

Public urged to tighten rodent control over hantavirus worries

PETALING JAYA: Malaysians are urged to strengthen hygiene and rodent control measures to reduce the risk of hantavirus infection, although experts say the chances of a large-scale outbreak here remain low.

A news report on Thursday reported that two Singapore residents aboard the *MV Hondius* cruise ship were initially suspected of having hantavirus, though both later tested negative.

On Friday, Health Minister

Datuk Seri Dr Dzulkefly Ahmad said no Malaysians were on board the ship, but urged vigilance.

Hantavirus is a rodent-borne virus transmitted to humans through air contaminated with rat urine, droppings or saliva.

Universiti Malaya virologist Dr Muhamad Afiq Aziz said precautionary measures should start with keeping the environment around the house clean and free from rodents.

“For the household, make sure

food is fully covered. Clean and throw rubbish regularly to prevent it from attracting rodents.

“If there are rodent droppings, avoid sweeping them. Spray with disinfectant first and use gloves during cleaning and washing hands after.

“For the workplace, get regular pest control, storage areas should be kept clean and dry. Use gloves or a mask when dealing with potentially contaminated areas and proper waste management.”

He said hantavirus transmission risk remains low.

“Anyone who develops fever or breathing difficulties after possible exposure should seek medical treatment quickly.”

Virologist Dr Jasmine Elanie Khairat from Universiti Malaya also stressed prevention, as no specific antiviral treatment exists.

“At home, seal gaps and holes in walls, roofs and around pipes to prevent rodent entry.

“Double-bag dead rodents. And

with heavy infestation around residential areas, schedule a pest control programme.

“The public should also report signs of infestation (e.g. rodent droppings, gnaw marks, nests) promptly,” she said.

She said among the typical viral-associated symptoms are gastrointestinal symptoms that could lead to shock.

She urged authorities to strengthen rodent surveillance and port health checks.

Better training needed to tackle smoking and vaping

By **BENJAMIN LEE**

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CYBERJAYA: Healthcare workers need better training to assist patients in quitting smoking and vaping, while lung disease screening and treatment methods should also be strengthened, says the Malaysian Council for Tobacco Control (MCTC).

Its chairman, Prof Dr Murallitharan Munisamy, said yesterday's National Tobacco Control Conference (NTCC) focused on four key areas: tobacco control clinical training, lung health clinical training, tobacco policy development and lung health policy development.

He said about 100 personnel from the Health Ministry would undergo the training programme.

“The goal is to train doctors,

“Healthcare professionals can transfer the knowledge gained to colleagues at their respective institutions.”

Prof Dr Murallitharan Munisamy

nurses and radiographers to upgrade their skills so they can identify early signs of lung disease, manage patients more effectively and help them quit smok-

ing or vaping.

“By training healthcare professionals nationwide, they can then transfer the skills and knowledge gained here to colleagues at their respective institutions.”

Dr Murallitharan, in an interview, also raised concerns over the affordability of lung cancer screening, noting that some Malaysians face annual screening costs of up to RM10,000.

To address the issue, he said the LungShield programme would be introduced to provide micro-insurance coverage for lung cancer screening and diagnosis at about RM179 annually.

The programme combines AI-assisted chest X-rays with specialist medical assessment to help detect signs of lung cancer, tuberculosis and occupational lung diseases.

“If abnormalities are detected, the micro-insurance component will help cover further diagnostic procedures such as CT scans and biopsies until a confirmed diagnosis is made,” said Dr Murallitharan.

He added that participants could visit any public or private clinic nationwide equipped with chest X-ray facilities to enroll in the programme and undergo screening.

“If abnormalities are found, patients can then be referred to specialists at either government or private hospitals nationwide for further examinations and a full diagnosis.

“This allows patients to complete the diagnostic process within three to four days instead of waiting weeks or even months under the current system,” he said.

POSITIVE
PARENTING

Five facts about the flu

By Dr HUSNA MUSA

Here are some lesser known facts about the influenza virus.

HERE are some lesser-known facts about influenza that you should know:

> **The origin of the word "influenza"**

The word "influenza" doesn't come from a scientific lab.

