

Senior Citizens Bill should be expedited, says Health Minister

PUTRAJAYA: The Senior Citizens Bill should be expedited to better address the needs of an ageing population, with findings from the National Health and Morbidity Survey (NHMS) 2025 helping to inform its implementation, says Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*).

"This finding (NHMS 2025) clearly calls for urgent action on the Bill. The interventions outlined in the Bill, which will form part of our legal framework, are crucial in safeguarding their (elderly) rights, including access to facilities and services.

"As a minister, alongside my Cabinet colleagues, I want to see this Bill fast-tracked.

"This is important because we cannot start addressing ageing issues only when individuals reach their 60s," he said during the launch of the NHMS 2025 results in

Putrajaya yesterday.

"We need to begin earlier when Malaysians are in their 50s. That gives us a decade to ensure people remain healthy, so that by the time they are in their 60s, issues such as non-communicable diseases (NCD), cognitive decline, frailty and falls can be better managed.

"If we start too late, we will always be playing catch-up and operating in crisis mode."

Dzulkefly also noted that Malaysia is ageing 1.5 times faster than Japan, warning that the rapid transition poses significant fiscal and social pressures on healthcare, pension systems and family support structures.

"Japan underwent this ageing process over 100 years. First with public health



interventions that increased longevity, then a fertility collapse, and finally by the 1990s, an ageing society with 30% above 65.

"But in Malaysia, all three stages are unfolding within just 50 to 60 years," he said.

"The consequence is that our systems' pensions, healthcare and social institutions may not be built up adequately in time.

"These pressures converge so fast, and that is why NHMS 2025 is a call to action.

"Our seniors must be uplifted with dignity, so their last decade of life is not spent in poor health but with quality of life.

"That is why a whole-of-government approach is essential. The Health Ministry fully supports expediting the Senior

Citizens Bill to complement our National Healthcare Services Action Plan as well as the National Dementia Action Plan."

The Senior Citizens Bill aims to safeguard the rights and welfare of older persons, offering broader legal protection, particularly against neglect, abuse and exploitation.

Meanwhile, Dzulkefly also said mental health support is among the assistance being provided to victims of the fire at Kampung Bahagia in Sandakan, Sabah.

"Rapid assessment and response teams have been deployed to the relief centre to give immediate clinical intervention to victims.

"There are also preventive public health and sanitation measures given to victims to prevent post-disaster disease outbreaks."

Ageing, but not well

Ministry: Most seniors battling multiple chronic conditions

By DIVYA THERESA RAVI
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PUTRAJAYA: About 85.3% of Malaysia's senior citizens are not ageing healthily, according to findings from the National Health and Morbidity Survey (NHMS) 2025.

The NHMS, conducted nationwide by the Institute for Public Health (IKU) under the Health Ministry, provides key data on the health status of Malaysians. The 2025 edition marks the second assessment of older persons aged 60 and above, following its inaugural review in 2018.

According to the NHMS 2025, only 14.7% of senior citizens meet the criteria for healthy ageing, based on a survey of approximately 7,528 respondents.

Health Minister Datuk Seri Dr Dzulkefly Ahmad explained that "healthy ageing" is defined by five strict criteria: strong social support, absence of cognitive impairment such as dementia, freedom from depression, independence in daily activities, and either the absence of chronic diseases or well-controlled conditions.

"If only 14.7% are ageing healthily, the rest are battling chronic disease and frailty," said Dzulkefly when launching the NHMS 2025 findings yesterday.

"Chronic diseases among seniors are increasing, with 39% having diabetes, 73% having hypertension and 76% having high cholesterol," he added.

The Health Ministry further noted that 68% of seniors are living with at least two of these three chronic conditions, while



30% are affected by all three, describing the trend as concerning and requiring comprehensive intervention strategies.

While the survey recorded a decline in depression among older persons - from 11.2% in 2018 to 8% in 2025 - dementia showed a slight increase, rising to 9.8% in 2025 from 8.5% in 2018.

"This is closely linked to other factors, particularly non-communicable diseases that are not well controlled," said Dzulkefly.

"Conditions such as poorly managed Type 2 diabetes and hypertension can lead to vascular complications, including multiple micro-infarcts in the brain, which may contribute to memory loss and dementia.

"If these conditions are not properly managed, we are concerned that dementia

cases may rise as a result.

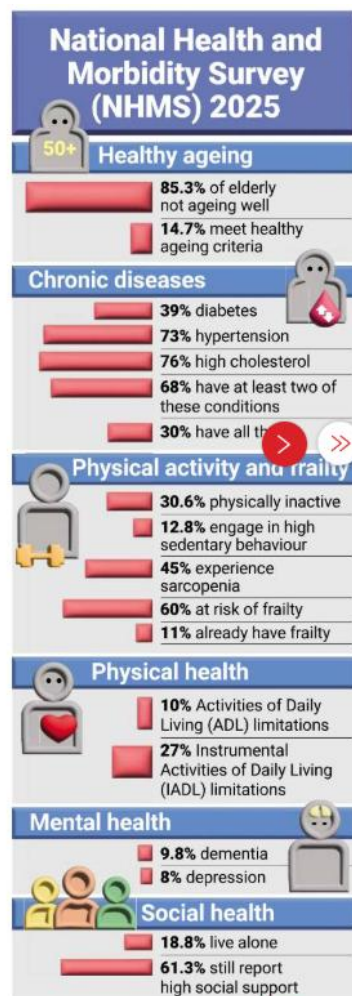
"To address this, particularly in managing dementia, we are strengthening and advancing our health policies through a more comprehensive approach.

"This includes the National Ageing Blueprint Malaysia and the Health Care for the Elderly Action Plan 2023-2030, as well as the National Dementia Action Plan 2023-2030."

He also cautioned on what he described as the "silent killer" of physical decline among older adults.

"The survey found that 30.6% of our senior citizens are physically inactive.

"As a result, 45% are now experiencing sarcopenia or severe muscle loss, while another 60% are at risk of frailty or physical fragility."



Start early, take health seriously

By ARFA YUNUS

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PETALING JAYA: Malaysians should begin prioritising their health from a young age, as early habits play a critical role in shaping quality of life in later years, experts say.

They stressed that preventive care and healthy lifestyle choices adopted early can delay the onset of non-communicable diseases (NCDs) and support stronger physical and socio-emotional well-being in old age.

Universiti Putra Malaysia's Malaysian Research Institute on Ageing (MyAgeing) research officer Chai Sen Tyng said good health extends beyond the absence of disease, encompassing the ability to live meaningfully and enjoy life.

"A simple suggestion would be, regardless of your age, to take good care of your health physically and socio-emotionally," said Chai.

"Good health is not just being disease-free but also having the ability to enjoy life and find meaning in your existence."

He added that while many individuals will inevitably develop illness or disability over time, this should not define their worth or quality of life.

"The World Health Organization has a useful construct. We can imagine different trajectories for the majority.

"Those who live beyond the average life expectancy are survivors, first and foremost. Of course, most would age with some form of disease and disability.

"If healthy ageing means disease-free, that is defined as 'successful ageing'.

"We should encourage our people, young and old, to take care of themselves and delay the onset of diseases for as long as possible. Preventive health is the cheapest form of medicine," he said.

Chai added that those living with illness should seek treatment and manage their

conditions properly, noting that "living with diseases and disability does not diminish a person's worth".

He also called for continued state support for vulnerable groups, stressing that access to healthcare and social protection is essential for dignified ageing.

Meanwhile, Universiti Kebangsaan Malaysia School of Liberal Studies dean and public health medicine specialist Prof Dr Sharifa Ezat Wan Puteh said the rising burden of NCDs in Malaysia reflects the long-term consequences of unhealthy habits formed early in life.

"To start with, the NCD burden has risen globally and Malaysia included. This has extended into the 'golden ages', hence people are living with NCDs and subsequently suffer poorer health," she said.

