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World
Retaliatory move
Iran has closed the Strait of Hormuz over continued Israeli attacks. >29

StarEdu
Rising disappearances
Spike in missing children cases highlights urgent need for stronger safeguards at home, schools and online. >4&5

StarHealth
When other organs 'menstruate'
Endometriosis occurs when tissues that line the uterus grow outside the uterus. >3

When AI plays doctor

Based on observations from clinics and pharmacies to Chinese medical halls, more Malaysians are using artificial intelligence (AI) for health tips. While AI can be a useful source of general information, the Health Minister and medical professionals caution against relying solely on it for diagnosis and treatment.

> See reports on pages 6 and 8 by ALLISON LAI, KHOO GEK SAN and NAN HIDAYAT NAN AZMIE

Dzulkefly: Don't rely on AI, refer to medical professionals

KUALA LUMPUR: Malaysians should not rely on artificial intelligence (AI) tools to diagnose medical conditions, even as the technology plays an increasingly important role in supporting public health initiatives, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said health-related decisions, particularly among high-risk and vulnerable groups, should always be made in consultation with qualified medical professionals rather than AI-powered platforms.

"There is ongoing public discussion about the use of AI, but when it comes to health, we cannot take matters so lightly.

"Whatever the health problem, individuals must always refer to medical professionals, whether in the private sector or at public clinics and hospitals," he told reporters after the Cik Era Naik MRT programme yesterday.

Dzulkefly warned that AI-generated responses should not be treated as medical opinions or used for self-diagnosis, saying such practices could result in delayed treatment and potentially serious health consequences.

"You cannot do this yourself. You cannot do it as a DIY exercise. No matter how advanced AI becomes, do not take it as a source for screening, confirmation of a diagnosis or any other medical determination."

He stressed that individuals experiencing symptoms should seek prompt medical attention from a practising doctor instead of relying on online tools or chatbots.

"I want to emphasise that anyone who is symptomatic should immediately seek medical advice from a practising doctor."

Despite the warning, Dzulkefly acknowledged that AI can serve as a useful tool in healthcare when used appropriately, particularly in delivering health information, behavioural support and public awareness campaigns.

He cited the ministry's Cik Era AI initiative, a virtual companion designed to support smoking and vaping cessation efforts, as an example of how digital innovation can complement healthcare services.

Pre-travel healthcare is key

Outbound travellers often overlook its importance, says Dzulkefly

By GERALDINE TONG
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KUALA LUMPUR: Preventive healthcare measures are essential for outbound travellers, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said a local study revealed that only 40.5% of Malaysian travellers sought medical advice before their trips abroad, while 52.8% received required pre-travel vaccinations.

"This is a glaring, dangerous gap in our preventive armour," he said in his speech at the 2nd IMU University Travel Medicine Seminar yesterday.

The matter is especially urgent, he said, as the Finance Ministry reported an estimated expenditure of RM61.4bil. As such, he explained that travel medicine, which involves preparing outbound citizens for international travel, is the "absolute embodiment of preventive healthcare".

"It is inherently anticipatory and identifies, mitigates and neutralises health risks long before a traveller steps onto an aircraft, and long before an imported pathogen reaches our borders."

Travel medicine also plays an indispensable role in mass gatherings, Dzulkefly said, pointing to the hundreds of thousands of Malaysians who undertake religious pilgrimages such as the haj and umrah.

"These dense, massive movements present highly unique epidemiological risks.

"Managing them effectively is not just a logistical necessity; it is a cornerstone of global health security advocated by the World Health Organization."

At the same time, he said Malaysia welcomed 42.2 million foreign tourists last year, and if even 5% of these visitors encountered minor health issues during their stay, nearly two million individuals would absorb resources from Malaysia's primary healthcare system.

"By strategically managing the travel health needs of these tourists, the discipline of travel medicine directly protects the capacity, resilience and sanity of our domestic healthcare infrastructure," he said.

Fake MC syndicate active since 2016

By NAN HIDAYAT NAN AZMIE
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Health outreach: Dzulkefly (left) promoting the Cik Era Naik MRT programme, an anti-smoking and anti-vaping campaign initiated by the Health Ministry to passengers taking the MRT from Putrajaya Sentral. — LEONG WAI YEE/The Star

KUALA LUMPUR: The syndicate involved in issuing fake medical certificates (MC) is believed to have been active since 2016, using the identities of registered doctors and private clinics, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said the illegal activity involved the misuse of legitimate healthcare practitioners' credentials.

