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Boosting cerebral palsy care

Health Ministry mulls national registry to improve services for patients

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KUALA LUMPUR: The Health Ministry is studying a proposal to establish a National Cerebral Palsy Registry to strengthen the delivery of services for patients with cerebral palsy (CP) in the country, the Dewan Rakyat was told.

Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*) said the proposal aims to expand patients' access to rehabilitation facilities, including through collaboration with the Social Security Organisation (PERKESO) rehabilitation centres.

He said the move will optimise existing rehabilitation facilities through a whole-of-government approach to ease congestion and address the shortage of specialist rehabilitation services at Health Ministry facilities.

Dzulkefly said legal hurdles must first be resolved as PERKESO's rehabilitation centres currently operate under the Employees' Social Security Act 1969 (Act 4), which limits treatment to contributors, while the ministry operates under the Private Healthcare Facilities and Services Act 1998 (Act 586).

"I believe it is crucial that we address these constraints immediately. PERKESO's rehabilitation sector provides world-class, high-technology services, including neuro-robotics and the Walk Again programme.

"I have proposed that discussions be expedited to enable the Health Ministry to implement the Health Services Outsourcing Programme (HSOP).

"Through this programme, we can make full use of PERKESO's state-of-the-art facilities not only for contributors, but also for other patients who are not covered under the scheme," he said during Question Time in the Dewan Rakyat yesterday in reply to Bandar Kuching MP Dr Kelvin Yii.

Yii had asked about the government's action plan to reduce cases of cerebral palsy and strengthen support for patients with mild cerebral palsy.

Dzulkefly said his ministry recorded 1,076 cases of cerebral palsy treated at its clinics and hospitals between 2016 and 2025.

He said the causes of cerebral palsy generally fall into three stages: prenatal, perinatal and postnatal, with prenatal causes commonly linked to infections, which is why the Health Ministry provides measles, mumps and rubella vaccination to women before pregnancy as rubella infection can cross the placenta and affect the foetus.

Dzulkefly said the ministry remained committed to strengthening early screening, intensive treatment and multidisciplinary rehabilitation to ensure children with cerebral palsy receive timely intervention.

He also praised the work of NGOs such as the Cerebral Palsy Children's Association, saying they had demonstrated that many children with cerebral palsy have normal cognitive function.

"If early intervention can be carried out promptly through a whole-of-government approach involving the Health Ministry, the Education Ministry, the Women, Family and Community Development Ministry, and the Human Resources Ministry, we can ensure these children remain productive.

"This will enable them to pursue education, secure employment, build families and contribute their full potential to society and the nation."

Dzulkefly said the ministry assists cerebral palsy patients in obtaining rehabilitation equipment through the Medical Assistance Fund, the Malaysian Medical Welfare Fund and the National Cancer Council, based on clinical assessment and patients' eligibility.

"For patients who do not meet the eligibility criteria, counselling services and prescriptions for equipment are also provided to facilitate access to assistance from NGOs and relevant agencies," he said.

AI can recommend; humans must decide

A PATIENT lies unconscious in an intensive care unit. Days have passed without improvement.

An artificial intelligence system, having analysed thousands of similar cases, indicates that the likelihood of recovery is extremely low.

It recommends withdrawing life support.

The medical team reviews the analysis. The conclusion appears statistically sound.

Yet, standing at the bedside, the decision does not feel complete.

What remains is not a question of accuracy but of responsibility.

In moments like this, the limits of AI become more visible.

It is capable of processing vast amounts of information and identifying patterns that would be difficult for any individual to discern.

It can suggest what appears to be the most optimal course of action based on available data.

In many fields, from medicine to finance to public policy, such capabilities have brought tremendous benefits.

However, decisions are not defined by correctness alone.

They carry consequences that extend beyond the immediate outcome, affecting lives, relationships, and at times, the moral integrity of those who must act upon them.

For the patient in the intensive care unit, the question is not only whether the recommendation is statistically justified but also who is prepared to accept what follows from that decision.

This distinction is important.

AI can recommend, analyse and even predict with remarkable precision, but it does not bear the weight of the decisions it informs.

It does not stand beside the patient's family. It does not experience doubt, nor does it live with the consequences of what is decided. That responsibility remains with human beings.

Image: Magnific

Not long ago, the relationship between judgment and responsibility was more clearly aligned.

A physician made a diagnosis and stood by it. A judge delivered a verdict and accepted accountability for the decision. A manager made a hiring choice and carried the implications.

Their decisions were shaped by knowledge, experience and an awareness that they would be answerable for the outcomes.

Today, this alignment is becoming less distinct.

As algorithms become more influential, there is a growing tendency to treat their recommendations as objective or neutral.

Because they are derived from large datasets and complex models, they can appear authoritative.

Yet, every system reflects human choices – from the data it is trained on to the objectives it is designed to optimise. These choices shape the recommendations that emerge.

More importantly, the system itself remains detached from what follows. This raises a subtle concern. When decisions are increasingly guided by systems that do not share in their consequences, there is a risk that human beings may begin to distance themselves from the weight of those decisions.

The process becomes more efficient, but the sense of ownership may be less immediate.

Judgment develops through experience, reflection and an awareness of the human implications of a decision. It involves not only asking what can be done, but also considering what ought to be done and who will be affected by it. It carries with it a willingness to accept responsibility even when the outcome is uncertain.

