KERATAN AKHBAR 6/04/2026 (Isnin)

The Star M/S 7

SCALING UP POLICY FOR PERITONEAL DIALYSIS

Enhancing Malaysia's PD First policy execution

NEARLY 56,000 Malaysians suffer from end-stage kidney disease (ESKD), a condition under which a person's kidneys have less than 15% of their normal function.

By 2040, experts estimate that the number of patients will nearly double to 106,000.

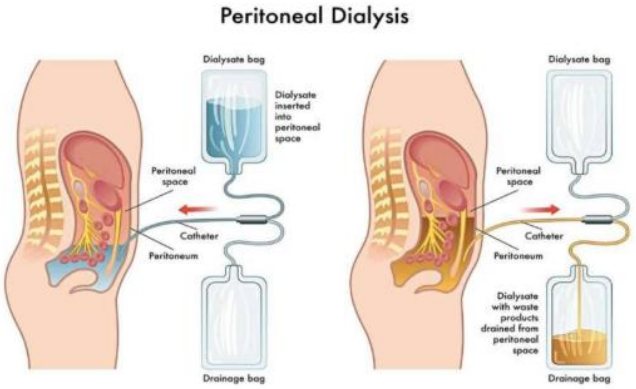
In the spirit of World Kidney Day 2026 which took place on March 12 this year, it is important to understand the current policy landscape for managing the national ESKD burden.

Currently, ESKD patients have three treatment options: kidney transplants, and two forms of renal replacement therapy (RRT), namely hemodialysis (HD) and peritoneal dialysis (PD).

Hemodialysis is often conducted at centres; patients typically come into a HD centre three times a week and undergo treatment for several hours. PD is conducted in a home setting and utilises the patient's own peritoneal lining in their abdomen as a natural filter to remove waste from the body.

EKSD patients undergoing either RRT will find themselves having to drastically adapt their work schedules, family responsibilities and travel plans to facilitate their treatment.

CAPD and APD can both be done in the patient's home, negating the need to travel to a dialysis centre.



Peritoneal dialysis utilises the patient's peritoneal membrane to help filter out waste from the blood.

PD First as government policy

The Health Ministry (MOH) has a PD First policy, which, on paper, would put patients on PD first unless determined unsuitable by their doctor.

According to the Galen Center for Health and Social Policy, from a policy perspective PD requires less centre-based infrastructure and provides a scalable model to support RRT access in rural and underserved areas via home delivery.

Being a home-based modality also allows PD patients more flexibility in balancing their daily schedules around their treatment needs.

Published clinical literature shows that PD is associated with better preservation of residual kidney function, reduced cardiovascular stress, fewer risks of infection and offering similar survival rates to HD.

These, alongside the patient's clinical context, become key factors in deciding on a suitable RRT.

Currently, both the MOH and other agencies such as the Social Security Organisation (PERKESO) fund programmes that provide Malaysians with access to continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD).

As with all renal replacement therapies, patient suitability for PD is determined through clinical assessment by a treating specialist.

However, data from the 31st Report of the Malaysian Dialysis and Transplant Registry 2023 indicate a different reality than that proposed by the policy.

Although the MOH nominally has a PD First policy, home dialysis only accounts for 12% of patients, with the remaining 84% percent largely focused in HD.

On Jan 20, in a reply to Ampang MP Rodziah Ismail during a special chamber session, Health Minister Datuk Seri Dr Dzulkefly Ahmad reaffirmed the government's commitment to a practical PD First policy.

The budget for PD will be more than doubled from RM40mil to RM100mil in fiscal year 2026.

The additional budget will be focused on increasing the number of PD patients in the public sector from 42% to 50% of the total ESKD patients under MOH.

While the expansion of the home dialysis policy programme is welcome, planning and execution should nonetheless account for ensuring the current supporting ecosystem remains robust with an influx of new patient initiations.

Overcoming patient anxieties with PD

Dzulkefly identified a lack of patient awareness of PD being a major obstacle to new patient initiation.

In his reply to Rodziah, he noted that patients might be anxious to start home-based treatment if they lacked proper infrastructure to maintain a sufficiently sterile home environment and store supplies.

Currently, patients covered under various government CAPD and APD programmes are already given training at PD-equipped centres close to their homes.

30-year-old housewife Nur Ainaa Syahirah Musa was prescribed CAPD in April 2025 after her kidney function had declined following childbirth and years of high blood pressure.

At Hospital Selayang, she was taught by the PD nurses on how to perform the treatment at home.

Over the following days, she grew more familiar with the process through the guidance of her care team.

Similarly, Giam Yee Fern, a 35-year-old professional learning and development trainer based in Kuala Lumpur, received similar training at Hospital Kuala Lumpur to undergo APD.

Both patients attend regular monthly checkups with their respective specialists, where any concerns with the treatment process are discussed with their care teams.

As the programme continues to scale, it will be key for the government to make sure patient experiences with the treatment remain consistent.

Home-delivery: a cornerstone of the PD First policy

The effectiveness of the PD First policy in providing equitable treatment access to patients is predicated on reliable and timely home delivery of supplies as well as improving connectivity between MOH facilities and the communities they service.

Working with reliable suppliers and logistics partners that are responsive to patient circumstances, particularly in remote and rural areas, becomes paramount.

Both Nur Ainaa and Giam affirm that they receive their monthly supply around the 20th day of each month, which are sent directly to their homes.

They coordinate these supply runs with the government-appointed logistics partners, who communicate by app and email.

This app allows patients to schedule deliveries and report issues like damaged stock.

To date, neither of them have ever experienced a late delivery.

As MOH scales its PD First policy, maintaining reliability in home delivery requires more careful planning and accounting for increased costs.

The ministry must mandate that suppliers maintain regular communication channels to coordinate deliveries and address any issues related to delivery scheduling and supply quality as part of programme oversight.

