

## Malaysian doctor leading US pancreatic cancer trial

**KUALA LUMPUR:** A Malaysian doctor is leading a clinical drug trial in Chicago, United States, that has been found to double the survival rate of pancreatic cancer patients, offering new hope against one of the deadliest forms of cancer.

Dr Devalingam Mahalingam (*pic*), who is heading the study at Northwestern University, said the treatment significantly improved outcomes among patients with advanced pancreatic cancer, a disease in which most sufferers survive less than a year after diagnosis.

The phase two clinical trial found that patients treated with Eraglusib in combination with standard chemotherapy had twice the chance of surviving beyond one year compared with those who received chemotherapy alone.

The treatment also reduced the risk of death by 38%.

The findings, published in the journal *Nature Medicine*, mark one of the few major advances in recent years showing a significant survival benefit for a broad group



of pancreatic cancer patients.

"Pancreatic cancer remains one of the most challenging solid tumours to treat but these findings provide cautious optimism," said Dr Devalingam, according to Bernama.

Dr Devalingam and his team are now conducting a larger phase three trial to confirm the results, raising hopes that the treatment could eventually benefit patients worldwide.

The trial involved 233 patients

across 60 sites in North America and Europe, focusing on those with metastatic pancreatic cancer.

Patients receiving Eraglusib recorded a median survival of 10.1 months, compared with 7.2 months for those undergoing chemotherapy alone.

Notably, 44% of patients in the treatment group were still alive after one year, compared with 22% in the control group while about 13% survived up to two years - a milestone not observed among those receiving chemotherapy alone.

According to researchers, the drug works differently from conventional treatments by targeting the tumour microenvironment and reactivating the body's immune response against cancer cells.

Although side effects such as fatigue and low white blood cell counts were reported, the study found the drug's safety profile to be manageable.

Currently, pancreatic cancer is the third leading cause of cancer-related deaths in the United States and remains one of the most difficult cancers to treat.

## Hospital boosts rehab services with RM3mil hydrotherapy pool

**KUALA NERUS:** Hospital Sultan Zainal Abidin (HoSZA) here is strengthening its rehabilitation services by providing a state-of-the-art hydrotherapy pool facility.

HoSZA director Associate Professor Dr Salwani Ismail (*pic*) said the introduction of the service is a strategic move by the hospital to expand patient access to more comprehensive, up-to-date rehabilitation treatments.

She said the RM3mil facility

enhances treatment effectiveness and provides patients with space for recovery exercises in a more conducive environment.

"The hydrotherapy pool, measuring 4.2m wide, 5.2m long and 2.3m deep, features an adjustable floor system that can reach a maximum depth of 1.7m.

"This feature allows treatment



to be tailored according to the specific clinical needs and functional levels of different patients.

"Hydrotherapy uses water as a therapeutic medium to assist patients in movement, balance and coordination exercises while building their confidence to move," she said in a statement yesterday, Bernama reported.

Dr Salwani said the hydrotherapy service focuses on various patient groups, including those with neurological conditions, sports injuries and children with special needs, as well as for weight management.

She added that the water-based treatment approach provides significant added value by enabling patients to undergo recovery in a more comfortable, controlled and focused manner.

"With clinical expertise, modern facilities and a technology-based approach, HoSZA's hydrotherapy service is set to become a catalyst for improving the quality of rehabilitation in the region.

"This service also reflects HoSZA's ongoing commitment to strengthening its role as a centre for patient care and health services, teaching and learning, specialist training and research," she said.

# Prescriptions to include more details

New format fills gaps in medication safety, says MOH

By RAGANANTHINI VETHASALAM  
 star.com.my

**PETALING JAYA:** Patients at Health Ministry (MOH) facilities will have their allergies and details of the medications listed out in their prescriptions soon.

The medication details will include dosage form, name, dose, frequency, duration and quantity supplied.

A new prescription format that will be introduced soon will have more comprehensive information.

In a recent circular sighted by *The Star*, the ministry said it had reviewed the existing prescription format and found it fell short of requirements under the relevant laws and regulations.

