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'RM3.06 billion cutback could impede health sector'

➤ Move may affect hospitals, patient care and workforce, says expert

■ BY KIRTINEE RAMESH
newsdesk@thesundaily.com

PETALING JAYA: A proposed RM3.06 billion cut to Malaysia's health budget has triggered alarm among public health experts and policy advocates, who say the move could undermine critical services, strain hospitals and deepen health inequalities nationwide.

Universiti Kebangsaan Malaysia public health specialist Prof Dr Sharifa Ezat Wan Puteh said while cost-saving measures are often introduced to address past inefficiencies, a substantial cut to healthcare funding could have unintended consequences on essential services.

She added that reductions in allocation may affect hospital and primary care operations, leading to longer waiting times, reduced drug availability and staffing shortages in public healthcare facilities.

"Such cuts may impede patient care in hospitals and primary care settings, including increased waiting times, minimal drug inventory, longer queues and insufficient staff to handle patient care."

She also said reductions in public health programmes could limit the scope and reach

of preventive services, particularly in managing non-communicable diseases (NCD), potentially affecting national health performance indicators.

Sharifa said scaling back screening and preventive activities may delay early detection and treatment, ultimately increasing long-term healthcare costs due to complications, higher disease burden and disability rates.

She added that potential workforce reductions could worsen dissatisfaction among healthcare workers, with some patients turning to self-medication or less appropriate alternatives due to reduced access.

While acknowledging that Malaysia's fiscal space is limited and subject to competing priorities, she emphasised that any subsidy rationalisation or spending adjustments should be implemented gradually and be income-targeted.

"Extreme budget cuts without a proper social safety net may lead to greater health disparities and lower overall quality of life."

"The most affected will be the low-income groups, the less educated and marginalised communities," she said, adding that such changes should be closely monitored for their impact on the health outcomes of the population, including disability-adjusted life years.

Research institute Galen Centre for Health and Social Policy CEO Azrul Mohd Khalib described the proposed reduction as more than an accounting adjustment, adding that it would have direct consequences on patient

care and healthcare system capacity.

"A RM3.06 billion cut to the Health Ministry's budget is not an accounting adjustment. It is a decision that will be felt in hospital wards, operating theatres, emergency departments, clinics, pharmacies, laboratories and by patients waiting for treatment."

He said the impact could include longer waiting lists, medicine shortages, delayed procedures and increased pressure on already stretched healthcare workers.

He added that the public healthcare system is already facing structural pressures, including rising patient demand, an ageing population, increasing NCD and workforce shortages.

Azrul said reducing the health budget at this stage would disproportionately affect vulnerable groups, including low-income households, older persons and rural communities, many of whom depend heavily on public healthcare services.

"When health budgets are cut, the effects are not theoretical - they are felt by patients waiting for cancer treatment, children needing urgent care and hospitals struggling with supplies."

He added that the long-term consequences of reduced health spending could outweigh short-term fiscal savings, potentially increasing overall healthcare costs due to delayed treatment and preventable complications.

"Cutting health spending does not make disease disappear. It shifts the burden onto patients, families and future budgets."

Call for clear, comprehensive strategy in fiscal restructuring

■ BY HARITH KAMAL
newsdesk@thesundaily.com

PETALING JAYA: Pressure is mounting on Putrajaya to be more transparent over its budget restructuring plans, with the government's Backbenchers Club (BBC) calling for a clear and comprehensive mitigation strategy amid rising concern over potential cuts to the healthcare sector.

BBC chairman Datuk Seri Dr Zaliha Mustafa said public anxiety has intensified following projections of up to RM3 billion in possible reductions, adding that fiscal tightening must not come at the expense of healthcare service quality.

While acknowledging the need for fiscal consolidation in a challenging economic environment, she emphasised that transparency and clarity are essential to sustaining public confidence.

"A clear, conclusive and comprehensive mitigation plan must be presented to ensure that any adjustments do not affect the quality of public healthcare services."

She said the long-term sustainability of the healthcare system depends on accelerating reforms outlined in the Health White Paper, including a decisive shift away from a treatment-centric model towards a more holistic, preventive and wellness-based approach.

"In line with this, the introduction of a basic Medical and Health Insurance and Takaful Plan should be expedited as an alternative financing mechanism to reduce reliance on federal funding, while ensuring a more inclusive, sustainable and affordable healthcare system."

"Additionally, in optimising the use of existing financial resources, the government should temporarily defer plans to build new hospitals and instead focus on upgrading existing facilities, including ensuring adequate availability of medical equipment and supplies."

She further emphasised that upgrading dilapidated health clinics must remain a national priority, with primary care facilities enhanced to at least Type 4 health clinic capacity, which handles about 150 to 300 patients daily to improve service delivery and ease congestion at public hospitals.

