

No hantavirus cases in Malaysia but border checks tightened

CYBERJAYA: While Malaysia remains free of the hantavirus, cautionary measures are being carried out, including placing international entry points on high alert and ramping up maritime inspections to keep the rodent-borne disease at bay, says the Health Minister.

Datuk Seri Dr Dzulkefly Ahmad assured the public that the country's healthcare system is fully equipped to detect and treat the virus, with the Institute for Medical Research (IMR) ready to conduct polymerase chain reaction (PCR) tests.

He said no hantavirus cases have been reported in Malaysia

so far or those involving Malaysians, adding that the six lab-confirmed cases recently highlighted in the media were reported overseas.

However, he stressed that the country must remain vigilant against the rodent-borne virus.

"We do not want to be alarmist, but we also do not want the people to be complacent. No country is safe unless we take precautionary measures and remain prepared," he told a press conference yesterday.

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

Dzulkefly said the virus can cause acute respiratory syndrome, similar in nature to SARS, and in more severe cases, it can lead to haemorrhagic fever with renal syndrome or kidney complications.

"This is what we are conducting PCR tests for.

"Our standard diagnostics and tests are ready. Health offices at all international entry points are also prepared and will continue to strengthen sanitation activities," he said.

Dzulkefly also urged the public to play their part by maintaining high levels of environmental cleanliness to keep rodent populations at bay, and to seek immediate

medical treatment if they experience any symptoms.

To fortify the nation's borders, Dzulkefly said strict monitoring is being enforced on the maritime sector, with health inspections mandated for all ships and vessels entering Malaysian waters, especially those arriving from high-risk areas.

He said that up to May, a total of 22,367 ships and boats have been inspected at Malaysia's entry points.

From these inspections, he said, 2,421 free pratique certificates and 1,146 ship sanitation certificates have been issued.

"These steps are crucial to

ensure that vessels entering our country comply with international public health and sanitation requirements," he said.

A Pratique Certificate, or Certificate of Free Pratique, is an official document issued by port health authorities allowing a vessel to enter a port, board or disembark, certifying that the ship is free from infectious disease.

Dzulkefly outlined a four-pronged approach taken by the ministry to tackle the threat of the virus, which includes global surveillance and information sharing, strict border controls, targeted maritime monitoring and community empowerment.

Govt warns of 'trendy nicotine' use

Health minister highlights vaping and tobacco risks among young people

By **TARENCE TAN**
tarence@thestar.com.my

CYBERJAYA: The government will not allow nicotine addiction to be repackaged as a trendy lifestyle to lure young people, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister warned that the real danger of modern tobacco and nicotine products lies not only in their chemical content but also in how they are designed, flavoured and marketed to appear harmless and socially acceptable to children and youths.

"To unmask the appeal means revealing the truth behind the image. Behind the colours, there is addiction. Behind the flavours, there is dependence. Behind the marketing, there is a public health burden," he said during the national-level World No Tobacco Day 2026 celebration here yesterday.

Dzulkefly said the enforcement of the Control of Smoking Products for Public Health Act 2024 is a key public health measure to regulate tobacco products, including vape devices and elec-



Health drive: Dzulkefly (third from left) visiting an exhibition booth during the World No Tobacco Day 2026 celebration at the University of Cyberjaya. — FAIHAN GHANI/The Star

tronic cigarettes.

"Malaysia's position is clear. We cannot allow addiction to be repackaged as a lifestyle.

"We cannot allow harmful products to be made attractive to young people, and we cannot allow the health of future generations to be compromised," he stressed.

Based on the National Health and Morbidity Survey in 2022, smoking among young Malaysians aged between 13 and 17 showed a declining trend for traditional cigarette use, falling to 6.2%, but a concerning rise in vaping, with nearly 15% of teens using e-cigarettes.

Later at a press conference,

Dzulkefly described smoking products such as tobacco and vape as a scourge of humanity.

"Though it is a legal product, it kills one in two smokers in its intended use.

"That is why we must continue supporting this agenda," he said.

Earlier at the event, Dzulkefly also launched the LungShield Programme, a strategic collaboration between IHH Healthcare Bhd, the Health Ministry and the police to strengthen early detection of lung diseases.

In its first phase, the programme will screen 10,000 traffic police personnel, who are considered at higher risk of lung disease due to daily occupational and environmental exposure. The initiative will later be expanded to other police departments in stages.