Its roots are in medieval Italian, specifically from the 15th century.

Back then, outbreaks of what we now know as the flu were often blamed on astrological forces, or the "influence" of the stars.

The Italian phrase "*influenza di stelle*" literally means "influence of the stars".

Over time, this was shortened to "influenza," or simply, "flu", to describe the widespread

illness. This historical origin highlights how mysterious infectious diseases were before the discovery of germ theory.

> **Flu is contagious before and after symptoms**

One reason the flu spreads so easily is that you can transmit the virus even before you feel sick.

Typically, people are contagious starting one day before symptoms appear.

This means you can unknowingly spread the virus just by going about your daily routine.

What's more, contagiousness usually lasts for five to seven days after symptoms begin, and sometimes even longer, especially in young children or those with weaker immune systems.

This extended period of contagiousness, combined with the pre-symptomatic phase, makes it incredibly challenging to contain influenza outbreaks.

> **The virus is constantly changing**

The influenza virus is a master of disguise, constantly mutating and evolving.

There are three types that infect humans: A, B and C.

Influenza A and B are the main types that cause seasonal epidemics.

Within these types, there are many subtypes and strains, each with slightly different genetic make-ups.

For example, influenza A viruses are categorised into subtypes like H1N1 or H3N2 based on their surface proteins.

This constant

genetic change means that the immunity you get from a previous infection or vaccination might not protect you from a newly emerged strain.

This is why the annual flu vaccination is crucial.

Each year, flu vaccines are formulated according to the predicted latest circulating influenza viruses.

Without the annual vaccine, your immune system wouldn't be ready for the ever-changing viral landscape.

Vaccination significantly reduces your risk of infection, severe illness, hospitalisation, and even death.

It also contributes to "herd immunity", protecting those who can't be vaccinated.

> **The virus can survive on hard surfaces**

Influenza viruses are surprisingly resilient outside the human body, especially on hard surfaces.

Studies show that the flu virus can survive for up to 24 to 48 hours on non-porous surfaces like doorknobs, countertops, tables and phones.

However, on softer, porous surfaces such as tissues or clothes, the virus survives for a shorter period, typically around eight to 12 hours.

This ability to linger on surfaces emphasises the importance of frequent hand-washing and regularly dis-

infecting commonly touched objects, especially during flu season, to reduce indirect transmission.

> **Vitamin C does not protect against the flu**

Despite popular belief and widespread use, high doses of vitamin C do not prevent you from getting the flu, or significantly reduce its duration or severity.

While vitamin C is vital for overall health and immune function, clinical studies have consistently failed to show a direct protective effect against influenza in the general population.

Some research suggests it might slightly shorten the duration of the common cold in some people, but this effect is often minor and doesn't apply to the flu.

Dr Husna Musa is a paediatrician and lecturer at Universiti Putra Malaysia. This article is courtesy of the Malaysian Paediatric Association's Positive Parenting programme in collaboration with expert partners. For further information, please email starhealth@thestar.com.my. The information provided is for educational and communication purposes only, and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or

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Those infected with the flu virus can actually transmit it even before symptoms start, which is why it is difficult to stop the spread of the infection.
— Magnific



NON-COMMUNICABLE DISEASES

MORE ARE FALLING SICK EARLIER

This will lead to astronomical costs when Malaysia attains aged-nation status, experts warn

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MALAYSIA'S 2040 "aged nation" deadline has run into a RM18 billion fiscal reality check.

With non-communicable diseases (NCDs) such as diabetes and obesity now affecting Malaysians in their 30s and 40s, the projected RM64.2 billion annual cost — comprising RM12.4 billion in healthcare spending and RM51.8 billion in productivity losses — already exceeds the Health Ministry's 2026 allocation of RM46.52 billion.

So there is this mismatch between rising disease burden and funding. The result is nothing short of alarming: Malaysians are

living longer but increasingly exposed to escalating healthcare costs.

"We may become old before we become healthy," Malaysian Healthy Ageing Society vice-president, Dr Wong Teck Wee, told the *New Straits Times*.

Wong said Malaysians are living longer, with life expectancy now about 75 to 76 years, up from 63 to 65 in the 1970s.

