KERATAN AKHBAR 20/06/2026 (Sabtu)

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A helping hand from private medics

Selangor looking to ease hospital strain

New hires: Recruiting from the private sector is one way to solve staff shortages in public hospitals. — AZHAR MAHFOF/The Star

PETALING JAYA: The Selangor Health Department has opened up the path to enlist the services of private sector healthcare workers to assist in government healthcare facilities on a sessional, honorarium or pro bono basis.

"The engagement of private medical specialists, medical officers and allied health professionals is intended to help improve public access to treatment and specialist services at Health Ministry facilities," the department said in a letter to various hospitals in Selangor, sighted by *The Star*.

The recruitment drive targets three main categories: medical specialists, subject-matter expert (SME) medical officers, and allied health professionals.

The letter also outlined the eligibility criteria for the healthcare personnel that could be enlisted.

"All applications must first be submitted to the Medical Dental Advisory Committee at the hospital level for consideration and approval to determine the necessity of the proposed service."

It also issued a reminder that early planning should be undertaken for the engagement of private personnel on a sessional or honorarium basis.

"Funding requirements for this purpose should be adjusting through the Operating Expenditure Budget under Activity 020200: Hospital Management (OS29000).

"If existing allocation is insufficient and if there is an urgent need to obtain sessional or honorarium services, the hospital involved must first submit an application for additional funding and obtain budget confirmation from the Selangor Health Department," it said.

Medical specialists engaged under this arrangement must hold full registration with the Malaysian Medical Council (MMC), possess a valid Annual Practising Certificate (APC), be registered with the National Specialist Register and have at least two years of experience in their respective specialty.

SME medical officers must similarly hold full MMC registration and a valid APC, together with the relevant privileging certification and a minimum of four years experience in the specialised procedures or services concerned.

As for allied health professionals, they must possess a recognised diploma, Bachelor's degree, Master's degree or equivalent qualification, accredited by the ministry or an equivalent body.

In addition, they must have at least two years of working experience in the relevant allied health field.

The age limit for medical specialists and allied health professionals is 65 years although specialists above this age may be considered, subject to special approval from the Health director-general.

However, SME medical officers must not exceed the age of 60.

Give priority to M'sians, urges nurses union

Ready to serve: The nurses union urged the government to improve the training and recruitment processes for local healthcare professionals, instead of relying on foreigners to fill vacancies in hospitals. — Bernama

PETALING JAYA: Priority should be given to Malaysian citizens to fill existing vacancies and any newly created positions, says the Malayan Nurses Union (MNU).

"I urge the government to re-examine where the shortcomings lie that have led to our country needing to recruit healthcare workers, particularly nurses, from overseas," said MNU president Noor Aini Abu Hashim.

Indonesia's ambassador to Malaysia, Datuk Raden Mohammad Iman Hascarya Kusumo, reportedly said the republic is prepared to supply up to 15,000 nurses to Malaysia if required.

She said the critical shortage of nurses stemmed from the Covid-19 pandemic.

Currently, Malaysia is short of some 14,000 nurses.

"I believe there are still many Malaysians who are interested in pursuing nursing as a career, and there are also graduates from both public and private higher education institutions who have completed their nursing studies but are not currently employed in the profession," she said.

In addition, the government should ensure that the expansion of healthcare services at existing facilities is matched by an increase in the number of nurses on duty, rather than relying solely on the current workforce to support additional operations, Noor Aini added.

"In recent years, a number of new health centres, clinics and hospitals have been opened together with approved staffing allocations.

"However, I sincerely hope that before any new facility becomes operational, the government and the relevant authorities ensure that sufficient manpower is in place," she said.

She said failure to do so may lead to burnout among nurses which in turn will spur a brain drain.

"For those who consider this issue insignificant, it is important to recognise that it has long-term implications, as we are witnessing today. When nurses' concerns and demands are not addressed or heard, it indirectly discourages young people from choosing nursing as a career," she said.

Consequently, despite the availability of training places, the number of applicants may remain low or nursing may be viewed only as a last-choice career option, she said.