Zaliha also underscored the importance of continuing the Madani Medical Scheme, describing it as an effective buffer in reducing reliance on public hospitals for minor treatments.

"In pursuing fiscal consolidation efforts, the welfare and sustainability of healthcare frontliners must remain a top priority."

Budget restructuring must be implemented carefully to avoid long-term impacts on the capacity of the public healthcare system."

She added that as a strategic partner to the government, BBC would continue to play a constructive check-and-balance role to ensure fiscal policies remain anchored in public welfare, compassion and the sustainability of essential services.

Reimagining hospitals via airport model

MALAYSIA'S healthcare system is approaching a critical inflection point. Recent visits to public hospitals reveal a familiar pattern: overcrowded corridors, fatigued staff and waiting areas operating well beyond comfortable capacity.

According to the Health Ministry, public hospitals frequently exceed 83% bed occupancy, with some wards reaching full capacity.

Despite the tireless efforts of healthcare professionals, the data points to a structural constraint – simply adding more beds is no longer sufficient to meet demand.

What is required is not incremental expansion but systemic redesign. Hospitals must operate as integrated, coordinated systems rather than fragmented collections of departments.

Airports provide a useful operational analogue. They manage high volumes of people in time-sensitive, high-stress environments governed by strict safety protocols, yet maintain a high degree of efficiency and flow. This is not a function of space but of design – airports are structured as systems of movement, information and coordination.

At first glance, the comparison may seem counterintuitive. Aviation concerns travel while healthcare deals with matters of life and death. However, both are complex, high-stakes systems that require the precise coordination of people, equipment and time under conditions of constant uncertainty.

Although the outcomes differ, the underlying operational challenges – logistics, queue management and resource allocation – are strikingly similar. Yet, in Malaysia, the so-called airport model has largely remained conceptual, with limited translation into practical, system-wide implementation.

Consider the typical airport experience. Upon entering the

terminal, passengers are immediately guided by a centralised information display – the departure board – which provides clear, real-time updates on gate assignments and delays. This visibility reduces uncertainty and enables more effective planning and decision-making throughout the journey.

Now, contrast this with the experience in a Malaysian hospital. A patient arrives at the clinic, often wandering through the lobby, unsure of which department corresponds to their symptoms.

In the absence of clear guidance, what begins as a medical concern quickly becomes a confusing and exhausting maze.

Staff shortages further compound the problem. Malaysia's nurse-to-patient ratio, currently at 1:20, remains below the World Health Organisation recommendation of 1:8, limiting the capacity of nurses to provide continuous updates and coordinated patient navigation.

If hospitals implemented digital patient-flow tracking, similar to how airports track luggage, patients and staff can access real-time updates on queue lengths, bed availability and estimated waiting times.

Such a system would reduce uncertainty and stress, improve communication and enable healthcare workers to focus more directly on clinical care rather than logistical coordination.

Reactive vs predictive

The issue in our hospitals is not about lack of medical expertise but is in system design and operational intelligence.

Airports use modern Airport Management Systems to predict congestion before it happens. Hospitals, in contrast, often respond "reactively".

In effect, we often wait for the fire to start before we look for water. Airports, by comparison, rely on data and forecasting to ensure the fire is



When hospital systems function smoothly, staff can spend less time answering repetitive queries or managing queues. – SUNPIC

prevented in the first place.

Predictive modelling and simulation techniques, as used in airport design, can be applied to patient flow in hospitals to identify peak demand periods and optimise staffing schedules in advance.

Some may worry that making a hospital as efficient as an airport risks making it feel impersonal. In reality, efficiency and empathy are not mutually exclusive.

When hospital systems function smoothly, staff can spend less time answering repetitive queries or managing queues. This, in turn, allows doctors and nurses to devote more time to patients – listening more carefully and delivering more personalised care.

For example, by using digital dashboards to allocate beds and track patient flow, a nurse can spend additional time with each patient instead of updating charts or manually guiding patients through the system. In this sense, efficiency creates space for empathy. While automated systems may appear impersonal, they can ultimately

enable healthcare delivery to become more human and attentive.

Path forward

In Malaysia, there is often a stronger emphasis on acquiring the latest and most expensive medical equipment than on designing the flow of hospital spaces.

Patient flow, however, is frequently neglected, despite being a solvable systems and engineering problem. In airport development, passenger flow simulations are routinely conducted before construction begins, allowing bottlenecks to be identified and addressed in advance.

Biomedical engineers and healthcare planners should adopt a similar approach, treating hospital design as a question of systems efficiency as much as clinical capability.

Hospitals should be treated as systems in which workflow, spatial layout and digital integration are as important as medical equipment. Pilot programmes can be introduced at department level, testing

predictive software and patient-flow dashboards before being scaled across the wider hospital network.