The programme uses AI-assisted chest X-rays, radiologist reporting and follow-up diagnostic pathways to improve lung cancer detection and treatment, while also providing financial support mechanisms for those requiring further investigation.

Dzulkefly said lung diseases

remain among the leading causes of illness and death in Malaysia, with many patients only diagnosed at advanced stages.

"Damage may begin quietly, without pain, warning or obvious symptoms.

"By the time many patients experience persistent cough, shortness of breath, chest discomfort or unexplained weight loss, the disease may already have progressed," he said, adding that late diagnosis places a heavy emotional and financial burden on families.

He also urged parents and educators to speak to children early about the dangers of nicotine, reminding them that vaping is "not a symbol of maturity, and not harmless experimentation".

For smokers and vapers trying to quit, Dzulkefly encouraged them to seek help before it is too late.

He urged the public to make use of the ministry's smoking cessation services, including "Cik Era AI", a new digital tool designed to support individuals trying to quit smoking.

WHEN most people think about the immune system, they think of protection against the common cold, influenza or more serious diseases such as Covid-19. Rarely do we stop to consider that our immune system is also quietly engaged in another life-saving battle: protecting us from cancer.

Imagine for a moment that your body is a bustling city. In every city, law and order depend on a vigilant police force with officers patrolling the streets, identifying threats, responding to emergencies and keeping the public safe. Our immune system works in much the same way.

Immune cells are the body's police force. Some act like patrol officers, constantly circulating through the blood and tissues, scanning for suspicious activity.

Natural killer cells are among the rapid responders, highly trained officers that can quickly detect and eliminate abnormal or stressed cells before they cause harm.

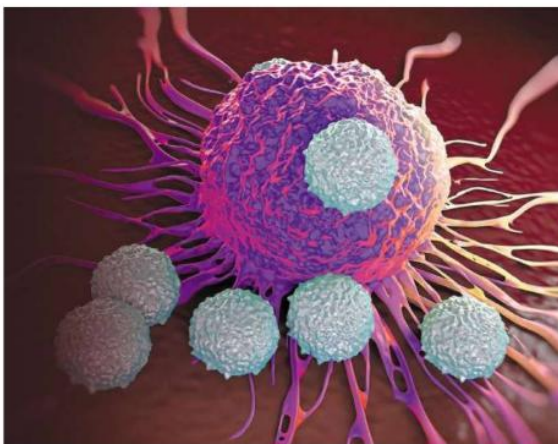
T cells are more like specialised investigators and tactical units, able to recognise specific threats, track them down and destroy dangerous cells with remarkable precision.

Other immune cells function as intelligence officers, collecting evidence, sending warning signals and coordinating a wider defensive response.

Every day, billions of cells in our body grow, divide and die as part of normal life.

Occasionally, some cells begin behaving abnormally due to genetic mutations by

Our silent protector against cancer



Cops at work: Rendition of T cells attacking a cancer cell. — 123rf

ignoring the body's rules and multiplying uncontrollably. These rogue cells can eventually become cancer.

But just as a city's police force works to stop crime before it spreads, our immune system is constantly identifying and removing potentially cancerous cells before they develop into dangerous tumours.

Much of this silent protection happens without us ever knowing. The challenge is that cancer can behave like organised

crime: It is very clever, adaptive, and capable of evading detection. Tumours can disguise themselves, suppress immune responses and create environments where immune cells become less effective. In other words, cancer can hide in plain sight.

Modern immunology is now helping the body's police force fight back. Through immunotherapy, scientists are developing treatments that strengthen immune cells, remove the

"brakes" that prevent them from attacking tumours and help them recognise cancer more effectively. In recent years, these advances have transformed cancer treatment, offering hope to patients facing cancers once considered difficult to treat.

For Malaysia, this is a timely reminder of why immunology matters. As cancer cases continue to rise, investment in biomedical research, early detection and innovative therapies is increasingly important.

Malaysia has growing expertise in immunology and cancer science, and with stronger support for research and public awareness, the country can contribute meaningfully to global advances in healthcare.

We all should know and remember this: Within each of us is a highly intelligent defence force, working day and night to keep us safe. Quietly vigilant, remarkably sophisticated and always on duty, as our immune system is the body's hidden protector, and one of our greatest weapons against cancer.