Noor Aini suggested several recruitment strategies, including relaxing the entry requirements for trainee nurses, abolishing the psychometric test for government-sponsored recruitment programmes as many applicants fail at this stage, accelerating the recruitment process conducted by the relevant government agencies and the Health Ministry, as well as offering more attractive employment opportunities and benefits, among others.

As for retention strategies, she said the government should look at improving salaries, allowances and other employment benefits, provide a clear and structured career progression pathway and increase the number of post-basic nursing training opportunities, which are currently limited.

"In addition to lowering the academic requirements set by the relevant authorities for trainee recruitment, I would also suggest reviewing the recruitment process for trainees and public sector employees, particularly by abolishing or simplifying the psychometric test requirement," she said.

"Many applicants fail this assessment. Some have sat for the test more than five times and still unsuccessful. This raises the question of whether it is truly essential as part of the recruitment criteria."

MMA: Make process easier for docs in private practice

PETALING JAYA: Many doctors in private practice are willing to give their time and expertise to support the public healthcare system, but the challenge lies in the process, says the Malaysian Medical Association (MMA).

"Many doctors in private practice are willing to give their time and expertise to support the public healthcare system. That instinct deserves recognition," said MMA president Datuk Dr Thirunavukarasu Rajoo.

"What it does not deserve is unnecessary bureaucracy. The willingness to help already exists. The challenge is the process."

He said the mechanism for pro bono service is not new, adding that it has been in place since 2020, and a similar pathway was extended to allied health professionals in 2022.

"The issue has never been whether the door exists. The issue is whether anyone can get through it," he said.

"A doctor offering to serve without payment should not have to navigate the same administrative hurdles designed for formal employment or contracted services.

"If the intention is to encourage pro bono contributions, then the process should be simple, practical and efficient."

"However, we must be clear about one thing. Goodwill is not a workforce strategy."

Dr Thirunavukarasu said the real challenge that public hospitals face is not a shortage of doctors willing to help, but those who are willing to stay.

"Heavy workloads, limited career progression, shortage of permanent posts and bottlenecks in senior positions continue to drive workforce attrition.

"A volunteer may help cover a shift. A volunteer cannot create a post, resolve promotion delays or rebuild an exhausted workforce."

He said the government has already recognised the value of the private sector's capacity through existing outsourcing programmes.

"That approach should be expanded where appropriate. A structured and funded partnership is a workforce policy. Asking doctors to volunteer indefinitely is not," he said.

"Pro bono service should remain exactly what it is meant to be – a voluntary contribution by doctors who wish to give back.

"It should not become a substitute for manpower planning, workforce investment or healthcare funding."

The MMA welcomes every doctor who chooses to serve pro bono. But generosity is not a budget, and volunteerism is not a workforce policy, he added.

FOR MORE: See next page

Private plan may go nationwide

Health Ministry looking to boost workforce to help government facilities

PUTRAJAYA: More details on the possible nationwide enlistment of private healthcare workers to support government facilities will be announced in the coming weeks, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said these were among the "noble ideas" to be shared soon.

"It's all up our sleeves now but we need to really plan it well.

"Our ministry secretary-general is working hard on this," he told *The Star* on the sidelines of an event yesterday.

Earlier, Dzulkefly witnessed the memorandum of understanding (MOU) exchange between the Health Ministry and Sarawak Energy Berhad for the construction of the Bakun-Murum Health Clinic at the ministry's headquarters.

Meanwhile, Health Ministry secretary-general Datuk Seri Hasnol Zam Zam Ahmad said such mechanisms were already present through locum or sessional arrangements.

However, he said the take-up ratio is relatively low.

"In fact, there will be a discussion on this particular issue next week," he said.

Among other ideas floated were the enlistment of retired nurses who were willing to return to work.

Dzulkefly and Hasnol were responding to questions on whether the ministry plans to implement a nationwide rollout to enlist private sector healthcare workers on a sessional, honorarium or pro bono basis.

This approach has been adopted by the Selangor Health Department.

