KERATAN AKHBAR 3/06/2026 (Rabu)

The Star M/S 8, 13

Malaysia in need of more radiographers

Experts call for AI integration, better remuneration, tiered cert pathway

Total number of radiographers
registered with allied health division

Type	Breakdown
Diagnostic radiographers	3,253 (MOH)
	2,530 (Private Sectors)
	45 (Higher Academic Institutions)
	655 (Other Agencies)
Total	**6,483**
Radiation therapists	298 (MOH)
	158 (Private Sectors)
	Four (Higher Academic Institutions)
	56 (Other Agencies)
Total	**516**

Note: As of May 25, 2026
Source: Health Ministry (MOH)
The Star graphics

By FAZLEENA AZIZ
fazleena@thestar.com.my

PETALING JAYA: Malaysia is seeing a shortage of radiographers with states like Johor, Kedah and Sabah registering a ratio of one radiographer to every 10,000 people.

"The day-to-day reality in Malaysian hospitals, particularly in the public sector, is characterised by workforce shortages and increasing demand," said Malaysian Society of Radiographers' president Sawal Marsait.

Citing the Health Indicator 2024 report issued by the Health Ministry, he pointed out that the overall ratio in Malaysia was 1:9,449.

For comparison, he said South Korea and Japan registered much better ratios.

Sawal said the radiographers were mostly concentrated in places like Kuala Lumpur (260), Johor (403) and Selangor (483).

Yet, Selangor's ratio of radiographers to population stood at 1:14,927.

Sawal highlighted the problem in public facilities where patients might have to wait for weeks or even months for non-emergency diagnostic scans because of the limited number of shifts that radiographers could take on.

He spoke of their heavy workload, citing the scenario in emergency departments where "reliance on imaging is massive".

"For instance, nearly 90% of trauma patients require sonography or X-rays immediately upon arrival, placing immense pressure on the on-call radiography team."

Furthermore, he said many hospitals were upgrading to advanced magnetic resonance imaging (MRI) and computed tomography (CT) technology, but there was a lack of subspecialised radiographers to operate them at full capacity.

He said that plans to expand the pool of radiographers was hindered by systemic and professional hurdles.

"Many radiographers are seeking opportunities in Singapore, the Middle East or Australia, where remuneration packages and career progression are better."

To address the issue, Sawal suggested artificial intelligence (AI) integration that could allow radiographers to focus on complex procedures and patient care, introducing organisational changes and incentivising rural postings.

Malaysian Medical Association (MMA) president Datuk Dr Thirunavukarasu Rajoo proposed that a dedicated tiered certification pathway be established for personnel trained specifically for low-risk plain X-ray services.

"A competent, properly-certified person to perform and support plain X-ray work safely is needed."

He said a tiered pathway bound to low-risk diagnostic imaging would expand the pool of available personnel for GP (general practitioner) clinics without diminishing the full radiographer profession.

"The goal is simple, with Malaysians being able to walk into a GP clinic, get an X-ray and see a doctor – all in one visit, at an affordable cost," he said.

He suggested a workforce plan to include GP clinics with X-ray facilities.

"MMA proposes that the government build on this by mapping all GP clinics with X-ray services and establishing a framework to channel simple imaging services – including routine health screening – to them," said Dr Thirunavukarasu.

"This will decongest public hospitals and health clinics while making full use of private capacity that is already serving Malaysians every day," he said.

A 2023 report on "The Growing Problem of Radiologist Shortage: Malaysia's Perspective", published in the *Korean Radiology Journal*, pointed out that many rural clinics and smaller hospitals did not have the facilities to support imaging techniques such as CT scans.

Government must ensure well-being of citizens

I REFER to the report "Budget cuts for all ministries" (*The Star*, May 30), which highlighted Prime Minister Datuk Seri Anwar Ibrahim's announcement that all ministries will face budget cuts under Budget 2027 as the government seeks to strengthen fiscal discipline amid global economic uncertainties.

This strict fiscal discipline aims to curb waste and trim non-essential expenditures. However, while trimming bloated administrative costs such as lavish overseas ministerial travel is a commendable step towards structural reform, these austerity measures must never come at the expense of public health, food security for the poor and public safety.

When implementing fiscal discipline, the government must draw a sharp line between trimming bureaucratic fat and cutting social lifelines.

In the healthcare sector, budget cuts must not touch essential public medical services. Hospitals must remain fully funded, medical equipment must be continuously updated, and life-saving medicines must remain affordable and accessible. Provision of quality healthcare is non-negotiable.