Malaysia does not simply need more hospitals; it needs smarter ones. By investing in digital systems, hospitals can reduce waiting times and anticipate bottlenecks before they escalate into crises.

Hospitals that integrate predictive analytics can reduce average waiting times by up to 30%, while also freeing up staff time for direct patient care – thereby improving both patient satisfaction and clinical safety.

Hospitals do not need to become airports. A hospital will always remain a place of healing. However, by adopting the airport's discipline of flow management and information clarity, we can make our hospitals safer, more dignified and ultimately more humane for all.

Nur Qhamarina Ahmad Sanusi is a final year student at the Department of Biomedical Engineering, Faculty of Engineering, Universiti Malaya. Comments: letters@thesundaily.com

PM: No cuts in healthcare hiring, school expansion

PUTRAJAYA: The intake of new doctors and nurses as well as the expansion of school capacity will not be affected by the government's expenditure rationalisation, says Datuk Seri Anwar Ibrahim.

The assurance by the Prime Minister comes amid public confusion over recent announcements of government budgetary cuts.

He stressed that recruitment in the healthcare sector "is not affected at all".

"For medical services, the intake of new doctors and nurses, all of this is not affected, not impacted.

"The construction of clinics is also not affected.

"Only the scope of more luxurious hospital projects will be reduced," he told reporters when met at the Natural Resources and Environmental Sustainability Ministry's monthly assembly here yesterday.

Anwar said while the Education Ministry would see some expen-

diture cuts, key priorities such as building new classrooms to accommodate student intake would continue as planned.

"Although we are reducing some spending under the Education Ministry, the construction of new classrooms for current student intake is not affected," he said.

He rubbished claims that the government was cutting essential spending on healthcare and education.

"Some people are too quick to

react, saying how can we cut or reduce spending for schools and hospitals.

"That is not true," he said.

Instead, Anwar said the rationalisation targets non-essential or excessive spending, including overseas courses, lavish events and overly expansive development projects.

"What we consider excessive spending such as unnecessary courses will be reduced.

"If courses can be conducted locally, then it is sufficient to do so

without sending participants abroad," he said.

Anwar said official events previously held at luxury hotels would instead be held at government premises while project scopes deemed excessive would be scaled back.

It was recently reported that the Finance Ministry had proposed a RM5.4bil reduction in operating expenditure involving the health and higher education sectors as part of efforts to strengthen the country's fiscal position.

'Event organisers must always be weather-ready'

By KHOO JIAN TENG

khoo.jianteng@thestar.com.my

PUTRAJAYA: Event operators must pay close attention to weather conditions and ensure proper medical preparedness as Malaysia faces increasing heat.

Public healthcare specialist Prof Dr Sharifa Ezat Wan Puteh of Universiti Kebangsaan Malaysia warned that outdoor sports during a heatwave could lead to serious health complications, especially among those with underlying medical conditions.

"Medical teams should stand by at all times, while hydration stations and cooling packs must be readily available," she said.

"Participants may also need health screenings beforehand to ensure they are physically fit and less susceptible to heat stress."

During a heatwave, there is a risk of dehydration and excessive loss of minerals through sweat and urine, she noted.

"This becomes more dangerous for individuals with impaired kidney functions or diseases such as diabetes, kidney failure or kidney stones," she explained.

Runners, Dr Sharifa added, could also develop heatstroke, a severe and potentially fatal condition triggered by intense physical activity in hot and humid environments.

She explained that heat exhaustion often occurs before heatstroke, and recognising early symptoms could prevent the condition from worsening.

"Symptoms include tiredness, weakness, headache, dizziness, sweating, cramps, heat rash, increased heart rate and reduced urine output," she said.

Dr Sharifa advised runners experiencing such symptoms to immediately cool down, loosen their clothing, rest in shade, drink water and use cooling methods such as cold towels or ice packs.

"A person suffering heatstroke

"Medical teams should stand by at all times, while hydration stations and cooling packs must be readily available."

Prof Dr Sharifa Ezat Wan Puteh

may have a temperature above 40°C, red skin, confusion, seizures, loss of consciousness and no sweating.

"This is a medical emergency that requires immediate treatment, including intravenous fluids," she said.

Dr Sharifa also advised runners to stay hydrated, wear light and

loose-fitting clothing, apply sunscreen and avoid prolonged exposure to the sun.

Meanwhile, Eventure Global chief executive officer and 113 Triathlon Series founder Andy Foo said organisers are strengthening medical and hydration support during endurance races.

"For our event, we have three to four ambulances, motorcycles, e-scooters and more than 20 medical personnel," he said, adding that water stations are placed every 1.2km along race routes.

"We also try to flag off participants as early as possible while prioritising safety, especially for children participating in shorter categories," he said.