Prof Sharifa noted that conditions such as diabetes, hypertension, stroke and cancer often lead to complications such as reduced mobility, organ failure and dimin-

ished quality of life.

"Many also started practising poor life choices when they were younger, such as eating too much, cigarette smoking and sedentary lifestyles," she said.

Prof Sharifa stressed that health education and equitable access to care must begin early and be made universally available, regardless of income.

"For that matter, this must be started from an early age, as whatever is practised will become fixed and difficult to change for the better.

"Health education and good access must be provided to the masses, disregarding their ability to pay," she said.

Prof Sharifa also pointed to gaps in elderly healthcare coverage, noting that many lose employer-provided benefits and later face prohibitive insurance costs.

"So, add-on insurance or supplementary insurance for elderly should be offered at an affordable price," she said.

Medicine supply under close watch due to shortage risk

By IMRAN HILMY

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GEORGE TOWN: Pharmacists and medical specialists say that prolonged conflict in the Middle East could trigger disruptions in the supply of both original and generic medicines, raising concerns over future availability.

Pharmacist Tan Choon Thai, 47, said supply chains have already slowed down due to shortages of raw materials.

"Previously, restocking would take about a month, but now delays are affecting certain medicines," said Tan, who has worked in the industry for 20 years.

He added that Malaysian suppliers rely heavily on imports from Europe and India, making them vulnerable to external "shocks".

He said certain medications for cardiovascular conditions, diabetes and other non-communicable diseases are among those seeing disruptions.

"Current stock can last for about three months, so it is still under control for now," he said, though he cautioned that the situation could worsen if the conflict is prolonged.

"Prices may also increase but at this stage, there will be no significant price increase directly resulting from the Middle East conflict," he said.

Consultant physician and neph-



rologist Datuk Dr Carl KK Tan said doctors and hospitals are monitoring the situation closely.

"Any disruption in raw material supply, manufacturing or shipping can eventually affect the availability and pricing of certain medications, medical devices and consumables," he said.

He added that from the clinical side, the main worry is not just outright shortages but also delays in replenishment, limited brand choices and rising costs.

Even when alternatives are available, he said, switching is not always straightforward, especially for patients who are stable on long-term treatment or when specific consumables are needed for particular procedures.

Dr Tan said the impact may vary between centres and suppliers so far, but the concern is real.

"Healthcare providers usually try to manage this by planning stock more carefully, identifying suitable substitutes early, and prioritising essential items to avoid disruption to patient care.



Keeping count: Pharmacists are noting that delays have affected certain medications, including those for cardiovascular conditions, diabetes and other non-communicable diseases. — YAP CHEE HONG/The Star

"Ultimately, continuity of treatment is the most important issue.

"Any prolonged supply chain instability can place added pressure on doctors, pharmacies, hospitals and patients," he said.

A specialist at a public hospital here, who declined to be named, said vendors had mentioned that prices would increase due to the

difficulties in transportation through the Middle East.

"But so far, we are not facing any problems in supplies yet in terms of surgery consumables like sutures, drapes and medications," he said.

Oncologist Datuk Dr Mohamed Amir Shah Abdul Aziz said there is no disruption in the supply of

most cancer drugs for now.

"Most of our cancer medicines are from Australia and India, as well as within the country, so there are no worries about the stocks," he said.

He added that the prices of the medicines might increase slightly, albeit not significantly, due to the hike in shipping fees.



YOUR OPINION

We can't afford to wait any longer

MALAYSIA'S public healthcare system has always been something we could be proud of: affordable, accessible, there when you need it.

But it's struggling now, and the long waiting times in our public hospitals is the clearest sign something is seriously off.

More and more we hear of people waiting four to nine hours in emergency departments and being treated in makeshift wards because there are no beds.

There are too many people and not enough space or staff.

Public hospitals have become the default option for everything from a mild fever to a heart attack, from diabetes check-ups to trauma cases. Everyone ends up at the same place.

Then there's something called "bed blocking": Patients who are well enough to leave stay in hospital beds because there's no proper step-down care or community support at home.

That means new patients can't get in, the Emergency Department gets backed up and waiting times go through the roof.

The Health Ministry has KPIs for waiting times that look good on paper. But when you pressure tired, overworked doctors to meet targets in a packed, understaffed ward ... something has to give. And unfortunately, it's often patient care.

We can't just keep slapping band-aids on this crisis. We need real change.

First, we have to strengthen primary healthcare. The Klinik Kesihatan network shouldn't just be an afterthought – the clinics need to be the system's backbone. That means more capacity, longer hours, and proper management of chronic diseases like diabetes and high blood pressure



Photo: Filepic/The Star

outside of hospitals. That alone would cut down so many unnecessary hospital visits.

Second, we need to separate emergency from non-emergency care. Emergency departments are being used for things that could be treated elsewhere.

Imagine having a place for minor injuries and fevers – that would free up hospitals to focus on real emergencies.

Third, we have to fix the discharge problem. If a patient is ready to leave but has nowhere to go, they end up staying in a hospital bed. That's not fair to them or to the next patient waiting in the corridor. Community care and rehab centres and home care services aren't just nice to have: they are essential

and require real investment.

Also, why aren't we using our private healthcare system better? Malaysia has great private hospitals but collaboration with the public sector seems limited.

Imagine if the government could buy services from private hospitals during peak times – it would give immediate relief to the public care system and cut waiting times overnight.

Digitalisation sounds like a buzzword, but it actually matters. We don't need another fragmented app; we need a real, connected digital health system where your records can be shared safely so you don't have to repeat the same tests over and over, and processes from registration to picking up medicine

are actually smooth.

And let's not forget the people on the frontlines.

Without enough doctors, nurses and specialists, nothing works. They need better working conditions, fair pay and a clear pathway to career growth.

Otherwise, they'll keep leaving and who can blame them?

If we do nothing, the consequences aren't abstract.

Longer waits don't just annoy people. They break trust. They delay diagnosis. And in the worst cases, they cost lives.

Our healthcare workers burn out. The system loses credibility.

And that would be a shame, because Malaysia's public healthcare has always been one of our proudest achievements.

But here's the thing: We know what the problems are. We know what the solutions look like. We don't need another fancy report or another workshop. What we need is the courage to act.

Malaysia's healthcare is at a crossroads. One path leads to more strain, poorer care, and deeper inequality. The other leads to a stronger, kinder, more efficient healthcare system that actually works for the people who need it.

The choice should be clear.

And honestly? We can't afford to wait any longer.

KT MARAN
Seremban

Dementia increasing: Dedicated, visible funding needed

THE Dementia Alliance of Malaysia, together with the undersigned associations, welcomes the release yesterday of the 2025 National Health and Morbidity Survey (NHMS) by the Health Ministry.

We are deeply concerned by the finding that 10% of Malaysians aged 60 years and above are now living with dementia. This represents a significant increase from the 8.5% prevalence of probable dementia among older persons recorded in the 2018 NHMS.

The increase is a warning that Malaysia must now treat brain health as a national priority.

The increase in prevalence could be due to increasing life expectancy, with those aged 80 years and over now making up a much bigger proportion of our older population.

Another explanation for this trend may be the growing burden of metabolic disorders such as diabetes, hypertension, obesity and high cholesterol in the population. These are well-established risk factors for cognitive decline and dementia, and their increasing prevalence underscores the need for stronger prevention strategies across the life course.

The Health Ministry's own

Dementia Action Plan 2023-2030 identifies cardiovascular risk factors, diabetes mellitus, obesity, high cholesterol, hearing loss, physical inactivity, and depression among modifiable dementia risks.

Malaysia already has an important roadmap in that action plan, which sets out strategic priorities, including public awareness, strengthening healthcare and social support systems, research and innovation, and better monitoring and evaluation.

