis

Oleh Togi Marzuki
am@metro.com.my

Pontian: Sebuah klinik gigi swasta di Pusat Perdagangan Pontian diarah tutup 30 hari selepas didapati mengibarkan Jalur Gemilang secara terbalik pada petang Rabu lalu sehingga tular di media sosial.

Yang Dipertua Majlis Perbandaran Pontian (MPPn), Abd Azim Shamsuddin, berkata notis penutupan sudah diserahkan kepada pemilik klinik berkenaan pada jam 8.20 pagi, semalam.

Katanya, tindakan itu diambil selepas pemeriksaan mendapati premis berkenaan melanggar Undang-Undang Kecil (UUK) Pelesenan Perniagaan dan Perdagangan Majlis Daerah Pontian (MDP) 2019, iaitu berkaitan pengibaran bendera.

"Setiap premis yang dilesenkan di bawah UUK ini diwajibkan mengibarkan Jalur Gemilang atau bendera negeri Johor dengan cara dan kaedah yang betul bagi tempoh tertentu, termasuk sempena Hari Kebangsaan" katanya ketika ditemui pemberita di pejabatnya, semalam.

Katanya, pemilik premis masih boleh mengemukakan rayuan bertulis dalam tempoh penutupan itu, namun keputusan lanjut tertakluk budi bicara Yang Dipertua MPPn.

Sementara itu, Pegawai Daerah Pontian, Kamaluddin Jamal, berkata beliau kecewa dengan insiden itu.

Pesakit kanser perlu jaga 5 aspek

Kuala Lumpur: Penjagaan pesakit barah memerlukan pendekatan menyeluruh meliputi lima aspek utama iaitu penjagaan fizikal, mental, perhubungan sosial di sekeliling pesakit, pengaturan kewangan dan bantuan untuk pesakit kembali dalam arus kehidupan biasa.

Pengarah Urusan Persatuan Kanser Kebangsaan Malaysia (NCSM) Prof Madya Dr M Murallitharan berkata, penjagaan kesihatan fizikal menjadi keutamaan kerana pesakit sedang menjalani rawatan yang memberi kesan sampingan terhadap tubuh badan mereka.

Menurutnya, pesakit yang menjalani kemoterapi atau radioterapi akan mengalami kesan sampingan seperti muntah, mual dan kelemahan badan akibat rawatan serta penyakit itu sendiri.

"Pemakanan mereka juga sering terjejas, sedangkan nutrisi yang baik sangat penting bagi membantu mereka mengatasi kesan sampingan rawatan," katanya.

Beliau berkata, aspek kedua yang tidak kurang penting adalah kesihatan mental memandangkan hampir 70 peratus pesakit barah berdepan masalah kemurungan dan tekanan emosi yang serius.

"Ramai pesakit terpaksa menghentikan rawatan kerana gagal mengatasi masalah mental yang dihadapi. Malangnya, aspek ini sering dipandang remeh sedangkan ia sangat penting untuk memastikan pesakit terus bersemangat menjalani rawatan," katanya.

Dr Murallitharan berkata, pesakit barah juga memerlukan sokongan sosial daripada keluarga dan rakan-rakan yang memahami perjalanan mereka mengharungi penyakit itu.

MURALLITHARAN

"Ramai pesakit hilang hubungan sosial dengan keluarga kerana kurangnya kefahaman mengenai cabaran yang dihadapi mereka. Sebab itu penting untuk ada sistem sokongan yang terdiri daripada rakan-rakan atau kumpulan sokongan," katanya.

Menurutnya, beban kewangan turut menjadi cabaran besar kepada pesakit barah, terutamanya berkaitan kos rawatan dan ubat-ubatan yang mahal.

"Pesakit sering kehilangan pekerjaan dan sukar membiayai kos rawatan. Bantuan kewangan seperti zakat atau sumbangan perubatan perlu disalurkan secara berkesan bagi memastikan mereka mendapat rawatan sewajarnya," katanya.

Dr Murallitharan berkata, aspek kelima adalah menyediakan kemudahan bukan kewangan seperti pengangkutan, penginapan dan sokongan untuk membantu pesakit kembali menyesuaikan diri dengan kehidupan normal selepas rawatan.

"Pesakit dari kawasan luar bandar memerlukan tempat tinggal berhampiran hospital serta kemudahan pengangkutan sepanjang tempoh rawatan. Selepas rawatan pula, mereka perlu dibantu untuk kembali bekerja dan menjalani kehidupan seperti biasa," katanya.