He advised runners to wear caps or visors, use sunglasses and hydrate before, during and after races.

"Train your body in the heat. If you estimate your run time is at 10am, train at that hour instead of at cooler times," he said.

Know your body's limits

Safety first during outdoor activities, M'sians reminded

By LO TERN CHERN
andylo@thestar.com.my

GEORGE TOWN: Participants in outdoor sporting events must prioritise safety and avoid pushing beyond their physical limits, especially in demanding conditions.

Protecting youth, sports and health committee chairman Daniel Gooi Zi Sen urged the public to minimise strenuous outdoor activities and keep track of what is happening with their bodies.

"We encourage the public to be mindful of their physical condition and not overexert themselves. It is always okay to 'fight' another day," he said yesterday.

Gooi was commenting on the death of a 42-year-old man, who was believed to have been suffering heatstroke when he collapsed at the end of a 30km trail running event on April 25.

The event began at 6.30am with a route that took runners over hilly forest tracks around the city. The victim reportedly fainted near the finish line at about 4pm.

He was confirmed dead at 2.08am the following day, with the cause of death identified as

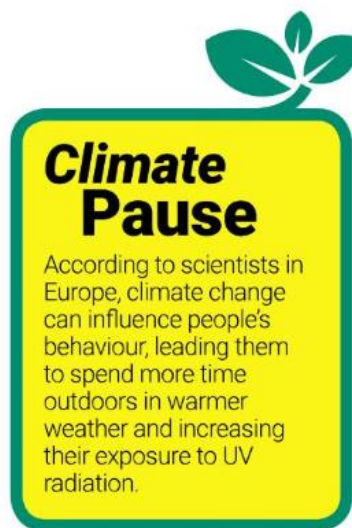
heatstroke with complications of rhabdomyolysis (muscle breakdown) and multi-organ failure.

Gooi stressed that event organisers must ensure adequate safety measures, including sufficient hydration and refuelling stations throughout the course, as well as medical teams on standby.

Participants, he added, should also take personal responsibility by staying properly hydrated before and during events.

However, he commended the trail run's organisers for their swift response, noting that medical personnel attended to the victim promptly and ensured he was rushed to hospital.

The incident marked the state's first heat-related fatality this year and the country's second – previ-



Climate Pause

According to scientists in Europe, climate change can influence people's behaviour, leading them to spend more time outdoors in warmer weather and increasing their exposure to UV radiation.

ously, a two-year-old child died of heatstroke after being left in a vehicle in Seremban.

Meanwhile, Penang tourism and creative economy committee chairman Wong Hon Wai said participant safety remains the top priority for the Penang Bridge International Marathon (PBIM).

Wong, who chairs the annual year-end event, said the race is

structured to minimise heat-related risks, with the full marathon starting at 1.30am and the half marathon at 3.30am.

"We reduce heat exposure by scheduling the race from midnight to early morning.

"For daytime runs, participants should be mindful of the tropical heat," he said, adding that PBIM organisers will further strengthen medical and safety preparations this year by appointing IHH Healthcare as its main medical partner and sponsor.

Hydration support will also be enhanced, with water stations placed every 2km to 3km along the route.

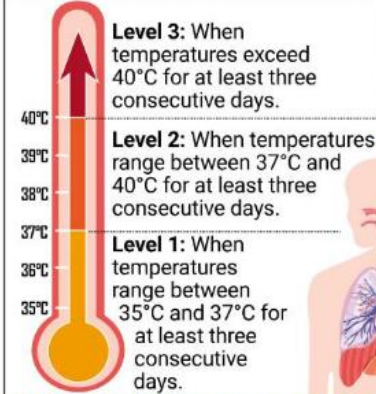
Runner Krystal Khaw, 37, who has over a decade of competitive experience and finished second

What are extreme heat conditions?

In Malaysia, heatwave alerts are issued according to three levels.

Why is it dangerous?

Under extreme heat conditions, the body's inability to regulate internal temperatures increases the risk of heat exhaustion.



The strain also stresses the heart and kidneys, which can worsen the following:

- Cardiovascular system
- Respiratory system
- Diabetes-related conditions



What else can extreme heat cause?

 <p>Headaches, fatigue and dizziness</p>	 <p>Muscle weakness, cramps and nausea</p>	 <p>Dehydration, confusion, unconsciousness and coma</p>	 <p>Severe dehydration and heatstroke can prove fatal</p>
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Who is most at risk?

 <p>Children</p>	 <p>Elderly</p>	 <p>Individuals with chronic diseases</p>	 <p>Workers exposed to the heat</p>	 <p>Those performing physical activities during hot weather</p>
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Source: Various

runner-up in the women's 50km category of the April 25 trail run, recalled how hot it was that day.