Yet, to date, implementation of the plan has not been matched by dedicated and visible funding through the national budget.

We therefore call on the Federal Government to urgently allocate specific resources for the implementation of the Dementia Action Plan, including:

- > Public awareness and stigma reduction campaigns to improve understanding of dementia and encourage early help-seeking.

- > Earlier detection and diagnosis through routine cognitive screening and stronger primary care pathways.

- > Risk reduction programmes targeting diabetes, hypertension, obesity, smoking, hearing loss, physical inactivity and social isolation.



Photo: 123rf

- > Support for families and caregivers, including training, respite care, and community-based services.

- > Expansion of dementia-friendly communities and day-care or support centres nationwide.

- > Training for healthcare and social care professionals in dementia care.

- > Better national data collection and research investment to monitor trends and outcomes.

As Malaysia moves towards becoming an aged nation, dementia will increasingly affect families, workplaces, healthcare services, and the economy.

Dementia is not only a medical issue, it is a social, caregiving and development challenge.

The rise in its prevalence from 2018 to 2025 should be seen as a call to action.

With timely intervention, many cases can be delayed, people living with dementia can live with dignity, and families can be better supported.

Prof Dr TAN MAW PIN
President
Dementia Alliance of
Malaysia (Damai)

On behalf of:
Alzheimer's Disease
Foundation Malaysia
Johor Bahru Alzheimer's
Disease Support Association
Dementia Society Perak
Penang Dementia
Association

Inferno prompts full-scale government response

BY KIRTINEE RAMESH
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PUTRAJAYA: A massive blaze in Kampung Bahagia, Sandakan on Sunday has triggered a full-scale government response, with health and disaster agencies mobilised to manage the aftermath affecting thousands.

The Health Ministry has activated immediate medical, psychological and public health measures, deploying rapid response teams to relief centres to support affected communities.

Health Minister Datuk Seri Dr Dzulkefly Ahmad confirmed that Rapid Assessment and Response Teams have been stationed at all evacuation centres to provide clinical care and health screening.

"Only two minor injury cases involving fractures were reported and treated at health

facilities, and both patients have been discharged," he noted.

"No fatalities or injuries among Health Ministry personnel were reported."

He added that Psychosocial First Aid teams have been mobilised to provide emotional support, counselling and early psychological intervention for victims and their families.

"The ministry has implemented preventive public health and sanitation measures at evacuation centres to reduce the risk of post-disaster disease outbreaks," he said, noting that continuous monitoring would be carried out to safeguard the wellbeing of affected communities.

Meanwhile, the Central Disaster Management Committee is coordinating with federal and Sabah authorities to provide basic necessities, temporary shelter and welfare assistance.

Deputy Prime Minister Datuk Seri Dr Ahmad Zahid Hamidi said the immediate priorities are ensuring the safety of victims and the swift delivery of aid.

"I am saddened by the massive fire involving hundreds of houses in Kampung Bahagia, Batu Sapi. I express deepest sympathy to all those affected," he said.

"Losing one's shelter in the blink of an eye is a severe test for the victims and their families."

Ahmad Zahid said Batu Sapi Umno machinery has been mobilised to assist with registration at temporary evacuation centres and the distribution of initial aid.

"Let us pray that all victims are granted strength and perseverance in facing this test. Hopefully, all matters would be eased."

A total of 9,007 residents were reported to have been affected by the fire, which broke out

on Sunday morning, although no fatalities have been recorded.

Sandakan district police chief ACP George Abd Rakman said police received a report on the incident at 1.30am, before the area was declared a disaster zone at 4am.

Six relief centres have been opened, sheltering 248 individuals from 219 families as of 8am yesterday, although authorities said registration is ongoing and numbers are expected to rise.

The Sabah Disaster Management Committee said victims are being housed at several locations, including halls at the Batu Sapi People's Housing Project, SK Gas, SK Kampung Bahagia, SMK Batu Sapi, Sibuga and SK Karamunting.

Sandakan Fire and Rescue station chief Jimmy Lagung said the blaze swept through the floating village, destroying homes across more than four hectares.

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KUALA LUMPUR: In Malaysia, over 10,000 patients are on organ transplant waiting lists, hoping for a chance to stay alive through a new organ.

Having suffered organ failure, their lives are hanging in the balance as transplantation can only proceed when a suitable donor is available and all required criteria are met.

In many cases, patients do not receive a new organ in time.

According to the National Transplant Centre (NTC), there are two main categories of organ donors: living donors, who donate organs such as a kidney or part of the liver, and deceased donors, involving individuals who have been declared brain dead.

As of March, 424,333 people in the country have pledged to become organ donors.

However, the Health Ministry said only a small proportion ultimately have their intention fulfilled.

NTC director Dr Mohd Syafiq Ismail Azman said organ donation cannot occur automatically and is only possible under specific circumstances, even in cases involving registered donors who are brain dead.

This is because under the Human Tissues Act 1974, which governs the procurement of cadaveric organs for various purposes, including transplantation, consent from the next of kin is needed before organs can be retrieved from a deceased individual.

"Beyond clinical suitability, organ donation ultimately depends on family consent, and this remains a major challenge we face. Even if a person has pledged to be an organ donor during their lifetime, approval from the next of kin is still required for donation after death."

He said these factors contribute to the long waiting times faced by many patients on transplant lists.

"For heart transplants, some patients may wait up to 14 years. For kidneys, the waiting period ranges from between 10 and 13 years."

He added that waiting times depend not only on organ availability, but also strict clinical criteria, such as blood type compatibility, organ size and the recipient's overall health.

As such, recipients are selected based on rigorous clinical matching.

Geographical factors also play a role as certain organs must be transplanted

Centre improving national organ transplant system

Waiting times depend on strict clinical criteria, such as blood type compatibility and recipient's overall health: Director



Syafiq said to increase organ donation rates over the next five to 10 years, the ministry is strengthening the National Organ Donation and Transplant Programme that was announced this year as a strategic effort to save more lives. — BERNAMAPIC

within a limited time frame.

"For example, a kidney can remain viable for only about 24 hours after being removed from a donor's body. It must be preserved in a special solution at a controlled temperature while awaiting transplantation."

Syafiq said in this context, support from other agencies is critical, particularly in terms of logistics, adding that in the past, there had been collaborations with police, the armed forces and the Fire and Rescue Department in transporting organs.

"Without well-coordinated efforts such as these, organs that could save lives may deteriorate and ultimately go to waste."

Elaborating on why most families of deceased donors decline consent, he said the main reasons include uncertainty about the deceased's wishes, concerns on the physical condition of the body and a desire to expedite funeral arrangements.

There are also misunderstandings related to religious considerations and the perception that organ donation may compromise the dignity of the body.

In this regard, the National Fatwa Committee has ruled that organ donation is permissible.

"Emotional factors play a significant role as well. When death occurs suddenly, family members are

often in shock and grief, making it difficult for them to make major decisions within a short period.

"All these circumstances are consistent with what we commonly observe in hospitals. Communication with families must be handled with sensitivity," he noted.

Syafiq said to raise public awareness on organ donation, the Health Ministry has implemented various campaigns, including an initiative by Health Minister Datuk Seri Dr Dzulkefly Ahmad, titled "My Family, Honour My Pledge".

Advising registered donors to discuss their decision with their families, he said Malaysia practises an "opt-in" system in which individuals voluntarily register as an organ donor during their lifetime.

"Those who wish to become organ donors can register through the MySejahtera app by following the instructions provided. Registration is simple and the donor card is stored electronically within the app."

Addressing a common public misconception that organ donation involves high costs and generates profits for hospitals, he said Malaysia has laws to prevent the exploitation of organ donation, Bernama reported.

In addition to the Human Tissues Act 1974, organ donation in Malaysia is governed by several other laws, including the Medical Act 1971 and the Anti-Trafficking in Persons and Anti-Smuggling of Migrants (Amendment) Act 2022.