Similarly, low-income groups and vulnerable communities rely heavily on state support to cope with the rising cost of living.

The government must guarantee adequate food assistance and robust welfare programmes to ensure these families can survive economic hardships.

Public safety also demands a strict culture of regular maintenance for basic public infrastructure and facilities. True safety means ensuring that the public assets citizens use every single day are fundamentally reliable and secure.

The recent train derailment on the Ampang-Sri Petaling [illegible] serves as a stark reminder of what happens when ageing rail infrastructure faces strain.

When ageing train parts and track systems are not meticulously reviewed and maintained, it directly gives rise to dangerous accidents that can cost human lives.

Even amid severe budget constraints, spending on the maintenance of public facilities must be fiercely protected. The government must ensure that everything built for and used by the public is rigorously monitored and completely safe.

Ultimately, true fiscal prudence is about spending wisely, not blindly.

By protecting public health, securing food provisions for the poor, and prioritising a proactive maintenance culture for the nation's infrastructure, the government can ensure the safety and well-being of all citizens, as it is bound to do.

TAN SRI LEE LAM THYE
Kuala Lumpur

The Sun M/S 2

Socso's new Lindung 24 Jam excludes illness claims

Round-the-clock accident policy covers non-work mishaps anytime, anywhere but bars medical conditions like diabetes

BY **QIRANA NABILLA MOHD RASHIDI**
newsdesk@thesundaily.com

PETALING JAYA: Conditions caused by illnesses such as diabetes, fever and high blood pressure are among the specific exclusions under the Social Security Organisation's (Socso) new Lindung 24 Jam scheme, which took effect on Monday.

The scheme provides round-the-clock protection for workers involved in non-work-related accidents, extending coverage beyond the workplace to include incidents occurring during public holidays, rest days and outside working hours.

Under the expanded protection, eligible workers may receive benefits for accidents occurring anywhere and at any time, subject to the terms and conditions set by Socso.

However, Socso clarified that the scheme does not cover accidents already recognised as employment injuries under other laws administered by the agency, fraudulent claims, accidents resulting from criminal acts, self-inflicted injuries or suicide attempts.

Also excluded are accidents occurring outside Malaysia for personal reasons, foreign workers who misuse valid immigration passes or permits, and incidents already covered under the Self-Employment Social Security Act 2017 (Lindung Kendiri) or the Housewives' Social Security Act 2022 (Lindung Kasih).

Workers on unpaid leave who do not contribute to the Lindung 24 Jam scheme in the month of the accident are generally not eligible for benefits, although exceptions apply if their employment status remains active.

These include workers on short unpaid leave, daily-rated employees with unpaid absences, those using remaining annual leave before retirement or termination, and those temporarily absent for personal reasons.

Socso said the scheme excludes accidents that happen before a person becomes an employee, before the scheme's implementation at midnight on June 1, and after July 15, 2026 if no contributions were made despite active employment.

In addition, any illness, disease or injury not caused by an accident is excluded from coverage, although injured employees may appoint another person to submit a claim on their behalf, subject to Socso's rules, if they are unable to do so themselves.

Meanwhile, under the scheme, coverage applies to accidents not related to work or employment duties, provided they occur in Malaysia outside working hours, including non-work-related road accidents.

Socso said the scheme covers a wide range of incidents, including accidents at home, road accidents outside work-related journeys, injuries sustained during personal activities and other incidents that have no connection to employment.

In cases where an accident results in death, eligible dependents may receive funeral benefits, dependents' benefits and education benefits for children pursuing diploma or degree-level studies.

The Lindung 24 Jam scheme is fully funded through employee contributions deducted from salaries and paid to Socso by employers.

Human Resources Minister Datuk Seri R. Ramanan said more than nine million contributors are expected to benefit from the expanded protection.

He said all existing formal-sector employees are automatically covered for non-work-related accidents without the need for additional registration by either employers or workers.

However, employers must register workers hired from June 1, 2026 onwards through Socso's existing registration system.

Claims for benefits can be submitted online via the Lindung Faedah portal or at any Socso office nationwide.

NST M/S 13

Playing through pain

MALAYSIANS don't need much convincing to pick up a sport.

Badminton halls fill up on weekday nights, and football and futsal games fill weekend schedules.

Also, pickleball courts are popping up everywhere, attracting working professionals.

However, this trend is giving rise to soft tissue and ligament injuries among recreational players and returning athletes who jump into sports before their bodies are ready.