"We believe they have been active since 2016.

"The syndicate also falsified the names of registered private clinics, while the names and professional registration numbers of doctors were stolen and misused," he told reporters after participating in the Cik Era Naik MRT programme yesterday.

Dzulkefly said the Malaysian Medical Council (MMC) will spearhead the investigation into the matter.

"Both the ministry and the council view the matter seriously.

"The council will work closely with relevant authorities to investigate how the syndicate has been able to operate for several years as well as the possibility of 'inside men'," he added.

The minister stressed that any abuse of medical practitioners' identities and registration credentials could undermine public confidence in the healthcare system and would not be tolerated.

Dzulkefly said the ministry would not compromise on taking action against those involved in ethical misconduct involving the issuance of fake MCs following the arrest of a nurse in Pekan, Pahang.

"Nurses do not have the authority to issue MCs. A nurse cannot issue an MC. An MC can only be issued by the attending physician, medical officer or a registered medical practitioner," he said.

Dzulkefly said the incident could accelerate efforts to implement digital medical certificates as a measure to curb forgery and abuse.

"Perhaps this is also a signal for us to move towards digital MCs.

"I am confident that our Digital Health Division is actively advancing digitalisation efforts, and this is the way forward to address the misuse of MCs," he said, adding that the ministry would immediately study measures to strengthen the integrity of the MC issuance system.

On another matter, he said 402 cases involving vape products containing prohibited substances had been reported as of April this year, strengthening arguments for stricter controls, including a possible ban.

He said the findings highlighted growing risks associated with vape use, particularly among minors.

Asked whether the government was considering a ban on vape products, Dzulkefly said the matter remained under active evaluation.

"This cannot be handled by one ministry alone. It requires cooperation across the government to ensure effective enforcement, regulation and public awareness," he said, calling for a whole-of-government approach to address the issue.

AI chatbots are not doctors

Experts warn against trusting the Internet for health advice

By ALLISON LAI
and KHOO GEK SAN
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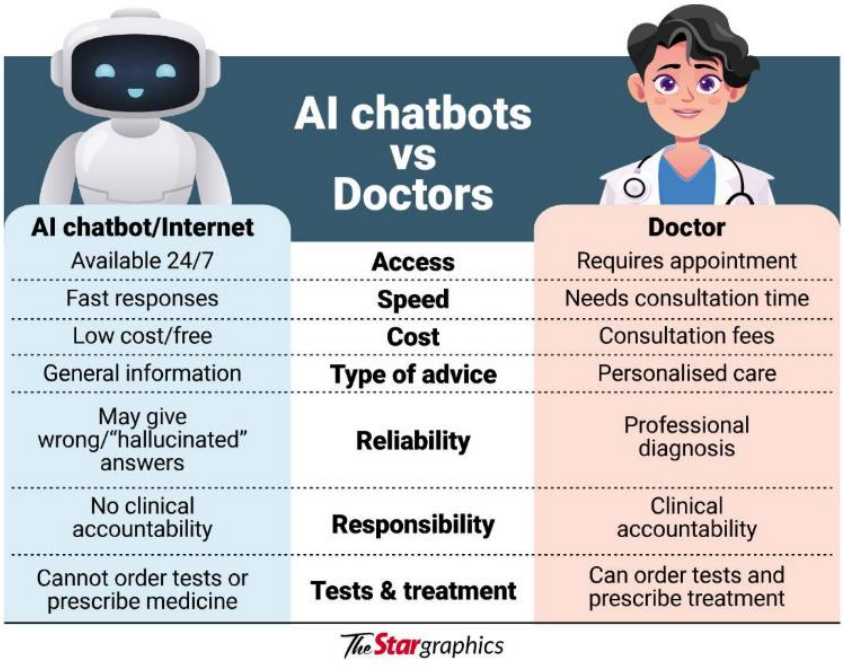


PETALING JAYA: More Malaysians are turning to artificial intelligence (AI) chatbots for health information, from checking symptoms and understanding medical reports to learning about medications and traditional [illegible].