A supporting digital framework

In a similar vein, the MOH can also explore integrating technology that facilitates coordination between kidney care departments and the communities they serve. Many ESKD patients live in rural areas, far from where most health services are concentrated, and in parts of East Malaysia and the interior of Peninsular Malaysia, travel may even require boat transport.

For some patients, it can take up to an hour or more to reach the nearest MOH kidney care centre, and narrowing this distance - whether physical or digital - could meaningfully support policy goals.

For Nur Ainaa, for instance, it is a 90-minute drive from her residence in Kuala Kubu Baru to Hospital Selayang. A key opportunity for the ministry lies in strengthening digital infrastructure and capabilities.

This is especially timely as the PD First policy is being scaled up alongside ongoing efforts to digitise medical records and push telehealth governance.

Building on the home-based nature of PD, policymakers can thoughtfully expand the use of secure, interoperable digital tools and common data standards that enable better coordination and continuity of care, particularly across wide rural catchment areas.

As the PD programme grows, MOH must place greater emphasis on resilient delivery systems, the integration of secure and interoperable digital infrastructure, and the use of clear operational benchmarks to ensure that day-to-day implementation keeps pace with national policy commitments.

Shazwan Mustafa Kamal
Regional Healthcare Lead
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Vriens & Partners is a government affairs consulting firm that actively supports advocacy efforts that improve healthcare policy.

When kidney disease is detected earlier and managed effectively, the need for resource-intensive treatments can be reduced.

Why kidney health matters

Early screening for disease can protect long-term health, multiple systems in body

KIDNEY disease is often described as a silent condition because symptoms tend to appear only after significant damage has occurred. By the time it is detected, some patients may already require dialysis or intensive treatment. This makes early screening and awareness especially important, as they allow for earlier intervention before complications develop.

Growing health concern in Malaysia

Chronic kidney disease is becoming an increasingly serious public health issue in Malaysia. According to the National Kidney Foundation, one in 10 adults is affected. Over time, the numbers have risen steadily. Data from the National Health and Morbidity Survey shows that prevalence increased from 9.1% in 2011 to 15.5% in 2018. Cases of end-stage kidney disease, where the kidneys can no longer function adequately, have also grown. Thousands of new patients require dialysis each year, with projections indicating a continued rise if current trends persist. This places significant strain on healthcare resources and long-term costs.

A major driver behind this increase is the country's rising burden of non-communicable diseases. Diabetes, in particular, plays a central role, accounting for about 65% of new end-stage kidney disease cases in Malaysia.

More than just kidneys

Kidney disease rarely exists on its own. It is closely linked to a group of interconnected conditions known as cardio-renal-metabolic diseases, which include diabetes, hypertension, cardiovascular disease and obesity. These conditions influence one another. Diabetes can damage the kidneys over time. As kidney function declines, controlling blood pressure becomes more difficult. Elevated blood pressure then further damages kidney tissue while placing additional strain on the heart.

What may begin as a single condition can gradually develop into a cycle affecting multiple systems in the body. Protecting kidney health early can therefore support overall health, including heart function and metabolic balance. Globally, kidney disease is also gaining recognition as a major health challenge. The World Health Organisation identifies it as one of the fastest rising causes of mortality, with projections suggesting it could become the fifth leading cause of death by 2050.

Why early action matters

Early detection offers one key advantage: Time. Identifying kidney disease in its early stages allows for interventions that can slow progression. These may include medication, lifestyle adjustments and regular monitoring. Delaying progression is important because advanced treatments such as dialysis, while life-saving, can significantly affect daily life. Regular sessions, often several times a week, can disrupt work, family routines and overall independence. By managing kidney health earlier, individuals are more likely to maintain their usual routines for longer. It also reduces the risk of complications linked to other conditions within the cardio-renal-metabolic network. Beyond physical health, early management can also ease emotional strain. Chronic illness often brings uncertainty for patients and caregivers. Reducing complications and hospital visits can help create a greater sense of stability and control.

Environmental cost of late-stage care

While the personal impact of kidney disease is widely recognised, its environmental footprint is less often discussed. Advanced treatments, particularly dialysis, require significant resources. Each session uses large amounts of purified water, electricity and single-use medical supplies. Over time, this contributes to substantial energy consumption and medical waste. Hospital-based care also relies heavily on disposable equipment and generates biohazard waste. When kidney disease is detected earlier and managed effectively, the need for these resource-intensive treatments can be reduced. This highlights a growing perspective in healthcare. Preventive care is not only beneficial for individuals, but also supports more sustainable systems.

Making screening more accessible

Despite the increasing prevalence of chronic kidney disease, awareness and screening rates remain relatively low. Many individuals are diagnosed only at later stages because the condition develops without clear warning signs. Early screening plays a crucial role in addressing this gap. Simple tests can detect kidney issues before symptoms appear, allowing for timely management and reducing the risk of complications. Accessibility is also improving. Community retail pharmacies are becoming convenient points for basic health checks, offering an easier alternative to hospital visits. These locations provide an opportunity for individuals to monitor their health more regularly without long waiting times.

Simple step with lasting impact

Kidney disease may develop quietly, but its effects can be significant. Because it is closely linked to conditions such as diabetes and hypertension, monitoring kidney health is an important part of overall well-being. Individuals over 40, as well as those living with chronic conditions or with a family history of kidney disease, are encouraged to undergo regular screening. The process does not have to be complicated. Many local pharmacies now offer accessible screening options, making it easier to take that first step. In many cases, early detection can make a meaningful difference. A simple check today can help protect long-term health, reduce future risks and support a better quality of life.

***This** article is contributed by consultant nephrologist and internal medicine physician Dr Albert Hing Wong.*

Some heart attack survivors may not need beta-blockers over long term

HEART attack survivors who are stable and considered low-risk may not need to remain on beta-blockers for life, according to a recent clinical trial conducted in South Korea.

The study followed 2,540 patients who had recovered from a heart attack and were prescribed beta-blockers such as Metoprolol and Atenolol. These medications are commonly used to lower heart rate and blood pressure, helping to reduce the risk of further cardiac events.