DR NORFARAZIEDA HASSAN
Pusat Kanser Tun Abdullah Ahmad Badawi
Universiti Sains Malaysia

No two ways about it, we need more medical staff

THE Malaysian Medical Association's call for a 48-hour work week for doctors is reasonable and long overdue ("MMA suggests even shorter hours", *The Star*, May 9; online at bit.ly/star-hours). But let us be clear: the real obstacle is not a lack of doctors or money – it is decades of poor planning and misplaced priorities.

My analysis, based on Health Ministry data, shows:

> There are 27,200 housemen and medical officers in public hospitals, currently averaging 80 hours/week.

> To bring them down to a safe 48-hour week, we need 20,000 additional doctors in this category.

> The annual cost? Roughly RM2.8bil – about 6% of the Health Ministry's 2026 budget of RM46.5bil.

That sum is not impossible. In 2025 alone, the government spent over RM80bil on subsidies (fuel, electricity, chicken, eggs). It found billions for the MRT3 transportation project, for new embassy buildings, for countless vague "development allocations". Surely, RM2.8bil to prevent exhausted doctors from making fatal errors is a wiser investment?

But instead of hiring, the ministry offered permanent conversion for 11,000 contract doctors. That helps job security – but it does not add a single extra doctor. The work hours remain unchanged.

The truth is that this crisis was created by the government's own planning failures:

> Chronic underfunding of medical training slots.

> Reluctance to create permanent posts despite annual budget surpluses (RM27bil in 2024, RM32bil in 2025).

> Over-reliance on cheap contract labour, which fuels burnout and exodus to the private sector or overseas.

We can rationalise the budget. We can cut the unnecessary – the duplication, the low-impact projects, the wastage. The government has already shown it can find money when it needs to (eg, the civil service salary hike of RM10bil-plus).

What we need is a serious, time-bound commitment:

> A special allocation of RM2.8bil in Budget 2027 specifically for hiring 20,000 new housemen and medical officers over three years.

> A workforce audit to eliminate ghost posts and bureaucratic bloat that diverts funds from frontline clinical staff.

> Accountability – if hospital directors continue to impose 80-hour weeks, they must face consequences.

Previous governments created this mess. Only the government of the day can fix it – if it chooses to.

PHILIP MR Seremban

Building a healthier, more informed society

COLORRECTAL cancer is no longer a disease affecting only older adults. Increasingly, younger Malaysians are being diagnosed at later stages, often because symptoms are overlooked, misunderstood, or ignored.

In Malaysia, colorectal cancer is among the most common cancers affecting both men and women. Yet despite growing public health campaigns, awareness gaps persist. Many people are still unfamiliar with early warning signs, such as persistent changes in bowel habits, unexplained weight loss, abdominal discomfort, or blood in the stool. Cultural stigma and fear surrounding cancer discussions also continue to discourage timely screening and medical consultation.

The challenge is even more concerning when younger populations are involved. Studies worldwide have shown a worrying increase in colorectal cancer cases among adults below the age of 50. Sedentary lifestyles, unhealthy dietary habits, obesity, smoking, and low physical activity are among the contributing factors.

Medical and nursing students represent the next generation of

healthcare providers. They will become doctors, nurses, educators, and advocates who influence community health behaviours. Equipping them with strong knowledge, positive attitudes, and heightened awareness about colorectal cancer is therefore not optional, it is essential.

One promising approach is the use of online educational interventions. Digital learning platforms provide flexible, accessible, and cost-effective opportunities to improve health education among university students.

Online modules, webinars, interactive discussions, and virtual campaigns can reach large numbers of learners regardless of geographical barriers. More importantly, they allow students to engage with updated medical information in ways that are interactive and relevant to modern learning styles.

The Covid-19 pandemic demonstrated how rapidly education systems can adapt to digital platforms. Rather than viewing online education as merely a temporary alternative, institutions should now recognise its long-term potential in

public health promotion.

Properly designed online educational programmes can improve understanding of cancer prevention, screening guidelines, risk factors, and early detection strategies.

Beyond academic knowledge, such interventions may also shape attitudes. Students who are more informed are more likely to encourage screening, discuss preventive measures confidently with patients, and challenge misconceptions within their communities.

Awareness among healthcare students can eventually translate into awareness among the wider population.

Higher education institutions therefore have a crucial role to play. Universities should integrate more preventive health education into healthcare curricula, including practical discussions on common cancers affecting Malaysians.

Collaboration between universities, healthcare organisations, and government agencies could also strengthen nationwide awareness efforts.