"In organ donation practice, recipients are prohibited from offering any form of reward to the donor's family, in line with ethical principles that uphold organ donation as a voluntary act free from commercialisation."

He said to increase organ donation rates over the next five to 10 years, the ministry is strengthening

the National Organ Donation and Transplant Programme that was announced this year as a strategic effort to save more lives.

A key initiative under the programme is the rebranding of the National Transplant Resource Centre as the National Transplant Centre, which is part of a broader transformation to elevate organ donation as a national agenda.

The ministry plans to establish a National Transplant Council to enhance governance in the sector and optimise resources through strategic collaboration between the public and private sectors.

A review of the Human Tissues Act 1974 is also underway to strengthen protection for living donors and standardise organ donation and transplantation procedures nationwide.

Other initiatives to highlight organ donation include organising awareness campaigns, public talks and health exhibitions.

"In 2025 alone, 66 awareness programmes were carried out nationwide. These efforts are ongoing and often conducted by invitation from various parties, while also leveraging multiple platforms, such as mass media, mobile apps and printed materials."

NTC is also expanding outreach through collaboration with the National Blood Centre.

Engagement sessions have been held with various NGOs, including groups such as Kiwanis and transplant-related associations, as part of a phased effort to strengthen multi-agency strategic cooperation.

Syafiq said all these initiatives are aimed at ensuring the public receives accurate information, reducing misconceptions as well as building greater trust in the organ donation system.

Protecting children from the heat

COMMENT by Dr Naveen Nair Gangadaran

MALAYSIA is currently experiencing temperatures between 35°C and 40°C in several regions, with some areas approaching official heatwave thresholds. In poorly ventilated classrooms, the heat can feel even more intense.

According to the Malaysian Meteorological Department, recent years have shown a clear rise in average daily temperatures, along with more frequent extreme heat events. Children are among the most vulnerable to climate-related health risks, particularly heat exposure.

Classroom crisis

In Malaysia, reported cases of heat-related illness remain relatively low but they are likely underestimated. Many cases present as mild – fatigue, irritability, reduced appetite and poor concentration – and are often overlooked.

The Health Ministry has warned that symptoms of heat exposure include headache, fatigue and reduced concentration, all of which directly affect a child's ability to learn. These are not merely temporary discomforts; they can impair learning in real time.

Recess once meant running outdoors; now, many children remain inside. In many schools, outdoor activities are avoided altogether as the sun is too harsh and the ground too hot.

In some parts of Malaysia, schools have even shifted to home-based learning when temperatures remain dangerously high, in line with the Health Ministry and Education Ministry recommendations. When temperatures exceed 37°C for several consecutive days, schools may close

on safety grounds. This is no longer about convenience; it is about protection.

As doctors, we recognise this pattern early. Children are particularly vulnerable because they generate more heat during activity and rely on adults to ensure adequate hydration and protection.

Younger children are also less efficient at regulating body temperature. Even mild dehydration can impair cognitive performance, mood and physical endurance. In severe cases, heat exposure can escalate into heat stroke, which can be life-threatening.

Children generate more metabolic heat during activity and have a higher body surface area relative to their weight, making them more vulnerable to heat gain.

At the same time, their sweating mechanisms are less efficient than those of adults, reducing their ability to cool effectively. Even mild dehydration – just 1–2% of body weight loss – has been shown to impair cognitive function, attention span and memory.

In a classroom setting, this translates into reduced academic performance and increased fatigue. Prolonged exposure to high temperatures has also been associated with sleep disruption, reduced physical activity and potential long-term cardiovascular and metabolic risks.

What we are witnessing is not just a temporary discomfort but a shift in how children grow, learn and function. This is no longer just about the weather; it is a public health challenge that requires a coordinated action.



Children generate more metabolic heat during activity and have a higher body surface area relative to their weight, making them more vulnerable to heat gain. – **SUNPIC**

➡ **At schools:** Simple interventions can make a significant difference. Class schedules can be adjusted to minimise outdoor exposure between 11am and 4pm. Shaded areas should be prioritised and access to clean drinking water must be ensured at all times. Ventilation improvements, even low-cost measures such as cross-ventilation and reflective roofing, can help reduce indoor heat.

➡ **For parents:** The focus should be on prevention. Children should be encouraged to drink water regularly, even before they feel thirsty. Light, breathable clothing should be

prioritised and outdoor activities should be limited during peak heat hours. Importantly, parents should recognise early warning signs such as lethargy, dizziness, nausea or reduced urine output.

➡ **At a policy level:** Malaysia has already taken important steps, with further opportunity to strengthen structured heat action plans tailored for schools. The Education Ministry has acted promptly in identifying these risks and taken important steps. However, continued investment in climate-resilient school infrastructure will be important moving forward.

Because the reality is this: children should not have to adapt to unsafe environments. It is our responsibility to adapt the environment for them.

So, are we doing enough to ensure that they are not just coping but truly safe? Because in a warming world, protecting our children does not begin in hospitals; it begins in classrooms, homes and in the everyday decisions we make.

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Beyond degree: Real path to becoming a pharmacist

PHARMACY remains one of the most sought-after courses among Malaysian students. For many parents, it represents a respected profession, stable career prospects, and an opportunity to contribute meaningfully to public health. But earning a pharmacy degree is only the beginning. In Malaysia, obtaining a pharmacy degree alone does not automatically qualify an individual to practise as a pharmacist.

Regulated for public safety

Pharmacy is a regulated healthcare profession in Malaysia, with safeguards in place to ensure only qualified and competent individuals are permitted to practise. All pharmacy degrees whether obtained locally or internationally must be recognised by the Pharmacy Board of Malaysia (PBM) and listed under the First Schedule of the Registration of Pharmacists Act (ROPA) 1951. While some programmes may be academically reputable, those not included in the First Schedule, ROPA 1951 may pose unforeseen challenges for graduates intending to practise in Malaysia.

The PBM serves as the regulatory body responsible for the registration of pharmacists and the accreditation of pharmacy programmes. Its role is to ensure that graduates are trained in accordance with Malaysia's healthcare system and uphold the required professional standards.

The Malaysian law explicitly stipulates that only individuals who are duly registered as pharmacists have the legal authority to perform the core duties of professional pharmacy practice. As such, registration is a mandatory requirement for anyone seeking to work as a pharmacist in the country.

Prospective students and their parents must verify a pharmacy programme's recognition status before enrolment. The official list of recognised local and international pharmacy degrees published by Pharmaceutical Services Programme, Ministry of Health is the most reliable reference. Taking this essential step is vital to prevent years of financial loss, emotional distress, and career uncertainty.

A recognised programme

The professional journey begins with the completion of a recognised Bachelor of Pharmacy programme, typically four years in duration. It is designed to integrate scientific foundations with professional and clinical training.

Pharmacy education extends far beyond learning about medicines. Students are trained in pharmaceutical chemistry, pharmacology, clinical pharmacy, pharmacovigilance, pharmacy law, medicines regulation and professional ethics. The curriculum is designed to ensure graduates are competent and ready to practise safely.

Professional readiness is developed through experiential learning in healthcare institutions, community pharmacies, and

industry settings, supported by mentorship and supervision. Simulation exercises and case-based learning expose students to real-world decision-making, while interprofessional education fosters collaboration with doctors, nurses, and allied health professionals. These elements ensure graduates are knowledgeable, ethically grounded, and practice-ready.

Provisional training

Upon graduation, pharmacy graduates must undergo supervised practice training as Provisionally Registered Pharmacists (PRPs). This mandatory phase bridges academic learning and independent professional practice.

PRP training is conducted at approved premises, including hospitals, clinics, community pharmacies, pharmaceutical industries, and academia. Approved training sites are listed under the Second Schedule, ROPA 1951 are available on the official website of the Pharmaceutical Services Programme, Ministry of Health to help graduates identify appropriate placements.