Ancaman Covid-19 rendah, terkawal

Kuala Lumpur: Vaksin Covid-19 sedia ada yang diterima orang ramai masih mampu untuk memberikan perlindungan terhadap perubahan subvarian.

Timbalan Menteri Kesihatan Datuk Lukanisman Awang Sauni berkata, selain itu, tahap ancaman varian Covid-19 terkini terhadap golongan berisiko juga rendah dan terkawal.

"Ini kerana Malaysia berada dalam fasa hidup bersama Covid-19 di mana penyakit ini dikendalikan sebagai sebahagian daripada jangkitan saluran pernafasan lain seperti influenza dan jangkitan virus lain.

"Walaupun trend peningkatan atau penurunan kes merupakan satu perkara biasa, komplikasi masih boleh berlaku khususnya dalam kalangan golongan berisiko seperti warga emas dan individu komorbiditi," katanya sewaktu pertanyaan bagi jawab lisan di Dewan Rakyat, di sini, semalam.

Beliau berkata demikian menjawab pertanyaan ***Datuk Seri Ismail Sabri Yaakob (BN-Bera)*** mengenai tahap ancaman varian Covid-19 yang terkini kepada golongan berisiko tinggi.

Mengulas lanjut, Lukanisman berkata, Kementerian Kesihatan Malaysia (KKM) sentiasa memantau situasi Covid-19 dalam dan luar negara termasuk pelaksanaan penjujukan genom bagi mengesan varian atau subvarian terbaharu yang boleh menjejaskan kesihatan awam.

"Pemberian vaksin Covid-19 secara sukarela dan percuma diteruskan di fasiliti kesihatan terpilih," katanya.

KIBAR JALUR GEMILANG TERBALIK

Klinik gigi diarah tutup 30 hari

Oleh Togi Marzuki
am@metro.com.my

Pontian

Klinik pergigian swasta di Pusat Perdagangan Pontian di sini, diarah tutup 30 hari selepas didapati mengibarkan Jalur Gemilang secara terbalik petang kelmarin sehingga tular di media sosial.

Yang Dipertua Majlis Perbandaran Pontian (MPPn) Abd Azim Shamsuddin berkata, notis penutupan diserahkan kepada pemilik klinik jam 8.20 pagi, semalam.

Katanya, tindakan itu diambil selepas pemeriksaan mendapati premis berkenaan melanggar Undang-Undang Kecil (UUK) Perlesenan Perniagaan dan Perdagangan Majlis Daerah Pontian (MDP) 2019 iaitu di bawah berkaitan pengibaran bendera.

"Setiap premis dilesenkan di bawah UUK diwajib mengibarkan Jalur Gemilang atau bendera negeri Johor dengan cara dan kaedah betul bagi tempoh tertentu termasuk sempena hari kemerdekaan.

"Tindakan penutupan ini dibuat mengikut UUK 49 (2) yang memberi kuasa kepada yang Dipertua untuk menutup mana-mana premis yang melanggar syarat lesen undang - undang kecil," katanya semalam.

Menurutnya, pemilik premis masih boleh mengemukakan rayuan bertulis dalam tempoh penutupan itu, namun keputusan lanjut tertakluk budi bicara Yang DiPertua MPPn.

Pegawai Daerah Pontian, Kamaluddin Jamal menzahirkan rasa kecewa susulan insiden Jalur Gemilang dipasang secara terbalik disebuah klinik pergigian di daerah ini.

"Saya menyeru semua pihak mengibarkan Jalur Gemilang secara betul dan sempurna," katanya.

Terdahulu, tular di media sosial video berdurasi 33 saat memaparkan pemasangan Jalur Gemilang terbalik di klinik pergigian swasta di daerah ini.

"Setiap premis dilesenkan di bawah UUK diwajib mengibarkan Jalur Gemilang atau bendera negeri Johor dengan cara dan kaedah betul bagi tempoh tertentu termasuk sempena hari kemerdekaan"

Abd Azim

Polis buka kertas siasatan

Pontian: Polis membuka kertas siasatan susulan insiden Jalur Gemilang dipasang secara terbalik di sebuah klinik pergigian di Pusat Perdagangan Pontian, kelmarin.

Timbalan Ketua Polis Daerah Pontian, Deputi Superintendan, Abdul Hamid Abdul Rahaman berkata, hasil siasatan awal mendapati kejadian itu berpunca kecuaian pekerja klinik dan mereka tidak mempunyai sebarang niat menghina simbol Kebangsaan berkenaan.