Researchers found that patients who stopped taking beta-blockers after at least 12 months had similar health outcomes to those who continued long term. Over a median follow-up period of 3.5 years, 7.2% of those who discontinued the medication experienced serious events such as death, another heart attack or hospitalisation for heart failure. This compares with 9% among those who continued treatment.

The findings are presented at the American College of Cardiology Scientific Session and published in *The New England Journal of Medicine*.

Beta-blockers have long been a standard part of post-heart attack care. However, much of the evidence supporting their long-term use comes from earlier decades, before advances in modern treatments and procedures.

Study leader Joo-Yong Hahn from Samsung Medical Centre said discontinuation may be an option for certain patients, particularly those who are stable and several years past their initial heart event. He added that this decision should be made through careful discussion between patient and doctor, with ongoing monitoring of blood pressure and heart rate.

For patients experiencing side effects such as fatigue, dizziness or low heart rate, stopping the medication may be worth considering.

Researchers noted that the study has limitations. All participants are based in South Korea, and women are underrepresented, which may affect how widely the findings apply.

While the results offer a shift in thinking, beta-blockers remain an important part of treatment for many patients. Any changes to medication should be made with medical guidance rather than independently.

– Reuters

Beta-blockers have long been a standard part of post-heart attack care.

– ***ALL PICS FROM 123RF***

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NST LEADER

Of healthcare and public-private sector integration

How to better serve the people

COME July, Malaysia's healthcare will pioneer a "whole-of-nation" approach, with private hospitals nationwide being invited to be "Tier 1" providers under the Malaysia Health Insurance Transformation (MHIT) base plan. "Pioneer" is a word used advisedly. Historically, these two sectors have operated largely in silos, with the public sector bearing the burden of universal coverage and the private sector catering to those who can afford it. MHIT is making a shift in the relationship between the public and private sectors. The Health Ministry's invitation of private hospitals as Tier 1 providers signals a vital step towards a whole-of-nation approach.

The public-private healthcare sector integration has several upsides. Firstly, it will help ease, if not solve, overcrowding in public hospitals. If media reports are right, overcrowding is still an issue at certain public hospitals across Malaysia, not just in densely populated Klang Valley. In Sabah, wait times are said to be two days or beyond. Sarawak is said to face persistent manpower shortage leading to patients being put on wait list at the emergency departments. Cities like Kuala Lumpur, Penang and Johor Baru report packed emergency departments with patients waiting at least a day before being admitted. One reason is the doctor-to-patient ratio. Secondly, the integration helps maintain the public healthcare system as the "bedrock" so it is not weakened by privatisation. For some peculiar reasons, governments tend to privatise public services because of shortage of funds. Privatisation isn't always the answer as many countries have discovered. Some are making them "public" again after seeing many such services fail miserably. Even free-marketers say public healthcare functions poorly in the free market. In the case of Malaysia, MHIT may make privatisation unnecessary, though a deeper dive may disclose other avenues. Taking public services like healthcare private is signalling to the people that the service is only meant to serve the wealthy. Finally, the collaboration between the public and private sectors has the potential to lead to a more equitable distribution of medical expertise across the country. Potential, yes, but whether it will truly lead to a more equitable distribution of medical expertise remains to be seen.

> ***Privatisation isn't always the answer as many countries have discovered.***

One of the silent crises in Malaysian healthcare is the migration of experienced specialists from public hospitals to private ones, drawn by better pay and lighter workloads. By designating private hospitals as Tier 1 providers under a national insurance plan, the government creates a mechanism where private infrastructure can be used to treat "public-interest" cases. So, instead of a specialist leaving a public hospital to serve only the wealthy, they stay within the system where the MHIT base plan allows a broader demographic to access their services. However, the success of this policy hinges on the government's ability to use the private sector to augment public capacity without replacing the public sector's responsibility to provide universal, free-at-point-of-service care for the B40.

The message to the private sector appears to be that "you are no longer a business; you are a critical component of national security and social stability".

HEALTH MINISTRY INITIATIVE

Private hospitals' group welcomes review of licensing process

KUALA LUMPUR: The Association of Private Hospitals of Malaysia (APHM) has welcomed the Health Ministry's recognition of administrative delays involving the Private Medical Practice Control Section (CKAPS) in the registration of new private hospitals.

APHM president Datuk Dr Kuljit Singh, in a statement yesterday, said the association had consistently raised the matter and welcomed efforts to address it and explore innovative solutions.

"Each stage of the registration and renewal process involves lengthy procedures that have financial implications, which ultimately will come at a cost to patients.

"In this regard, APHM member hospitals support using technology and digital solutions to streamline processes to speed up registration and renewals," said Dr Kuljit.

He added that APHM had also proposed self-regulation for licence renewals to improve efficiency without compromising on standards.

"Private hospitals will continue to complement and support the public healthcare system, not replace it.

"However, efforts to contain costs must be guided by the need to ensure the sustainability of private hospitals, so they can remain efficient, innovative and technologically up to date with global standards.

"Private hospitals in Malaysia have the capacity and capability to deliver timely, high-quality, value-based care that is on a par with leading healthcare systems worldwide."

On Saturday, Health Minister Datuk Seri Dr Dzulkefly Ahmad said the ministry was reviewing the licensing and regulatory processes under the Private Healthcare Facilities and Services Act 1998 to address industry concerns over delays and rising costs.

He said the move aimed to streamline procedures, as lengthy processes had been cited as contributing to higher operational costs that were ultimately passed on to patients.

It was discussed during a Joint Ministerial Committee on Private Healthcare Costs meeting with Finance Minister II Datuk Seri Amir Hamzah Azizan, Bank Negara Malaysia and private hospital chief executive officers.

CKAPS, a unit under the Health Ministry, enforces the Private Healthcare Facilities and Services Act.

The Borneo Post M/S 2

SGH Palliative Care Unit relocates to NGO-run centre in Desa Wira

KUCHING: The Palliative Care Unit of Sarawak General Hospital (SGH) has been relocated to the Hospice and Palliative Care Centre (HPCC), marking a first-of-its-kind collaboration in Malaysia between the government and a non-governmentalorganisation (NGO).