As the mathematician Norbert Wiener observed many years ago, we must be certain that the purposes we embed in our machines are truly the purposes we intend to serve. His warning remains relevant not only at the level of system design but also in how we relate to the systems we use.

As AI continues to evolve, the challenge before us is not simply to build more capable systems but to remain attentive to what those systems cannot do.

They can guide, support and recommend. But they cannot carry what follows.

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The Sun M/S 3, 9

Ministry pushes to increase access to Socso rehab centres

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PETALING JAYA: Children with cerebral palsy and other public healthcare patients could soon gain access to the Social Security Organisation's (Socso) advanced rehabilitation centres as the Health Ministry works to overcome legal and operational barriers that currently restrict the facilities to eligible contributors.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the ministry is studying legal, payment and indemnity issues to enable collaboration with Socso through the Health Services Outsourcing Programme (HSOP).

The move would allow public healthcare patients to benefit from Socso's specialised rehabilitation services, including high-technology treatment that is currently unavailable to many patients in the public health system.

"I view it as very important for us to immediately address this constraint.

"Socso's rehabilitation sector provides world-class and high-technology services such as neuro-robotics and the Walk Again programme," he told the Dewan Rakyat yesterday.

Dzulkefly said the main hurdle lay in the different legal frameworks governing the two systems.

He said Socso rehabilitation centres operate under the Employees' Social Security Act 1969, which limits services to eligible contributors, and are not registered under the Private Healthcare Facilities and Services Act 1998, which would allow non-contributors to receive treatment.

"If Socso facilities are registered and licensed under the 1998 Act, their participation in HSOP could be considered, subject to other regulations.

"We want to continue these discussions so that we can make use of all Socso rehabilitation facilities, which are world-class and equipped with the latest technology.

"Through HSOP, this would not only be for contributors, but also allow us to treat other patients," he noted.

He said the ministry's Medical Practice Division, Medical Development Division and legal adviser are reviewing the most appropriate mechanism for cooperation with Socso.

The review covers payment arrangements, the feasibility of implementing HSOP at Socso rehabilitation centres, indemnity issues and further legal advice from the Human Resources Ministry.

Dzulkefly was responding to Dr Kelvin Yii Lee Wuen (PH-Bandar Kuching), who said many children with cerebral palsy require rehabilitation support but face limited access due to capacity constraints at Health Ministry facilities.

Responding to a separate question from Datuk Dr Ahmad Yunus Hairi (PN-Kuala Langat) on whether the government would introduce a national cerebral palsy action plan, Dzulkefly said Health Ministry records show that 1,076 children with cerebral palsy had been registered and received early intervention at government health clinics between 2016 and 2025.

He said around 50% of cerebral palsy patients have normal cognitive function while the remainder experience varying degrees of cognitive impairment.

The ministry currently provides early screening, multidisciplinary rehabilitation, family and caregiver support, home-care training, community-based rehabilitation services, assistive devices and rehabilitation equipment for eligible patients.

Dzulkefly stressed that early intervention is critical towards ensuring children with cerebral palsy reach their full potential.

Boss, I sick-*lah*

LET'S have an honest conversation about one of Malaysia's most enduring workplace traditions.

Not *Hari Raya*. Not annual dinners. Not passive-aggressive office WhatsApp groups where everybody replies "Noted with thanks" while feeling the exact opposite.

No, *sayang*. The humble medical certificate.

According to a survey by the Malaysian Employers Federation (MEF) recently, one in four Malaysian workers admits to either exaggerating an illness or obtaining an MC despite being perfectly healthy – four million people. I kid you not – *empat juta*.

At that point, we are no longer discussing individual behaviour; we are discussing a national hobby. Frankly, if four million Malaysians are doing the same thing, somebody should organise a loyalty programme.

The performance begins

Let's be clear. Nobody wakes up one morning and accidentally fakes being ill. This is a carefully managed production – a theatrical event. A one-person show with surprisingly high stakes.

It usually starts around 11pm. You are feeling perfectly fine. You have just finished scrolling social media, watched three episodes of something you absolutely did not have time to watch and eaten a questionable supper.

Then suddenly, you begin taking stock. Hmm...throat a bit dry. Slight headache. Feeling tired.

Granted, you have been staring at screens for 14 hours and sleeping like a university student during assignment week but let's not get distracted by facts. A possibility emerges. *Alamak*. Could this be... something?

By midnight, you are monitoring symptoms. By 7am, the situation has somehow evolved into a medical matter. *Macam* magic *pula*.

The morning voice

The alarm rings. This is where the professionals earn their stripes. Not everybody can deliver the perfect "sick employee" voice.

Too cheerful and nobody believes you. Too dramatic and your boss starts wondering whether to call an ambulance. The sweet spot is somewhere between a "mild flu" and a "person quietly questioning all their life choices".

"Boss... sorry... not feeling too well today. *Tekak macam ada sakit sikit*."

A masterpiece – restrained and believable. Just enough suffering to secure sympathy but not enough to trigger paperwork. Somewhere, an Oscar nomination quietly submits itself.

The clinic consultation

Now we arrive at the main event. You enter the clinic displaying exactly the correct amount of illness. Not enough and you look suspiciously healthy. Too much and somebody may start ordering tests, which is frankly more commitment than most people signed up for.

The objective is simple: appear temporarily incompatible with employment.