"There is no medication safety element, particularly the patient's drug allergy status. Practices for handling inpatient prescriptions are not standardised across our healthcare facilities," MOH director-general Datuk Dr Mahathar Abd Wahab said.

He added that the new directive was aimed at streamlining and

standardising the prescription format across all ministry health facilities in line with the laws and regulations currently in force.

"There is a need to ensure that the patient and prescriber or the facility's complete details are recorded on prescriptions, in accordance with Section 21 (2) of the Poisons Act 1952, Regulation 11 (2) of the Poisons (Psychotropic Substances) Regulations 1989 and Regulation 11 (2) of the Dangerous Drugs Regulations 1952," he said.

The new directive applies to both manual prescriptions and facilities using Information and Communication Technology (ICT) systems.

Under the existing format, prescription slips only require the patient name, MyKad number, age, date and illness.

The new format will include full name, age, MyKad number, weight, sex, contact details, diagnosis, drug allergies, citizenship status and medication details.

A prescription is a written instruction issued by a registered medical or dental practitioner, specifying the method, dosage



**Key info:** A doctor's prescription involves documenting patient identification, specific medication details and instructions for use. — MUHAMAD SHAHRIL ROSLI/ The Star

and duration of medication to ensure patients receive the appropriate treatment.

The medicines are then dispensed by pharmacists according to the prescription issued.

The circular comes into force on Jan 1, 2027 but could be enforced earlier if healthcare facilities exhaust their existing prescription stock, he said.

"To avoid wastage, health facilities under the ministry, may continue utilising any remaining stock of existing prescriptions, after the effective date.

"However, the printing and procurement of the new prescription format must be planned and carried out progressively in line with this circular," he said.

## Health Ministry's prescription form

### Existing prescription form

1. Full name
2. Identity card number
3. Registration number
4. Age
5. Date
6. Diagnosis

### New prescription form

- Patient Details**
1. Full name
  2. Full address
  3. Age
  4. Identity card number
  5. Registration number
  6. Weight (if applicable)
  7. Sex
  8. Telephone number
  9. Diagnosis
  10. Drug allergies
  11. Citizenship/non-citizenship status
  12. Medication details

### Dosage Form

1. Name
2. Dose
3. Frequency
4. Duration
5. Quantity supplied

### Prescriber and Facility Details

1. Signature
2. Full name of prescriber
3. Official stamp
4. Full name and address of facility
5. Facility telephone number
6. Date

### Additional requirements

1. Prescription serial number
2. Reverse page (for outpatient prescriptions)
3. Ward copy and pharmacy copy (for inpatient prescriptions)

Source: Health Ministry

## New format can reduce errors but increases workload

**PETALING JAYA:** Government doctors say there are pros and cons to the new prescription format.

Speaking on condition of anonymity, a surgeon said the new format would be beneficial in reducing patient medication error which was a common occurrence.

"A simple error like the wrong dose, wrong frequency or even wrong medications due to similarities in names (of medicines) can be lethal to the patient. This must be taken very seriously," he said.

On the flipside, he said this could increase the administrative burden among the ministry's "already exhausted" workforce such as doctors and pharmacists.

**"Having a digitalised system with the patient's details is ideal ... This saves time and improves efficiency."**

Anonymous orthopaedic surgeon

"Currently, only doctors are allowed to prescribe, pharmacists will re-check the prescription and nurses administer the medications," he said.

Recounting his experience while serving at the National Health Service in the United Kingdom, he said there were specialised nurses prescribing medi-

cations which were counter-signed by the doctors through an online system.

This, he said, reduced the doctor's workload.

"The system is totally online for inpatient and outpatient pharmacy. Thus, it is effective and reduces the medical error to a very minimum level," he said.

"Imagine, if I were a government clinical doctor who sees an average of 100 patients per day. It would be a nightmare to fill up the required details without assistance."

He said while including details such as the patient's full address was useful, it would be more practical to introduce an IT system for physicians to retrieve full patient records using only a name and MyKad number.