On another matter, Dzulkefly said the manpower reshuffling carried out at several government hospitals was only a "temporary measure".

"It may have different terms such as manpower redistribution or recalibration but the priority is to ensure uninterrupted healthcare services," he said.

He said restructuring is just one of the ministry's measures under the cluster crisis management system.

"Our focus is also towards ensuring the strain on the healthcare workforce is kept at the minimum, be it doctors or nurses," he said.

Recently, it was reported that manpower shortages occurred in several government hospitals namely Segamat, Lahad Datu, Sandakan, Ipoh and Pekan, resulting in these hospitals having to restructure their services.

New clinic to bring healthcare to rural Belaga

PUTRAJAYA: Around 13,000 residents in Sarawak's Belaga district will soon enjoy easier access to medical services following a memorandum of understanding (MOU) signed between the Health Ministry and Sarawak Energy Bhd (Sarawak Energy).

Located at Murum Junction, the new Bakun-Murum Health Clinic will feature a support block and four residential quarters for medical staff.

Built on land belonging to the Federal Lands Commissioner, it is targeted for completion within the next two years.

Under the agreement, Sarawak Energy will handle the construction of the facility, while the Health Ministry will oversee its management and operations once completed.

"For facilities of this scale, we typically deploy nurses, medical assistants, and doctors where possible.

"The clinic will be equipped to serve about 100 outpatients daily," said Health Minister Datuk Seri Dr Dzulkefly Ahmad after witnessing the MOU exchange at the ministry's headquarters here yesterday.

The Health Ministry was represented by its secretary-general Datuk Seri Hasnol Zam Zam Ahmad while Sarawak Energy was represented by Bunyak Lunyong, the chief executive officer of SEB Power, the group's generation arm.

Remote lifeline: Hasnol Zam Zam (third from left) and Bunyak (third from right) exchanging documents after the MOU signing in Putrajaya. Also present is Dzulkefly (centre) who witnessed the ceremony. — LOW LAY PHON/The Star

Besides residents, the new clinic will also serve Sarawak Energy personnel stationed at the Bakun and Murum hydroelectric plants.

Bunyak said the construction of the new clinic is a meaningful development for the local community as it will provide easier access to quality healthcare services.

It will also allow residents of Bakun and Murum to obtain follow-up treatment and other healthcare services without having to travel long distances to the nearest towns.

"Behind every initiative we undertake, community well-being remains an important guiding principle.

"It reflects our continued commitment to meeting the needs of local communities by supporting the development of a healthcare facility for the benefit of residents in Murum, Bakun and the surrounding areas," he said.

Also present were Deputy Digital Minister Datuk Wilson Ugak Kumbong, Sarawak Utility and Telecommunication Minister Datuk Liwan Lagang, and Health Ministry Director-General Datuk Dr Mahathar Abd Wahab.

Fomca: Manpower shortage leaves patients in a fix

PETALING JAYA: The double conundrum of public healthcare facing a serious manpower crunch while private healthcare becoming more costly may leave the public with limited options, says the Federation of Malaysian Consumers Associations (Fomca).

Its chief executive officer T. Saravanan said the government must treat healthcare as a national priority.

"We are deeply concerned with the present manpower shortages in public hospitals which resulted in some having to restructure their services.

"While healthcare workers continue to serve with dedication under challenging conditions, the impact is becoming more visible and significant for the public," he said yesterday.

Saravanan said healthcare is one of the most essential public services which the government must prioritise and maintain at the highest standard.

"When patients are unable to access timely and quality healthcare, it not only affects their physical well-being but also creates stress, anxiety and uncertainty.

"A healthcare system that is under strain ultimately affects the quality of life and productivity of the nation."

Saravanan also said the current situation is worrying because many people are no longer able to rely on private healthcare as an alternative.

He said rising medical inflation, increasing insurance premiums, higher co-payments, exclusions and affordability concerns have made private healthcare less accessible.

"More people are turning to government healthcare facilities for treatment and care.

