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Pull over for a drug test

Police plan to use saliva kits to detect DUI drivers

By FARIK ZOLKEPLI
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KUALA LUMPUR: Bukit Aman is planning to deploy saliva drug-testing kits at roadblocks nationwide to detect motorists driving under the influence (DUI) of synthetic drug-laced vape liquids marketed as "Piu Piu" and "Magic Mushroom".

Bukit Aman Narcotics Crime Investigation Department (NCID) director Comm Datuk Hussein Omar Khan said the move comes amid growing concerns that road accidents are being linked to motorists impaired by synthetic drugs consumed through electronic cigarettes or vape devices.

He said some motorists were unknowingly becoming intoxicated while driving after inhaling the substances through vape devices.

"Both Piu Piu and Magic Mushroom are commercial terms used to market synthetic liquid drugs that are inserted into vape devices," he told a press conference at the Kuala Lumpur police headquarters yesterday.

Comm Hussein said police believe several road accidents in the country were caused by motorists who had inhaled those substances.

He warned that the drugs, which are easily obtained, could leave users in a state of intoxication that severely impairs their judgment.

"If this issue is not addressed immediately, we cannot rule out the possibility of an increase in road accidents caused by drug-impaired driving."

Comm Hussein urged the government to take stronger measures against vape products to help authorities curb abuse.

The NCID, he said, has also appealed to the government to approve funding for the purchase of saliva drug-testing kits, with the aim to deploy them at roadblocks by year-end.

Police are also working with the Health Ministry and the National Anti-Drug Agency to tackle the growing problem.

Earlier, Comm Hussein expressed concern over the rising abuse of illegal inhalants, noting that the substances had also been detected among secondary school students.

"We recorded 108 cases involving 138 arrests nationwide last year for offences related to synthetic drug-laced vape liquids.

"As of June 10 this year, the figures had risen sharply to 168 cases and 267 arrests."

Comm Hussein also echoed the call made by Deputy Inspector-General of Police Tan Sri Ayob Khan Mydin Pitchay for a ban on all vapes.

"While only about 10% of vape users in Malaysia use drug-laced ones, the threat is significant as such users could endanger others," he said.

Make oral health part of elderly care, say experts

By QISTINA SALLEHUDDIN
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PETALING JAYA: Malaysia must effectively integrate oral healthcare into its broader elderly care framework as the country moves towards becoming an ageing society, says a senior consultant geriatrician.

The call comes as the country faces a rapidly changing demographic landscape, with the Health Ministry setting a target of 50% of elderly people having at least 20 natural teeth by 2030.

Based on the National Oral Health Survey of Adults 2020, only 34% of senior citizens have at least 20 natural teeth.

Prof Dr Shahrul Bahyah Kamaruzzaman of Universiti Malaya said oral healthcare is only partially integrated into broader elderly care frameworks, despite being referenced in national policies.

The Health White Paper and the National Oral Health Strategic (NOHS) Plan 2022–2030 include provisions on elderly care, including the 6020 campaign – a Health Ministry's initiative aimed at promoting lifelong oral health.

"Oral healthcare in Malaysia is partially integrated but insufficiently so. Despite being acknowledged in national policies, it still remains somewhat siloed.

"Guidelines on Oral Health Care for the Elderly introduced in 2002, as well as inter-ministerial taskforces on healthy ageing, are already in place.

"However, findings from the National Oral Health Survey of Adults 2020 continue to show significant gaps, with 94.6% of adults requiring dental care and previous surveys showing low tooth retention rates of only 23.9% among those aged 60 and above," she said.

Dr Shahrul Bahyah said policymakers should shift the focus from reactive treatment to preventive care by strengthening the integration of oral healthcare within national ageing frameworks, expanding workforce capacity and improving community-level services.

She said rising elderly numbers would require larger oral healthcare teams, but Malaysia still faces a shortage of skilled personnel equipped to address geriatric needs.

Limited outreach services also remain among the most significant barriers preventing many older adults, particularly those in rural and underserved communities, from accessing dental care, she said.

Universiti Kebangsaan Malaysia's Family Oral Health Department's Assoc Prof Dr Tanti Irawati Rosli said that while some level of integration exists at policy level, implementation remains uneven.

The NOHS Plan 2022–2030 prioritises healthy ageing and oral health prevention and preservation among older people, while the Kembara Senyuman initiative offers services such as denture provision to communities and rural areas.