You sit in the waiting room. Phone brightness reduced. Energy levels carefully managed. Humans go into "*Kenapa hidup saya begini*" performance art exhibition.

Then comes the consultation. The doctor looks at you. You look at the doctor. The doctor asks a few questions. You provide a few answers. A brief silence follows. Neither party says what both parties may or may not be thinking.

It is one of the most sophisticated displays of non-verbal communication in modern Malaysia. Asean pun *kalah*.

A document is issued. Everyone carries on with their day. Civilisation survives another week. *Faham-faham sudah-lah*.

Before employers start hyperventilating

Now then, before anyone forwards this article to Human Resources with several paragraphs highlighted in red and the words "Please explain" written in the margins, *Makcik* would like to ask a question.

If somebody is willing to spend their own money, sit in a clinic waiting room and perform a minor theatrical production simply to obtain one day of rest, what exactly is happening at work?

Just asking. Because most people do not wake up thinking: "You know what would be fun today? Administrative deception."

They are tired. They are stressed. They are overwhelmed. Or they have had one too many meetings that could have been emails.

Sometimes they are dealing with burnout. Sometimes they are dealing with life. Sometimes they are dealing with a colleague who reheats fish in the pantry microwave every single day with the confidence of a person who fears neither God nor man.

And apparently no feedback form either. You know who you are. The entire office knows who you are. Please stop. *Bertenang*. Reflect. Grow.

The doctors deserve a medal

Spare a thought for the doctors. Every day they stand at the crossroads of medicine, bureaucracy and human exhaustion.

Some patients are genuinely ill. Some are convinced they are dying because they sneezed twice. Some simply look like they have spent six consecutive months trapped inside an Excel spreadsheet.

Medical school probably prepared them for infections, injuries and chronic disease. It almost certainly did not prepare them for becoming accidental referees in Malaysia's ongoing battle between burnout and KPI.

And yet they persevere. Patient after patient. MC after MC.

Tabik, honestly.

What have we learned

The survey from MEF tells us something important: people need rest. This should not be a revolutionary concept.

Human beings are not smartphones. You cannot ignore every warning notification and continue operating indefinitely. Eventually something gives.

If workplaces do not create space for mental health days, personal days or simply admitting "Boss, I need a breather", people will find workarounds.

Humans are resourceful when exhausted. Malaysians, in particular, are exceptionally resourceful when exhausted. We have practically built an entire national survival strategy around being tired.

Honestly, it is quite impressive. Concerning but impressive.

Employers should perhaps ask why so many workers feel unable to request a day off honestly.

Employees should remember that trust still matters. And policymakers may consider whether the system adequately reflects the realities of modern working life. Everybody has homework, basically.

Final verdict

Is faking an illness the ideal solution? No-*lah*. Is it understandable why some people end up doing it? *Adoi*. Have you looked around lately?

People are tired, *sayang* – really tired. The sort of tired that no motivational poster has ever successfully cured.

So perhaps the lesson here is not that millions of Malaysians have suddenly become dishonest. Perhaps it is that millions of Malaysians are trying, in their own slightly chaotic way, to obtain something every human being needs : a little rest.

Now if you will excuse *Makcik*, she has developed a very concerning tickle in her throat. Purely precautionary, of course. Absolutely nothing to do with it being Friday afternoon. Nothing whatsoever. *Kebetulan sahaja*.

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NST M/S 2

Reimagining public healthcare

How to make clinics the default entry point

THAT public hospitals shoulder an unbearable weight of healthcare burden is hard to dispute. Blame it on the dictionary, which defines it as a place where the sick go for treatment. Badging it as a "general" hospital doesn't help either. Hospitals should represent the final stage of treatment, reserved for emergencies, surgeries and complex illnesses. Increasingly, however, they have become the first destination for problems that could have been prevented, detected earlier or managed elsewhere. Emergency departments are crowded. Specialist clinics face months-long waiting lists. Doctors spend valuable time treating complications of diseases that should have been controlled long before patients reached the hospital.

The country's ageing population will only intensify these pressures. Older Malaysians require ongoing care, medication reviews and chronic disease management far more frequently than hospital admissions. A system built around public hospitals is neither efficient nor sustainable. We have long spoken about strengthening primary healthcare, yet many patients continue to bypass clinics and seek treatment directly at hospitals. Part of the problem lies in accessibility. Community clinics remain unevenly distributed. Appointment systems vary widely. Continuity of care is often lacking. Patients frequently see different doctors with little coordination between providers. Private general practitioners (GPs) also remain underutilised. Thousands of GP clinics operate nationwide, yet they function largely outside an integrated public healthcare system. Malaysia needs better integration between public clinics, private GPs, hospitals, pharmacies and digital health records. Patients should experience one healthcare journey, not separate public and private systems operating in parallel. A stronger referral system would also ensure hospitals receive patients who genuinely require specialist care, allowing doctors and resources to be focused where they are needed most.