"This growing dependence means that any shortage of manpower, service restructuring or reduction in capacity will have a direct impact.

"Patients may face longer waiting times, delays in surgeries and specialist appointments, overcrowding and difficulties accessing treatment," he said.

Saravanan added that for lower-income groups, senior citizens and those with chronic illnesses, such delays can have serious consequences.

The Fomca chief said the current situation risks creating greater inequality in access to healthcare and increasing public dissatisfaction and stress.

"Whether it is prevention, treatment, disease management, rehabilitation or long-term maintenance of public health, adequate investment and planning are essential.

"Immediate measures should focus on addressing staffing shortages, improving retention of healthcare professionals, reducing burnout and ensuring that service restructuring does not compromise patient access," he said.

Saravanan said in the longer term, Malaysia needs a sustainable healthcare workforce strategy that includes better career progression, competitive remuneration, improved working conditions and stronger healthcare infrastructure.

Manpower shortages were previously reported in at least five hospitals – Segamat, Lahad Datu, Sandakan, Ipoh and Pekan.

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Senior Citizen Bill must be meaningful, not just symbolic: Activist

BY **QIRANA NABILLA MOHD RASHIDI**
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Lee said the growing number of senior citizens and increasing life expectancy highlights the need for stronger legal safeguards to ensure that older persons could live with dignity, security and proper care. – ***SYED AZAHAR SYED OSMAN/THESUN***

PETALING JAYA: The proposed Senior Citizen Bill must go beyond symbolism and provide meaningful protection for older persons facing neglect, abuse, financial insecurity and social isolation, said Senior Citizen Advisory Council member Tan Sri Lee Lam Thye.

Welcoming the government's move to table the Bill in the parliamentary session next week, Lee described the legislation as timely and crucial as Malaysia moves steadily towards becoming an ageing nation.

He said the growing number of senior citizens and increasing life expectancy highlights the need for stronger legal safeguards to ensure that older persons could live with dignity, security and proper care.

"A Senior Citizen Bill is important because it will provide a more comprehensive legal and policy framework to safeguard the rights and welfare of older persons.

"Many senior citizens today face various challenges, including neglect, abandonment, financial insecurity, loneliness, poor healthcare access, abuse and social isolation," he told *theSun*.

Lee said some elderly individuals are left without adequate family support while others struggle to meet their daily needs amid rising living costs and insufficient protection systems.

He said the proposed law should address key issues including healthcare access, social protection, elder abuse prevention, mental health support, affordable housing, accessible public facilities, employment opportunities for active seniors and long-term care services.

He added that stronger mechanisms are also needed to protect older persons from physical, emotional and financial abuse.

Lee stressed that senior citizens should not be viewed as a burden to society but as individuals who have contributed significantly to the country's development.

"Their wisdom, experience and sacrifices deserve appreciation, protection and respect."

He also called for the Bill to encourage stronger family and community responsibility in caring for the elderly while promoting active ageing and greater participation of senior citizens in society.

Lee said the country must be ready for the realities of an ageing society to avoid significant social and healthcare challenges in the years ahead.

He said extensive consultations involving senior citizen groups, healthcare professionals, social welfare experts, NGOs, caregivers and community leaders are essential to ensure that the legislation is practical, inclusive and responsive to the real needs of older persons.

"We hope the government will ensure that the final legislation is not merely symbolic but truly effective in improving the quality of life, dignity, independence and well-being of senior citizens throughout the country."

Lee added that the way a nation treats its elderly population reflects its values and priorities.

"A caring nation is ultimately judged by how it treats its elderly population."

Teens join anti-dengue fight

Students present novel innovation at competition involving 16 schools in region

BY **KIRTINEE RAMESH**
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PETALING JAYA: A team of 16-year-old students from SMK Putrajaya Presint 18 (1) is reimagining dengue prevention through a blend of technology, behavioural change and community education, presenting their solution recently at the Asia Dengue Summit on June 17.