"But the gaps are interconnected rather than isolated issues. As many older adults have limited mobility, routine preventive care can be difficult, and if delayed, problems can become severe," said Dr Tanti Irawati.

"Others may include financial constraints, cognitive limitations and perceptions that oral healthcare is non-essential or low priority."

She said oral healthcare should be more closely integrated into broader health systems, including non-communicable diseases and nutrition policies, given its impact on eating ability, chronic disease management and quality of life.

As such, she said oral health assessment should be part of routine geriatric screening in primary healthcare settings, similar to blood pressure and [illegible] itoring.

"There is also a need to expand community and domiciliary dental services, especially for frail and dependent elderly patients," she added.

UKM Faculty of Dentistry's Assoc Prof Dr Hsu Zenn Yew wrote to *The Star* in May, pointing out that tooth loss should not be accepted as an inevitable part of ageing.

"When an elderly parent or grandparent begins to eat less, avoids certain food, complains about loose dentures or becomes reluctant to smile, these may be signs that dental care is needed.

"Sometimes, the first step is simply to help them arrange a dental appointment," she said.

Healing the healthcare system

Aside from the need for more staff and funds, the sector should be given autonomy to decide on its workforce.

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Comment

MALAYSIA'S public healthcare has always been regarded as one of the best in the world for affordability and accessibility.

After all, few countries can offer their citizens gold standard quality care and medicines for a minimal fee of RM1 or RM5.

But the system in Malaysia is now "wounded" and needs "nursing" itself.

This month alone, several hospitals were forced to restructure their services due to manpower shortages. Among them were the facilities in Segamat, Lahad Datu, Pekan and the Duchess of Kent Hospital in Sandakan.

At the same time, new healthcare facilities, including the Petaling Jaya hospital, have been announced.

All this is happening as the government tightened its belt by cutting down on expenses, no thanks to the US-Iran conflict.

The only consolation of sorts is probably the clarification by the Health Ministry, dismissing allegations that its budget had been slashed by RM3.06bil.

But it acknowledged that the Finance Ministry had restricted its operating expenditure to RM500mil, describing it as a "technical adjustment" in view of the surplus allocations for vacant positions that cannot be filled this year.

This apparently does not affect the 18,641 posts approved by the Public Service Department (PSD) for the Health Ministry for 2026.

"The restriction does not involve the ministry's operational allocations or asset procurement," it said.

Nevertheless, the headlines this month painted a grim picture on the reality of our public hospitals. In essence, they tell us that our healthcare needs rescue.

Yes, new facilities can be built. But what use are they without the healthcare workers and the healing hands to attend to the sick?

One may argue that it takes years to build a hospital and that the requirement for staff is not immediate yet but we have seen examples of understaffed hospitals time and again.

The latest would be the new Hospital Pasir Gudang where the government is still targeting to fill 59% of the vacancies by September.

We must not forget that private healthcare is becoming increasingly unaffordable, too. There have been multiple reports of people, including retirees, giving up their health insurance as they could no longer afford the premiums.

The Parliament's Public Accounts Committee tabled its reports this week in which the findings were an indication of how private healthcare is becoming out of reach for many.

This means that the demand for public healthcare will only go up even more.

For instance, it said that private hospitals charged patients with Guarantee Letters higher rates than cash-paying patients and those using a pay-and-claim basis.

It also uncovered the practice of "unbundling", whereby hospitals impose separate charges for basic items that would ordinarily be included in room fees.

Whether these business practices are acceptable or not, private healthcare as an option is becoming increasingly unattainable to the masses.

To be fair, the Health Ministry has been trying to solve its many problems, but some things are just out of its hands.

The deep-rooted problem is rather systemic and cuts across several entities.

One of the solutions to the problem is more funds.

It is also high time to rethink the hiring system. This sector needs autonomy in deciding its workforce needs.

The current recruitment system, which is governed by the PSD and the Public Service Commission, probably works for other sectors of the civil service but it is clearly not helpful when it comes to healthcare.

If there is a lesson the Covid-19 pandemic has taught us, it is that when it comes to healthcare, having a surplus of workers is great.

You can never have too many healthcare workers, especially in a country which is ageing fast.

Perhaps it is time to seriously look into the idea of setting up the Health Service Commission, which would at least provide the ministry with some level of authority to appoint its manpower.