However, they are not necessarily healthier. The prevalence of NCDs has risen sharply. Diabetes increased from 11.6 per cent in 2006 to around 21 per cent in recent years.

Obesity has also climbed from about 14 per cent in 2006 to around 20 per cent today, with more than half of Malaysian adults overweight or obese now.

Nearly one in three adults has hypertension and health experts warn that these conditions are increasingly being diagnosed in people in their 30s and 40s.

"If chronic diseases continue to develop earlier in life, we could face a future where a large proportion of not-so-old Malaysians live with disability, dependency, and escalating healthcare costs," said Wong, a consultant interventional cardiologist.

At an individual level, a patient

with chronic kidney disease requiring dialysis can cost around RM170 per session. Typically, treatment is needed three to four times a week.

Wong said he is especially concerned about those in the middle class.

"While the wealthy can afford private care and the B40 have some welfare support, the M40 may exhaust their life savings on just a few years of intensive nursing care."

Beyond physical health, Wong also said another issue was loneliness among older people, many of whom live alone or become socially isolated.

"Social connection is not just emotional support. It is closely linked to mental health, cognitive resilience and even physical health outcomes."

Galen Centre for Health and Social Policy chief executive Azrul Mohd Khalib shared similar concerns, saying Malaysia is not adequately prepared for the challenges of an aged nation.

"We are ageing faster than our policies, healthcare system, and social support structures' ability to respond and adapt."

"Our healthcare system is still too focused on treatment after



“We are ageing faster than our policies, healthcare system, and social support structures' ability to respond and adapt.”

AZRUL MOHD KHALIB
Galen Centre for Health and Social Policy chief executive



“While the wealthy can afford private care and the B40 have some welfare support, the M40 may exhaust their life savings on just a few years of intensive nursing care.”

DR WONG TECK WEE
Malaysian Healthy Ageing Society vice-president

people become seriously ill, rather than preventing decline earlier."

Azrul said as it is, the public healthcare system is under strain and an ageing population would intensify that pressure.

He said older patients often have more complex conditions, longer stays at hospitals and a greater need for follow-up care, rehabilitation and social support.

"If we do not strengthen community care, long-term and primary care, hospitals will continue to bear a burden they were never designed to manage alone."

Azrul said what worries him most is that Malaysia will become an aged society before it becomes age-ready.

"That means more people are living longer, but with disability, financial insecurity, inadequate care and growing dependence on an already overstretched healthcare system."

"The real danger is not ageing itself. The danger is failing to prepare for it. We might already be at that point."

The Health Ministry has been

MALAYSIA'S AGEING SOCIETY

RM64.2B healthcare and productivity loss bill

21% diabetes prevalence (from 11.6 per cent in 2006)

20% of adults obese (from 14 per cent in 2006)

50% of adults are now overweight or obese

30s and 40s

More people in these age bands are being diagnosed with hypertension

39.5% of EPF contributors are on track to reach 'Basic Savings' goal of RM390,000

28.2% of contributors are expected to meet 'Adequate Savings' goal of RM650,000

INFOGRAPHIC: NST

contacted for comment, though late last month, Health Minister Datuk Seri Dzulkefly Ahmad said Malaysia's growing NCD crisis is fast becoming a major economic threat.

Why movement matters for teen mental health



Experts say movement helps teenagers release stress, improve sleep, boost confidence and regulate emotions during one of the most challenging stages of growing up.

BETWEEN school pressure, social media drama, exams and the constant need to 'keep up', teenagers today are carrying more emotional stress than ever before.

But while many conversations around teen mental health focus on screen time, therapy and emotional support, experts say there is another powerful solution families should not overlook, which is exercise.

Recent studies show that teenagers who stay physically active are less likely to experience symptoms of anxiety, stress and depression compared to those with more sedentary lifestyles.

And in today's digital world, where hours are often spent scrolling on phones or sitting indoors, that finding feels more important than ever.

But this is not just about fitness or losing weight. Experts say movement helps teenagers release stress, improve sleep, boost confidence and regulate emotions during one of the most challenging stages of growing up.