Calling themselves Vector Vixens, team members Marissa Sofea Saiful Rizal, Raisya Elaina Md Azar Irwan and Alya Nayli Alang Khairul Alang developed a dual-system innovation featuring a smart mosquito trap device and a mobile app aimed at reducing dengue risk in high-incidence communities.

The students said their motivation came from observing how conventional dengue awareness efforts, such as posters and banners, have become largely ignored in their communities despite persistently high case numbers.

"Dengue awareness material such as banners and posters have been just background noise.

"People have been ignoring recent news, and cases remain high. We believe conventional methods need to be paired with innovative, scalable solutions."

At the core of their project is Aeroplus, a smart mosquito trap system designed to combine multiple scientifically established control methods, including carbon dioxide extraction, UV light guidance, suction trapping and electrical elimination.

The device is paired with a mobile app that allows users to monitor device performance and access educational content. A dedicated information section, referred to as LuxLens, provides updates on dengue symptoms, Aedes mosquito behaviour and prevention strategies.

According to the team, the goal is to shift dengue prevention from passive awareness to active, daily household engagement.

"To truly stop dengue, we need to start from its roots. If awareness in the community is not addressed, the problem will keep rising."

The students emphasised that Aeroplus is intended to go beyond awareness campaigns by influencing everyday decisions in households and institutions.

Team Vector Vixens with their exhibit during the competition, that was part of the Asia Dengue Summit. – *PIC COURTESY OF DSC MALAYSIA TEAM*

"Aeroplus is practical, efficient and designed for sustained use. It helps users understand prevention in a smarter way through consistent monitoring and education."

Target users include families in dengue-prone areas, as well as schools, hospitals, hotels, childcare centres and government buildings.

Aeroplus integrates established vector control technologies that have already been tested and validated in mosquito management research and practice, combining multiple methods into a single user-friendly system that improves accessibility and real-world adoption.

"We realised public health is not only the government's responsibility, but also the community's. Small actions and innovations can create a healthier future."

The team said participation in the regional competition exposed them to dengue challenges across Southeast Asia and allowed them to refine their ideas through expert feedback and cross-country collaboration.

Asia Dengue Voice and Action (ADVA) group chairperson and KPJ Selangor Specialist Hospital consultant paediatrician and paediatric cardiologist Prof Zulkifli Ismail said eliminating dengue deaths by 2030 would require differentiated strategies for prevention and treatment.

He added that reducing infections depends on vector control and behavioural change, while reducing deaths requires early diagnosis, timely medical care and proper clinical management. He also highlighted the growing role of dengue vaccination in preventing severe cases.

Zulkifli emphasised that dengue control is complex because it is vector-borne, transmitted by Aedes aegypti and Aedes albopictus mosquitoes.

"Human behaviour promotes mosquito breeding, which is why a multi-pronged strategy is essential," he said, adding that surveillance, community engagement and emerging tools such as Wolbachia-infected mosquitoes are all part of the solution.

He said despite advances in vaccines and control measures, dengue continues to persist due to gaps in coordination and inconsistent implementation across sectors.

"What is missing is a coordinated approach involving every ministry, department and individual to prioritise dengue control."

The Vector Vixens team participated in the ADVA/JA Dengue Slayers Challenge, a regional youth innovation programme organised by ADVA and Junior Achievement Singapore.

This year's competition brought together more than 1,100 students from over 160 schools across Indonesia, Malaysia, the Philippines, Singapore and Thailand.

(Front row, from left) ERAS® coordinator Siti Noor Ernizah Hamzah, ERAS® Team Leader Hishammudin Wahab, orthopaedic surgeon Dr Loi Kai Weng, Gleneagles Hospital Johor deputy chief executive officer Sipika Singh, anaesthesiologist and ERAS® adviser Dr Shahridan Mohd Fathil and nursing director Koon Lai Chiew.

(Back row, from left) Physiotherapists Nur Suhada Kamar and Azri Laily, dietician Mok Ee Hua and surgical orthopaedic ward nurse manager Anna Benedict.