While healthcare professionals welcome the technology as a useful educational tool, they caution that information should not be mistaken for a diagnosis.

Doctors, pharmacists and traditional Chinese medicine (TCM) practitioners say patients are increasingly arriving with information obtained from AI chatbots, prompting concerns that some may delay seeking treatment, self-medicate or misinterpret symptoms without professional guidance.

Malaysian Medical Association president Datuk Dr Thirunavukarasu Rajoo said it has become increasingly common for patients to consult AI chatbots or search online before seeing a doctor.

"This is not necessarily a bad thing. Patients today are more informed and more engaged in their healthcare.

"The concern is often not that AI gives a completely wrong answer. The concern is that patients may delay seeking medical attention because the advice appears reassuring," he said in an interview yesterday.

"For some conditions, that may not matter. For others, such as dengue, stroke, heart attack or cancer, that delay can be significant. When it comes to healthcare, timing matters."

He noted that AI can only work with the information provided by users and lacks the ability to conduct physical examinations or investigations.

"Medicine is more than information. It is examination, investigation, judgment and responsibility. AI can be a useful source of information, but it should not replace a medical consultation. It can point patients in the right direction, but it cannot confirm a diagnosis," he said.

Universiti Malaya epidemiology and public health expert Prof Dr Sanjay Rampal said AI has made health information more accessible, but users should be mindful that general-purpose models may also provide inaccurate information.

"The models' reasoning is based on information available on the Internet. As we know, the Internet contains both good and bad information.

"As the models become more intelligent, AI literacy is going to be just as important as health literacy," he said.

Malaysian Community Pharmacy Guild honorary secretary Rachel Gan said pharmacists are increasingly seeing customers consult AI before seeking professional advice.

"Sometimes they show us the AI responses and ask us to verify the information or explain why the chatbot suggested something different," she said.

Gan said AI could be useful for general health information, but consumers may become unnecessarily anxious if they misinterpret the information provided.

Malaysian Pharmaceutical Society president Amrahi Buang said pharmacists are particularly concerned when consumers use AI-generated information to make decisions about medicines without professional advice.

He warned that over-the-counter medicines, supplements and herbal products may temporarily relieve symptoms while masking more serious underlying conditions.

"Some symptoms that appear harmless can be signs of more serious diseases that require medical attention," he said.

Federation of Chinese Physicians and Acupuncturists Associations Malaysia president Prof Dr Ng Po Kok said TCM practitioners are seeing more patients consult AI before seeking advice on herbs and traditional remedies.

"Some enter medical terms from their lab reports and ask AI to explain them before bringing the information to us," he said.

However, he stressed that AI could not replace professional assessment.

"Two patients may have similar symptoms but require different treatment approaches. This is something AI may not always be able to determine accurately," he said, adding that AI cannot replace a consultation, physical examination and follow-up.

FOR MORE: See page 8

Chatbots show clear limitations during user scenario

PETALING JAYA: To see how artificial intelligence (AI) chatbots respond to common health concerns, *The Star* presented ChatGPT and Juma.ai with the same scenario: a user experiencing vomiting and a headache.

The chatbots were later told that the user was afraid to see a doctor and preferred to avoid seeking medical treatment if possible.

The responses were then reviewed by Malaysian Medical Association president Datuk Dr Thirunavukarasu Rajoo.

While both chatbots highlighted warning signs and encouraged medical attention when necessary, their approaches differed.

ChatGPT took a conversational approach, acknowledging the user's fear of seeing a doctor and asking follow-up questions before discussing treatment options.

Juma.ai, meanwhile, provided a more structured checklist of symptoms and later offered more detailed information on over-the-counter medications that could be used for headache and nausea.

"Both highlighted warning signs and advised the patient to seek medical attention if symptoms worsened. That is encouraging and shows how far AI technology has progressed," said Dr Thirunavukarasu yesterday.

However, he said the exchanges also demonstrated the limitations of AI.

"Neither chatbot could examine the patient, check vital signs, order investigations or confirm a diagnosis. The symptoms discussed – headache and vomiting – could be something minor. They could also be something more serious.

"In Malaysia, they could even represent early dengue fever, where a blood test may be needed to make the diagnosis," said Dr Thirunavukarasu.

He noted that the two chatbots produced different responses despite being given the same symptoms.