Physical activity also increases feel-good hormones like serotonin and

dopamine, which play a role in improving mood and emotional wellbeing.

Teenage girls, in particular, appear to face higher emotional vulnerability due to hormonal changes, social comparison and online pressures.

Researchers believe regular exercise and participation in sports can help build resilience, self-esteem and healthier coping mechanisms.

The good news? Exercise does not have to mean intense workouts or competitive sports. Simple activities like walking, cycling, dancing, swimming or even playing outdoors can have a positive impact on a teenager's mental health.

For families, it may also be an opportunity to reconnect. A weekend hike, evening walk or family badminton session can encourage healthier habits while creating meaningful moments together away from screens.

In a generation growing up online, movement may be one of the simplest ways to help teenagers feel more grounded, connected and emotionally stronger.



Wadah Pembaharuan

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(Foto Muhammad Delina Atan / BH)

Kolej kediaman Universiti Malaysia Pahang Al-Sultan Abdullah (UMPSA) Kampus Gambang menjadi penginapan Zaidah Tamjis, 63, mememani pengajian Siti Hawa Apani, 37.



Ibu temani anak OKU dari Diploma hingga PhD

Dr Siti Hawa Apani, 37, dibantu ibu, Zaidah Tamjis, 63, sepanjang pengajian dengan berkerusi roda dari peringkat Diploma hingga Ijazah Doktor Falsafah (PhD). *Nasional 7*

Dasar doktor kontrak gagal?

Persatuan Perubatan Malaysia (MMA) mendakwa dasar sistem doktor kontrak diperkenalkan kerajaan pada 2016 gagal dan punca pengamal perubatan berhijrah ke luar negara kerana rasa tiada masa depan dan tidak dihargai. Sebaliknya, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad menjawab reformasi sistem sedang berjalan, mampu beri harapan kerjaya, kebajikan adil, peluang kemajuan profesional dan suasana kerja lestari kepada doktor muda.



"Dasar ini menyebabkan doktor berasa tidak dihargai langsung dalam sektor perubatan, khususnya doktor muda yang habis kontrak awal"

Datuk Dr R Thirunavukarasu,
Presiden MMA



"Apa yang penting sekarang bukan salahkan dasar lama, tapi pastikan reformasi menyeluruh supaya profesion perubatan kembali diyakini, dihargai"

Datuk Seri Dr Dzulkefly Ahmad,
Menteri Kesihatan

Oleh Suzalina Halid, Saadiah Ismail
dan Noor Atiqah Sulaiman → *Nasional 2*

“Saya menghormati pandangan dibangkitkan MMA dan saya sendiri sejak awal mengakui bahawa sistem kontrak diperkenalkan pada 2016 mempunyai kelemahan perlu diperbaiki. Namun, kita juga perlu berlaku adil dan melihat isu ini secara lebih menyeluruh”

Dr Dzulkefly Ahmad,
Menteri Kesihatan



“Sistem kontrak itu adalah antara dasar yang kita boleh katakan gagal kerana satu-satunya dasar yang menyebabkan perasaan tidak dihargai langsung oleh doktor dalam sektor perubatan”

Dr R Thirunavukarasu,
Presiden MMA

6 langkah besar atasi kelemahan sektor kesihatan

KKM laksana reformasi menyeluruh agar profesion perubatan kembali diyakini, dihargai

Oleh Suzalina Halid, Saadiah Ismail dan Noor Atiqah Sulaiman
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Kuala Lumpur: Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, mengakui dasar pelantikan pegawai perubatan awam secara kontrak diperkenalkan kerajaan pada 2016 mempunyai kelemahan yang perlu diperbaiki.

Namun, beliau menjelaskan, khidmat kontrak itu bukan satu-satunya punca penghijrahan doktor ke luar negara atau menyertai sektor swasta, sebaliknya hanya sebahagian daripada isu lebih besar membabitkan ekosistem tenaga kerja kesihatan negara.

Atas dasar itu, beliau berkata, Kementerian Kesihatan (KKM) kini sedang melaksanakan enam langkah besar memperbaiki keadaan, termasuk menambah jawatan tetap secara berperingkat, termasuk kelulusan tambahan 4,500 jawatan tetap kepada doktor kontrak bermula tahun ini.