Another orthopaedic surgeon in Sabah said there were still healthcare facilities using handwritten forms.

"Even blood transfusion forms are handwritten," he said.

He suggested the implementation of a patient sticker system.

"The sticker should contain all the required details," he added.

Another doctor in Kuala Lumpur said the new prescription format was more precise and comprehensive.

"It includes the patient's key details as well as the medication prescribed," she said.

"Even having the patient's phone number and allergy information on the prescription is helpful. This way, we can contact and alert them to allergens that may trigger reactions.

"But having a digitalised system with the patient's details is ideal. When needed, we can print it out and complete the prescription manually. This saves time and improves efficiency."



# Rethinking regulatory frameworks for food safety

IN recent years, several food poisoning incidents reported in schools, catering services and community events have reminded Malaysians that food safety remains a national concern. While most cases were localised and addressed promptly, they nonetheless highlight structural vulnerabilities within the broader food ecosystem.

Food safety has become a strategic economic issue that directly affects public trust, business continuity and Malaysia's international reputation. For a country that promotes itself as both a global halal hub and a culinary tourism destination, maintaining high food safety standards is essential.

Malaysia's food economy spans multiple sectors and policy domains. Agriculture and food processing support rural development while restaurants, retail outlets and food delivery platforms contribute significantly to urban employment and entrepreneurship.

The rapid expansion of cloud kitchens, online delivery services and home-based food businesses has broadened opportunities for small and micro-enterprises, but it has also introduced new challenges for regulatory oversight.

Traditional inspection systems were not designed to monitor such a fragmented and fast-growing food landscape. As the number of food operators increases, ensuring consistent hygiene practices, supply chain transparency and traceability becomes more complex. Regulatory frameworks



must therefore evolve in tandem with industry transformation.

Through the Halal Malaysia certification system administered by the Department of Islamic Development Malaysia (Jakim), the country has established itself as a benchmark for halal assurance. Halal certification is closely linked to food safety principles such as hygiene management, contamination prevention and supply chain integrity.

Regulatory enforcement under the Food Act 1983 and the Food Regulations 1985, overseen by the Health Ministry, has helped establish baseline standards for food handling, manufacturing and hygiene practices. However, the evolving nature of today's food ecosystem suggests that further policy adaptation is needed.

Equally important is the need to recognise the realities faced by small and micro food businesses. Many operators struggle to comply with the growing number of

certifications, licensing requirements and compliance procedures required to operate in the food sector. Depending on their market scope, businesses may need to obtain halal certification, food safety compliance, local authority licences and other recognitions, each with separate documentation and administrative processes.

While these recognitions serve important purposes, the fragmented nature of the certification landscape can place a heavy administrative burden on smaller operators who often lack the resources to navigate complex regulatory procedures.

Another issue worth reflecting on is the growing number of recognitions and certifications available to food businesses. Halal certification, food safety assurance schemes, hygiene ratings and various industry recognitions are intended to signal quality, safety and trust to consumers.

In principle, these recognitions communicate that a business complies with established standards and operates responsibly within the regulatory frameworks. However, the proliferation of such recognitions also raises an important question: "What message do they truly convey to customers?"

While they aim to reassure the public, many consumers ultimately base their dining choices on factors such as taste, price, convenience and social media reputation. In fact, some food outlets that do not actively pursue or maintain multiple recognitions continue to thrive commercially because they have built strong customer loyalty and brand visibility.

This does not diminish the importance of regulatory standards, but it does highlight a disconnect between formal compliance systems and consumer behaviour.

Policymakers may therefore need to consider whether a more streamlined and integrated recognition framework could serve both consumers and businesses more effectively.

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## Hospital cafe closed due to poor hygiene

**GEORGE TOWN:** The Penang Health Department has ordered the immediate closure of a cafeteria at a private hospital here after an inspection found the premises to be dirty, with the presence of cockroaches.

Penang Youth, Sports and Health Committee chairman Daniel Gooi Zi Sen said the action was taken following a public complaint received last Monday over concerns of possible food contamination at the premises.