"Polis mengambil maklum insiden pemasangan Jalur Gemilang terbalik di premis itu menimbulkan ketidakpuasan hati awam dan sedang menyiasat kes ini.

"Pemilik premis tampil memberikan kerjasama sepenuhnya dan tindakan segera diambil bagi membetulkan kedudukan bendera.

"Jalur Gemilang lambang kedaulatan negara wajib dihormati setiap lapisan masyarakat, sehubungan itu semua pihak diingatkan supaya memastikan pemasangan bendera dilakukan dengan betul setiap masa dan khususnya sempena sambutan bulan kemerdekaan," katanya, semalam.

Abdul Hamid berkata, kes disiasat mengikut Seksyen 5 Akta Lambang dan Nama (Mencegah Penggunaan Tidak Wajar) 1963 serta Seksyen 14 Akta Kesalahan Kecil 1955.

22 juta pemegang MyKad boleh semak kelayakan SARA

Putrajaya

Sebanyak 22 juta pe-

Pusat kecantikan tawar khidmat pergigian, kecantikan haram diserbu

KUALA LUMPUR - Berselindung di sebalik deretan lot kedai di Sri Petaling dengan menawarkan khidmat rawatan gigi dan perubatan estetik haram sejak 2024 akhirnya terbongkar.

Serbuan kira-kira jam 10.40 pagi hasil aduan awam itu dijalankan sepasukan pegawai penguat kuasa Bahagian Kesihatan Pergigian dan Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur dan Putrajaya dengan kerjasama Balai Polis Sri Petaling.

Sinar Harian yang mengikuti operasi itu mendapati kawasan luar premis tersebut dilengkapi kamera litar tertutup (CCTV).

Bahkan, terdapat tiga bilik khas dipercayai digunakan pelanggan untuk mendapatkan rawatan gigi selain bilik berlainan bagi khidmat perubatan estetik berkait kecantikan seperti memutihkan kulit serta suntikan botox.

Setiap bilik menempatkan katil selain pelbagai alatan mesin, ubatan, peralatan suntikan dan lain-lain.

Semasa serbuan, terdapat dua pelanggan yang sedang mendapatkan rawatan pergigian.

Pegawai operasi Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur dan Putrajaya memeriksa premis di Sri Petaling pada Rabu.

Pegawai Penguatkuasa Pergigian Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur dan Putrajaya, Dr Vivegan Doraisamy berkata, dua wanita termasuk seorang warga Indonesia berusia 27 dan 37 tahun telah ditahan.

Menurutnya, pusat kecantikan itu menawarkan perkhidmatan pergigian dan perubatan estetik yang hanya boleh dijalankan di Kemudahan Perkhidmatan Jagaan Kesihatan Swasta yang berdaftar dengan Kementerian Kesihatan Malaysia (KKM).

"Suspek dikatakan mempromosikan perkhidmatan mereka di media sosial Instagram merangkumi khidmat sarung gigi (*veneer*) yang hanya boleh dilakukan pengamal pergigian berdaftar dengan Majlis Pergigian Malaysia.

"Selain itu, pusat kecantikan itu turut menawarkan rawatan perubatan estetik seperti *filler, botox injection* dan lain-lain rawatan estetik yang hanya boleh dilakukan pengamal perubatan berdaftar dengan Majlis Perubatan Malaysia serta ditauliahkan dengan Letter of Credentialing & Privileging (LCP) of Aesthetic Medical Practice oleh KKM," katanya.

Beliau berkata, harga rawatan antara RM4,000 sehingga RM12,000 bergantung pada jenis pakej diambil pelanggan.

Klinik kibar Jalur Gemilang terbalik diarah tutup

Notis penutupan 30 hari diserah kepada klinik

Oleh NOR AZURA MD AMIN
PONTIAN

Klinik gigi yang mengibarkan Jalur Gemilang terbalik dikenakan notis penutupan 30 hari oleh MPPn.

Sebuah premis pergigian swasta di Pusat Perdagangan Pontian diarah tutup 30 hari selepas didapati mengibarkan Jalur Gemilang terbalik pada petang Rabu sehingga tular di media sosial.

Yang Dipertua Majlis Perbandaran Pontian (MPPn), Abdul Azim Shamsuddin berkata, notis penutupan telah diserahkan kepada klinik berkenaan pada kira-kira jam 8.20 pagi Khamis.