> *A system built around public hospitals is neither efficient nor sustainable.*

The larger task is to redesign the system so hospitals become what they were always meant to be, namely centres for specialised treatment, not the default entry point into healthcare. "Redesign" mustn't mean denying access to hospitals. Rather, public hospitals should be redesigned specifically for tertiary healthcare. But that is just the end of the public healthcare journey. So where must it begin? At community healthcare centres, government and private clinics, where primary care is dispensed. This is where fever, hypertension, asthma and the like must be handled, not at hospitals. The more primary healthcare is provided at this stage, the better it will be for preventive measures to be taken. Malaysia is missing a huge opportunity here. Ditto Klinik Kesihatan. There are about 1,131 of them. "Klinik" is misleading. They are really as good as hospitals, with a comprehensive array of services, including treatment for chronic diseases. Adding 1,656 Klinik Desa, 205 Klinik Komuniti and 77 Klinik Kesihatan Ibu dan Anak to the above gives Malaysia a good primary healthcare to patient ratio. "Redesign" also means getting patients' "foot traffic" away from hospitals to primary care clinics by improving the services of the latter.

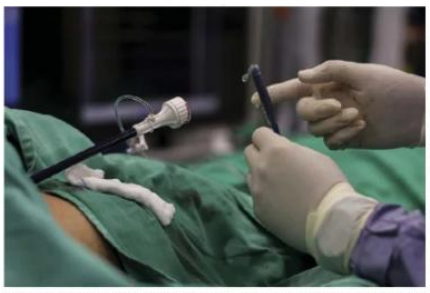
The Borneo Post M/S 9

Leadless pacemaker offers new hope for heart disease patients

The leadless pacemaker is roughly the size of a vitamin capsule and is implanted directly into the heart without the need for electrical leads. – Bernama photos

Balkish Awang

Dr Mohd Asyiq Al-Fard says a leadless pacemaker is particularly beneficial for patients with bradycardia, a condition in which the heart beats too slowly.



The device is implanted through a catheter, which is inserted through the femoral vein in the patient's groin area.

Using X-ray imaging guidance, the catheter is carefully navigated through the blood vessel until it reaches the lower right chamber of the heart.

ADABIAH Darus had been experiencing frequent dizziness and near-fainting spells since early this year. But it never crossed the 68-year-old retired civil servant's mind that the symptoms were warning signs of heart disease.

When she sought treatment at a government health centre here, the doctor confirmed she had heart disease after her ECG (electrocardiogram) showed abnormal readings.

The mother of six was later referred to Universiti Kebangsaan Malaysia's Hospital Canselor Tuanku Muhriz (HCTM), where specialists diagnosed her with sick sinus syndrome, a condition in which the heart's natural pacemaker, the sinoatrial node, fails to regulate the heartbeat properly.

To treat the condition, doctors recommended that she undergo implantation of a leadless pacemaker, a miniature, advanced medical device designed to treat heart rhythm disorders.

First time in HCTM

Adabiah underwent the procedure at HCTM on June 10. A small group of journalists, including a reporter and photographer from Bernama, were invited to observe the leadless pacemaker implantation procedure, the first of its kind performed at HCTM, led by Dr Mohd Asyiq Al-Fard Mohd Raffali, a consultant cardiologist, cardiac electrophysiologist and internal medicine specialist from the hospital's Department of Medicine.

Another patient, 64-year-old Fuziah Moksin, also underwent the same procedure the same day. Fuziah had narrowed veins as a result of previous breast cancer treatment, making it difficult for doctors to implant a conventional pacemaker using the traditional wired approach.

Unlike the conventional pacemaker, which requires a surgical pocket beneath the skin in the chest and electrical leads threaded into the heart, the leadless pacemaker offers a less invasive alternative with minimal risk of complications.

While conventional pacemakers are about the size of a matchbox, the leadless device is roughly the size of a vitamin capsule and is implanted directly into the heart without the need for electrical leads.

"In the past, leadless pacemakers could only be implanted in the lower chamber of the heart (ventricle). With the latest technology, however, we can now implant them in the upper chamber (atrium)," said Dr Mohd Asyiq Al-Fard.

The device is particularly beneficial for patients with bradycardia, a condition in which the heart beats too slowly, he added.

"Patients with bradycardia usually have a heart rate of fewer than 60 beats per minute, which means the body may not receive enough oxygen. The device (leadless pacemaker) is equipped with intelligent sensors that continuously monitor the patient's heart rhythm in real time.

"If it detects that the heart is beating too slowly or has briefly stopped, it delivers a small, safe electrical impulse to stimulate the heart muscle and restore a normal heartbeat," he said.

Elaborating on the differences between conventional and leadless pacemakers, Dr Mohd Asyiq Al-Fard said the main distinction lies in their structure and implantation method.

"A conventional pacemaker consists of two components—a pulse generator and one or more electrical leads. A leadless pacemaker, on the other hand, is a single capsule-shaped device with no leads.

"The implantation site is also different. A leadless pacemaker is inserted directly into the heart through a vein in the leg, while a conventional pacemaker is implanted beneath the skin in the chest," he explained.

Among the key advantages of the leadless pacemaker over the conventional approach is its significantly lower risk of infection as there is no surgical pocket in the chest that could become infected.

"It also eliminates the long-term risks associated with leads, such as blockages, fractures or damage to the heart valves. From an aesthetic and comfort perspective, there are no visible scars or bulges on the chest.

"People will not even know that a patient has a cardiac device. The procedure also carries a lower risk of bleeding because it does not require a large surgical incision in the chest," he said.

Insertion

According to Dr Mohd Asyiq Al-Fard, the implantation of a leadless pacemaker is carried out in a catheterisation laboratory. The device is implanted through a small, flexible tube known as a catheter, which is inserted through a large vein (femoral vein) in the patient's groin area.