The training period, prescribed with a minimum duration of one year, focuses on developing professional competency and accountability. Under the supervision of certified preceptors, trainees are assessed using structured training logbooks.

During this period, emphasis is placed on ethical conduct, legal compliance, communication skills, teamwork, and patient-centred care. Graduates must demonstrate competence and professionalism before being entrusted with independent duties.

Lifelong responsibility

Once both a recognised pharmacy degree and provisional training are completed, an individual may apply for full registration as a pharmacist. Registration allows a pharmacist to practise independently and comes with professional responsibility.

Pharmacists are required to maintain an Annual Certificate and engage in continuing professional development throughout their careers. Healthcare evolves rapidly, and ongoing learning is essential to maintaining public trust and delivering safe and effective care.

Pharmacy should be understood not merely as a degree, but as a regulated professional journey leading to licensure. Developing competent, ethical, and responsible pharmacists is a shared responsibility among educational institutions, regulators, parents, and society. The ultimate goal is not merely to produce graduates, but to uphold public safety through high professional standards.

Dr Renukha Sellappans is the head of the School of Pharmacy, Faculty of Health and Medical Sciences, Taylor's University. She also serves as the principal of the Malaysian Academy of Pharmacy and as a board member of the Pharmacy Board of Malaysia.

NATIONAL HEALTH AND MORBIDITY SURVEY 2025

18.8pc OF SENIOR CITIZENS LIVING ALONE

Challenges include transport limitations affecting healthcare access, and financial constraints

HAKIM MAHARI AND PUTRI NAJIAH YAZIT PUTRAJAYA news@nst.com.my

THE National Health and Morbidity Survey 2025 (NHMS 2025) has revealed that 18.8 per cent of elderly individuals in the country are living alone, nearly tripling from 6.3 per cent in 2018.

Health Minister Datuk Seri Dr Dzulkefly Ahmad, however, said 61.3 per cent of this group reported having strong social support despite facing systemic challenges, including limited mobility and financial constraints.

"With the elderly population now reaching 4.1 million and nearly one-fifth living alone, transport limitations have be-

come a major barrier to consistent healthcare access.

"This is a critical factor affecting their quality of life," he said at the launch of the "National Health and Morbidity Survey 2025: Older Persons Health" report yesterday.

Dzulkefly said the second major challenge faced by the elderly was financial burden, including that borne by caregivers, with one in three reported to be under severe strain encompassing physical, emotional and financial stress.

"These constraints are worsening given that only 40 per cent of Malaysians have sufficient Employees Provident Fund savings for retirement.

"This economic dilemma forces families to prioritise basic needs, often at the expense of healthcare," he said.

In terms of mental health, he

said depression among the elderly had declined to eight per cent from 11.2 per cent in 2018.

He said physical dependency in daily living activities had also shown a decline.

"Only 14.7 per cent of the elderly are classified as ageing well, encompassing social, cognitive, psychological and physical aspects."

Dzulkefly said the report served as a strategic guide for the Health Ministry.

"This serves as both a moral and strategic compass in monitoring the implementation of the Elderly Healthcare Service Action Plan 2023-2030.

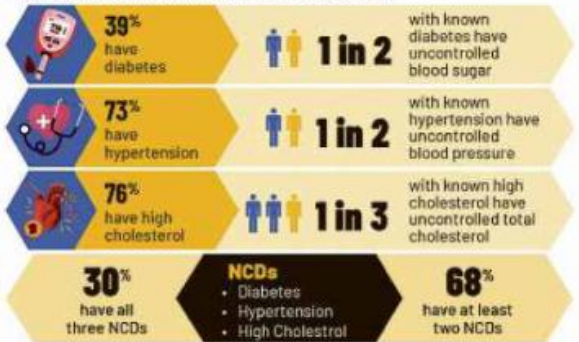
"Malaysia is expected to become an ageing nation by 2036, with more than 15 per cent of its population aged 60 and above. This pace is among the fastest in the world, and we do not have the luxury of time. We must act now."

This economic dilemma forces families to prioritise basic needs, often at the expense of healthcare.

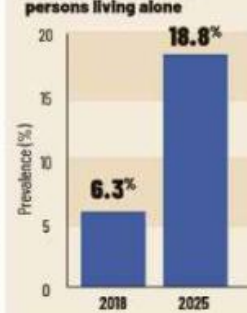
DATUK SERI DR DZULKEFLY AHMAD
health minister

OLDER PERSONS' HEALTH

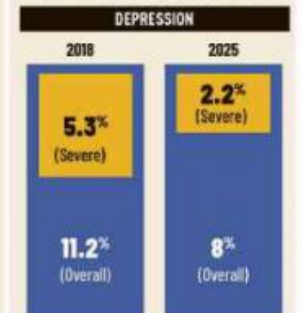
Ageing with non-communicable diseases (NCDs)



Social support and staying connected – More older persons living alone



The silent reality – how common is depression?



When memory fades – Who is at higher risk?



Source: National Health and Morbidity Survey (NHMS) 2025

INFOGRAPHIC NST

Alarming rise in non-communicable diseases

PUTRAJAYA: Diabetes, hypertension and high cholesterol are alarmingly prevalent among Malaysia's elderly, with a national survey revealing a growing burden of non-communicable diseases.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said findings from the National Health and Morbidity Survey 2025 (NHMS 2025) showed that 39 per cent of elderly individuals had diabetes, 73 per cent suffered from hypertension and 76 per cent had high cholesterol.

"These findings are worrying and underscore the need for a comprehensive strategy," he said at the launch of the "National Health and Morbidity Survey 2025: Elderly Health" yesterday.

He said the survey also highlighted low levels of physical activity among the elderly, with 30.6 per cent classified as physically inactive and 12.8 per cent engaging in high levels of sedentary behaviour.

He said 45 per cent of elderly individuals were experiencing sarcopenia, while 60 per cent were at risk of frailty and 11 per cent were classified as frail.

Dr Dzulkefly said the NHMS 2025 findings were crucial in shaping comprehensive healthcare policies for the ageing population, in line with the National Ageing Blueprint Malaysia, the Elderly Healthcare Service Action Plan 2023-2030 and the National Dementia Action Plan 2023-2030.

"In this regard, the Health Ministry remains committed to strengthening the national health agenda through strategic initiatives that support the well-being of the elderly while ensuring the sustainability of the healthcare system."

Dzulkefly also called for stakeholders to prepare for the challenges of an ageing population by 2036 and to work together to improve the quality of life of the elderly in Malaysia.



Health Minister Datuk Seri Dr Dzulkefly Ahmad greeting senior citizens at the launch of the 'National Health and Morbidity Survey 2025: Older Persons Health' report yesterday. BERNAMA PIC

NHMS 2025: Only 14.7 pct Malaysian seniors ageing healthily

PUTRAJAYA: Findings from the National Health and Morbidity Survey (NHMS) 2025 show that only 14.7 per cent of senior citizens in Malaysia meet key criteria for healthy ageing, highlighting significant gaps in the country's preparedness for an ageing population.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the survey, conducted among 7,528 respondents aged 60 and above, is the second national study focusing on elderly health, following the first in 2018.

He said the criteria include strong social support, absence of cognitive limitations and depression, independence in daily activities, and either no chronic diseases or well-controlled conditions.

"These findings underline the urgent need to strengthen public health efforts and social support systems to ensure our elderly can age healthily and with dignity," he said at the launch of the survey findings yesterday.

Dr Dzulkefly noted that while countries like Japan and Sweden took nearly a century to adapt to ageing populations, Malaysia is expected to become an ageing



Dr Dzulkefly (third left) and others launch the NHMS 2025 findings. — Bernama photo

nation by 2036, when those aged 60 and above will exceed 15 per cent of the population.