Based on previous estimates, the healthcare sector needs an allocation which is at least 5% of gross domestic product (GDP).

Despite repeated calls each year for the Health Ministry to be given the highest allocation in the national budget, that call has never been heeded.

Traditionally, the highest allocation has been going to education.

There is no doubt that both health and education are among the largest service schemes in the country, if not the largest.

But the Health Ministry's needs are pressing; governments have come and gone, yet the ministry's problems are not fully resolved.

It is hoped that despite the austerity drive this year, healthcare will be given the lion's share of the budget when the government tables its national spending plan for 2027 on Oct 9.

Calling private healthcare workers to serve on a pro bono, honorarium or sessional basis at healthcare facilities may be a temporary solution but it is not the ultimate resolution to staffing woes.

This at most will serve as a band aid and not the cure to the problem.

Health Minister Datuk Seri Dr Dzulkefly Ahmad has indicated that more details on the possible nationwide enlistment of private healthcare workers to support government facilities will be announced in the coming weeks.

These, he said, were among the "noble ideas" to be shared soon.

While we wait for the announcement, let's not forget that healthcare workers are the pulse of hospitals and clinics.

Without them, these facilities would just be buildings. Before we build more hospitals, let's staff existing ones first.

Healthcare cannot be a luxury.

App will enable patients to control sharing of medical info

KUALA LUMPUR: Patients will soon be able to decide what medical information they share with doctors across both public and private healthcare facilities through the MySejahtera app, as the Health Ministry moves to create a more connected digital health ecosystem.

The ministry's Digital Health Department director Dr Mahesh Appannan said testing is currently underway to enable seamless sharing of patient records between government and private healthcare providers, a feature expected to be rolled out in the coming months.

At present, patient records can only be shared within government healthcare facilities.

"The goal is to empower patients in sharing their own medical records.

"Instead of answering the same questions at every visit, patients can simply share their medical history, allowing doctors to focus on delivering quality care," he said during a forum on Digital Leadership as a Leadership Capability yesterday.

Dr Mahesh said the system is designed to improve patient outcomes by giving healthcare providers a more complete view of a patient's medical history, reducing duplication of tests, lowering costs and speeding up consultations, all with the patient's consent.

He said the new feature will also automatically generate a summary of each clinic visit and send it to patients as a PDF file through the MySejahtera app.

"For example, after a consultation at a government clinic, the full visit details will be compiled and sent directly to the patient," he added.

Dr Mahesh emphasised that digital health should become a core competency of healthcare professionals.

"It is no longer optional if you want to work in modern healthcare."

Separately, Dr Mahesh said a radiology interoperability initiative is being piloted at three Klang Valley hospitals, allowing doctors to access imaging records digitally instead of relying on compact discs.

"The system reduces duplication, saves costs and gives patients easier access to their scans."

The initiative, he said, will be expanded to 10 hospitals and selected private healthcare facilities this year.

He added that all government primary healthcare facilities are expected to adopt electronic medical records by early 2027.

"There will no longer be handwritten patient records. Everything will be entered digitally," he said.

Meanwhile, Association of Private Hospitals Malaysia president Datuk Dr Kuljit Singh said digitalisation should help reduce the burden on healthcare workers rather than become another source of stress, especially amid staffing shortages and burnout.

He noted that while almost all private hospitals have adopted digital platforms, interoperability remains a major challenge because many facilities operate on different systems.

"Workforce stress is inevitable, and technology must be used to ease rather than add to that burden."

Dr Kuljit said his hospital has already adopted artificial intelligence (AI) to record and structure clinical notes during consultations.

He added that AI is also being used to improve financial management, particularly in billing and insurance submissions.

"The technology helps generate accurate bill estimates, identify leakages and wastage, and give hospitals a clearer picture of costs and charges."

However, Dr Kuljit added that clinical judgment must remain paramount.

"Technology should work for us, not the other way around."

Stop private hospitals from overcharging patients

PARLIAMENT'S Public Accounts Committee (PAC) should be commended for bringing to light the fact that private healthcare providers have been imposing unnecessary charges for basic items in patients' hospital bills – a practice that has reportedly been taking place for many years.

Items such as alcohol swabs, clinical waste disposal, and pillowcases, which should reasonably be included under room and nursing service charges, are instead being billed separately. Although these may appear to be minor charges individually, they collectively impose a significant financial burden on patients and medical insurance policyholders.