Mahkamah & Jenayah

Menurut beliau, tindakan itu diambil selepas pemeriksaan mendapati premis berkenaan melanggar Undang-Undang Kecil (UUK) Pelesenan Perniagaan dan Perdagangan MDP 2019, iaitu berhubung kewajipan pengibaran bendera.

"Setiap premis yang dilesenkan atau tidak dilesenkan di bawah UUK ini diwajibkan mengibarkan Jalur Gemilang atau bendera negeri Johor dengan cara dan kaedah yang betul bagi tempoh tertentu termasuk sambutan Hari Kebangsaan.

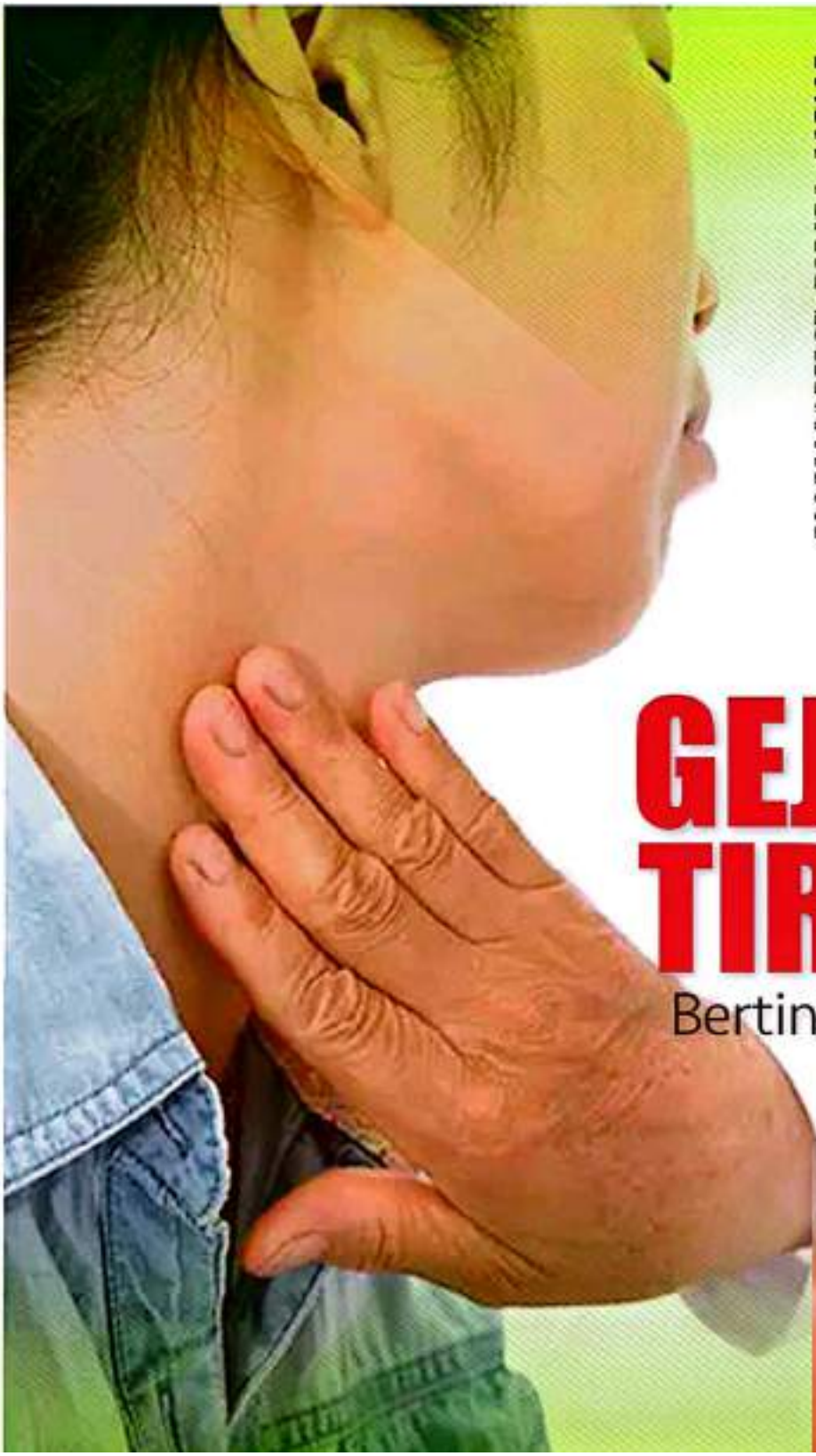
"Tindakan penutupan ini dibuat mengikut UUK 49(2) yang memberi kuasa kepada Yang Dipertua untuk menutup mana-mana premis yang melanggar syarat lesen atau undang-undang kecil," katanya ketika ditemui pada Khamis.