"The pace of ageing in Malaysia is among the fastest in the world," he added.

He said the survey highlighted key systemic challenges, including mobility limitations, social isolation, and rising financial burdens on seniors and their caregivers.

Malaysia's elderly population now stands at 4.1 million, with 18.8 per cent living alone, almost triple the 6.3 per cent recorded in 2018, he said, adding that transportation constraints are feared to be the main obstacle that limits their

access to healthcare.

"Mobility issue is not just a logistical problem, but a critical factor that affects their quality of life and safety," he said.

However, the survey also found that 61.3 per cent of seniors living alone still reported strong social support.

On financial pressures, he said one in three caregivers faces a heavy burden involving physical, emotional and financial stress, and this is compounded by the fact that only 40 per cent of Malaysians have sufficient savings in the Employees Provident Fund for old age.

"This economic strain forces

many families to prioritise basic needs, often at the expense of healthcare," he said.

In terms of mental health, 9.8 per cent of seniors were found to have dementia, slightly higher than 8.5 per cent in 2018, while depression rates declined to eight per cent from 11.2 per cent.

Physical health indicators showed some improvement, with limitations in Activities of Daily Living (ADL) dropping to 10 per cent from 17 per cent, and Instrumental Activities of Daily Living (IADL) limitations decreasing to 27 per cent from 33 per cent.

However, lifestyle concerns

remain, with 30.6 per cent of seniors physically inactive and 12.8 per cent engaging in high levels of sedentary behaviour.

The survey also found that 45 per cent of seniors experience sarcopenia, 60 per cent are at risk of frailty, and 11 per cent are already frail.

"The conclusion is clear, we are living longer, but not necessarily healthier. The real challenge is not just disease, but gaps in our long-term care system, which is still underdeveloped and fragmented," Dr Dzulkefly said.

To address these issues, he outlined four strategic shifts, including moving from treatment to prevention, strengthening community-based care, and reforming long-term care financing.

Among the proposals being considered is the introduction of long-term care insurance to ease the financial burden on families, ensuring seniors can access quality care without hardship.

He also emphasised the need to strengthen senior activity centres as integrated community hubs offering healthcare, rehabilitation, social support and digital health monitoring. — Bernama

Tuesday, April 21, 2026

THE BORNEO POST

Home

9

Bitter reality of organ donation in Malaysia

Muhammad Basir Roslan

A VIDEO showing a couple accompanying their son on his final journey to the operating theatre for an organ donation procedure at Hospital Sultanah Nur Zahirah in Kuala Terengganu, which went viral on social media earlier this year, revealed a deeply human side of a story rarely highlighted in this country.

Amirul Mukminin Mohd Zain, 27, was declared brain dead after being involved in a motorcycle accident in January. From a clinical medical standpoint, he had already passed away – his heart continued to beat only with the aid of life support.

Known for his kind nature, Amirul had registered as an organ donor several years earlier. His parents chose to honour his wish of donating his organs despite their immense grief.

It was reported that seven of his healthy organs and tissues were donated, including his heart, kidneys and corneas.

His parents showed extraordinary courage in consenting to organ retrieval

In this first of a three-part series, we examine the factors contributing to the country's low organ donation rate, particularly in cases involving patients declared as brain dead.



In Malaysia, nearly 90 per cent of potential organ donations do not proceed due to family refusal, even when the patient had pledged to donate.

Organ Donor Pledge



Let's Pledge for Organ Donation!

Register now as an organ donor pledger.

Organ donor pledger registration is voluntary and can be amended at any time.

At the point of death, if you are deemed suitable for organ or tissue donation, consent from your family members will be obtained before organ donation can take place.

from a body that still appeared 'alive'.

In this country, this is something that rarely occurs, according to transplant specialists interviewed by Bernama, a view that underscores the ongoing debate surrounding the reality of actual organ donation in Malaysia, which remains low, particularly in cases involving brain-dead patients.

Legacy

With the assistance of Universiti Malaya Medical Centre (UMMC), Bernama had the opportunity to conduct a written interview with another family who went through a similar experience, also earlier this year.

Requesting that their identities remain confidential, the parents, who are Chinese, made the difficult decision after their son, in his 30s, was declared brain dead following a stroke.

Their son suffered a stroke while in the bathroom and was rushed to UMMC. Despite various treatments, he was eventually pronounced brain dead and put on a ventilator.

After being informed by the hospital about their son's situation and the potential for organ donation from patients in this category, the family made a difficult decision, even though they could see him still breathing.

"While we were overwhelmed with grief, we also found a sense of acceptance. Learning that his organs and tissues could potentially save others brought us some comfort and gave us the strength to proceed with the process, ensuring that his legacy continues."

The parents said their son, who was not registered as an organ donor, ran his own electrical goods business and was always cheerful and willing to help others.

Both his kidneys were transplanted to recipients through surgeries carried out on the same day when he was declared brain dead. Two of his healthy tissues - bone and a heart valve - were also successfully donated.

The family expressed hope that society would view organ donation as a deeply noble



Patients are fully treated first. Death is only declared after very strict procedures. There is no such thing as 'harvesting organs prematurely' in the medical system.

Sarah Aqilah Mazuki

humanitarian act. They also encouraged Malaysians to have early discussions with their families about their wishes to become organ and tissue donors, so that clear decisions can be made when the time comes.

Gift of life

The parents' sacrifice was not in vain. A kidney of their son 'lives on' in the body of a 49-year-old woman, who wished to be known only as Saras.

When she was 34, Saras was diagnosed with Stage 2 chronic kidney disease. Since then, her condition steadily worsened, requiring close monitoring and continuous treatment. Her social life came to a standstill and her future seemed uncertain.

She was no longer able to work and had to undergo regular dialysis at a cost of about RM230 per session. She also suffered a series of complications, including osteoporosis, numbness in her hands, dry skin and high blood pressure, while also having to strictly limit her fluid intake.

"For nearly 15 years, I endured this suffering. Without organ donation, I wouldn't have survived. It gave me a second chance at life.

"I want to thank the donor's

family for making such a difficult decision despite their grief. I promise to take care of myself and not waste this precious gift," she told Bernama.

More than two months after receiving her new kidney, her life has changed significantly. Where she once had to strictly control her fluid intake, she can now drink freely and urinate normally again - a blessing that she is most grateful for.

"I hope my story would raise awareness about the importance of organ donation, especially in cases involving brain-dead patients. They may no longer be in this world, but they are saving lives, and their legacy lives on in the recipients," she said.

Widespread misunderstanding

Malaysians can register themselves as organ donors via dermaorgan.gov.my.

While registering as a donor makes one's intention clear, Malaysian law requires family consent for any organ donation at the time of death. Conversely, unregistered individuals can have their organs donated if their family authorises it after their death.

In Malaysia, the rate of cadaveric organ donation, particularly involving brain-dead patients, remains low, largely due to a lack of family consent.

According to the National Transplant Resource Centre under the Ministry of Health, nearly 90 per cent of potential donations do not proceed due to family refusal, even when the patient had pledged to donate their organs.

Transplant specialists note that brain-dead patients offer greater potential to ease the national transplant waiting list (patients waiting for organ transplants) as both their organs and tissues can be donated. In contrast, in cases of cardiac death, only tissues are typically viable for donation.

Unfortunately, in the case of brain death cases, one of the biggest misconceptions among the public concerns brain death itself. Many believe a brain-dead person is still alive because the heart continues to beat, the body remains warm and the chest rises and falls.

In reality, from a medical standpoint, brain death means the complete and irreversible

cessation of all brain function, with no possibility of recovery.

According to the Guideline of the Malaysian Medical Council (MMC) Brain Death Version 2/2025, the concept and entity of Brain Death/Death by Neurological Criteria (BD/DNC) are recognised and accepted; and that BD/DNC means death.