Sunway Medical Centre Damansara consultant orthopaedic trauma, sport and robotic surgeon Dr Gan Eng Cheng says in younger patients, the most common conditions are shoulder and elbow tendinitis, ankle sprains, knee ligament tears, and delayed onset muscle soreness.

"In older patients, we see lower back and neck pain from pre-existing spondylosis, nerve impingement, and aggravation of underlying knee osteoarthritis."

Additionally, in those with osteoporosis, falls during activity can result in fractures.

One of the biggest challenges with soft tissue injuries is how easily they are ignored.

Unlike fractures, they rarely cause immediate pain or visible signs, and instead begin as mild discomfort or ache.

Sunway Medical Centre Damansara consultant orthopaedic trauma, sport and robotic surgeon Dr Raymond Yeak Dieu Kiat says this is why most patients lose the window for early intervention.

He says joints not essential for weight-bearing, particularly the shoulder, are often ignored the longest.

Knowing the difference between soreness and injury matters. Delayed onset muscle soreness peaks 24 to 48 hours after exercise, feels dull and generalised, and tends to ease once you warm up.

An injury, by contrast, is sharp and localised — felt during activity, worsening with movement, and almost always on just one side.

"If you can point to exactly where it hurts, that is already a signal worth taking seriously."

Playing through that signal has consequences beyond the original injury. The brain shifts load away from the uncomfortable joint, quietly altering movement patterns and overburdening other areas.

A neglected ankle, for example, can eventually become a hip problem, or a small meniscal tear can progress to a full tear requiring surgery.

The key is to play smart, not hard. The conversation around sports injuries tends to centre on what went wrong. More important, however, is what happens next — and how players adjust their approach going forward.

meera@nst.com.my

Sinar Harian M/S 17

FEARLESS & BOLD
SinarDaily
sinardaily.my

When health becomes the new threshold for haj

Stricter medical criteria reshape Malaysia's pilgrimage landscape under Tabung Haji management

By WAN AHMAD ATARMIZI
wan.ahmad@sinardaily.my

PHOTO: EDITED VIA CANVA

Besides financial capability, physical endurance, disease control, nutrition, hydration and mental resilience are now equally crucial for pilgrims to complete the journey safely.

Under the updated Saudi framework for haj, all prospective pilgrims applying from 2026 onwards must meet stricter medical criteria prior to visa issuance.

The policy carries wider implications for Malaysia, as many pilgrims only receive allocations in their 50s or later, placing a large portion within higher-risk health categories.

Tabung Haji (TH) clarified that medical screening is not new, but is now being tightened and standardised in line with Saudi requirements. Malaysian pilgrims will continue to undergo assessments administered by the Health Ministry.

Medical experts say the requirements expose a deeper issue: while many Malaysians spend years preparing financially, far fewer prepare physically and mentally.

Former Health Department director-general Tan Sri Dr Noor Hisham Abdullah said many still underestimate the realities on the ground.

"Proper preparation must go beyond finances and include physical resilience, medical readiness and mental preparedness," he told Sinar Daily, adding that pilgrims who fulfil both financial and health requirements should be prioritised.

Universiti Kebangsaan Malaysia Citra Studies Centre dean Professor Dr Sharifa Ezat Wan Puteh said infectious diseases and harsh environments remain big concerns.

"With pilgrims from many countries gathering in close proximity while sharing accommodation, food and facilities, it is important for individuals to ensure that their physical condition is at an optimal level before travelling," she said.

Sri Kota Specialist Medical Centre medical officer Dr Muhammad Munir Mohd Fuze noted that physical readiness is often overlooked compared to spiritual or financial preparation, despite extreme conditions.

"Temperatures in Mecca can exceed 45 degrees Celsius, making heat exposure and dehydration major concerns, particularly for elderly pilgrims and those with chronic diseases," he said, recommending preparation begin six to 12 months before departure.

One should focus on building stamina through walking, jogging and cardiovascular exercise.

Beyond fitness and disease management, nutrition has also emerged as an important component of haj preparation.

Dietician Izzatul Hareesa said nutritional preparation should begin gradually at least two to three months before departure, as sudden last-minute lifestyle changes may leave the body weaker.

"Prospective pilgrims should prioritise balanced meals that support endurance, energy and recovery in the heat and crowded conditions of haj" she said.

Under the new regulations for the 2026 season, pilgrims must be free from infectious diseases and serious or uncontrolled chronic illnesses, while being physically capable of performing rituals independently.

For many, the message is increasingly clear: preparing for haj should not begin only when a departure date arrives, but years earlier through healthier lifestyles, consistent fitness and long-term medical readiness.