Deputy Premier Datuk Amar Dr Sim Kui Hian said the move represented a significant milestone, with SGH operating under the Ministry of Health (MoH), and the RM19 million HPCC facility under the management of Kuching Lifecare Society (KLS).

He noted that when the SGH palliative care service was first launched in 2016 as part of the hospital's cancer ward, few could have anticipated the level of progress achieved today.

"This milestone proves how far it has come and reflects a small but meaningful step in meeting Sarawak's growing healthcare needs," he said in a Facebook post.

Dr Sim pointed out that by 2030, Sarawak is projected to have the highest demand for palliative care in Malaysia, with an estimated 35,000 patients requiring such services, although many are expected to opt for home-based care.

The relocation involved the complete transfer of the eight-bed SGH palliative ward, including patients, medical personnel, equipment and support services to the purpose-built HPCC facility in Desa Wira, Batu Kawa here.

According to him, the new centre provides a more serene and specialised environment, designed to ensure comfort and dignity for patients in their final stages of life.

"The eight-bed SGH Palliative Care Service will be progressively expanded to 35 beds.

"We pray that MoH will step up to approve more nurses, as the current number for eight beds will not only overstretch but burn out our nurses to look after the 35 beds," he said.

He thanked Health Minister Datuk Seri Dr Dzulkefly Ahmad and the ministry for the 'out-of-the-box' model initiative, which allowed MoH services to operate within an NGO-run facility, the first of its kind in the country.

Dr Sim likened the arrangement to the Sarawak Heart Centre, which was built by the Sarawak government but is operated by MoH, noting that the HPCC collaboration represents a shift from a government-to-government model to an NGO-to-government partnership.

"This public-private partnership reflects the strong 'kampung' (village) community spirit of Sarawakians, where everyone plays their part," he added.

He also commended KLS president Hung Sung Huo for his perseverance in bringing the project to fruition, from securing a four-acre site in 2011 to completing construction in 2024 despite challenges posed by the Covid-19 pandemic and rising costs.

Dr Sim highlighted that palliative care services in Sarawak have grown from small NGO-led efforts into broader regional and international collaborations, including with the American Society of Clinical Oncology (ASCO) and the Asia Pacific Hospice Palliative Care Network (APHN).

These efforts, he said, have contributed to training 44 healthcare professionals across Sarawak in 2024, while community-based programmes between 2022 and 2025 have supported more than 1,000 patients through home domiciliary care.

He added that various NGOs, including the National Cancer Society Sarawak Branch, Two Tree Lodge Hospice, KLS, and palliative care associations in Sibu and Miri, have played a crucial role in c omplementing government services.

Looking ahead, Dr Sim said Sarawak's next major milestone would be the development of a RM1.5 billion Sarawak Cancer Centre, expected by 2030, which would include acute inpatient palliative care beds.

Dr Sim (front, seventh left) and his wife Datin Amar Enn Ong Siok, on his right, in a group photo, taken during their visit to the KLS Hospice and Palliative Care Centre. — Photo via Facebook / Dr Sim Kui Hian

KKM bimbang jualan kanta dalam talian

Majlis Optik Malaysia terima 15 aduan umum

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Kuala Lumpur

Kementerian Kesihatan Malaysia (KKM) menyifatkan penjualan kanta lekap kosmetik secara dalam talian tanpa kawalan profesional adalah isu membimbangkan dan memerlukan perhatian berterusan.

KKM berkata, sehingga Disember tahun lalu, sebanyak 15 aduan diterima oleh Majlis Optik Malaysia (MOC) berkaitan penjualan kanta lekap kosmetik secara dalam talian.

"Pada masa sama, Pihak Berkuasa Peranti Perubatan (MDA) menerima 384 aduan sepanjang tahun 2025 berdasarkan dapatan daripada Sesi Libat Urus Penjualan Peranti Perubatan Dalam Talian pada November 2025," katanya dalam satu kenyataan kepada Harian Metro.

KKM berkata, sebagai langkah kawalan, pihaknya mengeluarkan Garis Panduan Penjualan Alat Optik dan Kanta Lekap Secara Dalam Talian sejak tahun 2021.

Katanya, garis panduan itu menetapkan penjualan kanta lekap secara dalam talian hanya dibenarkan kepada optometris dan juruoptik yang mempunyai sijil khas kanta lekap serta tertakluk kepada syarat tertentu.

"Sekiranya pemilik laman sesawang tidak mematuhi garis panduan ini, MOC akan mengeluarkan arahan pematuhan untuk mengemas kini kandungan laman mereka.

"Jika arahan kedua masih tidak dipatuhi, MOC bersama Suruhanjaya Komunikasi dan Multimedia Malaysia (MCMC) boleh mengambil tindakan menyekat akses laman itu," katanya.

Menurut KKM, bagi platform e-dagang, MOC menjalankan sesi libat urus bersama TikTok Shop Malaysia pada 2024 dan Lazada Malaysia 2025.

"TikTok Shop mula mengawal penjualan kanta lekap di platform mereka sejak Februari 2025.

"Namun penjualan masih berlaku kerana garis panduan ini tidak mempunyai kuasa perundangan untuk tindakan penguatkuasaan yang lebih tegas," katanya.

Katanya, Rang Undang-Undang (RUU) Optometri yang dibentangkan KKM juga dijangka akan menangani isu penjualan kanta lekap kosmetik secara dalam talian dengan memperluas tafsiran kanta lekap untuk merangkumi kanta lekap kosmetik, mewujudkan peruntukan khusus bagi kawalan penjualan dalam talian dan menaikkan penalti terhadap penjual tidak berdaftar.

Selain itu katanya, RUU Optometri itu akan memberikan kuasa penguatkuasaan yang lebih jelas dan tegas kepada MOC untuk memeriksa, menyiasat, merampas dan mendakwa pesalah.