Beyond the difficulty many face in accepting this reality, cultural and traditional beliefs also contribute to the low rate of organ donation involving brain-dead patients.

For Lim, a Buddhist, he believes brain death does not constitute complete death as other organs continue to function.

"Organ donation is strongly encouraged in our religion as it is considered an act of charity and great compassion.

"However, such donations should only take place after a person has fully died, not merely brain-dead. We fear that removing organs before death is complete could cause unrest in the hereafter," he said in a WhatsApp interview.

He also noted that in Buddhism, parents hold ultimate authority over decisions involving their children as they (parents) are regarded as their 'creators'. As such, even if a child has pledged to donate their organs, the final decision rests with the parents.

N. Kuvineswaren, a Hindu, said while his religion encourages charitable acts, including organ donation, emotional factors and family consent remain major challenges.

"In our culture, preserving the feelings and well-being of parents is a priority. Religious leaders, therefore, need to play a role in educating the community so that organ donation is better understood as a noble act that can greatly benefit people who have been waiting for years for organ transplantations," he said.

Alex, a Christian, said his religion does not prohibit organ donation, but issues often arise within families.

"There is a misconception that the body must remain whole at burial. This is why it is difficult for family members to agree to organ retrieval," said the university student.

Permitted in Islam

Confusion surrounding brain

Therefore, it is essential to let your family members know about your decision to become an organ donor to ensure your wishes are fulfilled.

Start

The MySejahtera app has an 'Organ Donor Pledge' feature.



Helicopter organ delivery, or mercy flights, is a critical, high-speed logistical service used to transport donor organs to meet strict transplant time limits.

death and organ donation also presents a dilemma within the Muslim community. In many cases, decisions are influenced not by complete medical understanding, but by emotions, personal beliefs and concerns over the condition of the body.

According to UMMC Islamic Affairs Department officer Sarah Aqilah Mazuki, brain death has long been recognised in Islamic jurisprudence in Malaysia, supported by international bodies such as the International Islamic Fiqh Academy and the National Fatwa Council Malaysia.

She explained that brain death is considered true death as it is confirmed by independent specialist doctors through strict and multi-layered procedures.

On the issue of withdrawing life support, she said Islam permits it if the patient has no chance of recovery and with the consent of next-of-kin, as continued treatment would no longer benefit the patient.

From the perspective of organ donation, she noted that it aligns with the principles of Maqasid Syariah, particularly 'hifz al-nafs' (preservation of human life).

The concept of choosing the lesser harm to avoid greater harm also applies. Organ donation is permissible provided certain conditions are met, including the absence of any commercial element.

Addressing organ donation between Muslims and non-Muslims, she clarified that it is allowed as long as the intention is to benefit others and save lives.

Sarah Aqilah also emphasised that patient care always remains the top priority in hospitals.

"Patients are fully treated first. Death is only declared after very strict procedures. There is no such thing as harvesting organs prematurely' in the medical system," she said - Bernama

"Tomorrow: No coercion in organ donation



Brain-dead patients offer greater potential to ease the national transplant waiting list as both their organs and tissues can be donated.



Malaysian law requires family consent for any organ donation at the time of death. Conversely, unregistered individuals can have their organs donated if their family authorises it after their death.

Seorang daripada lima warga emas tinggal bersendirian

Kekangan pengangkutan jadi halangan dapatkan rawatan kesihatan secara konsisten

Oleh Mohd Iskandar Ibrahim
bhnews@bh.com.my

Putrajaya: Tinjauan Kebangsaan Kesihatan dan Morbiditi 2025 (NHMS 2025) mendedahkan 18.8 peratus warga emas di negara ini tinggal bersendirian, meningkat hampir tiga kali ganda berbanding 6.3 peratus pada 2018.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, bagaimanapun berkata, 61.3 peratus daripada golongan itu masih mempunyai tahap sokongan sosial yang tinggi walaupun berdepan cabaran sistemik termasuk kekangan mobiliti dan bebanan kewangan.

"Dengan populasi warga emas kini mencecah 4.1 juta orang dan hampir satu perlima tinggal bersendirian, kekangan pengangkutan menjadi hambatan utama un-

tuk mereka mendapatkan rawatan kesihatan secara konsisten.

"Ia bukan sekadar isu logistik, tetapi faktor kritikal yang menjejaskan kualiti hidup dan keselamatan mereka," katanya berucap pada Majlis Pelancaran Dapatan Tinjauan Kebangsaan Kesihatan dan Morbiditi 2025 (NHMS 2025): Kesihatan Warga Emas di sini, semalam.

Dzulkefly berkata, cabaran kedua dihadapi warga emas adalah bebanan kewangan termasuk kepada penjaga mereka yang mana satu daripada tiga penjaga dilaporkan memikul bebanan berat melampau, merangkumi aspek fizikal, emosi dan tekanan kewangan signifikan.

"Kekangan ini semakin meruncing memandangkan hanya 40 peratus rakyat mempunyai simpanan KWSP (Kumpulan Wang Simpanan Pekerja) yang mencukupi untuk hari tua.

"Dilema ekonomi ini memaksa keluarga mendahulukan keperluan asas sehingga aspek jagaan kesihatan terpaksa diketepikan," katanya.

Kadar kemurungan menurun

Dari segi kesihatan mental, katanya kadar kemurungan dalam kalangan warga emas menunjukkan penurunan kepada 8.0 peratus berbanding 11.2 peratus pada 2018.



Dr Dzulkefly (tiga dari kiri) pada Majlis Pelancaran Dapatan Tinjauan Kebangsaan Kesihatan dan Morbiditi 2025: Kesihatan Warga Emas di Putrajaya, semalam. (Foto BERNAMA)

Katanya, kebergantungan fizikal bagi aktiviti kehidupan harian turut menunjukkan penurunan.

"Namun, hanya 14.7 peratus warga emas di negara ini dikategorikan sebagai menua secara sejahtera merangkumi aspek sosial, kognitif, psikologi dan fizikal," katanya.

Selain itu, Dzulkefly berkata, beban penyakit tidak berjangkit (NCD) meningkat ketara apabila 73 peratus warga emas menghidap hipertensi, kolesterol tinggi (76 peratus) dan diabetes (39 peratus).

Katanya, sebanyak 68 peratus

mempunyai sekurang-kurangnya dua penyakit kronik, manakala 30 peratus menghidap ketiga-tiga penyakit terbabit.

"Hasil dapatan tinjauan juga mendapati 30.6 peratus warga emas tidak aktif secara fizikal, menyumbang kepada 45 peratus mengalami sarkopenia, manakala 60 peratus lagi berisiko mengalami kerupuhan fizikal (frailty)," katanya.

Mengulas lanjut, Dzulkefly berkata, laporan NHMS 2025 bukan sekadar statistik, malah mencerminkan realiti kehidupan warga emas serta menjadi pandu-

an strategik kepada Kementerian Kesihatan (KKM).

"Data ini adalah kompas moral dan strategik dalam memantau Pelan Tindakan Perkhidmatan Kesihatan Warga Emas 2023-2030 yang sedang dilaksanakan.

"Malaysia dijangka mencapai status negara menua menjelang 2036 dengan lebih 15 peratus penduduk berumur 60 tahun ke atas.

"Kepantasan ini antara yang terpentas di dunia dan kita tidak mempunyai masa yang mewah. Kita perlu bertindak sekarang," katanya.

Sabah rancang bangunkan semula Kampung Bahagia

Sandakan: Kerajaan negeri merancang membangunkan semula kawasan Kampung Bahagia sebagai sebuah perkampungan yang sah, tertakluk kepada hasil penelitian laporan pihak berkaitan.