"While the overall message was similar, the details differed. This highlights that AI can provide useful information, but it does not always provide the same answer."

Dr Thirunavukarasu said AI was also highly dependent on how users interpret the information provided.

"Someone with medical knowledge may understand the limitations and know when further assessment is needed. A layperson may take the same information as reassurance and delay seeking treatment.

"In that sense, AI is no different from many other powerful tools.

"You can give two people the same car, but the outcome depends greatly on the driver. Knowledge, experience and judgment still matter," he said.

While AI can help patients better understand symptoms and ask better questions, he stressed that information should not be mistaken for a diagnosis.

"AI is a tool, not a doctor," he said.

AI is smart, but users need to be smarter

PETALING JAYA: When media consultant Aerius Low recorded a blood pressure reading of 140/110 after a stressful period, he turned to an AI chatbot for guidance.

The 45-year-old said the chatbot advised him to sit down, relax and monitor his condition while asking follow-up questions about the symptoms.

He recalled experiencing a spike in blood pressure to 140/110 several months ago due to stress and anxiety linked to a relocation and increased work responsibilities.

"I felt fidgety and had a slight headache after coming home late at night, so I checked my blood pressure and shared the reading, along with my symptoms, with the AI chatbot," he said.

"It gave practical advice such as sitting down, relaxing and monitoring my condition. It also asked follow-up questions and did not immediately suggest medication.

"What stood out was that it consistently reminded me to seek medical attention if my condition worsened or required professional care."

Low described AI as a tool that helps people better understand their health rather than as a substitute for doctors.

"I don't see AI as something that simply tells you what to do. It's more like a thinking partner that helps you make better-informed decisions," he added.

"AI is smart, but we need to be smarter in how we use it."

When copywriter Lai Mee Yee started vomiting and had a bad headache, she did not go to a clinic – she opened an AI chat on her phone.

"I was really unwell," said the 40-year-old. "Instead of going straight to a doctor, I went online and asked AI what I should do."

The chatbot listed danger signs such as the worst headache of her life, stiff neck, confusion or vomiting blood, and told her to seek urgent care if any appeared.

"It explained when I needed to go to the emergency department and when I could rest at home," she said.

Still, Lai told the chatbot she did not want to see a doctor.

"I admitted I was afraid. I'm scared of bad news and I find clinics very stressful," she said.

"With AI, I don't feel embarrassed. I can ask simple questions and it doesn't judge me.

"It can help me think more clearly, but it cannot examine me or run tests. In the end, we still need real doctors to make the final call."

For 50-year-old manager Jack Yip, AI is just a reference.

"I use AI to read up on medicines and herbal ingredients, like things people say are cooling, good for the liver or helpful for sleep.

"It lists the names and explains what they do. I find that useful.

"After I read all that, I still go and see a doctor or a qualified practitioner. I don't just buy and take whatever it recommends," he said.

University student Sanjeet Kumar, 21, said he often turns to AI for minor problems.

"If I have a small cut or a headache, I'll ask what medicine it suggests. If I can't sleep, I ask what I can do, or what food can help me concentrate when I'm studying," he said.

"I know AI is not a real doctor. For small, everyday issues, I'll still ask AI first. But if it sounds serious, I won't take that risk – I'll go to a clinic."

The doctor says

DR MILTON LUM

Many parties, ranging from Bank Negara as a regulator to the public who are the purchasers and utilisers of private health insurance, need to be involved in the reform of such insurance in Malaysia. — Filepic

Reforming private health insurance

While there have been efforts to revamp private health insurance in Malaysia, they do not appear to be enough.

THERE was public outcry about the substantial increase (ranging from 40% to 70%) in the premiums for private health insurance over the past two years.

According to Bank Negara, more than 340,000 medical insurance and takaful policies were cancelled between January 2024 and June 2025.

In the nationwide debate, the insurance industry, private hospitals and government officials have pointed fingers at each other.

The private hospitals were criticised for overcharging and overtreatment, and the insurance industry for not containing the increase in healthcare costs.

The increased costs were attributed by private hospitals to global medical cost inflation and patients' worsening health conditions.

The insurance industry, while acknowledging global medical cost inflation, also attributed the increased cost to patients' "buffet syndrome" – a phenomenon in which the benefits from insurance policies lead patients to seek more expensive and/or additional treatments.