"Langkah-langkah ini memastikan hanya pengamal bertauliah boleh menjual kanta lekap, sekali gus melindungi keselamatan penglihatan rakyat dan mengurangkan risiko komplikasi mata akibat pembelian tanpa pemeriksaan profesional," katanya.

"Langkah-langkah ini memastikan hanya pengamal bertauliah boleh menjual kanta lekap, sekali gus melindungi keselamatan penglihatan rakyat dan mengurangkan risiko komplikasi mata akibat pembelian tanpa pemeriksaan profesional"

KKM

Harga murah, risiko tinggi

Kuala Lumpur: Faktor harga lebih murah serta pilihan yang pelbagai berbanding premis berdaftar antara sebab orang ramai cenderung membeli kanta lekap kosmetik secara dalam talian.

Kementerian Kesihatan Malaysia (KKM) berkata, pembelian juga menjadi lebih mudah melalui platform e-dagang dan media sosial.

"Selain itu, ramai pengguna beranggapan bahawa kanta lekap kosmetik hanyalah produk fesyen dan bukan peranti perubatan yang memerlukan pemeriksaan mata terlebih dahulu.

"Kurangnya kesedaran mengenai risiko kesihatan mata apabila kanta lekap dipakai tanpa konsultasi daripada optometris bertauliah turut menyumbang kepada trend pembelian ini," katanya dalam satu kenyataan.

Menurut KKM, sekiranya kanta lekap kosmetik dipakai tanpa pemeriksaan mata dan tanpa nasihat daripada optometris bertauliah, pengguna berisiko mengalami komplikasi yang sama seperti pemakai kanta lekap berkuasa.

Katanya, antara risiko yang boleh berlaku termasuk ulser kornea, giant papillary conjunctivitis, jangkitan kornea, keratitis, corneal abrasion dan mata kering.

"Komplikasi ini boleh menyebabkan kerosakan mata yang serius dan dalam kes tertentu membawa kepada kebutaan kekal. Risiko meningkat apabila kanta lekap dibeli daripada penjual tidak berdaftar yang tidak menyediakan panduan profesional atau pemeriksaan mata," katanya.

KKM juga menasihatkan orang ramai supaya tidak membeli kanta lekap termasuk kanta lekap kosmetik secara dalam talian tanpa pemeriksaan mata dan preskripsi daripada pengamal optometri berdaftar.

Katanya, kanta lekap bukan sekadar aksesori kecantikan, namun ia adalah peranti perubatan yang bersentuhan terus dengan kornea dan boleh menyebabkan penyakit mata serius, selain dalam kes tertentu membawa kepada kebutaan kekal.

"Pembelian tanpa pemeriksaan mata boleh menyebabkan kanta lekap tidak sesuai dengan bentuk atau keadaan mata individu, sekali gus meningkatkan risiko komplikasi.

"Keselamatan penglihatan adalah jauh lebih penting daripada penjimatan kos jangka pendek. KKM menggesa orang ramai untuk mendapatkan nasihat profesional sebelum membeli atau memakai kanta lekap bagi memastikan kesihatan mata terpelihara," katanya.

KKM keluar 12 notis amaran

Putrajaya: Kementerian Kesihatan Malaysia (KKM) mengeluarkan 12 notis amaran atas pelbagai ketidakpatuhan di bawah Akta Peranti Perubatan 2012 dan peraturan berkaitan pada operasi penguatkuasaan melibatkan pemeriksaan terhadap 19 premis menjual kanta lekap di Bazaria Wangsa Maju, Kuala Lumpur.

KKM dalam satu kenyataan memaklumkan operasi dilakukan pada 16 Mac dan antara kesalahan yang dikenal pasti ialah penjualan kanta lekap yang tidak berdaftar serta kegagalan mematuhi keperluan pelabelan yang ditetapkan.

"Kanta lekap dan alat optik merupakan peranti perubatan yang dikawal selia dan diklasifikasikan sebagai *prescribed mediccal device*. Justeru, penggunaannya memerlukan preskripsi serta khidmat profesional daripada juru optik atau optometris berdaftar, selaras dengan peruntukan di bawah Akta Optik 1991," menurut kenyataan itu.

Sehubungan dengan itu, KKM memaklumkan penjualan kanta lekap dan alat optik secara dalam talian di mana-mana platform e-dagang dilarang sama sekali.

"Kementerian memandang serius isu ini kerana pembelian tanpa pemeriksaan dan nasihat profesional boleh mendedahkan pengguna kepada risiko kesihatan mata, kerosakan kornea dan komplikasi penglihatan yang serius," menurut kenyataan itu.

KKM memaklumkan sebagai langkah penguatkuasaan, Pihak Berkuasa Peranti Perubatan (MDA) tidak mengeluarkan sebarang kelulusan bagi pengiklanan atau penjualan alat optik dan kanta lekap secara dalam talian.

Pihak yang melanggar peruntukan itu boleh dikenakan tindakan di bawah Peraturan-Peraturan Peranti Perubatan (Pengiklanan) 2019 termasuk denda sehingga RM200,000 atau penjara sehingga dua tahun atau kedua-duanya sekali, jika sabit kesalahan.

Oleh Muhamaad Razis Ismail
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Kuala Lumpur

TEKANAN KOMITMEN HARIAN

94% rakyat kita tangguh rawatan

Prudential plc mendedahkan 94 peratus rakyat Malaysia menangguhkan rawatan perubatan akibat kekurangan sokongan.

Laporan *Patient Voices Malaysia: making healthcare clearer and more connected* membabitkan 1,020 responden tempatan itu mendapati rakyat di negara ini pernah menangguhkan rawatan dalam tempoh 12 bulan lalu yang kebanyakannya berlaku akibat tekanan komitmen harian, tanggungjawab keluarga dan kekurangan kejelasan dan sokongan dalam membuat keputusan berkaitan penjagaan kesihatan.