The relevant ministries must take immediate steps to strengthen oversight of private hospitals and insurance providers. This includes addressing the practice of insurers having "closed pools", which has contributed to sharp increases in insurance premiums and placed an unfair burden on long-standing policyholders.

To put an end to these practices, I propose the following measures:

> **Establish a joint regulatory body:** The Health Ministry and Domestic Trade and Cost of Living Ministry should establish a joint regulatory body to oversee the billing practices of private hospitals.

This body should ensure that patients are not charged separately for essential items that ought to be included as a part of standard hospital services.

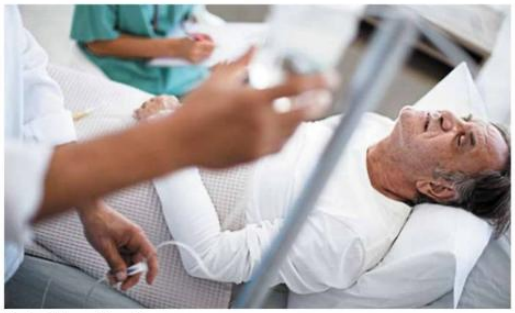

Photo: Tribune News Service

In addition, the Health Ministry should publish a comprehensive list of basic consumables and services that cannot be billed separately. Such transparency will empower patients to identify and challenge inappropriate charges.

> **Launch a public complaints portal:** The Public Complaints Bureau under the Prime Minister's Department should establish a dedicated online portal for patients to report instances of overcharging.

A centralised reporting mechanism will enable the authorities to gather evidence directly from the public, identify recurring offenders, and take swift enforcement action against hospitals that engage in unfair billing practices.

> **Strengthen regulatory oversight of insurance premiums:** Bank Negara Malaysia should require insurers to provide actuarial justification before implementing substantial premium increases.

Insurance companies must demonstrate that any repricing is based on objective factors such as medical inflation, claims experience, reserve requirements, and other measurable financial indicators, rather than arbitrary commercial decisions.

> **Ensure fairer insurance pricing:** While insurance premiums naturally increase with age, insurers should be encouraged to adopt gradual annual adjustments instead of imposing sudden and excessive hikes.

Annual caps or premium-smoothing mechanisms would help prevent policyholders, particularly senior citizens, from facing unaffordable increases after the age of 60 or 70.

> **Strengthen claims management:** Insurance companies must enhance their claims management processes by reducing fraudulent and unnecessary claims. They should also work closely with private hospitals to ensure that treatments and procedures are medically necessary and appropriately priced.

Better claims management will help contain overall healthcare costs and moderate future premium increases.

The government, regulators, and the insurance industry all have an important role to play in ensuring that patients receive fair treatment and are not subjected to unreasonable charges. While the cost of individual items may appear insignificant, the cumulative amount collected through such practices over many years could be substantial.

Patients should not be expected to bear unnecessary costs for basic consumables that are integral to routine hospital care. Stronger regulation, greater transparency, and more robust enforcement are therefore essential to restore public confidence in the private healthcare system.

The relevant authorities must act without delay to end these practices, protect consumers from unfair billing, and ensure that every ringgit paid by patients and policyholders reflects genuine and necessary healthcare services.

DATUK Ir LAWRENCE LOW
MCA vice-president
MCA Economic & SMEs Affairs Committee chairman

The Sun M/S 6

Elderly urged to use walking sticks

Mobility aids vital in improving stability and reducing fall risk: Expert

BY **QIRANA NABILLA MOHD RASHIDI**
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PETALING JAYA: Walking sticks should be viewed as a preventive aid rather than a last resort, a gerontologist said, emphasising that a simple mobility device could significantly reduce the risk of falls among aged Malaysians.

Universiti Teknologi Mara gerontologist and senior lecturer Dr Nur Amalina Aziz said falls remain one of the most overlooked threats to healthy ageing in Malaysia, with the National Health and Morbidity Survey showing that one in seven senior individuals (14.3% of respondents) experienced at least one fall in the past 12 months.

She added that even a single fall could have devastating consequences, including serious injury, loss of mobility and death.

"Fall-related trauma often leads to complex health conditions among old adults, with the burden expected to rise as the population ages. By 2050, an estimated six million hip fractures caused by falls are projected annually across Asia," she told *theSun*.