"Using X-ray imaging guidance (fluoroscopy), the catheter is carefully navigated through the blood vessel until it reaches the lower right chamber of the heart (right ventricle).

"The leadless pacemaker is then released from the catheter and attached to the heart muscle wall using a specialised micro-hook. Once its position is confirmed to be stable and functioning properly, the catheter is removed and pressure is applied to the puncture site in the groin to stop any bleeding," he said.

The specialist added that the procedure usually takes about 30 to 45 minutes, although the duration may vary, extending to an hour or more depending on the anatomy of the blood vessels and internal heart structure.

"If the patient's heart structure is somewhat unique or enlarged, additional time may be needed to identify the safest and most optimal position for the device," he said.

Dr Mohd Asyiq Al-Fard added that this treatment significantly improves patients' quality of life, particularly in terms of comfort and convenience.

"With traditional pacemakers, patients are usually advised not to lift their arms above shoulder level or carry heavy objects for several weeks to prevent the leads from dislodging.

"However, with a leadless pacemaker, there are no such restrictions. Patients can return to their normal activities sooner. Psychologically, they also feel more at ease without the sensation of a 'foreign object' protruding in the chest," he said.

Regarding risks during and after the procedure, Dr Mohd Asyiq Al-Fard said although the procedure is generally very safe, all medical interventions carry some level of risk.

"During the procedure, there is a risk of heart wall injury (perforation), which can lead to fluid accumulation around the heart (cardiac tamponade) or temporary heart rhythm disturbances while the device is being implanted.

"After the procedure, patients may experience bruising or bleeding at the groin puncture site, or (in very rare cases) device dislodgement," he said.

On battery lifespan, he explained that for dual-chamber leadless pacemakers, the devices have different battery durations: approximately 15 to 20 years for the ventricular device and 10 to 15 years for the atrial device.

"When the battery runs out, a new device can be implanted next to the old one, or the existing device can be removed (extracted), depending on the doctor's assessment," he said.

Who needs the treatment

On patients eligible for the implantation of leadless pacemakers, Dr Mohd Asyiq Al-Fard said elderly patients or those with chronic conditions such as diabetes and kidney failure and undergoing haemodialysis are recommended for this approach as they face a higher risk of infection with conventional pacemakers.

Patients with heart block or those who have previously undergone chemotherapy via arm veins may also benefit from the procedure.

"Children or adolescents with heart conduction disorders, such as congenital complete heart block, may also undergo this procedure as their growing anatomy makes conventional lead implantation more challenging.

"However, the size of their groin blood vessels must first be assessed to determine whether they can accommodate the catheter size," he said.

He added that several factors are carefully evaluated before recommending a leadless pacemaker, including clinical need, that is, whether a single- or dual-chamber device is required, as not all patients need dual chambers, particularly those with atrial fibrillation.

Other considerations include vascular anatomy to ensure the femoral vein is free from blockage or clotting, the patient's immune status, and cost, as the newer leadless pacemaker technology is more expensive than the conventional one. The leadless pacemaker alone costs about RM50,000.

On the two patients who underwent the procedure at HCTM recently, Dr Mohd Asyiq Al-Fard said Fuziah showed remarkable improvement. Within days, she reported feeling more energetic, no longer experiencing dizziness or near-fainting episodes. Her groin wound healed without complications.

He said after the procedure, patients are required to lie flat for about four to six hours to ensure the groin puncture site heals properly and there is no bleeding.

"Patients are usually able to walk the next day and are discharged within 24 to 48 hours. Normal daily activities such as walking, office work and light household chores can be resumed within three to five days.

"For strenuous physical activity or sports, we advise waiting one to two weeks to ensure full healing of the groin wound," he said, adding that patients must attend follow-up checks six weeks after the procedure is done, and subsequently every six months and later yearly.

Dr Mohd Asyiq Al-Fard, meanwhile, hopes the leadless pacemaker technology will become more widely accessible despite challenges such as its cost.

"We may even see (the emergence of) smaller devices with battery life exceeding 20 years, and full integration with remote monitoring via smartphone applications, allowing doctors to track their patients' heart rhythms automatically from home," he said.

He also advised the public on the importance of early detection of heart rhythm disorders.

"Never ignore symptoms such as frequent dizziness, fatigue or palpitations. Many people dismiss these as signs of ageing or tiredness, when in fact they may indicate serious electrical disturbances in the heart.

"Early detection through simple tests like an ECG at a clinic or hospital can save lives. Do not be afraid to seek specialist care as early treatment can restore your quality of life," he said. — Bernama

Dr Mohd Asyiq Al-Fard performs the implantation of a leadless pacemaker at HCTM on June 10, the first procedure of its kind performed at the hospital.

The procedure usually takes about 30 to 45 minutes, but may extend to an hour or more depending on the anatomy of the blood vessels and internal heart structure.

Sinar Harian M/S 7, 13

Bincang buka pusat rehabilitasi PERKESO kepada pesakit awam

KUALA LUMPUR - Kementerian Kesihatan (KKM) dan Kementerian Sumber Manusia (KESUMA) sedang memperincikan langkah segera bagi membolehkan pesakit awam termasuk kanak-kanak mengalami palsi serebrum (CP) mendapatkan rawatan di pusat rehabilitasi bertaraf dunia milik Pertubuhan Keselamatan Sosial (PERKESO).