At the same time, public health education should not remain confined to healthcare

faculties alone. Cancer awareness is a societal responsibility. Students from all disciplines can benefit from understanding preventive healthcare and recognising symptoms that may save lives.

Malaysia has made progress in strengthening cancer care, but prevention and awareness must receive equal attention. Investing in educational interventions today may help reduce delayed diagnoses tomorrow. The earlier awareness begins, the greater the opportunity to save lives.

Colorectal cancer is not merely a medical issue – it is a national public health concern. By empowering future healthcare professionals with the right knowledge and awareness through innovative educational approaches, Malaysia can take an important step towards building a healthier and more informed society.

DR NOOR HASLIZA CHE SEMAN
ASSOC PROF TANG LI YOONG
ASSOC PROF LEE WAN LING
ASSOC PROF CHUN PEI LEI
DR TAN WOEI LING
DR KARTHIKAYINI

Doctor distress

It is time for a systemic cure

MALAYSIAN junior doctors are one distressed lot. Who wouldn't be if you are asked to work up to 85 hours a week? Two medical bodies — the Malaysian Medical Association (MMA) and Malaysian Medics International (MMI) — have recently highlighted their concern about our junior doctors' heavy workload. On Wednesday, the news portal of CodeBlue, an organisation that promotes healthcare, quoted MMI as saying that our junior doctors were working 10 to 15 overtime hours weekly without pay. MMI also revealed that our house officers and medical officers work an average of 65 to 85 hours weekly, much more than doctors in similar positions elsewhere, including the United Kingdom (40 hours) and Ireland (48 hours). The maximum hours per shift there, too, are lower, and they come with mandates that are strictly enforced. According to MMI, Malaysia doesn't have such mandates.

While doctors are expected to uphold professionalism and resilience, no healthcare system should depend on exhaustion as a norm. MMA is right. Long working hours among doctors, said its president Datuk Dr Thirunavukarasu Rajoo in a statement issued on Saturday, require wider healthcare reforms. Overworked doctors raise concerns not only about staff welfare, but also patient safety, medical errors and the long-term sustainability of public healthcare delivery. To

“While doctors are expected to uphold... resilience, no healthcare system should depend on exhaustion as a norm.”

him, the immediate priority is to enforce the existing 60 to 62-hour weekly cap. Hospital directors who fail to enforce the cap must be held accountable. Dr Thirunavukarasu was referring to the Health Ministry's directive issued on Friday to hospitals nationwide to ensure that house officers, or junior medical officers, work no more than 60 to 62 hours a

week under the government's flexible working system. The ministry said the move was part of efforts to safeguard the welfare and rest periods of medical graduates while ensuring uninterrupted patient care and quality clinical training. The latest circular appears to have been issued to clear the confusion among hospital administrators regarding the interpretation of the guidelines on the government's flexible working system introduced in 2019. Do not get MMA wrong. It is not saying that a 60 to 62-hour weekly cap is acceptable, but that Malaysia must eventually move to a 45-hour weekly cap.

Getting there means addressing systemic issues across the healthcare sector. Healthcare allocation is a good place to start. Under the 2026 Budget, Putrajaya allocated RM46.5 billion. MMA had previously stated that to be meaningful, it should be about RM70 to RM80 billion. Sustainable funding mechanisms must be explored to ensure long-term system sustainability. Recruitment and retention efforts, too, need to be accelerated as more and more doctors leave the service. Putting doctors on contract is neither good for the doctors nor for the public healthcare system. Uncertainty over permanent postings and limited training opportunities are discouraging Malaysians from signing up for medicine as a field of study. If systemic issues such as these are not tackled soon, our public healthcare would be under even greater strain.

Hospitals must cap housemen's workweek at 62 hours

CYBERJAYA: The Health Ministry will ensure public hospitals adhere to the new guidelines governing the working hours and welfare of house officers.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the ministry is monitoring compliance following the issuance of a new clinical circular on Friday.

The guidelines stipulate that house officers should work between 60 and 62 hours per week.

"We will ensure that every hospital complies with this directive.

"This is a clinical guideline being monitored personally by the Health director-general in his capacity as Chief of Medical Services," he told reporters at the 2026 World No Tobacco Day celebration yesterday.

He also responded to questions on reported confusion over the interpretation of the new guidelines at certain facilities.

While he did not name any hospital that had failed to comply, Dzulkefly said the ministry is monitoring the situation and will provide further updates through official channels soon.