“Selain itu, KKM turut menyegerakan pengisian ribuan kekosongan jawatan di fasiliti kesihatan seluruh negara dan memperkukuh laluan latihan kepakaran, termasuk ‘Parallel Pathway’ dan latihan kepakaran tempatan.

“Langkah keempat ialah KKM menambah peruntukan bagi pembangunan doktor pakar kerana negara dijangka kekurangan lebih 13,000 doktor pakar menjelang 2030 seperti dilaporkan sebuah kajian sebelum ini.

“KKM turut meneliti semula isu kebijakan, waktu kerja dan persekitaran kerja petugas kesihatan serta langkah terakhir ialah melaksanakan reformasi kesihatan yang lebih besar termasuk pendigitalan

kesihatan, pengukuhan penjagaan primer dan pembiayaan kesihatan lebih mampan,” katanya kepada *BH*, di sini.

Beliau berkata demikian sebagai menngulas dakwaan Presiden Persatuan Perubatan Malaysia (MMA), Datuk Dr R Thirunavukarasu, bahawa sistem doktor kontrak adalah suatu kegagalan dasar yang dilaksanakan KKM.

7 faktor tinggalkan sektor awam

Pada masa sama, Dr Dzulkefly mendedahkan, pihaknya mengesan tujuh faktor mendorong doktor meninggalkan sektor awam, iaitu beban kerja semakin tinggi akibat peningkatan jumlah pesakit, namun ia tidak selari dengan pertambahan tenaga kerja.

Beliau berkata, berlaku tekanan kerja dan isu keseimbangan kerja serta kehidupan, selain tawaran gaji dan insentif yang jauh lebih kompetitif dalam sektor swasta, juga dari negara jiran seperti Singapura.

“Faktor lain termasuk laluan latihan kepakaran yang terhad dan mengambil masa panjang serta kekangan kenaikan pangkat dan pembangunan kerjaya. Tugas pentadbiran serta birokrasi yang membebaskan doktor klinikal serta isu persekitaran kerja dan kebajikan di fasiliti kesihatan tertentu.

“Saya menghormati pandangan dibangkitkan MMA dan saya sendiri sejak awal mengakui bahawa sistem kontrak diperkenalkan pada 2016 ada kelemahan perlu diperbaiki. Namun, kita juga perlu berlaku adil dan melihat isu ini secara lebih menyeluruh serta berasaskan realiti semasa sistem kesihatan negara,” katanya.

Dr Dzulkefly menjelaskan, sistem kontrak diperkenalkan ketika negara berdepan lambakan graduan perubatan serta kekangan fiskal kerajaan pada waktu itu. Katanya, maka perkhidmatan kontrak adalah langkah sementara bagi memastikan graduan perubatan tetap dapat memasuki sistem dan menjalani latihan siswazah.

“Apa yang penting sekarang bukan sekadar menyalahkan dasar lama, tetapi memastikan reformasi menyeluruh dilakukan supaya profesion perubatan kembali diyakini dan dihargai,” katanya.

‘Sistem kontrak gagal punca doktor berhijrah’

MMA desak kerajaan wujudkan pelan kerjaya lebih jelas



Kuala Lumpur: Persatuan Perubatan Malaysia (MMA) mendakwa sistem perkhidmatan doktor secara kontrak yang diperkenalkan pada 2016 adalah suatu kegagalan dasar oleh kerajaan.

Presiden MMA, Datuk Dr R Thirunavukarasu, berkata natijah pelaksanaan sistem doktor kontrak menyebabkan lebih ramai tenaga kerja profesional itu berhijrah ke luar negara kerana merasakan tidak mempunyai masa depan yang baik dalam perkhidmatan kesihatan awam negara.

Beliau mendakwa, ketika menggubal sistem khidmat kontrak itu 10 tahun lalu, Kementerian Kesihatan (KKM) tidak ada pelan peralihan jangka panjang untuk mengatasi isu lambakan graduan perubatan dan kekangan jawatan tetap.