She said the race typically takes about 10 hours to complete, exposing runners to midday heat.

"There are two aspects to managing heat – external and internal," she said.

She advised runners to cool themselves often by pouring or spraying water on the face, head and chest, and to wear light-coloured, breathable clothing.

She also stressed the importance of balancing water and electrolyte intake, warning that excessive plain water or ice-cold drinks could cause discomfort.

"When you sweat, you lose water, salt and other minerals.

What is lost must be replenished.

"While these are competitive events, participants often go ultralight. Sometimes, it is wiser to carry a little extra – especially hydration – even if it adds some weight," she added.

Fitness trainer Jason Lee, 34, said those exercising outdoors in hot weather should watch for signs of physical stress and avoid overtraining.

"Dizziness, nausea, muscle cramps and headaches are warning signs that the body is struggling with heat and dehydration.

"Pace your exercise, take breaks and avoid peak afternoon heat. Rest and recovery are crucial, as fatigue raises the risk of heat-related complications," he said.

TheStargraphics

Draw the line on blood-taking

Doctors urge clearer rules on pharmacy services

By REBECCA CHONG
newsdesk@thestar.com.my

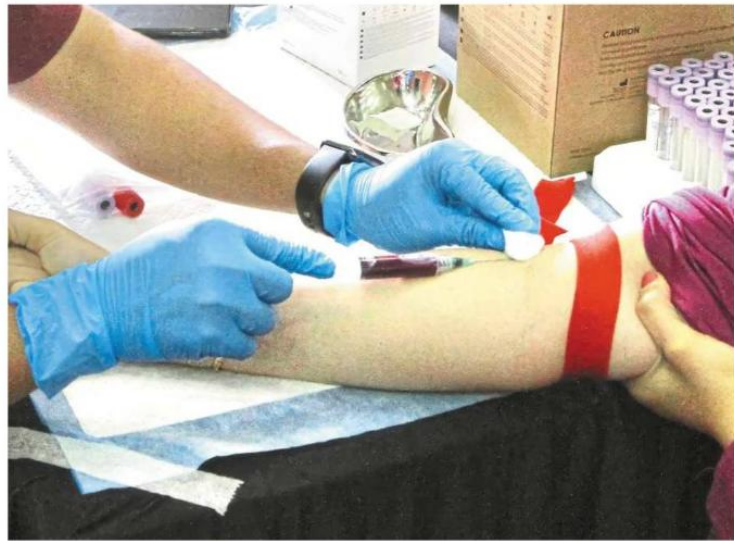
PETALING JAYA: There is a need to clearly define the scope of services pharmacies can and cannot provide, particularly the distinction between finger-prick screening, venous blood-taking, laboratory testing, diagnosis and treatment, says a doctors' group.

The Private Medical Practitioners' Association of Selangor and Kuala Lumpur has also called for consistent enforcement against premises offering blood-taking services without proper approval.

Its president, Dr Eugene Chooi, said clear guidelines should be issued to all healthcare providers to eliminate ambiguity and ensure consistent patient safety standards.

"Patient safety must be protected through enforcement that is timely, transparent and fair," he said.

Dr Chooi was responding to a statement from the Health Ministry that operators of premises providing blood collection or phlebotomy services without a licence could be fined up to RM500,000, jailed for up to six years, or both.



Needing concern: Calls are growing for invasive clinical procedures to be carried out at licensed facilities that consistent enforcement is carried out against premises offering blood-taking services without proper approval.

"Community pharmacists play an important role in medication counselling, health education and basic screening within their professional scope.

"The issue is clear, blood-taking is an invasive clinical procedure.

"It must be performed within properly registered healthcare facilities, under clear clinical governance and accountability," he added.

He said such procedures carry

real risks and must be carried out by trained and authorised personnel in regulated settings, stressing that there should be no shortcuts, grey areas or double standards.

Dr Chooi said Malaysia does not lack healthcare regulations but enforcement has been inconsistent.

He said the public was now confused after years of seeing blood test promotions in non-clinical settings, which may have cre-

ated the impression that such services are permitted.

He warned that blood-taking involves infection-control risks, proper patient identification, specimen handling and clinical interpretation, adding that blurred boundaries between screening, diagnosis and treatment could lead patients to delay seeking care or misinterpret results.

"That puts public safety at risk."

Pengambilan doktor, jururawat tidak terjejas

PUTRAJAYA - Kerajaan menegaskan pengambilan pegawai perubatan dan jururawat tidak terjejas berikutan cadangan pengurangan perbelanjaan operasi berjumlah RM5.4 bilion membabitkan sektor kesihatan dan pendidikan tinggi.

Perdana Menteri, Datuk Seri Anwar Ibrahim memaklumkan, pembinaan klinik yang telah dirancang juga tidak terkesan.