"The health department conducted an immediate inspection upon receiving the complaint and found the cafeteria's cleanliness to be unsatisfactory.

"So the closure order and compound were issued on the same day in accordance with standard operating procedures on food safety," he said.

Gooi said the cafeteria operator had been instructed to carry out thorough cleaning before being allowed to resume operations and that regular monitoring would be conducted to ensure all food handlers complied with the prescribed hygiene standards for consumer safety.

Earlier, images of a cafeteria at a private hospital, reportedly in a dirty condition, was widely circulated on social media, prompting public concern over the level of cleanliness at the premises, including those in healthcare facilities. – Bernama

COMMENT by Dr Musa Mohd Nordin

## When performance takes a back seat

IN any high-performing health system, meritocracy is not merely an ideal – it is a non-negotiable foundation.

Promotions should reflect competence, leadership and measurable contributions to public service delivery. Yet, within segments of Malaysia's public health sector, a troubling perception is taking root: advancement depends less on performance and more on proximity to power.

Whether fully accurate or not, this perception carries serious consequences for institutional trust and patient care.

A recurring concern among healthcare staff is that career progression increasingly hinges on visibility to superiors rather than demonstrable outcomes.

Those who are seen to align closely with leadership – or who reinforce existing hierarchies – appear to move ahead more swiftly.

Meanwhile, clinicians and officers who consistently deliver results, innovate or drive improvements at operational and strategic levels often remain overlooked.

Over time, this dynamic fosters a culture where signalling loyalty outweighs delivering impact. Such an environment unintentionally encourages risk-averse leadership.

Supervisors may favour elevating individuals unlikely to challenge the status quo, rather than those with strong capabilities who may introduce new ideas or question outdated approaches. While this may offer short-term comfort, it profoundly undermines long-term

institutional strength and resilience.

Another dimension raising concern is the perception of performative fairness. In some instances, diversity in promotions appears visible on the surface – meeting demographic or bureaucratic quotas – but does not always align with genuine merit or contribution. This risks eroding trust further, especially among staff who feel that both performance and fairness are being selectively interpreted.

The result is predictable: demotivation among high performers. When effort and excellence are consistently disconnected from opportunity, organisations risk losing their most capable people – not always through resignation but through quiet disengagement.

Productivity declines, innovation stalls and a culture of minimal compliance gradually replaces one of clinical and administrative excellence.

To be fair, promotion systems in large public institutions are inherently complex. They must balance seniority, service length, representation goals and leadership succession needs. However, complexity should never come at the expense of transparency and credibility.

Reform does not require a complete overhaul. Several practical, actionable steps can significantly strengthen trust in the system:

➔ **Clearer performance metrics**  
Define and publicly communicate what constitutes measurable impact across different roles –

clinical, administrative, research and community health.

➔ **Independent review mechanisms**

Introduce cross-departmental or external evaluation panels to reduce individual bias and patronage influences.

➔ **360° feedback**

Incorporate structured peer and subordinate input into promotion assessments, not just top-down evaluations.

➔ **Leadership accountability**

Tie managerial performance indicators directly to how well leaders develop and advance talented staff under their supervision.

➔ **Transparent communication**

Provide structured, constructive feedback to unsuccessful candidates, explaining gaps and pathways for future improvement.

Ultimately, Malaysia's health sector depends on its people. A system that rewards visibility over value risks weakening the very foundation it relies on, especially as the nation faces growing demands on public healthcare.

Restoring confidence in promotion practices is not just about fairness; it is about safeguarding the future effectiveness, morale and integrity of our public health institutions.

If we desire a health system that delivers excellence, we must ensure it first recognises it.

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# Pusat kardiologi sukan IJN dapat pentauliah EAPC

**Kuala Lumpur:** Institut Jantung Negara (IJN) mencatat pencapaian penting pada peringkat antarabangsa apabila perkhidmatan Kardiologi Sukan di institusi itu menerima pentauliah daripada European Association of Preventive Cardiology (EAPC), sekali gus muncul sebagai pusat tunggal di Malaysia dan rantau Asia yang menerima pengiktirafan berprestij berkenaan.