"I cannot provide specific examples at this time, but I can assure you that the ministry will continue to monitor the situation closely."

He also echoed Health director-general Datuk Dr Mahathar Abd Wahab's recent sentiment that junior doctors must be viewed as trainees rather than merely "an extra pair of hands" to manage hospital workloads.

"We want to train our house officers. They are not merely an extra pair of hands.

"At the same time, we find that many are satisfied and eager when given the opportunity to perform clinical procedures," he said.

On other matters, Dzulkefly said an estimated 95 per cent of lung cancer cases in Malaysia are detected only at Stage 3 or 4, contributing to a low five-year relative survival rate of about 11 per cent.

He described the situation as a preventable epidemic that continues to claim lives and devastate families.

Dzulkefly said the country cannot afford to be complacent as nicotine addiction is increasingly being repackaged for a younger generation.

Raising awareness on early cancer detection

By Meera Murugesan

ACCORDING to the Health Ministry, cancer is one of the leading causes of death in the country, with an estimated one in 10 Malaysians at risk of developing the disease in their lifetime.

More concerning, a significant proportion of cases in Malaysia are diagnosed at late stages (stages 3 and 4), when treatment options are more complex, costly and survival rates are lower.

To address this, National Cancer Society Malaysia (NCSM) and Lions International have joined hands to launch the "Know Early, Act Early" campaign.

The campaign reflects a shared commitment to shift the narrative from late-stage treatment to early detection and prevention, with a

targeted reach of 20,000 individuals within the next year.

Under this collaboration, both organisations will work closely to expand access to community-based cancer screening services and promote early detection, particularly in underserved and high-risk populations, to significantly improve survival rates and treatment outcomes.

It also includes delivering impactful health education programmes to the wider public.

"Early detection remains one of the most effective ways to reduce cancer mortality. When cancers such as breast, cervical, colorectal and lung cancer are identified early, patients have a far higher chance of successful treatment and recovery," says

NCSM president Datuk Dr Saunthari Somasundaram.

However, barriers such as cost, accessibility and lack of awareness continue to hamper screening efforts.

Through this partnership, these barriers will be addressed directly by bringing screening services closer to the communities that need them

most, adds Dr Saunthari.

Beyond screening, this collaboration also places a strong emphasis on education and behavioural change, recognising that awareness is the first step towards prevention.

Key initiatives include community health talks and cancer awareness programmes and structured anti-

smoking campaigns in schools and universities.

These efforts aim to instil healthier lifestyle choices among Malaysians, particularly the younger generation, and reinforce the importance of regular screening and early intervention.

meera@ninst.com.my

NEW STRAITS TIMES
HEARD THE NEWS?
 Read with me
 Supported by the **Malaysian Communications and Multimedia Commission**




National Cancer Society Malaysia (NCSM) and Lions International have joined hands to launch the 'Know Early, Act Early' campaign. PICTURE CREDIT: NCSM

Malaysia on high alert for hantavirus, border control strengthened

CYBERJAYA: Malaysia is on full alert to face the threat of hantavirus infection, although no cases involving Malaysians have been recorded thus far.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the approach is crucial as public health challenges are now global in nature, and no country is truly safe without continuous precautionary measures.

"We do not want to be an alarmist, but at the same time, we do not want the people to

be complacent by saying that this is happening elsewhere (abroad)," he told reporters after attending the closing ceremony of the National Tobacco Control Conference and Lung Health Summit 2026 here yesterday.

He said the Health Ministry's Institute for Medical Research has the capacity to diagnose hantavirus using Polymerase Chain Reaction technology, which is the gold standard for disease detection. — Bernama

Rethinking bone health in an ageing Malaysia

Muhammad Basir Roslan

AS Malaysia moves towards becoming an ageing nation by 2030, concerns over osteoporosis are growing, but so too are misconceptions about what truly keeps bones strong.

For decades, public health messaging and dietary advice have closely linked bone health with calcium intake. Milk, supplements and calcium-rich foods have long been promoted as the foundation of strong bones. As a result, many people have come to believe that calcium alone is sufficient.

However, health experts caution that this perception may create a false sense of security as bone strength is influenced by a combination of biological, nutritional and lifestyle factors beyond calcium alone.