Gleneagles Johor leads Malaysia in advanced patient recovery care

ERAS® Programme is designed to reduce recovery time, minimise complications and enhance overall patient experience before, during and after surgery

ISKANDAR PUTERI

GLENEAGLES Hospital Johor has become the first hospital in the country to achieve certification for the Enhanced Recovery After Surgery (ERAS®) Implementation Programme (EIP) Total Knee Arthroplasty Protocol.

The ERAS® programme is an internationally recognised, evidence-based framework designed to improve surgical outcomes by reducing recovery time, minimising complications, and enhancing the overall patient experience before, during, and after surgery.

The programme is a structured training and certification initiative developed to support healthcare teams in achieving consistent, high-quality adherence to ERAS® protocols across surgical disciplines. It is delivered in collaboration with the global clinic experts from the ERAS® Society.

At Gleneagles Hospital Johor, the implementation was led by Dr Shahridan Mohd Fathil and coordinator, Senior Staff Nurse Ernizah Hamzah.

The initiative received strong support from Gleneagles Hospital Johor deputy chief executive officer Sipika Singh and IHH Healthcare Malaysia chief executive officer Dr Kamal Amzan.

Hospital officials described the certification as a reflection of sustained efforts to elevate patient-centred care beyond conventional surgical treatment, focusing instead on improving the entire perioperative journey.

The ERAS® model places strong emphasis on preparation, early mobilisation, and coordinated multidisciplinary care, which together help patients recover more efficiently and safely.

According to the hospital, patients undergoing procedures such as Total Knee Arthroplasty under Orthopaedics, Anterior Resection under Colorectal Surgery, and selected gynaecological surgeries are now experiencing fast recovery timelines, reduced side effects from anaesthesia, and earlier return to daily activities — often within as little as one day post-surgery for suitable cases.

Surgeons, anaesthesiologists, nurses, physiotherapists, and dietitians work in close coordination throughout the entire surgical journey to ensure continuity of care and optimal patient outcomes.

PRE-SURGERY PHASE

In the preoperative stage, patients are actively prepared for surgery through education, physical conditioning, and nutritional guidance.

The multidisciplinary team assesses each patient's condition to optimise health status before surgery.

Physiotherapists provide mobility and breathing exercises, while dietitians ensure nutritional readiness to support healing and reduce surgical risks. This early preparation is designed to reduce complications and enhance resilience during recovery.

As part of the protocol, the team works work in close coordination throughout the entire surgical journey to ensure continuity of care and optimal patient outcomes.

DURING SURGERY

During surgical procedures, the hospital employs advanced anaesthesia techniques aimed at reducing discomfort and minimising common postoperative side effects such as nausea, dizziness, and drowsiness.

Evidence-based surgical practices, including careful fluid management and temperature control, are also implemented to ensure patient stability and safety.

POST SURGERY

Following surgery, patients are encouraged to begin early mobilisation, often within four hours of the procedure when clinically appropriate.

This early movement is a key principle of ERAS®, helping to reduce the risk of complications such as blood clots and muscle deconditioning while accelerating recovery.

Continuous physiotherapy support and clinical monitoring ensure that patients regain mobility safely and progressively, enabling a faster return to normal activities.

Patients also benefit from improved post-operative comfort, reduced reliance on strong analgesics, and a more positive overall recovery experience.

The hospital reports that this structured approach has significantly improved both clinical outcomes and patient satisfaction.

Sipika emphasised the importance of the achievement in strengthening the hospital's role in advancing healthcare standards in Malaysia.

"At Gleneagles Hospital Johor, our patients' comfort, recovery, and overall well-being remain at the heart of everything we do. This milestone further differentiates us as a hospital that continuously pioneers healthcare excellence and innovation."

The certification process was further strengthened through coaching and supervision in collaboration with a leading hospital in Singapore, ensuring that implementation at Gleneagles Hospital Johor aligned with international best practices and global clinical standards.

The hospital has also expanded ERAS® practices across its Colorectal Surgery and Obstetrics & Gynaecology services, reinforcing its position as a leader in perioperative care innovation within the private healthcare sector.