“Sistem kontrak itu adalah antara dasar yang kita boleh katakan gagal kerana satu-satunya dasar yang menyebabkan perasaan tidak dihargai langsung oleh doktor dalam sektor perubatan.

“Khususnya membabitkan doktor muda yang habis kontrak awal... laluan kerjaya mereka tidak jelas. Apabila berstatus kontrak hendak mohon pinjaman (bank) susah.

“Mereka sangat kecewa hingga membuatkan ramai yang berhenti daripada KKM,” katanya ketika menjadi tetamu program podcast BH Borak Harini bertajuk ‘Sudah Serikkah? Kenapa Ramai Doktor Muda Tidak Mahu Bekerja di Malaysia?’ di Balai Berita di sini.

Sistem doktor kontrak di Malaysia, yang diperkenalkan pada 2016 membabitkan pelantikan pegawai perubatan berasaskan kontrak selama 5 tahun.

Namun, kerajaan kini sedang berusaha memansuhkan sistem ini secara berperingkat dan menggantikannya dengan jawatan tetap, dengan tumpuan menyerap ribuan doktor kontrak ke perjawatan tetap.

Tahun lalu, media melaporkan Singa-

pura membuat langkah berani dengan mengadakan sesi temu duga terbuka di sini bagi pengambilan doktor Malaysia, sekali gus memburukkan lagi masalah penghijrahan dalam sektor penjagaan kesihatan negara.

Keselamatan kerjaya tidak jelas

Pada masa sama, Dr Thirunavukarasu berkata, pelaksanaan dasar yang betul khususnya membabitkan perkembangan kerjaya yang jelas adalah penting bagi memastikan golongan doktor rasa dihargai.

“Perasaan dihargai itu bukan hanya dari segi slogan, tetapi harus diterjemahkan dalam pelaksanaan... seperti yang saya cadangkan tadi, satu *career pathway* itu perlu jelas. Jadi, mereka tahu, jika kerja sini macam mana perjalanan kerjaya sebagai seorang doktor dan juga pakar,” katanya.

Beliau berkata, perjalanan seorang pegawai perubatan selepas habis di sekolah perubatan perlu menyertai ‘housemanship’ selama dua tahun dan kemudian sebagai pegawai perubatan.

Katanya, apabila memasuki sistem kontrak, mereka perlu bermula semula daripada awal dengan tiada jaminan ‘keselamatan kerjaya’.

“Keselamatan kerjaya tidak jelas. Jadi itu juga menyebabkan mereka hilang daya tarikan. Tapi, dari segi sistem kontrak itu memang ada di luar negara, tapi lebih kepada pakar,” katanya.

Mengenai isu penghijrahan doktor ke luar negara, beliau berkata, adalah penting untuk semua pihak mengakui bahawa wujudnya masalah terhadap dasar berkaitan tenaga kerja doktor di negara ini.

“Jika kita terlalu ‘defensif’ sangat tidak mahu menerima masalah, takkan kita tunggu sampai ratusan ribu (doktor berhijrah), jadi betul-betul serius,” katanya.

KKM arah hospital patuhi sistem waktu kerja fleksi

Jadual kerja tiga syif, cuti rehat PPS mesti selaras garis panduan sedia ada

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Kuala Lumpur: Kementerian Kesihatan (KKM) mengarahkan semua hospital kerajaan memastikan pelaksanaan sistem waktu kerja fleksi bagi Pegawai Perubatan Siswazah (PPS) dipatuhi sepenuhnya, termasuk had waktu bekerja di antara 60 hingga 62 jam seminggu serta pemberian cuti rehat dan cuti lain mengikut peraturan sedia ada.

Ketua Pengarah Kesihatan, Datuk Dr Mahathar Abd Wahab, berkata penjelasan itu dibuat susulan kekeliruan berhubung tafsiran Garis Panduan Prinsip Am Penyeragaman Sistem Waktu Kerja Fleksi yang diedarkan pada 30 Januari 2019, khususnya berkaitan kemudahan cuti bagi PPS.

"Oleh demikian, Pejabat Ketua Pengarah Kesihatan ingin memberikan penjelasan lanjut



bagi memperincikan perkara-perkara berkait yang boleh dirujuk melalui lampiran infografik.