Bank Negara announced its Reset strategy to address increasing healthcare costs and medical inflation in June 2025.

Reset was a collaborative effort between Bank Negara, the finance and health ministries, insurers, hospitals and medical practitioners, among others.

The pillars of Reset were:

> Revamp insurance and takaful products
> Enhance transparency
> Strengthen digital health systems
> Expand affordable care, and
> Transform provider payment systems.

The World Bank report

The World Bank's report *Cost Drivers in Malaysia's Medical and Health Insurance/Takaful Sector: A First Look at the Centralized Claims Data Base*, published in April, was produced at the request of the government as part of the Reset initiative.

The report was produced with the collaboration of Insurance Services Malaysia, which provided data from their standardised and centralised medical and health insurance/takaful claims database.

It provided an empirical assessment of cost drivers in medical and health insurance/takaful claims from 2022 to 2024.

There was wide media coverage of the World Bank's key findings, which were:

> Utilisation and spending increased rapidly over the 2022-2024 period.
> Service-level medical inflation is moderate relative to premium and claims inflation, but uneven across settings.
> Cost growth between 2022 and 2024 was largely driven by volume (or utilisation), accounting for two-thirds of the cost growth, while rising prices contributed one fourth.
> Suggestive evidence that factors such as moral hazard (i.e. the tendency for people to take greater risks or act less carefully once they are insured) are contributing to utilisation.
> A large share of inpatient episodes are potentially avoidable.

In 2024, claims inflation reached 21.6%, significantly outpacing premium growth of 13.2%, reflecting the pressure on insurers and the need for reforms to maintain affordability and access.

The World Bank made recommendations for policy consideration and reform directions.

As there has been a strange silence from policymakers, it is reproduced below *in toto*:

> **"Use the centralised claims database as a routine monitoring tool**

"Regular reporting of utilisation, unit prices and service mix can strengthen oversight, improve accountability, and enable earlier detection of emerging cost pressures.

> **"Enhance price transparency and empower consumers**

"Given the large and rising share of HSS [hospital supplies and services] in inpatient bills, policy attention to pricing transparency, billing practices and procurement arrangement could yield meaningful cost containment.

"The upcoming payment mechanism reform (to transition from fee-for-service payments to diagnosis-related groups, or DRGs, based payments) can mitigate some of the current perverse incentives to increase costs per admission.

> **"Prioritise reforms that address appropriate utilisation and care pathways, and incentivise outpatient care use**

"MHIT [medical and health insurance/takaful] products typically do not cover outpatient visits, including routine preventive visits.

"The observed growth in claims, especially in admissions related to ASCSs [ambulatory care sensitive conditions] and pre- and post-hospitalisation services, could potentially be influenced by incentive-driven behaviours across both patient utilisation and provider service delivery.

"Potential low-value care delivered in complex settings highlights the need for policies defining clinical pathways and stronger claims governance.

"They also warrant insurance product redesign to cover cost-effective preventive and outpatient services and to align cost-sharing to generate appropriate incentives.

> **"Advance provider payment reforms to reduce incentives for itemised billing**

"A phased move away from fee-for-service, toward DRG-based approaches, can better align incentives, but will require supporting data standards, coding quality, and coordination between regulators, payers and providers.

"The patterns observed also highlight the need to exercise caution during the rollout to ensure that DRG-based payments support efficiency gains without unintended shifts in utilisation patterns.

> **"Recognise that MHIT governance is shared and requires coordination across institutions**

"Financial regulation and provider regulation jointly shape the incentives and constraints in the private system.

"Effective implementation of the base MHIT plan and DRGs-based payments, requires stewardship and monitoring of insurers and providers alike."

Need for reformation

That there is a need to reform private health insurance is beyond dispute.

But the talk of such reform really means nothing to the public, especially policyholders, unless there is something tangible, i.e. affordable premiums and increase in premiums (no one expects no increase in premiums!).

The Reset strategy and the Bank Negara report both have to be reviewed.

Both did not address the ill-defined legal pathway for case-based group systems, e.g. DRGs; inadequate Malaysian cost data; ineffective price transparency; the lack of solutions for general practitioners' (GPs') issues, especially economic sustainability; absence of national health insurance; progress parameters; governance; and the profit-driven hospitals owned by government-linked companies, which comprise about 80% of private hospital beds.