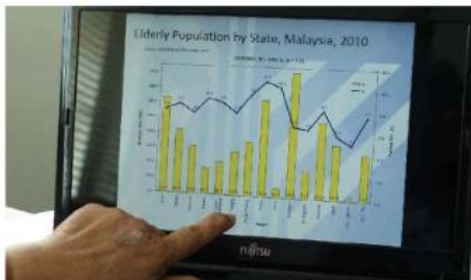
"Many assume that calcium alone is sufficient, when in fact bone health is far more complex than that," said physiology expert Assoc Prof Dr Badariah Ahmad.

Misconceptions about calcium in clinical practice, particularly the over-reliance on supplements without proper assessment of dietary needs.

Dr Badariah, who is also deputy head of the School of Medicine and Health Sciences (Engagement & Partnerships Unit) at Monash University Malaysia, told Bernama that many people tend to self-supplement without understanding whether it is necessary.

In terms of calcium supplementation, she said this often occurs without evaluating calcium intake from daily food sources, particularly among those who perceive supplements as a preventive measure even in the absence of deficiency.

Excessive calcium intake, especially from supplements, does not necessarily improve bone strength and may instead increase risks such as kidney stones and gastrointestinal



As Malaysia moves towards the status of an ageing nation by 2030, concerns about osteoporosis cases are also increasing.

discomfort, including constipation.

According to Dr Badariah, the safest approach is to meet the recommended daily calcium intake (approximately 1,000 to 1,200 milligrammes depending on age and sex), primarily through food, with supplements used only when medically indicated.

Commenting on calcium intake through food, she said many Malaysians tend to focus on milk while overlooking other calcium-rich sources such as small fish with edible bones like ikan bilis (dried anchovies), as well as tofu, leafy green vegetables, nuts and fortified soy products.

She also cautioned that high intake of salt and heavily processed foods may increase calcium loss through urine, gradually weakening bone strength over time.

Dr Win Min Thein, an associate professor of orthopaedics at the School of Medicine in the Faculty of Health and Medical Sciences at Taylor's University, concurred that bone health is shaped not by calcium supplementation alone but by a combination of hormonal, nutritional and lifestyle factors.

"(For example) osteoporosis (a common bone disease) involves both loss of bone mass and deterioration of bone structure, not just low calcium levels," he said.

He said even individuals with

adequate calcium intake may still experience bone loss if other factors are not addressed, including hormonal changes, nutritional deficiencies and sedentary lifestyles.

He added that smoking and excessive alcohol consumption further weaken bone strength by disrupting bone formation and increasing fracture risk.

He also stressed the importance of maintaining adequate levels of physical activity, saying that bones require mechanical stress to maintain strength and structural integrity.

"Without sufficient mechanical stimulation, bones gradually lose their ability to remain strong," he said.

Bone is not just calcium

Dr Win added that bone is a living tissue that continuously undergoes remodelling—a dynamic process in which specialised cells regulate the balance between bone formation (osteoblasts) and breakdown (osteoclasts), enabling the skeleton to repair microdamage and adapt to mechanical stress.

This continuous process ensures structural integrity, but when the balance is disrupted, bone quality gradually deteriorates over time, often without early symptoms.

To illustrate this, Dr Win likened bone to a constructed structure.



Preventive measures, especially among older people, need to start early, including maintaining an active lifestyle to support overall bone health. — Bernama photos

"Calcium acts as the cement, collagen forms the framework, and bone cells are the workers maintaining the structure," he said.

In this context, calcium represents only one component of a broader biological system, rather than the sole determinant of bone strength.

"Bone strength depends not only on mineral content but also on the integrity of its collagen framework, which provides structural support.

"Hence, without a strong underlying structure, increasing calcium intake alone offers limited benefit and may create a false sense of security among individuals who rely heavily on supplements," he added.

Elaborating on bone health across one's lifespan, Dr Badariah explained that childhood and adolescence represent a critical phase for building peak bone mass, which determines long-term bone strength and resilience.

However, modern lifestyles characterised by reduced physical activity and limited sunlight exposure can negatively affect this development, even in a tropical country like Malaysia.

Another concern is that in adulthood, bone loss can occur gradually without noticeable symptoms, often leading to delayed diagnosis when fractures eventually occur.

"Many patients only begin to pay attention to bone health after complications arise," she said, adding that by then, significant damage has already taken place.

Screening

Screening tools such as bone density scans can help identify at-risk individuals earlier, particularly those with factors such as low body weight, smoking, a sedentary lifestyle, or long-term medication use.