Nur Amalina said the issue has become more pressing as Malaysians aged 60 and above now account for more than 11% of the population.

Citing the World Health Organisation, she said advancing age is one of the key risk factors for falls, with elderly adults facing the highest risk of severe injuries such as hip fractures and head trauma, which could be fatal.

"This is a worrying finding that calls for urgent attention from multiple stakeholders.

"These efforts should involve housing developers in incorporating safe and elderly-friendly housing design features, government bodies in strengthening supportive built environments and families in providing adequate care and support for their senior members to age safely and independently."

She also said while Malaysia has taken positive steps to promote active and healthy ageing through initiatives involving multiple stakeholders, more needs to be done to prepare the country for a rapidly ageing population, calling for the prompt implementation of the Senior Citizens Bill.

Nur Amalina said if current attitudes towards mobility aids do not change, the incidence of falls among old people is likely to continue rising. – ***AMIRUL SYAFIQ/THESUN***

Nur Amalina added that the legislation would better address the needs of the elderly by promoting age-friendly infrastructure, strengthening community and family support systems, and safeguarding their right to a good quality of life.

"If current attitudes towards mobility aids do not change, the incidence of falls among old people is likely to continue rising. The incidents often result in fall-related trauma that necessitates long-term and expensive care of elder patients."

She also said old people who have fallen once are more likely to fall again, often with more severe consequences.

"Those affected may also experience reduced confidence and a fear of engaging in leisure activities such as walking, window shopping and socialising," she said, adding that in some cases, seniors may lose the ability to carry out daily activities independently and experience reduced mobility.

She said walking sticks and other mobility aids play an important role in improving stability and reducing the risk of falls, particularly for those with complex health conditions or age-related mobility issues.

Nur Amalina said such aids are often viewed as temporary rather than complete solutions, but they could support recovery and rehabilitation, especially for seniors with conditions such as stroke or those recovering from injuries.

She added that in some cases, wheelchairs are also used to help restore mobility and independence during recovery.

"However, many old adults still resist using walking sticks even when they would benefit from them, often due to self-stigma and fear of being perceived as weak, disadvantaged or dependent.

"This perception needs to be reframed. A small support such as a walking stick could make a big difference in preventing falls."

She also pointed to environmental barriers such as unsafe walkways and poorly maintained infrastructure, which further discourage the use of mobility aids.

NST M/S 6

PAC FINDINGS

Panel: Report reinforces effort to rein in private healthcare costs

KUALA LUMPUR: The Joint Ministerial Committee on Private Healthcare Costs (JMCPHC) will give "careful consideration" to a parliamentary report on rising insurance premiums and private hospital charges as reforms continue.

The committee, co-chaired by Finance Minister II Senator Datuk Seri Amir Hamzah Azizan and Health Minister Datuk Seri Dr Dzulkefly Ahmad, said in a statement the findings underlined the urgency of ongoing healthcare reforms.

The Public Accounts Committee (PAC) report is broadly aligned with the direction of the Reset Strategy and reinforces its call to accelerate reform, it said.

JMCPHC said it would give them "careful consideration as it continues to expedite reforms already underway".

The Reset Strategy is a "whole-of-nation" initiative led by the government and Bank Negara Malaysia to tackle rising medical inflation and stabilise private healthcare costs.

The PAC found that some private hospitals separately charged patients for basic items that should be included in room charges.

It also found that patients using insurance guarantee letters were, in some cases, charged higher rates than those paying cash or through pay-and-claim arrangements.

On Thursday, PAC member Dr Halimah Ali said the committee found evidence of "unbundling", where hospitals imposed separate charges for items, such as clinical waste disposal, pillowcases and alcohol swabs, that should have been included under room or standard service charges.

Meanwhile, the Association of Private Hospitals Malaysia (APHM) said it was working with the government to address rising medical costs through its role in the JMCPHC.

Its president, Datuk Dr Kuljit Singh, said the association supported initiatives by the Health Ministry and Finance Ministry to tackle medical cost inflation, including issues raised in the PAC report, many of which are already being addressed through the committee.

He said in a statement that APHM had also engaged the Health Ministry to improve hospital bill transparency in collaboration with stakeholders.