Even the base MHIT announced by Bank Negara, in January, is unlikely to help as the maximum age for enrolment is 70 years.

Surely someone must have brought up in the discussions that Malaysians' expected life expectancy is more than 70 years (in fact, it is 75.3 years on average, according to the Statistics Department), and that the maximum healthcare expenditure of almost everyone is in the last year or so of their life.

Would Bank Negara's base MHIT help those aged more than 70 years if they cannot afford the increased private health insurance premiums, or if those uninsured want to enrol in a MHIT?

The World Bank report provides a roadmap that appears more succinct.

The silence of the parties involved in Reset, and the media to the World Bank report, is deafening.

While reform takes time, there is much that can be done immediately by Bank Negara as the regulator of insurance companies.

The measures requiring full disclosure of health insurance policies to purchasers would include, among others, policies that are in plain language understandable to the man in the street with minimal legalese; specific information of what is covered and what is not; clearer definitions of non-disclosure; and most importantly, simplified m[illegible]a nisms for rapid resolutio[illegible] d[illegible] putes.

Until then, *caveat emptor* (Latin for "Let the buyer beware")!

Dr Milton Lum is a past president of the Federation of Private Medical Practitioners Associations and the Malaysian Medical Association. For more information, email starhealth@thestar.com.my. The views expressed do not represent that of organisations that the writer is associated with. The information provided is for educational and communication purposes only, and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader's own medical care. *The Star* disclaims all responsibility for any losses, damage to property or personal injury suffered directly or indirectly from reliance on such information.

4 theSun on Sunday JUNE 21, 2026
NATIONAL

S'gor enables affordable healthcare via Selgate

Hospital network could bridge gap in public access to treatment amid rising costs: Expert

SHAH ALAM: The Selangor government continues to expand access to affordable healthcare through its Selgate Healthcare hospital network, in efforts to help the public cope with rising medical costs and insurance premiums.

State Public Health and Environment Committee chairman Jamaliah Jamaluddin said Selgate Specialist Hospital Rawang, which was launched in May, is now part of the Hospital Services Outsourcing Programme, under which selected patients may be referred to private hospitals for treatment.

She said the move would not only provide faster access to treatment for patients, but also ease congestion at public healthcare facilities.

"The Selangor government is strengthening cooperation between Selgate and insurance companies, Takaful operators, third-party administrators and the corporate sector to ensure that the treatment pricing structure remains affordable, particularly for the B40 and M40 groups," she told Bernama.

She added that Iltizam Selangor Sihat beneficiaries could seek treatment for illnesses and services covered under the programme via the Selgate ecosystem.

She also said the integration between Selcare Management Sdn Bhd, a wholly owned subsidiary of the state government, and the SELangkah app would enable more efficient registration, eligibility verification and management of health benefits.

"The state government's goal is to ensure that the public not only receive health assistance, but are also able to access the benefits easily when they need treatment."

Meanwhile, Monash University Malaysia Jeffrey Cheah School of Medicine and Health Sciences head Prof Dr Mohd Arshil Moideen described the affordable private hospital model introduced by Selgate as an intervention that could help narrow the gap in public access to treatment amid rising medical costs and insurance premiums.

He said the initiative could also serve as a short-term solution to help reduce congestion at government hospitals, but stronger formal integration between the public and private sectors was needed to ensure more comprehensive benefits.

"Through the Health Ministry's targeted service purchase mechanism, public funds could be used to finance certain procedures for B40 patients at hospitals such as Selgate, thereby helping to ease congestion at government hospitals more effectively."

He added that the long-term sustainability of the affordable private hospital model hinges on diversifying revenue sources to address challenges posed by global medical inflation and currency weakness.