Ketua Menteri Sabah, Datuk Seri Hajiji Noor, berkata perincian pelaksanaan belum dapat diumumkan kerana kerajaan perlu meneliti laporan daripada Jawatankuasa Pengurusan Bencana Daerah Sandakan terlebih dahulu.

Beliau berkata, antara cadangan yang sedang dipertimbangkan ialah memabak kawasan berkenaan bagi pembangunan perumahan baharu.

"Kita mempunyai perancangan untuk membangunkan kawasan ini sebagai perkampungan yang sah. Namun, laporan lengkap daripada jawatankuasa bencana daerah perlu diperoleh terlebih dahulu bagi menilai semua cadangan.

"Terdapat juga cadangan untuk memabak kawasan ini bagi tujuan pembangunan perumahan, namun ia membabitkan kos yang tinggi. Kita akan meneliti cadangan daripada Majlis Perbandaran Sandakan berhubung penempatan semula mangsa kebakaran," katanya.



Keratan akhbar BH, semalam.

Beliau berkata demikian kepada pemberita selepas menyampaikan sumbangan kepada mangsa kebakaran di Pusat Pemindahan Sementara (PPS) di Projek Perumahan Rakyat Batu Sapi, semalam.

Hajiji berkata, kampung berkenaan pada asalnya adalah penempatan pelarian yang mendapat kelulusan Suruhanjaya Tinggi Pertubuhan Bangsa-Bangsa Bersatu bagi Pelarian (UNHCR).

"Saya difahamkan lebih 70 peratus mangsa kebakaran adalah bukan warganegara, manakala kira-kira 30 peratus sahaja warganegara.

"Kampung ini asalnya pe-

nempatan pelarian, namun status itu sudah ditamatkan dan kerajaan bercadang menjadikannya sebagai perkampungan yang sah," katanya.

Mengenai bantuan, beliau berkata, kerajaan negeri menyalurkan bantuan awal sebanyak RM2,000 kepada setiap mangsa, iaitu RM1,000 daripada kerajaan negeri dan RM1,000 lagi daripada Yayasan Kebajikan Sabah.

Dalam kejadian awal pagi kelmarin, kira-kira 8,000 penduduk hilang tempat tinggal selepas lebih 1,000 rumah musnah dalam kebakaran di penempatan atas air itu.

Dalam pada itu, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata kementerianya mengerakkan pasukan bantuan bagi membantu mangsa kebakaran di Sandakan, termasuk menyediakan sokongan kesihatan fizikal dan psikologi di pusat pemindahan sementara (PPS).

Bercakap pada sidang media selepas menyempurnakan Majlis Pelancaran Dapatan Tinjauan Kebangsaan Kesihatan dan Morbiditi 2025 (NHMS 2025): Kesihatan Warga Emas di Putrajaya, semalam, beliau berkata, pihaknya dimaklumkan tiada kehilangan nyawa



Hajiji diberi taklimat jumlah mangsa oleh Presiden Majlis Perbandaran Sandakan, Datuk Walter Kinsom ketika melawat Kampung Bahagia, semalam. (Foto BERNAMA)

dalam kejadian itu, namun bantuan tetap disalurkan segera kepada mangsa terjejas.

Sementara itu, seorang ibu kepada lima anak terpaksa menahan kesakitan berjalan sejauh kira-kira dua kilometer (km) walaupun dua jari kaki kanannya patah demi menyelamatkan anaknya dalam kebakaran di kampung berkenaan.

Mangsa, Jarhana Libon, 30, berkata ketika kejadian hanya dia bersama lima anak serta ibu menuanya berada di rumah, manakala suaminya, Taha Saiyadi, 36, bekerja di Tongod.

Katanya, dia terdengar bunyi bising dari luar sebelum mendapati api sudah marak di rumah jiran yang terletak selang dua rumah dari kediamannya.

Petugas kesihatan perlu jadi contoh kepada masyarakat



ANALISIS MUKA 12
HAFEZDZULLAH MOHD HASSAN

TULAR foto seseorang penjawat awam menghisap rokok di sebuah restoran pada pertengahan bulan lalu di Selangor telah menimbulkan kemarahan dalam kalangan orang awam.

Rata-ratanya kecewa dengan insiden berkenaan lebih-lebih lagi apabila diberitahu bahawa lelaki terbabit merupakan seorang petugas kesihatan sebagaimana disahkan oleh Kementerian Kesihatan (KKM).

Bagaimanapun, tindakannya itu telah membawa padah apabila dikenakan kompaun di bawah Seksyen 16(2) Akta Kawalan Produk Merokok Demi Kesihatan Awam (Akta 852) kerana merokok di tempat awam.

Di samping itu, petugas di jabatan kesihatan sebuah daerah itu juga telah dikenakan tindakan tatatertib selaras dengan Peraturan-Peraturan Pegawai Awam (Kelakuan dan Tatatertib) bagi memastikan integriti perkhidmatan awam terus terpelihara.

Kisah penjawat awam merokok di restoran dalam uniform atau sedang bertugas bukan lagi perkara baru di negara ini. Ia pernah mendapat sorotan media kerana perkara tersebut jelas bertentangan dengan imej penjawat awam yang mengutamakan disiplin.

Sebelum ini, kes sama juga pernah

dilaporkan berlaku di Johor apabila foto seorang anggota polis dalam seragam dipercayai sedang bertugas menghisap rokok di sebuah restoran tular di media sosial.

Malah, seorang menteri juga pernah dikenakan kompaun apabila tular fotonya sedang memegang sebatang rokok ketika duduk bersama sekumpulan lelaki di sebuah restoran di Negeri Sembilan.

Perhatian

Namun, kes penjawat awam di Rawang itu lebih diberi perhatian kerana ia melibatkan tanggungjawab dan peranannya dalam industri kesihatan.

Tindakannya menghisap rokok di restoran itu boleh disifatkan sebagai mengkhianati polisi KKM yang giat mempromosikan gaya hidup sihat dalam kalangan rakyat.

Malah, ia juga berpotensi mensabotaj usaha KKM dalam membanteras tabiat merokok melalui penguatkuasaan Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024 (Akta 852).

Sebagai seorang petugas kesihatan seharusnya dia tidak menghisap rokok di dalam kawasan yang diwartakan sebagai tempat larangan merokok seperti premis makan, bangunan kerajaan dan tempat ibadat.

Tindakan itu boleh melunturkan keyakinan orang ramai terhadap usaha KKM dalam melahirkan generasi bebas

asap rokok.

Kegagalan petugas kesihatan mematuhi disiplin ketika berada dalam seragam boleh membawa kepada persepsi salah guna kuasa yang akhirnya memburukkan imej KKM itu sendiri pada masa akan datang.

Dalam hal ini, KKM tidak hanya mengenakan tindakan terhadap petugasnya yang merokok ketika bertugas,

sebaliknya mereka perlu menetapkan satu mekanisme yang boleh mengawal petugasnya daripada melakukan kesalahan sama.

Sebagai contoh, tambah baik prosedur pengambilan kakitangan dengan memilih individu yang mengamalkan gaya hidup sihat dan tidak merokok agar mereka boleh dijadikan contoh kepada masyarakat.

Bagi kakitangan sedia ada yang merokok pula mereka perlu diberikan kaunseling berhenti merokok sebagaimana yang ditawarkan oleh KKM, sekali gus membuktikan

kepada orang awam bahawa ketagihan merokok boleh dipulihkan.

Tunjukkan juga kepada orang awam bahawa petugas kesihatan bukan sekadar menjalankan tugas semata-mata dalam masa sama mereka juga boleh menginspirasi masyarakat untuk mengamalkan gaya hidup yang sihat.



Tindakannya menghisap rokok di restoran itu boleh disifatkan sebagai mengkhianati polisi KKM yang giat mempromosikan gaya hidup sihat dalam kalangan rakyat.”

**Hafezdzullah Mohd Hassan ialah Sub-Editor Sinar Harian*