Kajian berkenaan menyoroti tiga cabaran utama yang dihadapi pesakit iaitu ketidakpastian dalam hala tuju menjadi halangan utama, kurang kejelasan cetus kebimbingan kos dan cabaran baharu dalam penggunaan alat digital.

Laporan *Patient Voices Malaysia* dilancarkan oleh Ketua Setiausaha Kementerian Kesihatan Malaysia, Datuk Seri Hasnol Zam Zam Ahmad di Menara Prudential di sini, baru-baru ini.

Hasnol dalam ucapannya memuji usaha menghasilkan laporan *Patient Voices Malaysia* dalam mengetengahkan pengalaman sebenar pesakit dalam sistem kesihatan.

Katanya, melalui usaha ini, pembuat dasar, penyedia perkhidmatan dan pihak industri dapat memahami dengan lebih baik bagaimana sistem kesihatan dialami di peringkat akar umbi.

"Sebagai pembuat dasar, kita sering melihat sistem kesihatan melalui lensa struktur dan institusi. Namun hakikatnya, sistem ini wujud untuk berkhidmat kepada rakyat.

"Melalui usaha ini, pembuat dasar, penyedia perkhidmatan dan pihak industri dapat memahami dengan lebih baik bagaimana sistem kesihatan dialami di peringkat akar umbi. Mendengar pengalaman mereka dapat memastikan setiap pembaharuan yang dirangka kekal berpaksikan realiti yang dihadapi masyarakat," katanya.

Sementara itu, Ketua Pegawai Eksekutif, Bahagian Kesihatan Prudential plc, Arjan Toor berkata, laporan Patient Voices Malaysia memperlihatkan hakikat bahawa kelewatan mendapatkan rawatan bukan berpunca daripada ketiadaan perkhidmatan, sebaliknya disebabkan komitmen harian dan ketidakpastian yang mengekang tindakan awal.

"Malaysia telah menjadi sebahagian penting dalam sejarah pertumbuhan Prudential selama lebih satu abad, justeru, dalam meningkatkan aspek kesihatan yang lebih baik, kita tidak boleh bergantung kepada perlindungan insurans semata-mata.

"Oleh itu, Prudential memberi penekanan terhadap kerjasama rapat bersama rakan penyedia penjagaan kesihatan bagi memperjelas dan mempermudah perjalanan rawatan agar lebih tersusun, boleh dijangka dan mudah diurus, sekali gus membantu pesakit mendapatkan rawatan dengan lebih baik," katanya.

Dalam pada itu, Ketua Pegawai Kesihatan Prudential Malaysia, Manisha Keyal berkata, aspirasi mereka adalah untuk memastikan setiap pesakit tenang ketika berdepan detik paling memerlukan rawatan.

"Patient Voices Malaysia memperlihatkan bahawa kelewatan mendapatkan bantuan bukan berpunca daripada sikap sambil lewa terhadap kesihatan, sebaliknya kerana komitmen harian yang mendesak serta kekurangan kejelasan dan keyakinan dalam membuat keputusan.

"Sehubungan itu, kami memberi tumpuan kepada usaha memperkemas pengalaman penjagaan kesihatan melalui penyampaian maklumat yang lebih jelas, panduan yang lebih tersusun dan sokongan yang lebih lancar, agar pesakit berani melangkah ke hadapan dan menumpukan perhatian kepada proses pemulihan," katanya.

> "Prudential beri penekanan terhadap kerjasama bersama rakan penyedia
> Arjan Toor

Tekanan emosi ekstrem punca kes bunuh ahli keluarga sendiri

Pelaku masih ada kasih sayang, namun kewarasan fikiran lemah dorong bertindak luar kawalan

Oleh Suzalina Halid dan Latifah Arifin
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Kuala Lumpur: Pembunuhan dalam kalangan ahli keluarga sendiri atau familicide boleh berlaku walaupun pelaku mempunyai rasa kasih sayang terhadap mangsa.

Presiden Persatuan Psikologi Malaysia (PSIMA), Prof Madya Dr Shazli Ezzat Ghazali, berkata risiko kejadian pembunuhan masih boleh berlaku walaupun pelaku mempunyai rasa sayang terhadap mangsa disebabkan keadaan *emotional flooding* yang sekali gus membuatkan kewarasan fikiran menjadi lemah.

"Biasanya kasih sayang masih wujud, tetapi tidak menghalang tragedi kerana pelaku ditenggelami emosi ekstrem seperti marah, dikhianati, malu atau takut kehilangan.

"Dalam keadaan konflik atau krisis, pemikiran individu menjadi sempit dan hanya mampu melihat sesuatu keadaan secara hitam atau putih.

"Pelaku gagal membuat pertimbangan terhadap akibat atau kesan jangka panjang tingkah laku sehingga mendorong mereka bertindak di luar kawalan," katanya kepada *BH*.

Bukan berlaku tiba-tiba

Shazli Ezzat yang juga Pensyarah Kanan Program Psikologi Klinikal dan Kesihatan Tingkah Laku, Fakulti Sains Kesihatan, Universiti Kebangsaan Malaysia (UKM) berkata, dari sudut psikologi, *familicide* tidak berlaku secara tiba-tiba, tetapi tekanan emosi yang memuncak atau dalam konflik berpanjangan.

> Dalam keadaan konflik atau krisis, pemikiran individu menjadi sempit dan hanya mampu melihat sesuatu keadaan secara hitam atau putih

Dr Shazli Ezzat Ghazali, Presiden PSIMA

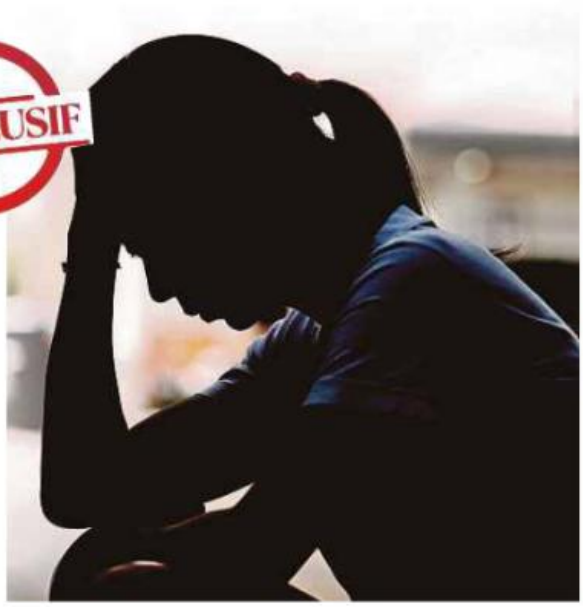
Beliau berkata, ada juga kes disebabkan gangguan mental tidak dirawat walaupun kebiasaannya tidak menyebabkan mereka bertindak ganas sehingga membunuh orang lain.