Berita Harian M/S 35

Mengapa DUDUK TERLALU LAMA Boleh Menjejaskan Kesihatan?

DALAM era moden yang serba canggih ini, ramai individu menghabiskan sebahagian besar masa mereka dalam keadaan duduk. Sama ada ketika bekerja di pejabat, belajar, memandu kenderaan, menunggang motosikal atau menonton televisyen, aktiviti duduk telah menjadi sebahagian daripada rutin harian.

Walaupun duduk merupakan aktiviti harian yang kelihatan biasa dan tidak memerlukan banyak tenaga, amalan duduk terlalu lama sebenarnya boleh memberi kesan negatif terhadap kesihatan. Jika dilakukan secara berterusan tanpa disertai dengan aktiviti fizikal yang mencukupi, tabiat ini boleh meningkatkan risiko pelbagai masalah kesihatan.

Salah satu kesan utama duduk ialah menjejaskan kesihatan tulang dan postur badan. Posisi duduk yang tidak betul boleh menyebabkan tekanan berlebihan pada tulang belakang dan mengganggu penjajaran badan. Lama-kelamaan, keadaan ini boleh menyebabkan masalah postur seperti bongkok atau sakit belakang kronik. Oleh itu, menjaga posisi duduk yang betul dan mengambil masa untuk berdiri atau melakukan regangan secara berkala amat penting bagi mengurangkan risiko tersebut.

Selain menjejaskan postur badan, duduk terlalu lama juga boleh meningkatkan risiko kenaikan berat badan. Apabila seseorang duduk dalam tempoh yang panjang, tubuh membakar kalori pada kadar yang lebih rendah berbanding ketika berdiri atau bergerak. Keadaan ini boleh menyebabkan lebihan kalori terkumpul sebagai lemak dalam badan. Jika amalan ini berterusan dan tidak diimbangi dengan pemakanan yang sihat serta aktiviti fizikal yang mencukupi, risiko obesiti akan meningkat. Obesiti pula boleh menjadi punca kepada pelbagai penyakit lain seperti diabetes dan penyakit jantung.

Tabiat duduk terlalu lama turut memberi kesan kepada kesihatan otot dan sendi. Apabila seseorang duduk terlalu lama, otot pada bahagian belakang, leher dan bahu akan mengalami ketegangan akibat mengekalkan posisi yang sama untuk tempoh yang panjang. Akibatnya, seseorang mungkin mengalami sakit belakang, ketegangan otot dan ketidakselesaan pada bahagian leher serta bahu. Selain itu, sendi juga boleh menjadi lebih kaku akibat kurang pergerakan. Masalah ini sering dialami oleh individu yang bekerja di hadapan komputer dalam tempoh yang panjang setiap hari.

Di samping itu, duduk terlalu lama boleh meningkatkan risiko diabetes jenis 2. Kajian menunjukkan bahawa gaya hidup yang kurang aktif boleh menjejaskan keupayaan tubuh untuk mengawal paras gula dalam darah dengan berkesan. Apabila otot kurang digunakan, tubuh menjadi kurang sensitif terhadap insulin, iaitu hormon yang membantu mengawal gula darah. Keadaan ini boleh meningkatkan risiko seseorang mengalami diabetes jika tidak diurus dengan baik.

Bagi mengurangkan kesan negatif akibat duduk terlalu lama, individu disarankan untuk mengamalkan gaya hidup yang lebih aktif. Antaranya ialah dengan berdiri dan berjalan seketika setiap 30 hingga 60 minit, melakukan regangan ringan, menggunakan tangga berbanding lif serta meluangkan masa untuk bersenam secara berkala. Langkah-langkah mudah ini dapat membantu meningkatkan peredaran darah, mengurangkan ketegangan otot dan mengekalkan kesihatan tubuh secara keseluruhan.

Kesimpulannya, duduk terlalu lama boleh menjejaskan kesihatan dalam pelbagai aspek, termasuk meningkatkan risiko obesiti, diabetes serta masalah otot dan sendi. Walaupun aktiviti duduk sukar dielakkan dalam kehidupan moden, setiap individu perlu mengambil langkah untuk mengurangkan tempoh duduk yang berpanjangan dan mengamalkan gaya hidup yang lebih aktif. Dengan memberi perhatian kepada tabiat harian dan memastikan tubuh sentiasa bergerak, risiko masalah kesihatan dapat dikurangkan dan kualiti hidup dapat dipertingkatkan.