The hospital's ongoing expansion of ERAS® principles into additional specialities signals a long-term commitment to safe procedures, fast recovery, and enhanced patient-centred care across the region.

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Bayar khidmat kesihatan dengan masa?

PARANG TUMPUL

JUNHAIRI ALYASA

Terdapat banyak rungutan mengenai perkhidmatan kesihatan di Malaysia di media sosial.

Antara aduan yang kerap dibuat ialah kesukaran mendapatkan katil apabila dimasukkan ke wad dan tempoh menunggu yang lama untuk mendapatkan perkhidmatan kesihatan.

Namun, dalam tempoh tiga tahun kebelakangan ini, peruntukan Kerajaan Persekutuan kepada Kementerian Kesihatan Malaysia (KKM) menunjukkan trend peningkatan yang konsisten. Pada tahun 2024, dengan peruntukan sebanyak RM41.2 bilion, ia merupakan antara peningkatan terbesar yang diberikan kepada KKM ketika itu.

Pada tahun 2025, peruntukan meningkat kepada RM45.3 bilion, iaitu peningkatan kira-kira RM4.1 bilion berbanding tahun sebelumnya. Peruntukan itu termasuk penyelenggaraan hospital, naik taraf klinik dan pembelian peralatan perubatan. Pada tahun 2026 pula, ia meningkat kepada RM46.5 bilion, menjadikan KKM penerima peruntukan kedua terbesar dalam Belanjawan Persekutuan.

Sebahagian dana digunakan untuk menambah baik infrastruktur kesihatan, peralatan serta pengambilan doktor kontrak ke jawatan tetap. Untuk perspektif, peruntukan RM46.5 bilion pada 2026 mewakili kira-kira 11 peratus daripada keseluruhan Belanjawan Persekutuan dan merupakan antara peruntukan kesihatan tertinggi dalam sejarah negara.

Jika dibandingkan dengan negara lain, Malaysia masih membelanjakan sekitar empat hingga lima peratus daripada Keluaran Dalam Negara Kasar (KDNK) untuk kesihatan, lebih rendah berbanding banyak negara maju yang lazimnya memperuntukkan lapan hingga 12 peratus daripada KDNK.

Namun, dari segi subsidi kepada pesakit, kos rawatan di hospital kerajaan Malaysia kekal antara yang paling rendah di dunia. Pada masa ini, rakyat Malaysia hanya perlu membayar RM1 untuk mendapatkan rawatan sebagai pesakit luar, menjadikannya antara kadar caj rawatan paling rendah di dunia.

Bagaimanapun, tekanan yang dihadapi oleh perkhidmatan kesihatan serta jumlah pesakit yang ramai menyebabkan tempoh menunggu yang panjang di kebanyakan fasiliti KKM. Disebabkan itu juga, ada pihak yang berpendapat bahawa rakyat sebenarnya membayar perkhidmatan kesihatan bukan dengan wang, tetapi dengan masa.

Tidak dinafikan, jika mahu mendapatkan rawatan dengan lebih cepat tanpa perlu menunggu lama, klinik swasta menjadi pilihan yang lebih mudah. Namun, kos rawatan boleh mencecah antara RM60 hingga RM150.

Tiada sistem kesihatan yang boleh dianggap terbaik secara mutlak kerana penilaiannya bergantung kepada faktor seperti kualiti rawatan, akses, kos, tempoh menunggu dan hasil kesihatan. Namun, beberapa negara sering berada dalam kelompok teratas dunia.

Antara negara yang mempunyai sistem kesihatan terbaik ialah Taiwan dengan liputan kesihatan sejagat, kos rendah dan akses pantas untuk berjumpa doktor. Korea Selatan pula mempunyai teknologi perubatan yang maju dan hospital moden, manakala Belanda menawarkan kualiti penjagaan kesihatan yang tinggi serta akses yang baik.

Turut tersenarai ialah Jepun dan Denmark yang mempunyai sistem kebajikan dan penjagaan kesihatan yang komprehensif. Bagaimana pula dengan Malaysia? Malaysia lazimnya dianggap mempunyai sistem kesihatan yang baik berbanding kos yang dikenakan.