"Saya hendak jelaskan mengenai penyusunan semula kajian perbelanjaan. Ada kekeliruan perubahan. Pengambilan doktor baharu, jururawat itu tidak terjejas. Pembinaan klinik tidak terkesan," katanya.

Anwar yang juga Menteri Kewangan ber-

kata, walaupun perbelanjaan Kementerian Pendidikan dikurangkan, namun pembinaan kelas-kelas baharu untuk kemasukan pelajar tidak terjejas.

"Ada orang agak cepat melenting. Dia kata bagaimana boleh tutup atau kurangkan perbelanjaan untuk sekolah atau hospital, tidak," jelas beliau.

Minggu lalu, Kementerian Kewangan (MoF) dilaporkan mencadangkan pengurangan perbelanjaan operasi membabitkan sektor kesihatan dan pendidikan tinggi sebagai sebahagian usaha mengukuhkan kedudukan fiskal negara.

Cadangan itu dibuat susulan keperluan me-

nyemak semula perbelanjaan kerajaan khususnya ketika beban subsidi dijangka meningkat dan memberi tekanan kepada kewangan negara.

Pengurangan berkenaan membabitkan perbelanjaan operasi kedua-dua kementerian, namun pihak MoF memberi jaminan bahawa perkhidmatan asas tidak akan terjejas.

Syor pengurangan tersebut dilihat sebahagian daripada pendekatan kerajaan untuk mengekang perbelanjaan dan memastikan kemampuan fiskal, sejajar dengan usaha lebih luas dalam pengurusan kewangan negara menjelang pelaksanaan dasar berkaitan Belanjawan 2026.

Strok haba bukan baharu, tetapi semakin membimbangkan

GELOMBANG cuaca panas yang melanda negara ketika ini bukan lagi sekadar ketidakselesaan harian, sebaliknya menjadi ancaman kesihatan yang nyata, khususnya kepada komuniti sekolah.

Dalam suasana suhu yang semakin meningkat, risiko strok haba tidak boleh dipandang ringan.

Laporan media menyebut kira-kira 56 kes strok haba direkodkan di seluruh negara setakat ini, dengan dua kes kematian.

Walaupun angka itu dilihat terkawal, hakikatnya setiap kes melibatkan risiko nyawa dan isyarat jelas bahawa keadaan cuaca semasa kini pada tahap membimbangkan.

Strok haba bukan fenomena baharu. Ia telah lama dikenal pasti sebagai risiko kesihatan, terutama di negara beriklim panas.

Namun, perubahan corak cuaca dan peningkatan suhu global menjadikan ancaman ini semakin ketara dan kerap berlaku termasuk persekitaran sekolah.

Strok haba berlaku apabila suhu badan meningkat secara mendadak sehingga tubuh gagal menyejukkan diri.

Dalam konteks pendidikan, pelajar antara kumpulan paling terdedah, terutama ketika terlibat dalam aktiviti luar seperti perhimpunan, pendidikan jasmani dan kokurikulum.

Pendedahan berpanjangan di bawah terik matahari tanpa rehat mencukupi atau hidrasi yang baik boleh meningkatkan risiko secara drastik.

Persoalannya, sejauh mana tahap kesiapsiagaan sekolah dalam menghadapi situasi ini?

Walaupun pihak berkuasa telah mengeluarkan garis panduan berkaitan pengurangan aktiviti luar ketika cuaca panas, pelaksanaannya di peringkat sekolah masih belum menyeluruh.

Terdapat situasi di mana pelajar masih perlu berada di kawasan terbuka dalam tempoh yang lama, tanpa perlindungan sewajarnya.

Keadaan itu menimbulkan persoalan tentang tahap keutamaan terhadap aspek keselamatan pelajar.

Kesedaran dalam kalangan pelajar dan warga sekolah juga perlu diperkukuh.

Hakikatnya, dalam usaha mengejar kecemerlangan akademik dan kokurikulum, aspek keselamatan tidak boleh dipandang ringan.

Lebih 70 peratus klinik swasta tak cukup hasil tampung operasi

Peningkatan kos, kekurangan pesakit akibatkan premis bergelut teruskan operasi

Oleh Suzalina Halid
suzalina@bh.com.my

Kuala Lumpur: Kekurangan pesakit diterima berikutan jumlah pengamal perubatan am atau GP yang semakin bertambah di samping peningkatan kos termasuk harga ubatan, menyebabkan sebahagian besar daripada 10,000 klinik swasta negara ini, kini berdepan kesukaran meneruskan operasi.

Malah, lebih 70 peratus klinik GP ini dikesan meraih pendapatan di bawah RM60,000 sebulan, sekali gus bergelut untuk meneruskan operasi. Dapatan itu dikesan Persatuan Perubatan Malaysia (MMA) dalam kajian membabitkan hampir 2,000 klinik di seluruh negara.