Sinar Harian M/S 11

Pelan MHIT asas dirintis akhir Julai

KUALA LUMPUR – Pelan Insurans/Takaful Perubatan dan Kesihatan (MHIT) asas dijangka memasuki fasa pelaksanaan rintis menjelang akhir Julai ini, menurut Kementerian Kewangan (MoF).

Dalam kenyataan pada Jumaat, Kementerian Kewangan (MoF) memaklumkan inisiatif itu menunjukkan kemajuan memberangsangkan di bawah Strategi RESET.

Strategi itu dilaksanakan secara kolaboratif bersama Kementerian Kesihatan Malaysia (KKM), Bank Negara Malaysia dan pihak berkepentingan utama bagi menangani inflasi perubatan serta memperkukuh sistem penjagaan kesihatan negara.

Menurut MoF, beberapa inisiatif lain sedang dilaksanakan secara berperingkat. Ini termasuk penggunaan sistem kumpulan berkaitan diagnosis (DRG) sebagai mekanisme pembayaran kepada penyedia perkhidmatan kesihatan.

Turut dilaksanakan ialah peningkatan ketelusan harga, penilaian faktor pendorong inflasi perubatan, pengukuhan standard data dan penambahbaikan mekanisme penyelesaian pertikaian.

"Kesemua inisiatif ini mencerminkan komitmen dan kerjasama erat antara pembuat dasar, pengawal selia, pembayar serta penyedia perkhidmatan kesihatan dalam menjayakan reformasi sektor penjagaan kesihatan negara," menurut kenyataan itu.

Kenyataan itu dikeluarkan sebagai maklum balas terhadap laporan Jawatankuasa Kira-Kira Wang Negara (PAC) berhubung usaha menangani kenaikan premium insurans dan caj hospital swasta.

MoF berkata, Jawatankuasa Bersama Menteri bagi Kos Penjagaan Kesihatan Swasta (JBMKKS) akan meneliti setiap syor PAC dan memberikan pertimbangan sewajarnya.

Jawatankuasa itu dipengerusikan bersama Menteri Kewangan II, Datuk Seri Amir Hamzah Azizan dan Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad. - *Bernama*

Satu beg darah beri manfaat pesakit, penderma

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Derma darah mencerminkan semangat kemanusiaan dan tanggungjawab bersama dalam masyarakat. Setiap titisan darah didermakan berpotensi menyelamatkan nyawa pesakit yang sedang bertarung antara hidup dengan mati.

Ramai pesakit bergantung sepenuhnya kepada darah penderma. Pesakit talasemia major misalnya, memerlukan transfusi darah berkala sepanjang hayat. Tanpanya, mereka berdepan risiko komplikasi serius boleh mengancam nyawa.

Pesakit hemofilia pula memerlukan komponen darah tertentu untuk mengawal pendarahan. Begitu juga mangsa kemalangan jalan raya kehilangan darah dalam jumlah besar serta pesakit menjalani pembedahan jantung, pemindahan organ atau rawatan kanser.

Setakat Oktober tahun lalu, 64.3 peratus penderma di negara ini adalah penderma tegar dalam tempoh dua tahun kebelakangan ini. Walaupun ia menunjukkan komitmen masyarakat, keperluan terhadap darah secara berterusan sangat kritikal.

Cabaran sentiasa wujud kerana sel darah merah hanya boleh disimpan 42 hari, manakala platelet hanya bertahan lima hari. Malaysia memerlukan sekurang-kurangnya 2,000 hingga 2,500 unit darah setiap hari untuk menampung keperluan pesakit di hospital seluruh negara.

Namun, masih ramai yang ragu-ragu kerana terpengaruh dengan pelbagai mitos yang menimbulkan ketakutan dan menjejaskan kelangsungan bekalan darah negara.

Antaranya, menderma darah menyebabkan badan menjadi lemah. Hakikatnya, tubuh hanya kehilangan sekitar 450 mililiter darah, iaitu jumlah kecil berbanding keseluruhan isi padu darah dalam badan.

Beg darah tak pernah dikitar semula

Tubuh mempunyai keupayaan semula jadi menggantikan darah hilang dalam tempoh beberapa hari. Kebanyakan penderma boleh kembali melakukan aktiviti harian seperti biasa selepas berehat seketika.

Ada juga beranggapan ia boleh menyebabkan jangkitan, sedangkan kebimbangan ini berpunca daripada salah faham terhadap prosedur moden. Semua peralatan digunakan adalah steril dan sekali guna, termasuk jarum serta beg darah yang tidak pernah dikitar semula.