DR DZULKEFLY

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, usaha itu dilaksanakan menerusi kerjasama rentas kementerian bagi mengoptimumkan penggunaan kemudahan rehabilitasi sedia ada, sekali gus mengurangkan kesesakan serta menangani kekurangan kepakaran di pusat rehabilitasi KKM.

Menurutnya, antara kekangan yang perlu diselesaikan ialah aspek perundangan memandangkan pusat rehabilitasi PERKESO tertakluk di bawah Akta Keselamatan Sosial Pekerja 1969 (Akta 4) yang hanya membenarkan rawatan kepada pencarum, manakala KKM pula beroperasi di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586).

"Sektor rehabilitasi di bawah PERKESO menyediakan perkhidmatan bertaraf dunia dan berteknologi tinggi.

"Justeru saya cadangkan perbincangan segera diteruskan bagi membolehkan KKM melaksanakan Program Penyusunan Luar Perkhidmatan Kesihatan (HSOP).

"Melalui program ini, kita dapat memanfaatkan segala fasiliti PERKESO, bukan hanya untuk pencarum, tetapi boleh merawat pesakit-pesakit lain (bukan pencarum)," katanya ketika menjawab soalan tambahan **Dr Kelvin Yii Lee Wuen (PH-Bandar Kuching)**.

Menjawab soalan tambahan mengenai pelan tindakan kesihatan bagi mengurangkan kes CP dan memperkasa pesakit kategori ringan, Dr Dzulkefly memaklumkan, KKM merekodkan sebanyak 1,076 kes CP di fasiliti kesihatan di bawah kementerian bagi tempoh 2016 hingga 2025.

Beliau menjelaskan, punca CP boleh dibahagikan kepada tiga fasa utama iaitu sebelum kelahiran (*prenatal*), semasa kelahiran (*perinatal*) dan selepas kelahiran (*postnatal*).

"Bagi fasa *prenatal*, keadaan itu lazimnya berpunca daripada jangkitan. Justeru KKM menyediakan vaksinasi MMR kepada ibu mengandung bagi mengurangkan risiko jangkitan Rubella yang boleh menjejaskan janin.

"Fasa *perinatal* pula, ia berkait rapat dengan kekurangan bekalan oksigen ke otak ketika proses kelahiran, manakala fasa *postnatal* membabitkan jangkitan kuman ke otak selepas bayi dilahirkan.

"Jadi, KKM komited memperkasakan usaha saringan awal, rawatan intensif dan rehabilitasi bagi memastikan golongan berkenaan tidak tercicir menerima rawatan," ujarnya.

Kesihatan mental agenda kempen pilihan raya

PSIKO LAGI

MOHD AWANG IDRIS

Khabarnya, sekitar setengah juta orang menganggur di negara kita. Tidaklah pasti, ia jumlah yang sebenar atau sekadar anggaran. Tidak juga pasti anak-anak muda kita yang kini terpaksa memandu motornya laju menghantar barang atau makanan kerana tidak mendapat kerja lain, juga dianggap tidak menganggur.

Ada juga berita yang lain. Ia mungkin tidak ada kena-mengena dengan berita pengangguran. Khabarnya majoriti yang membunuh diri di Malaysia ialah belia lelaki. Walaupun kaum wanita sepertinya lebih emosi, tetapi banyak yang tertekan hidupnya ialah orang lelaki. Tidak siapa yang ambil tahu sebabnya.

Berita lain yang juga tidak ada kena-mengena dengan cerita pengangguran tadi ialah ramai orang kita menjadi pekerja scammer di luar negara. Khabarnya mereka ditawarkan gaji ribuan, tetapi setelah di negara asing, mereka dijadikan hamba sahaja. Jikalah mereka ada pekerjaan yang baik, mungkin mereka tidak perlu menjadi hamba di negara orang.

Akhirnya semua cerita ini tidak ada satu pun yang menggembirakan kita. Ia memberi petunjuk bahawa dunia hari ini kian mencabar. Hidup kian menakutkan untuk banyak orang. Yang tinggal di kampung susah mendapat kerja. Yang tinggal di bandar, bertarung pula dengan kos sara hidup tinggi.

Di negeri Johor, kini sedang hangat dengan pilihan raya negeri. Ahli-ahli politik kita, seperti juga orang lain sibuk mencari kerja. Berbanding dengan kerja lain, ahli politik memohon kerja daripada rakyat. Mereka datang membawakan janji-janji suci. Ada yang tercapai, ada yang tidak. Yang berbeza, mereka biasanya menjadi 'majikan' kita setelah menang.

Walaupun cerita-cerita di atas tadi tidak berkaitan satu sama lain, tetapi harapannya bakal wakil rakyat kita tidak melupakan agenda kesihatan mental rakyat. Ia bukan hanya cerita setelah mereka masuk hospital, cubaan membunuh diri atau ada yang telah membuat perkara yang buruk.

Banyak isu kesihatan mental jarang-jarang dijadikan modal kempen pilihan raya. Yang banyak dijadikan isu pilihan raya biasanya mencari salah pihak itu dan pihak ini. Yang dihentam dilondehkan segala keburukan asalkan nanti mereka dilihat terlalu jelik.

Untuk rakyat, biasanya kita dijanjikan jalan raya atau balai raya baharu. Itu pun mungkin bukan hal yang salah. Cuma kita kini hidup di zaman lain. Rakyat ingin tahu bagaimana mereka kekal 'hidup' dalam dunia yang serba serbi mahal.