Presiden MMA, Datuk Dr R Thirunavukarasu, berkata atas dasar itu, Kementerian Kesihatan (KKM) digesa meredakan kesesakan klinik kerajaan dengan menyerahkan kes kesihatan asas kepada klinik GP bagi membantu memperkasa kembali perkhidmatan mereka.

Beliau berkata, daripada kajian MMA, kira-kira 21.1 peratus atau 380 klinik memperoleh pendapatan di bawah RM20,000 sebulan; 32.4 peratus (583) dengan pendapatan RM20,000 hingga RM39,999 dan 18.4 peratus (332) membabitkan RM40,000 hingga RM59,999.

"Pada peringkat inilah operasi klinik banyak berdepan cabaran bagi kelestariannya dengan peningkatan kos operasi yang bertambah dan penambahan beban regulasi, selain persaingan perkhidmatan dalam talian yang tidak dikawal selia.

"Jika pelbagai isu yang membelenggu mereka sejak lebih 20 tahun ini tidak diambil serius KKM, kita bimbang lebih banyak klinik akan tutup sekali gus meruntuhkan sistem kesihatan primer swasta di negara ini.

"Kita tidak mempunyai data rasmi jumlah penutupan klinik tetapi ia dijangka membabitkan ratusan jumlah," katanya kepada BH, di sini.

Pada masa sama, Dr Thirunavukarasu, berkata hanya 17.8 peratus klinik yang memperoleh pendapatan bulanan pada keadaan selesa iaitu melebihi RM80,000 sebulan.

Katanya, sehingga kini ada lebih 10,000 klinik swasta yang beroperasi di seluruh negara ini dengan sebahagiannya 'berta-

rung' nyawa untuk meneruskan perniagaan.

Beliau berkata, berlaku penambahan klinik swasta yang ketara selepas COVID-19 disebabkan pemberhentian doktor kontrak, tiada hala tuju kerjaya yang baik sebagai doktor.

"Pergelutan dalam aspek pendapatan doktor klinik GP ada kaitannya dengan sistem kontrak dan tiada laluan kerjaya yang jelas oleh KKM sebelum ini.

"Beban kerja yang menekan dalam kalangan doktor muda menyebabkan mereka cenderung meninggalkan kerjaya perkhidmatan awam dan mengambil risiko membuka klinik dan membina kerjaya sebagai GP kerana berasa tidak dihargai," katanya.

Beliau berkata, pihaknya men-

jangkakan keadaan boleh menjadi lebih baik selepas ini selepas KKM mewartakan pindaan Jadual Ketujuh di bawah Peraturan-Peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 2006 yang berkuat kuasa 2 April lalu berkaitan caj atau fi konsultasi, yang tidak disemak sejak 2006.

"Kita merakamkan penghargaan buat Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, yang terlibat secara berterusan sekali gus membuktikan bahawa penjagaan primer bukan sekadar retorik namun satu keutamaan," katanya.

Campur tangan TPA

Selain itu Dr Thirunavukarasu berkata, tambah membimbangkan kini ialah campur tangan Pentadbir Pihak Ketiga (TPA) atau pihak insurans yang mengehadkan rawatan yang berlaku sekian lama tetapi tiada dasar untuk kawal selia isu ini di GP

sejak 20 tahun lalu.

"Dari segi dasar KKM juga ada cabaran di mana kawal selia hanya dibuat dalam aspek pentadbiran klinik swasta dan bukannya untuk memperkasakan GP seperti mana klinik kesihatan awam.

"GP tiada dalam tadbir urus KKM, khususnya untuk pembangunan GP. Kalau nak selesaikan isu ini, dasar perlu betul, mesti ada dasar khusus untuk pembangunan klinik swasta," katanya.

Beliau berkata, GP semakin terhimpit sejak 2015, apatah lagi ada pihak berkepentingan komersial yang menggesa supaya diwujudkan pengasingan konsultasi dan pemberian ubat.

"Malah, lebih teruk banyak iklan di media sosial yang memaparkan premis klinik dijual kepada pihak lain kerana doktor tidak lagi mampu menampung operasi.

"MMA pernah mencadangkan supaya doktor yang berada dalam perkhidmatan awam didedahkan dengan bertugas di klinik kesihatan dan wad kecemasan bagi memudahkan laluan kerjaya mereka sebelum ini," katanya.

Beliau mendakwa, klinik swasta juga terlahu dikawal dengan pelbagai peraturan oleh pihak berkuasa yang terlahu cerewet termasuk isu saiz bilik rawatan, tandas dan pintu, tetapi masa sama perkhidmatan perubatan seperti tele-klinik dan farmasi tidak berdepan kawal selia ketat sedemikian.