Hospital kerajaan menawarkan rawatan pada kos rendah, namun masih berdepan kesesakan pesakit, kekurangan tenaga kerja kesihatan dan tempoh menunggu yang panjang.

Jika dinilai dari sudut nilai untuk wang, Malaysia sering dianggap antara yang terbaik di rantau Asia Tenggara, walaupun kualiti keseluruhan dan kemudahan masih berada di belakang negara seperti Taiwan, Singapura, Jepun dan Korea Selatan.

Mungkin untuk meningkatkan lagi mutu perkhidmatan kesihatan negara, bayaran RM1 yang dikenakan ketika ini perlu dinilai semula. Cadangan itu tentunya boleh menimbulkan kemarahan rakyat dan mungkin memberi kesan politik kepada parti yang memimpin kerajaan pada pilihan raya akan datang.

Junhairi Alyasa ialah Pengarang Berita Sinar Harian

Kes beli MC palsu, empat lagi ditahan

Siasatan polis kini membabitkan sembilan individu termasuk seorang jururawat

Oleh NIK AMIRULMUMIN NIK MIN

PEKAN - Polis menahan empat lagi individu bagi membantu siasatan berhubung kes jual beli sijil cuti sakit (MC) yang disyaki tidak sah di daerah ini.

Ketua Polis Pahang, Datuk Seri Yahaya Othman berkata, individu berusia lingkungan 40-an yang dipercayai pembeli MC itu ditahan di sekitar daerah ini pada Rabu lalu.

Menurutnya, polis akan mengambil keterangan daripada individu terbabit bagi melengkapkan siasatan.

"Lima individu termasuk seorang penjawat awam (jururawat) yang ditahan sebelum ini telah dibebaskan dengan jaminan polis pada Jumaat selepas tempoh reman tamat," katanya ketika ditemui sempena Majlis Penyerahan Memorandum Persefahaman (MoU) antara Yayasan Pembangunan Ekonomi Islam Malaysia dan Polis Pahang di Dewan Konvensyen Majlis Perbandaran Pekan pada Jumaat.

Yahaya berkata, kes disiasat di bawah Seksyen 468 Kanun Keseksaan kerana pemalsuan bagi tujuan menipu dan Seksyen 420 Kanun Keseksaan kerana menipu.

Sebelum ini, lima individu termasuk seorang jururawat wanita dari klinik kerajaan direman bagi membantu siasatan berhubung kes jual beli sijil MC yang disyaki tidak sah di daerah ini.

Perintah reman itu dikeluarkan Majistret Melody Woon Sze Mun selepas membenarkan permohonan pihak polis susulan penahanan kesemua suspek terbabit.

Kes berkenaan terbongkar selepas Pejabat Kesihatan Daerah Pekan menerima maklumat pada 12 Mei lalu mengenai kegiatan penjualan sijil MC yang didakwa berlaku dalam kalangan pekerja sebuah kilang di daerah ini.

Bertindak atas maklumat dan risikan, polis menahan lima suspek berusia antara 30 hingga 55 tahun dalam operasi di sekitar daerah Pekan pada 15 Jun.

Mereka terdiri daripada tiga individu yang disyaki bertindak sebagai orang tengah, seorang penjawat awam yang dipercayai membekalkan MC tidak sah serta seorang lagi individu yang dipercayai mendapatkan dan menggunakan dokumen berkenaan.

YAHAYA

Hasil semakan mendapati MC berkenaan menggunakan nama dan cop seorang pegawai perubatan yang telah bertukar tempat bertugas sejak 2023.

Siasatan lanjut turut mendapati nombor siri MC yang digunakan merupakan sebahagian daripada buku MC rasmi yang telah diedarkan kepada sebuah klinik kerajaan di daerah ini.

Polis percaya MC berkenaan dijual pada harga antara RM50 hingga RM200 sekeping melalui beberapa individu yang bertindak sebagai orang tengah untuk mendapatkan pelanggan.