"Sehubungan itu, ditekankan garis panduan ini hendak dibaca secara menyeluruh dan bersekali, memandangkan setiap peruntukan saling berkait antara satu sama lain.

"Hal ini bagi memastikan tafsiran yang dibuat adalah jelas, tepat, selaras dengan dasar serta pekeliling perkhidmatan awam yang sedang berkuat kuasa,"

“Ditekankan garis panduan ini hendak dibaca secara menyeluruh dan bersekali, memandangkan setiap peruntukan saling berkait antara satu sama lain”

Dr Mahathar Abd Wahab,
Ketua Pengarah Kesihatan

katanya menerusi surat edaran bertarikh 8 Mei 2026.

Surat itu diedarkan kepada 14 pengarah kesihatan negeri; 48 pengarah hospital latihan siswazah di seluruh negara dan sembilan ketua perkhidmatan kepakaran KKM.

Dalam surat edaran sama, Dr Mahathar mengingatkan semua pengarah hospital supaya sentiasa memantau pelaksanaan waktu kerja fleksi PPS di hospital masing-masing agar mematuhi prinsip am yang ditetapkan KKM.

"Antaranya memastikan purata jumlah waktu bekerja PPS dihidkan kepada 60 hingga 62 jam seminggu; memastikan waktu kerja di semua jabatan terbabit dengan latihan siswazah diseragamkan kepada tiga waktu kerja fleksi utama iaitu pagi, petang dan malam.

"Selain itu, pengurangan



Semua pengarah hospital perlu sentiasa pantau pelaksanaan waktu kerja fleksi PPS agar mematuhi prinsip am ditetapkan KKM. (Foto hiasan)

kepada dua waktu kerja fleksi atau sistem on-call adalah tidak dibenarkan serta pengarah perlu memastikan pelaksanaan sistem waktu kerja fleksi tanpa mengambil kira bilangan PPS yang ditempatkan di sesebuah jabatan pada satu-satu masa," katanya.

Sebagai contoh, dalam situasi kekurangan PPS, beliau berkata, jika terdapat seorang PPS bertugas di jabatan dan menjalini tugas fleksi pagi, maka perkhidmatan klinikal bagi fleksi petang dan malam perlu diteruskan sepenuhnya Pegawai Perubatan dan Pegawai Pakar di jabatan terbabit.

"Ketetapan ini bagi memastikan kesinambungan rawatan pesakit tidak terjejas di samping menjamin kebajikan serta waktu rehat PPS dipatuhi selaras dengan prinsip sistem waktu kerja fleksi," katanya.

Susun jadual dengan teliti

Beliau berkata, pemantauan ke atas pelaksanaan waktu kerja fleksi PPS di hospital masing-masing juga bertujuan memastikan jadual bertugas disusun

dengan teliti supaya PPS diperuntukkan lebih banyak masa bertugas pada waktu pejabat bagi memaksimumkan peluang pembelajaran dan pendedahan klinikal sepanjang tempoh latihan.

"Ia juga bertujuan memastikan PPS dapat diberikan kemudahan Cuti Rehat sebanyak 25 hari setahun serta kemudahan cuti lain yang berkelayakan seperti Cuti Sakit, Cuti Bersalin dan sebagainya mengikut peraturan sedia ada sebagai penjawat awam.

"Sehubungan itu, adalah ditegaskan amalan menolok atau menggantikan jumlah Cuti Rehat PPS dengan Cuti Sakit adalah tidak tepat dan sama sekali tidak dibenarkan.

"Setiap jenis cuti mempunyai punca kuasa dan kelayakan yang berbeza, maka pelaksanaannya hendaklah mematuhi peraturan perkhidmatan sedia ada," katanya.

Beliau berkata, sebarang pertanyaan boleh diajukan kepada Unit Pegawai Perubatan Siswazah, Bahagian Perkembangan Perubatan.

Suruhanjaya Perkhidmatan Kesihatan wajar ditubuh

Kuala Lumpur: Suruhanjaya Perkhidmatan Kesihatan wajar ditubuhkan supaya Kementerian Kesihatan (KKM) mempunyai autonomi dalam menguruskan dana kewangan dan keperluan sumber manusianya.