"*Familicide* sering menimbulkan persoalan besar bagaimana seseorang yang ada hubungan kekeluargaan sanggup mencederakan orang disayangi.

"Namun dari sudut psikologi, ia lebih kompleks daripada sekadar ketiadaan kasih sayang. Selalunya ia bermula dengan konflik berlarutan, tekanan hidup tinggi dan emosi yang tidak diurus dengan baik," katanya.

Atas dasar itu, beliau berkata, langkah paling penting kini ialah mengenal pasti tanda awal seperti jika dalam keluarga mula wujud pertengkaran, kemarahan melampau, terlalu mengawal atau ancaman, ia adalah isyarat hubungan memerlukan bantuan.

EKSKLUSIF



"Kita perlu lebih terbuka mengenai kesihatan mental kerana ada individu menyimpan tekanan, kemurungan atau kemarahan terlalu lama sehingga emosi meletus secara tidak terkawal.

"Peranan keluarga, jiran dan komuniti juga penting. Kadang-kadang orang terdekat paling awal menyedari perubahan tingkah laku seseorang," katanya.

Faktor kewangan antara penyumbang masalah kesihatan mental

Kuala Lumpur: Pola yang menyumbang kepada masalah kesihatan mental, termasuk kemurungan, dilihat beralih kepada faktor kewangan dan kekeluargaan sejak lima tahun lalu pasca pandemik COVID-19.

Pakar Perubatan Kesihatan Awam, Kuliah Perubatan, Universiti Islam Antarabangsa Malaysia (UIAM), Prof Madya Dr Muhammad Adil Zainal Abidin, berkata pola itu berbeza berbanding punca COVID-19, iaitu penyalahgunaan bahan, psiko patologi, kesihatan dan masalah di tempat kerja.

"Berdasarkan kajian melalui program kesihatan mental negeri, pola yang menyumbang kepada masalah kesihatan mental berubah mengikut masa dan beralih kepada faktor kewangan serta kekeluargaan.

"Individu kemurungan teruk dan tidak dirawat berisiko menghadapi psikosis dan delusi melampau yang boleh membawa kepada ancaman mencederakan diri sendiri dan orang terdekat," katanya kepada *BH*.

Sebelum ini, negara dikejutkan dengan kes pembunuhan ngeri di Taman Cherating Damai, Pahang membabitkan lima sekeluarga merangkumi ibu, isteri, dua anak dan pelaku yang membunuh diri.

Pelaku yang juga seorang suami, dilaporkan membunuh ibu, isteri dan dua anak perempuannya sebelum membunuh diri di sebuah rumah di Taman Cherating Damai, Kuantan, bulan lalu.

Dr Muhammad Adil berkata, insiden pembunuhan dalam kalangan ahli keluarga sendiri atau *familicide* menunjukkan wujud jurang besar membabitkan akses terhadap bantuan intervensi awal masalah kesihatan mental di peringkat komuniti.

Katanya, usaha perlu dilakukan untuk merapatkan jurang akses intervensi membabitkan masalah kesihatan mental, khususnya pada peringkat sokongan seperti meningkatkan bilangan kaunselor di sekolah dan tempat kerja.

Anggota polis mengangkat mayat lima sekeluarga dalam kes bunuh di Taman Cherating Damai, Kuantan 17 Februari lalu. (Foto fail NSTP)

Katanya, individu yang mempunyai masalah kesihatan mental pada peringkat awal harus perlu diberikan peluang menemui kaunselor atau ahli psikologi.

"Apabila jurang itu dirapatkan, ia mengurangkan beban kepada perkhidmatan pakar.

"Tiada guna meningkatkan jumlah pakar jika perkhidmatan pada peringkat awal tidak ditingkatkan.

"Seperti kes di Kuantan, pelaku tidak mempunyai sejarah kesihatan mental, ia menunjukkan ada jurang berhubung perkhidmatan di komuniti," katanya.

Dalam menangani kes seperti ini, tegasnya, ahli keluarga perlu peka terhadap perubahan tingkah laku.

Katanya, ia antara lain membabitkan perubahan pemakanan, raut wajah, perubahan emosi dan prestasi di tempat kerja atau sekolah.

Jika disedari awal, beliau berkata, langkah intervensi boleh dilakukan.

"Literasi kesihatan mental masih rendah, justeru boleh menjadi bom jangka sehingga mengakibatkan insiden lebih serius seperti tragedi pembunuhan.

"Kita ada agensi pengurusan kewangan dan institusi agama untuk menyelesaikan masalah berkaitan hutang dan sebagainya, maka kita memerlukan bantuan dalam aspek rawatan kesihatan mental," katanya.

Beliau turut mencadangkan kakitangan diberi latihan *psychological first aid* bagi membantu rakan memerlukan, manakala majikan juga boleh memberi insentif kepada kakitangan yang memerlukan perkhidmatan kaunselor atau ahli psikologi di luar.

UM mahu urus sendiri penempatan graduan perubatan

Kuala Lumpur: Universiti Malaya (UM) mahu mengurus sendiri penempatan graduan perubatan ke hospital pelatih bagi mengurangkan kelewatan penempatan yang kini diuruskan oleh Kementerian Kesihatan (KKM).