Risiko jangkitan hampir sifar kerana setiap langkah dijalankan mengikut protokol ketat ditetapkan Kementerian Kesihatan (KKM) dan Pusat Darah Negara.

Sebelum proses bermula, penderma akan melalui pemeriksaan kesihatan ringkas seperti semakan tekanan darah, tahap hemoglobin, dan sejarah kesihatan. Selepas darah diambil, ia akan melalui saringan makmal teliti untuk mengesan penyakit berjangkit seperti HIV, hepatitis B dan C, serta sifilis. Hanya darah bebas sebarang jangkitan akan digunakan.

Mitos lain pula hanya mereka benar-benar sihat boleh menderma. Syarat utama hanyalah penderma dalam keadaan sihat pada hari pendermaan, berumur antara 18 hingga 60 tahun dan memenuhi berat badan minimum ditetapkan.

Ada tanggapan darah didermakan tidak digunakan sepenuhnya. Hakikatnya, setiap unit darah dikumpulkan akan diproses dengan teliti dan diasingkan kepada komponen utama seperti plasma, platelet dan sel darah merah.

Plasma digunakan untuk merawat pesakit yang mengalami masalah pembekuan darah, platelet pula diperlukan bagi pesakit kanser atau mereka yang menjalani kemoterapi, manakala sel darah merah digunakan untuk pesakit yang kehilangan darah akibat pembedahan atau kemalangan. Dengan cara ini, satu beg darah boleh membantu lebih seorang pesakit.

Sebenarnya, menderma darah juga memberi manfaat kepada penderma. Kajian menunjukkan ia boleh membantu mengurangkan risiko penyakit tertentu dan memberi peluang kepada individu untuk memantau tahap kesihatan diri sekiranya dibuat secara berkala.

DBKL keluarkan 74 notis, kompaun premis makanan

Operasi Gelap Gempur Khas dengan kerjasama KKM di sekitar Bukit Bintang

Oleh Fatin Farissha Hasbullah
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Kuala Lumpur: Dewan Bandaraya Kuala Lumpur (DBKL) mengeluarkan 74 notis serta kompaun terhadap premis makanan ketika Operasi Gelap Gempur Khas di sekitar Jalan Alor, Bukit Bintang, kelmarin.

Operasi dengan kerjasama Kementerian Kesihatan (KKM) itu dilaksanakan terhadap 45 premis makanan.

DBKL berkata, notis dikeluarkan di bawah pelbagai peruntukan iaitu Undang-Undang Kecil Pelesenan Petempatan Makanan WPKL 2016, Undang-Undang Kecil Pengendali Makanan Wilayah Persekutuan 1979, Akta Jalan, Parit dan Bangunan 1974, Undang-Undang Kecil Pelesenan Tred, Perniagaan dan Perindustrian WPKL 2016 serta Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024.

"Operasi bertujuan memastikan tahap kebersihan, keselamatan makanan dan pematuhan syarat pelesenan sentiasa berada pada tahap ditetapkan.

Anggota penguat kuasa DBKL menjalankan Operasi Gelap Gempur Khas di sekitar Jalan Alor, Bukit Bintang, semalam.
(Foto FB DBKL)

"Setakat ini, kesalahan dikesan ialah kegagalan menjaga kebersihan, tidak memasang atau menyelenggara perangkap minyak serta kehadiran lipas dan tikus di ruang dapur.

"Selain itu, premis berkenaan juga menyimpan bahan makanan tidak mengikut spesifikasi, pekerja tidak mendapatkan suntikan tifoid dan tiada kursus pengendalian makanan, selain kesalahan berkaitan larangan merokok dan syarat pelesenan," katanya dalam kenyataan di Facebook.

Pastikan tahap kebersihan

Sementara itu, enam premis makanan diarahkan tutup di bawah Undang-Undang Kecil 28(1), Undang-Undang Kecil Pelesenan Petempatan Makanan WPKL 2016 kerana gagal mematuhi kehendak kebersihan yang ditetapkan.

DBKL berkata, usaha penguatkuasaan secara berterusan akan dilakukan bagi premis makanan di ibu kota supaya kebersihan, keselamatan makanan dan kesejahteraan warga kota terjamin.