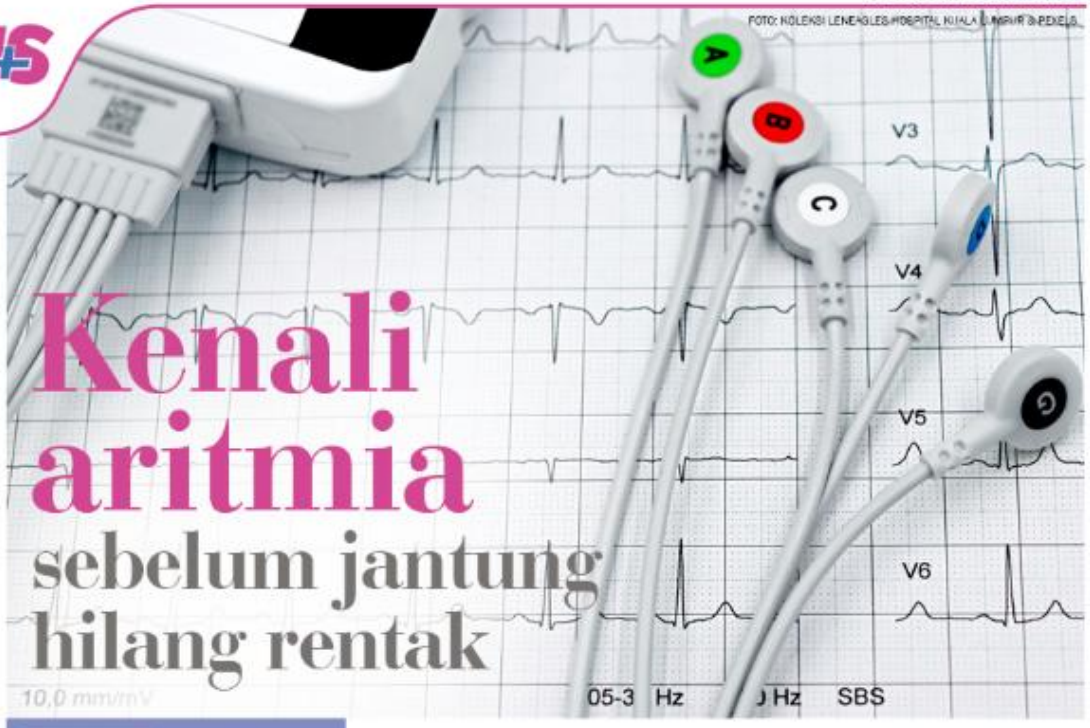
He also suggested the use of high-quality generic medicines to help control treatment costs and reduce reliance on imported drugs and equipment.

"As a government-linked company, Selgate could leverage its scale to manage its own pharmacy chain and strengthen its corporate primary healthcare package, which is more preventive in nature."

In May, Selangor Menteri Besar Datuk Seri Amirudin Shari said the official opening of Selgate Specialist Hospital Rawang would help meet demand for specialist services in the northern corridor of Selangor, which is experiencing rapid population growth.

He said the 224-bed hospital would not only cater to private healthcare needs, but also form part of the state government's efforts to widen access to healthcare benefits for the public.

Sinar Harian M/S 14



MEDIK

Kenali aritmia sebelum jantung hilang rentak

Gangguan rentak jantung boleh berlaku tanpa tanda awal, simptom sering disalah anggap sebagai panik, namun pengesanan awal dan rawatan moden penting untuk elak komplikasi serius

Oleh ZAITON ABDUL MANAF

Setiap kali kita membaca berita mengenai seorang atlet muda atau individu yang kelihatan cergas tiba-tiba rebah sewaktu bersukan, ramai yang akan bertanya, bagaimana boleh berlaku sedangkan dia masih muda?

Tanggapan bahawa usia muda adalah jaminan untuk bebas daripada masalah jantung sebenarnya kurang tepat.

Menurut **Pakar Perunding Kardiologi dari Gleneagles Hospital Kuala Lumpur, Datuk Dr Akmal Arshad,** persoalan ini sangat kerap diajukan oleh pesakit di klinik.

Walaupun kes kematian mengejut jarang berlaku, terdapat penyakit rentak jantung atau aritmia yang boleh menjadi punca utama.

Aritmia ialah gangguan kepada sistem elektrik jantung yang menyebabkan degupannya menjadi tidak normal, sama ada terlalu laju, terlalu perlahan, atau tidak seragam.

"Ramai pesakit muda yang datang berjumpa doktor sebenarnya mengalami masalah seperti *Supraventricular Tachycardia* (SVT) atau denyutan tambahan jantung yang dipanggil *Premature Ventricular Contractions* (PVCs)," kata Dr Akmal.