Kementerian Kesihatan digesa meredakan kesesakan klinik kerajaan dengan menyerahkan kes kesihatan asas kepada klinik GP bagi membantu memperkasa kembali perkhidmatan mereka



Dr R Thirunavukarasu, Presiden MMA

Doktor jadi pemandu e-hailing tampung kehidupan

Kuala Lumpur: Kerjaya sebagai doktor mungkin dipandang tinggi masyarakat umum dengan anggapan bergaji lumayan, namun hakikatnya mereka turut menempuh fasa sukar dalam situasi ekonomi kini hingga terpaksa melakukan pelbagai kerja sampingan demi menampung kehidupan.

Hakikat itu terpaksa ditempuh sebilangan doktor muda yang menjadi pengamal perubatan am atau GP yang membuka klinik sendiri, apabila menguak terpaksa melakukan pelbagai kerja sampingan, termasuk sebagai pemandu e-hailing dan melakukan jualan langsung.

Malah lebih menyedihkan, ada juga dalam kalangan mereka terpaksa membuat pinjaman peribadi untuk memastikan kelangsungan operasi klinik masing-masing.

Berkongsi situasi itu, Dr Luqman, 33, mengakui ada kalanya

pendapatan klinik yang dibukanya sejak 2022, mencatatkan pendapatan bersih negatif berikutan pelbagai kos yang perlu dibayar pada setiap hujung bulan.

Beliau mendakwa, masalah itu berpunca daripada kelompongan dasar Kementerian Kesihatan (KKM) dalam memperkasakan perkhidmatan klinik swasta.

Katanya, sebagai GP mereka terpaksa berdepan kenaikan harga ubat setiap tahun, selain penetapan gaji minimum baharu, yang sekali gus menambah beban kewangan mereka.

"Saya membuat keputusan keluar dari sektor kesihatan awam pada 2022 kerana berasa kerjaya dengan KKM yang tidak terjamin serta beban kerja melampau sebelum membuat keputusan membuka klinik sendiri di Sepang.

"Apa yang saya boleh takrifkan setakat ini, klinik saya ber-

ada dalam fasa bergelut kerana masih mencari cara terbaik untuk terus bertahan berikutan kos yang meningkat setiap tahun, pada masa sama hasil berkurang.

"Adakalanya sampai negatif pendapatan itu sedangkan saya memerlukan dari RM35,000 hingga RM40,000 sebulan. Ia bermaksud kami memerlukan 10 hingga 15 pesakit sehari," katanya.

Dr Luqman berkata, beliau sendiri terpaksa membuat pinjaman peribadi untuk menampung kos operasi klinik, selain peningkatan harga ubat dan gaji minimum.

Selain itu katanya, beliau juga tidak terkecuali daripada melakukan kerja sampingan, termasuk pemandu e-hailing dan menjalankan tugas sebagai doktor *locum* di klinik lain sebagai cara menambah pendapatan bagi menampung kos operasi.

Ditanya mengenai peranca-

ngan masa depannya, beliau tidak menolak kemungkinan bertukar kepada kerjaya lain jika keadaan tidak berubah.

Katanya, beliau melihat pelan B yang boleh diambil beliau ialah bertukar kerjaya ke dalam sektor insurans atau penjualan.

"Kalau tiada campur tangan dari kerajaan untuk bantu memperkasakan klinik swasta, sayajangkakan perlu ada pelan keluar untuk kerjaya sedia ada kini.

"GP menjalankan operasi bukan untuk mencari untung semata-mata dan kami juga bukan doktor kelas kedua sebaliknya adalah tulang belakang selain sedia membantu dan bantu memperkasakan sistem perkhidmatan kesihatan," katanya.

Seorang lagi GP yang mahu dikenali sebagai Dr Jay Chay, berkata beliau membuat keputusan meninggalkan perkhidmatan kerajaan pada Jun tahun

lalu disebabkan tiada keseimbangan di antara tugas dan kehidupan.

Beliau kemudiannya menyertai usaha sama dengan sebuah syarikat bagi membuka klinik swasta di Sepang, Selangor dengan memiliki 49 peratus saham.

Namun katanya, beliau masih perlu mencapai sasaran pendapatan bagi operasi kliniknya namun ia agak sukar kerana masalah yang dialaminya adalah kebanyakan pesakit gemar membeli ubat sendiri.

Dr Jay berkata, pendapatan yang diperoleh kliniknya kebiasaannya hanya mampu menampung kira-kira 60 peratus sahaja daripada keseluruhan operasi.

"Saya juga berdepan masalah apabila kebanyakan pesakit yang datang gemar membawa ubat sendiri yang dibeli menerusi media sosial yang tidak mempunyai kelulusan Kementerian Kesihatan (KKM).