Presiden Persatuan Perubatan Malaysia (MMA), Datuk Dr R Thirunavukarasu, berkata kecukupan sumber manusia, khususnya tenaga kerja doktor, penting dalam usaha mengatasi rungutan beban waktu kerja berlebihan oleh doktor perubatan pelatih (HO) ketika ini.

Bagaimanapun, beliau berkata, tanggungjawab itu tidak boleh diletakkan sepenuhnya kepada KKM memandangkan penawaran perjawatan serta peruntukan bajet kewangan bukan sepenuhnya bawah tanggungjawab kementerian terbabit.

"KKM ketika ini dilihat berperanan menguruskan masalah pesakit. Namun, dari su-

dut tenaga sumber manusia dan kewangan, agensi kerajaan lain yang menguruskan perkara berkenaan.

"Di sini Perdana Menteri, Datuk Seri Anwar Ibrahim, memainkan peranan penting dalam menyelesaikan isu ini memandangkan beliau juga selaku Menteri Kewangan, manakala Jabatan Perkhidmatan Awam (JPA) bertanggungjawab melapor perjawatan terus kepadanya.

"Sebab itu, kita perlu ada satu perancangan sumber manusia yang komprehensif untuk seluruh sektor kesihatan supaya pengagihan doktor dan petugas kesihatan dapat dilaksanakan dengan lebih berkesan," katanya ketika menjadi tetamu program podcast *BH, Borak Harini* di Balai Berita, semalam.

Kelmarin, KKM menyatakan garis panduan baharu berkaitan Waktu Kerja Secara Fleksi bagi Pegawai Perubatan Sis-

wazah akan dikeluarkan tidak lama lagi sebagai langkah segera mengatasi rungutan HO yang berdepan waktu kerja membebankan hingga 85 jam seminggu.

Menteri Kesihatan, Datuk Seri Dr Zulkifly Ahmad, dipetik berkata, langkah itu turut diambil bagi menjaga kebajikan doktor junior yang peranan mereka tidak sepatutnya dilihat sebagai 'tenaga kerja tambahan'.

Mengulas lanjut, Dr Thirunavukarasu berkata, pihaknya pernah memberi pandangan mengenai waktu kerja berlebihan itu kepada KKM, tahun lalu, justeru berharap semua input diberikan itu akan diambil kira sebelum garis panduan baharu berkenaan dikeluarkan.

"MMA sentiasa berharap waktu bekerja petugas kesihatan akan lebih konsisten dengan situasi semasa, bukanlah hingga tempoh 85 jam seminggu," katanya.

Ibadat & Faidilat

Abu Hurairah RA meriwayatkan Rasulullah SAW bersabda: "Siapa percaya kepada Allah dan akhirat, maka ucapkanlah kata-kata baik atau diam saja. Siapa percaya kepada Allah dan akhirat, maka janganlah dia menyakiti tetangganya. Siapa percaya kepada Allah dan akhirat, maka hendaklah dia memuliakan tetamunya." (HR Bukhari)

KAWASAN	SUBUH	ZUHUR	ASAR	MAGHRIB	ISYAK
Kangar	5:51	1:17	4:37	7:28	8:41
Alor Setar	5:52	1:17	4:37	7:28	8:41
P. Pinang	5:53	1:17	4:37	7:27	8:40
Ipoh	5:52	1:15	4:36	7:23	8:36
Kuala Lumpur	5:51	1:12	4:33	7:20	8:32
Shah Alam	5:51	1:12	4:33	7:20	8:32
Johor Bahru	5:45	1:04	4:25	7:08	8:21
Kuantan	5:46	1:07	4:28	7:13	8:26
Seremban	5:51	1:11	4:32	7:17	8:30
Bandar Melaka	5:50	1:10	4:31	7:16	8:28
Kota Bharu	5:45	1:10	4:30	7:20	8:29
K. Terengganu	5:42	1:06	4:26	7:15	8:28
Kota Kinabalu	4:49	12:14	3:34	6:24	7:37
Kuching	5:20	12:39	4:00	6:44	7:56