Tanpa pekerjaan yang baik atau jaminan ekonomi yang stabil, ramai orang perlu melakukan banyak pekerjaan.

Ada orang yang siangnya bekerja pejabat, malamnya memandu grab. Ada orang yang gajinya tidak cukup pun untuk menyara kehidupan, perlu bergantung dengan *overtime*. Ia hal yang selalu menjadi bualan di kedai kopi.

Sebab itu, berita cubaan bunuh atau bunuh diri bukan lagi kisah yang aneh. Malah membunuh orang lain pun sudah menjadi kisah normal dalam laporan berita. Ada juga kisah ada orang mati mereput di dalam bilik. Semua ini bukan semestinya berkisar kes jenayah, tetapi elemen kroniknya kesihatan mental masyarakat.

Tidak seperti penyakit lain, kesihatan mental banyaknya datang daripada isu-isu psikologikal yang lain pula.

Sebab itu, selain hanya isu-isu politik yang biasanya dikitar semula, harapnya pilihan raya di negeri Johor kali ini lain dari yang lain. Bagaimana agaknya mereka yang memerintah boleh melakukan sesuatu yang boleh membuatkan rakyat merasa bahagia.

Khabarnya, ada sekitar 300,000 ke 400,000 orang kita yang berulang alik bekerja di Singapura. Itu belum lagi termasuk yang bekerja di sana.

Agaknya bilakah pula kita mampu melihat orang Singapura yang akan menjadikan negeri Johor destinasinya pula?

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Harian Metro M/S 6, 8

KKM mahu manfaat kemudahan PERKESO

Kuala Lumpur: Kementerian Kesihatan (KKM) sedang memperincikan langkah segera untuk memanfaatkan pusat rehabilitasi bertaraf dunia milik Pertubuhan Keselamatan Sosial (PERKESO) bagi merawat pesakit awam termasuk kanak-kanak yang mengalami Cerebral Palsy (CP).

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, langkah itu bertujuan mengoptimumkan kemudahan sedia ada menerusi pendekatan rentas kementerian bagi mengatasi masalah kesesakan dan kekurangan kepakaran di pusat rehabilitasi KKM.

Beliau mengakui wujud kekangan perundangan ketika ini berikutan kemudahan PERKESO tertakluk di bawah Akta Keselamatan Sosial Pekerja 1969 (Akta 4) yang mengehadkan rawatan kepada pencarum sahaja, manakala KKM beroperasi di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586).

"Saya memandang sangat mustahak untuk kita segera menangani kekangan ini.

"Justeru, saya mencadangkan perbincangan segera diteruskan bagi membolehkan KKM melaksanakan Program Penyusunan Luar Perkhidmatan Kesihatan (HSOP)," katanya menjawab soalan ***Dr Kelvin Yii Lee Wuen (PH-Bandar Kuching)*** pada sesi soal jawab lisan di Dewan Rakyat, semalam.

Unit Hemodialisis Hospital Bentong beroperasi seperti biasa

Kuantan: Dakwaan di media sosial kononnya Unit Hemodialisis Hospital Bentong ditutup adalah tidak benar.

Jabatan Kesihatan Negeri (JKN) Pahang dalam satu kenyataannya semalam berkata, Unit Hemodialisis Hospital Bentong masih beroperasi seperti biasa dan perkhidmatan rawatan kepada pesakit berjalan mengikut jadual ditetapkan tanpa sebarang gangguan.

"Sehubungan itu, orang ramai dinasihatkan agar tidak mudah mempercayai atau menyebarkan maklumat yang tidak sahih serta sentiasa merujuk kepada saluran komunikasi rasmi Hospital Bentong, JKN Pahang atau Kementerian Kesihatan untuk mendapatkan maklumat yang tepat," katanya.

Menurutnya, JKN Pahang komited untuk memastikan penyampaian perkhidmatan kesihatan terbaik kepada masyarakat dan sebarang perkembangan akan dimaklumkan melalui saluran rasmi.

PERENTAK TANPA WAYAR

Teknologi baharu perentak jantung tanpa wayar memberi harapan kepada pesakit dengan pemulihan lebih cepat serta risiko lebih rendah

Kuala Lumpur

Adabiah Darus tidak pernah menduga rasa pening dan hampir pitam yang dialaminya berulang kali sejak awal tahun ini adalah tanda-tanda penyakit jantung.

Pun begitu, pesara kerajaan berusia 68 tahun ini bernasib baik kerana tindakannya membuat pemeriksaan awal di sebuah klinik kesihatan di sini, membolehkan doktor membuat pemeriksaan lanjut dan menemukan masalah pada jantungnya.

"Doktor jalankan saringan ECG (elektrokardiogram) sebanyak tiga kali dan keputusan ketiga-tiga ujian menunjukkan bacaan jantung yang tidak 'cantik', mengesahkan saya ada masalah jantung," kongsinya dengan Bernama.

Adabiah kemudian mendapatkan pemeriksaan lanjut di Hospital Canselor Tuanku Muhriz (HCTM), Universiti Kebangsaan Malaysia dan disahkan mengalami sindrom sinus sakit serta disarankan oleh doktor untuk memakai perentak jantung tanpa wayar.

(Sindrom sinus sakit merujuk gangguan irama jantung yang menyebabkan degupan jantung terlalu cepat, perlahan atau tidak seragam).