IJN dalam kenyataan semalam memaklumkan, pengiktirafan itu diberikan kepada institusi yang memenuhi piawaian ketat Eropah dalam pencegahan, diagnosis dan pengurusan penyakit kardiovaskular dalam kalangan atlet serta individu yang aktif secara fizikal.

"Pengiktirafan ini meletakkan IJN dalam kalangan kumpulan pusat terpilih pada peringkat global, serta menempatkan Malaysia di barisan hadapan dalam kardiologi sukan, khususnya di Asia," menurut kenyataan itu.

Data antarabangsa menganggarkan kematian jantung mengejut (SCD) dalam kalangan atlet berlaku kira-kira satu dalam

40,000 hingga satu dalam 80,000 atlet setiap tahun, lazimnya membabitkan individu yang mempunyai penyakit kardiovaskular yang tidak didiagnosis sebelum ini.

"Walaupun jarang berlaku, kejadian ini memberikan kesan besar dan pentingnya menjalani pemeriksaan awal serta penilaian risiko yang berseesuaian," menurut kenyataan itu.

Menurut IJN, acara maraton, triatlon, kejohanan berbasikal dan kecergasan kompetitif yang semakin banyak dianjurkan mendorong kemunculan kardiologi sukan sebagai subkepakaran khusus, yang menumpukan kepada keselamatan penyertaan serta kesihatan kardiovaskular jangka panjang, selaras dengan trend di Malaysia dan rantau ASEAN.

"Lebih separuh rakyat Malaysia (kira-kira 52 peratus) menyertai aktiviti sukan, senaman atau rekreasi fizikal, dengan semakin

ramai beralih kepada aktiviti berintensiti tinggi dan ketahanan. Peralihan ini jelas melalui sambutan menggalakkan untuk Kuala Lumpur Marathon misalnya, yang menarik hampir 36,000 peserta setiap tahun," menurut kenyataan itu.

Penyertaan dalam acara sukan di seluruh ASEAN terus menyaksikan peningkatan, dan disokong dasar negara yang menggalakkan gaya hidup aktif serta minat yang semakin tinggi terhadap sukan kompetitif dan yang menguji ketahanan.

"Tinjauan tempatan juga menunjukkan serangan jantung mengejut dalam kalangan atlet rekreasi sering dikait-

kan dengan penyakit jantung yang tidak didiagnosis, sekali gus mengukuhkan keperluan pemeriksaan pada peringkat awal dan rawatan khusus," menurut IJN.

Ketua Jabatan Kardiologi IJN merangkap Pakar Perunding

Kardiologi, Datuk Seri Dr Azmee Mohd Ghazi yang mengetuai program Kardiologi Sukan berkata pengiktirafan itu mencerminkan komitmen IJN dalam menyediakan penjagaan yang selaras dengan piawaian antarabangsa.

"Pengiktirafan sebagai satu-satunya pusat bertauliah di Asia menzahirkan tahap ketekunan klinikal, kepakaran dan sistem yang kami wujudkan selama ini," katanya.

Beliau berkata, dengan lebih ramai individu membabitkan diri dalam aktiviti sukan berprestasi tinggi dan menguji ketahanan, menyaksikan keperluan untuk menjalani pemeriksaan jantung menjadi semakin penting.

Ketua Pegawai Eksekutif Kumpulan IJN, Profesor Datuk Seri Dr Mohamed Ezani Md Taib, berkata status

tunggal sebagai pusat Kardiologi Sukan bertauliah EAPC di Asia meletakkan IJN selaku pusat rujukan serantau bagi kesihatan jantung atlet.

Beliau berkata, sebagai pusat jantung negara, IJN bukan sekadar berperanan menyediakan rawatan, malah turut membangunkan keupayaan klinikal, mengguna pakai piawaian antarabangsa dan menyokong keperluan pesakit yang semakin berkembang, termasuk atlet serta individu aktif. BERNAMA



Dr Azmee Mohd Ghazi