Beliau berkata, pemilik premis masih boleh mengemukakan rayuan bertulis dalam tempoh penutupan itu, namun keputusan lanjut tertakluk kepada budi bicara Yang Dipertua MPPn.

Dalam pada itu, Pegawai Daerah Pontian, Kamalludin Jamal menzahirkan rasa kecewa apabila insiden Jalur Gemilang terbalik kembali berulang, kali ini membabitkan sebuah klinik pergigian di Pusat Perdagangan Pontian.

"Kita terkejut dan tidak menyangka perkara ini berulang, apatah lagi melibatkan premis pergigian," katanya.

Sementara itu, Ahli Parlimen Pontian, Datuk Seri Ahmad Maslan berkata, pihak yang bertanggungjawab dalam insiden itu perlu segera dihadapkan ke muka pengadilan.



Jangan Abaikan GEJALA TIROID

Bertindak Awal!

KELENJAR tiroid ialah sejenis kelenjar berbentuk seperti rama-rama, dengan tobus kiri dan kanan yang bersambung oleh penghubung halus dipanggil ismus. Kelenjar tiroid terletak di bahagian hadapan leher, tepat di bawah halkum.

Walaupun saiznya kecil, kelenjar tiroid memainkan peranan yang sangat penting dalam tubuh manusia kerana ia mengeluarkan hormon yang mengawal pelbagai fungsi tubuh seperti kadar metabolisme, suhu badan, degupan jantung dan pertumbuhan.

Kelenjar tiroid menghasilkan dua jenis hormon utama, iaitu triiodotironin (T3) dan tiroksin (T4), yang kedua-duanya penting untuk memastikan metabolisme badan berjalan dengan normal. Hormon-hormon ini mempengaruhi hampir setiap sel dalam badan dan membantu memastikan sistem tubuh berfungsi dengan baik. Kelenjar tiroid juga menghasilkan hormon kalsitonin yang bertindak dengan hormon paratiroid untuk mengawal jumlah kalsium dalam darah. Jika tiroid menghasilkan terlalu banyak hormon, seseorang boleh mengalami keadaan yang dikenali sebagai hipertiroidisme, manakala jika hormon tiroid terlalu sedikit, ia dikenali sebagai hipotiroidisme.

Hipertiroidisme adalah keadaan di mana hormon tiroid dihasilkan secara berlebihan sehingga mengganggu fungsi seperti penurunan berat badan secara mendadak, degupan jantung yang laju, mudah berpeluh, dan rasa cemas yang berlebihan. Sebaliknya, hipotiroidisme pula boleh menyebabkan keletihan, penambahan berat badan, kulit kering, kemurungan dan kepekaan terhadap suhu sejuk.

Masalah tiroid boleh berlaku disebabkan oleh pelbagai faktor, termasuk keturunan, obesiti, gangguan autoimun, kekurangan iodin, atau kesan sampingan ubat-ubatan tertentu. Diagnosis biasanya dibuat melalui ujian darah bagi mengukur paras hormon tiroid dan TSH (hormon perangsang tiroid). Rawatan pula bergantung kepada jenis gangguan tiroid yang dihidapi, sama ada melalui ubat-ubatan, rawatan radioaktif atau pembedahan.

Kesedaran tentang penyakit tiroid amat penting kerana simptomnya sering disalah anggap sebagai masalah kesihatan lain. Antara simptom biasa bagi penyakit tiroid adalah seperti:

- Ketulan bahagian depan leher
- Suara serak
- Kesukaran untuk menelan
- Kesukaran bernafas
- Sakit pada kerongkong atau leher
- Bengkak di leher
- Sakit di kerongkong secara berterusan

Oleh itu, jika terdapat gejala-gejala tersebut, sila dapatkan rawatan dengan segera. Pencegahan awal juga amat digalakkan dengan melakukan pemeriksaan berkala dan pengetahuan asas tentang fungsi tiroid boleh membantu dalam pengesanan awal serta rawatan yang berkesan.

Kesimpulannya, kelenjar tiroid merupakan organ kecil tetapi amat penting dalam memastikan keseimbangan sistem tubuh. Penjagaan kesihatan tiroid dan pengesanan awal sekiranya berlaku masalah boleh membantu individu menjalani kehidupan yang sihat dan berkualiti.