Beliau menjelaskan bahawa keadaan itu sering menyebabkan jantung berdebar atau rasa cemas, tetapi dalam kebanyakan kes, ia boleh dirawat dan tidak membawa kepada kematian mengejut.

> Ramai pesakit muda yang datang berjumpa doktor sebenarnya mengalami masalah seperti *Supraventricular Tachycardia* (SVT) atau denyutan tambahan jantung yang dipanggil *Premature Ventricular Contractions* (PVCs)."
>
> - Dr Akmal Arshad

Namun, apa yang lebih membimbangkan doktor adalah kumpulan aritmia berbahaya yang mengancam nyawa seperti *Ventricular Tachycardia* (VT) dan *Ventricular Fibrillation* (VF).

Gangguan itu biasanya berkait rapat dengan penyakit jantung yang diwarisi daripada keluarga, seperti *Hypertrophic Cardiomyopathy* (HCM), *Brugada Syndrome*, dan *Long QT Syndrome*.

Sesetengah pesakit langsung tidak mempunyai simptom sehinggalah berlaku episod pengsan atau serangan jantung secara tiba-tiba.

Oleh itu, jika ada ahli keluarga yang pernah meninggal dunia secara mengejut pada usia muda, terutamanya ketika bersukan atau tidur, perkara ini tidak boleh dipandang ringan.

Selain faktor keturunan, masalah tidur juga sering dianggap remeh.

Ramai tidak menyedari bahawa individu yang berdengkur kuat dan mengalami masalah berhenti bernafas ketika tidur atau *Obstructive Sleep Apnea* (OSA) mempunyai risiko tinggi mendapat aritmia.

Apabila seseorang berhenti bernafas berkali-kali sewaktu tidur, jantung terpaksa bekerja lebih keras akibat kekurangan oksigen. Lama-kelamaan, keadaan ini akan merosakkan sistem elektrik jantung. Jadi, tidur yang berkualiti sebenarnya adalah sebahagian daripada penjagaan jantung.

Bagi mereka yang mengalami simptom seperti jantung berdebar, pening, mudah penat, sesak nafas, atau pengsan, pemeriksaan awal amat penting.

Biasanya, doktor akan memulakan ujian dengan ECG untuk melihat corak elektrik jantung. Jika simptom datang dan pergi, penggunaan holter monitor boleh membantu merekodkan degupan jantung secara berterusan sehingga beberapa minggu.

Teknik ultrasound ekokardiogram pula digunakan untuk menilai struktur jantung.

Kini, dengan teknologi *cardiac MRI* yang bebas radiasi, masalah otot jantung yang sukar dikesan sebelum ini boleh dikenal pasti dengan lebih tepat dan awal.

Berita baiknya, kebanyakan penyakit aritmia boleh dirawat. Ada pesakit hanya memerlukan ubat-ubatan, manakala bagi masalah seperti SVT, prosedur ablasi kateter mampu menghapuskan punca gangguan elektrik dengan kadar kejayaan yang tinggi.

Kejutan elektrik

Bagi pesakit yang jantungnya berdegup terlalu perlahan, pemasangan perentak jantung (pacemaker) diperlukan.

Sementara itu, pesakit yang berisiko tinggi pula mungkin memerlukan alat *Implantable Cardioverter Defibrillator* (ICD) yang bertindak seperti pengawal keselamatan peribadi untuk memberikan kejutan elektrik segera jika berlaku kecemasan.

Di samping itu, penyediaan alat AED di tempat awam serta pengetahuan teknik CPR dalam kalangan masyarakat juga mampu menyelamatkan nyawa sebelum bantuan perubatan tiba.

Dari sudut psikologi, serangan panik boleh meniru gejala aritmia kerana kedua-duanya mencetuskan simptom yang sama seperti dada terasa sempit dan sesak nafas. Walaupun tidak semua orang muda perlu menjalani pemeriksaan jantung, mereka yang mempunyai sejarah keluarga atau gejala berulang wajar berjumpa doktor.

Penjagaan jantung boleh dimulakan dengan mengawal berat badan, tekanan darah dan paras gula. Tabiat merokok dan vape mesti dihentikan, manakala pengambilan alkohol, kopi dan minuman tenaga hendaklah dipantau.