PAKAR Kardiologi, Elektrofisiologi dan Perubatan Dalaman, Jabatan Perubatan, Hospital Canselor Tuanku Muhriz (HTCM), Dr Mohd Asyiq Al-Fard Mohd Raffali (kiri) melihat kakitangan perubatan menyiapkan peralatan sebelum menjalankan prosedur pemasangan perentak jantung tanpa wayar di HCTM, Universiti Kebangsaan Malaysia (UKM).

Pada tanggal 10 Jun lepas, dua individu termasuk Adabiah, menjadi pesakit jantung pertama menjalani prosedur pemasangan perentak jantung tanpa wayar di HCTM, dan Bernama antara empat wakil media yang diundang oleh hospital itu bagi menyaksikan catatan sejarah tersebut.

Prosedur itu dikendalikan oleh Pakar Kardiologi, Elektrofisiologi dan Perubatan Dalaman di Jabatan Perubatan HCTM, Dr Mohd Asyiq Al-Fard Mohd Raffali.

Mengulas lanjut, Dr Mohd Asyiq Al-Fard berkata umumnya, perentak jantung berperanan menyelaras degupan jantung yang tidak normal, dan berbeza perentak konvensional yang bersaiz sebesar kotak mancis, peranti tanpa wayar berbentuk seperti kapsul kecil sebesar kapsul ubat biasa.

Kaedah konvensional memerlukan pembedahan poket bawah kulit dan penyaluran wayar ke dalam jantung, sementara inovasi tanpa wayar menawarkan alternatif yang lebih selamat dengan risiko komplikasi minimum.

PESARA kerajaan Adabiah Darus, 68, yang mengalami sindrom sinus sakit bercakap kepada media sebelum menjalani prosedur pemasangan perentak jantung tanpa wayar di HCTM, Universiti Kebangsaan Malaysia (UKM), baru-baru ini.

"Perentak konvensional dipasang di bawah kulit dada, manakala peranti tanpa wayar ini dimasukkan terus ke dalam ruang jantung tanpa memerlukan sebarang wayar (lead).

"Jikalau dahulu perentak jantung tanpa wayar ini hanya dimasukkan ke ruang bawah jantung (ventrikel), dengan teknologi baharu kita dapat masukkan ke ruang atas jantung (atrium)," katanya.

Ditanya tentang perbezaan antara perentak jantung konvensional dan perentak jantung tanpa wayar, Dr Mohd Asyiq Al-Fard berkata perbezaan utama adalah pada struktur dan cara pemasangan.

"Untuk perentak jantung konvensional, komponen yang diimplan terdiri daripada peranti (jana kuasa) dan wayar, manakala perentak jantung tanpa wayar hanya terdiri daripada peranti tunggal yang berbentuk kapsul.

"Lokasi pemasangan juga berlainan dengan perentak jantung tanpa wayar dimasukkan terus ke dalam jantung menerusi urat vena kaki manakala perentak konvensional diletakkan di bawah kulit kawasan dada," katanya.

"Sekiranya peranti mengesan jantung berdenyut terlalu perlahan atau berhenti seketika, alat itu akan menghantar impuls elektrik kecil yang selamat untuk 'mengejutkan' otot jantung supaya kembali berdenyut pada kadar normal," katanya.

Menjelaskan dengan lebih lanjut prosedur pemasangan, Dr Mohd Asyiq Al-Fard berkata prosedur itu hanya melibatkan bius setempat, iaitu di kawasan pangkal paha, dan prosedur hanya dilakukan di makmal kateterasi atau "cath lab".

"Seterusnya, satu tiub kecil dan fleksibel (kateter) akan dimasukkan melalui urat besar di pangkal paha (vena femoralis). Dengan panduan imej sinar-X (fluoroskopi), kateter tersebut digerakkan secara berhati-hati merentasi saluran darah hingga ke dalam ruang bawah kanan jantung (ventrikel kanan).

"Selepas itu perentak tanpa wayar dilepaskan dari kateter dan dilekatkan pada dinding otot jantung menggunakan cangkuk mikro khas. Setelah dipastikan kedudukannya kukuh dan berfungsi dengan baik, kateter akan dikeluarkan dan tempat tusukan di pangkal paha ditekan untuk hentikan pendarahan," katanya.

Menurut pakar itu, prosedur tersebut biasanya mengambil masa sekitar 30 hingga 45 minit tetapi boleh mencecah satu jam atau lebih, bergantung pada anatomi saluran darah dan struktur dalaman jantung pesakit.

"Jika struktur jantung pesakit agak unik atau bengkak, pakar memerlukan masa lebih sedikit untuk mencari posisi peranti yang paling optimum dan selamat pada jantung," katanya.

"Selain itu, kaedah ini juga menghapuskan risiko wayar tersumbat, patah atau merosakkan injap jantung dalam jangka masa panjang. Dari sudut estetik dan keselesaan pula, tiada parut atau benjolan pada dada. Orang lain tidak akan tahu pesakit memakai peranti jantung. Prosedur ini juga mempunyai risiko pendarahan yang rendah kerana tiada pemotongan pisau bedah yang besar di dada," katanya, menambah teknologi baharu berkenaan mampu meningkatkan kualiti kehidupan pesakit terutama dari segi keselesaan dan kemudahan pesakit.