Naib Canselor UM, Prof Datuk Seri Dr Noor Azuan Abu Osman, berkata universiti itu mempunyai keupayaan untuk memikul tanggungjawab berkenaan, demi memastikan bakat tempatan tidak bekerja di negara asing.

Beliau berkata, cadangan pengurusan sendiri untuk *housemanship* penting untuk mengekalkan bakat perubatan bertugas di dalam Malaysia dan meningkatkan minat atau kecenderungan mereka menyertai perkhidmatan awam negara.

"Sekiranya UM diberi kepercayaan mengatur penempatan awal dan pengurusan klinikal graduan dalam ekosistem hospital pengajarnya sendiri, beberapa manfaat segera akan dapat dirasai. Pertama, ia mengurangkan jurang masa di antara graduasi dan penempatan klinikal.

"Kedua, ia memendekkan tempoh menunggu dan mengurangkan kerenah birokrasi pentadbiran bagi sekumpulan graduan yang sememangnya sudah dikenali oleh institusi, fakulti dan sistem hospitalnya.

"Ketiga, ia membolehkan KKM menumpukan lebih banyak sumber kepada perancangan tenaga kerja kesihatan negara yang lebih menyeluruh, tekanan penyampaian perkhidmatan dan hospital yang tidak mempunyai kapasiti integrasi universiti-hospital yang sama.


Tempoh tunggu kerja graduan perubatan kini hanya dua bulan

Keratan akhbar BH Khamis lalu.

"Keempat, ia meningkatkan kapasiti latihan negara tanpa memerlukan pembinaan infrastruktur baharu secara besar-besaran, dengan mengoptimum aset sedia ada seperti Pusat Perubatan Universiti Malaya (PPUM) dan UM Specialist Centre (UMSC)," katanya kepada *BH*.

Cadangan itu timbul kerana cabaran kurang penyelarasan di antara institusi pendidikan, hospital dan mekanisme perancangan tenaga kerja yang menyumbang kepada kelewatan serta ketidakcekapan dalam penempatan doktor pelatih.

Sebelum ini, *BH* melaporkan sektor penjagaan kesihatan awam negara kini berdepan krisis tenaga kerja yang kritikal susulan penolakan besar-besaran penempatan oleh doktor pelatih.

Nota penyelidikan MBSB Research mendedahkan, daripada 5,000 slot penempatan *housemanship* yang ditawarkan KKM pada Januari 2026, hanya 529 individu atau kira-kira 10.5 peratus melaporkan diri.

Laporan penyelidikan itu turut mendedahkan, ejen rekrut Singapura menyasar pelajar perubatan tahun akhir secara langsung tanpa menunggu mereka memperoleh pengalaman kerja terlebih dahulu.


Noor Azuan

Antara institusi yang menjadi sasaran termasuk pelajar UM, Universiti Kebangsaan Malaysia (UKM) dan Universiti Sains Malaysia (USM).

Mengulas lanjut, Noor Azuan berkata, pembaharuan itu juga membolehkan pembangunan kepakaran dirancang lebih awal dan lebih strategik, selaras dengan keperluan negara dalam bidang kritikal.

Beliau berkata, langkah sama diyakini dapat meningkatkan akauntabiliti institusi, iaitu universiti bukan sahaja bertanggungjawab menghasilkan graduan, malahan memastikan kejayaan laluan profesional mereka.

"Walaupun kita sedar di kebanyakan negara, latihan praktikal (*internship*) dan penempatan awal pascasiswazah masih tertakluk di bawah kerangka kawal selia nasional, sudah sampai masanya untuk perkara ini dinilai semula dan satu laluan strategik baharu diperkenal agar selari dengan perubahan serta keperluan semasa dan masa depan," katanya.

Syor model lebih bersepadu

Walaupun Malaysia tidak berdepan kekurangan bakat perubatan, beliau mengesyorkan penambahbaikan menyeluruh terhadap sistem bagi memastikan kesinambungan di antara pendidikan, latihan klinikal dan penempatan dapat diperkukuh.

Noor Azuan berkata, faktor seperti ketidakselarasan dalam rantaian pembangunan bukan sahaja menjejaskan penggunaan bakat secara optimum, bahkan menyumbang kepada kesesakan penempatan *housemanship* serta jurang di antara kelayakan akademik serta peluang klinikal sebenar.

Katanya, UM mencadangkan satu model lebih bersepadu dengan universiti memainkan peranan lebih besar dalam mengurus peralihan graduan ke latihan klinikal, khususnya melalui ekosistem hospital pengajar sendiri.

Memetik konsep diguna-pakai di Pakistan, beliau berkata, negara itu menawarkan satu model perbandingan yang berguna dalam membolehkan kolej perubatan dan universiti mengurus peralihan graduan mereka sendiri ke *house job* dalam ekosistem hospital pengajar mereka.

House job merujuk kepada tempoh latihan praktikal wajib yang perlu dilalui graduan perubatan selepas tamat pengajian sebelum menjadi doktor sepenuhnya.

"Institusi perubatan di sana dikehendaki mewujudkan kekosongan *house job* untuk graduan mereka sendiri dalam hospital pengajar. Institusi seperti Aga Khan University dan King Edward Medical University menunjukkan bagaimana laluan akademik-klinikal yang lebih bersepadu boleh berfungsi dalam amalan.

"Struktur *housemanship* Malaysia pada masa ini masih banyak tertumpu dalam sistem KKM dan hospital latihan yang diiktiraf masih terhad dari segi jumlahnya. Sistem nasional semasa menanggung beban penyelarasan dan penyampaian perkhidmatan yang sangat besar.

"Laluan yang lebih bersepadu diterajui UM tidak akan menjejaskan peranan KKM, sebaliknya akan meringankan beban kementerian itu melalui perkongsian tanggungjawab menerusi satu mekanisme pelengkap yang bergerak secara selari, khususnya dalam pengurusan graduan yang sudah dilatih dalam ekosistem akademik-klinikal UM sendiri," katanya.