"For menopausal women, reduced oestrogen levels accelerate bone loss, increasing the risk of osteoporosis within a relatively short period.

"For older adults, fractures, particularly hip fractures, can result in long-term disability, reduced independence and higher mortality risk," she added.

She stressed that preventive measures must begin early, and these include maintaining an active lifestyle, performing weight-bearing exercises

regularly, and walking and climbing stairs to support overall bone health and reduce long-term risk.

Dr Win also underscored the importance of establishing healthy lifestyle habits early in life to support long-term bone strength.

Dr Badariah said from a clinical perspective, healthcare providers should place greater emphasis on lifestyle assessments during consultations with patients, including assessing their physical activity, habits such as smoking and alcohol consumption, and fall risk.

"Exercise should be prescribed just like medication, with clear and practical guidance, while patients also need to understand that supplements work best when combined with (physical) movement, proper nutrition and healthy habits," she said.

She said lifestyle changes are often overlooked because their benefits are gradual and less visible compared to medication.

"We can help people take a more holistic approach to bone health rather than relying too heavily on supplements alone," she added. — Bernama

APA ITU BANTUT ?

Bantut merujuk kepada keadaan kegagalan tumbesaran kanak-kanak akibat kekurangan nutrisi kronik sehingga ketinggian mereka lebih rendah daripada paras normal mengikut umur.

Kenapa bantut bahaya?

Kanak-kanak bantut berisiko mengalami:

- perkembangan otak dan kognitif terjejas
- kelewatan pembelajaran
- kurang fokus di sekolah
- sistem imun lebih lemah
- risiko lebih tinggi menghidap diabetes dan darah tinggi apabila dewasa

Ketinggian minimum kanak-kanak 5 tahun

Menurut piawalan WHO:
Lelaki: minimum 100.7 cm
Perempuan: minimum 99.9 cm

- Kanak-kanak di bawah paras ini berisiko dikategorikan sebagai bantut.

Bukan sekadar faktor genetik

- Walaupun faktor genetik mempengaruhi ketinggian, pakar menegaskan nutrisi dan persekitaran tetap memainkan peranan besar terhadap tumbesaran anak.

Tanda anak membesar secara sihat

Kanak-kanak berusia:

- **1-3 tahun** biasanya membesar sekitar **10 cm setahun**
- **2-5 tahun** sekitar **7-8 cm setahun**



1 daripada 5 rakyat berisiko mati muda

Krisis obesiti, bantut sejak kecil tingkatkan risiko penyakit kronik, jejas perkembangan otak dan produktiviti generasi masa depan

Oleh **KHAIRIL ANWAR MOHD AMIN**

SHAH ALAM - Di sebalik aspirasi Malaysia untuk muncul sebagai negara berpendapatan tinggi, realiti semakin membimbangkan apabila lebih separuh rakyat dewasa berlebihan berat badan atau obes, sedangkan sebahagian kanak-kanak pula gagal mencapai tumbesaran optimum akibat kekurangan nutrisi.

Paradoks ini memperlihatkan bagaimana lebih kalori tidak semestinya bermakna kecukupan zat, sekali gus mendedahkan negara kepada krisis kesihatan yang berpotensi menjadi 'bom masa' kepada produktiviti tenaga kerja masa hadapan.

Data Kementerian Kesihatan Malaysia menerusi Tinjauan

Kebangsaan Kesihatan dan Morbiditi 2023 (NHMS 2023) menunjukkan 54.4 peratus dewasa di negara ini berlebihan berat badan atau obes, meningkat berbanding 44.5 peratus pada 2011.

NHMS 2022 pula melaporkan 21.2 peratus kanak-kanak bawah lima tahun mengalami bantut, iaitu kegagalan tumbesaran akibat kekurangan nutrisi kronik sehingga menjejaskan perkembangan fizikal dan otak.

Lebih membimbangkan, Malaysia dilaporkan satu-satunya negara ASEAN yang mencatat peningkatan kadar bantut daripada 19.3 peratus pada 2000 kepada 24.3 peratus pada 2024.

Pengerusi Jawatankuasa Pilihan Wanita, Kanak-kanak dan Pembangunan Masyarakat, Yeo Bee Yin berkata, bantut bukan sekadar isu fizikal rendah atau tubuh kecil kerana keadaan itu turut memberi kesan terhadap perkembangan otak, pencapaian akademik dan kemampuan kognitif kanak-kanak.

"Jika gagal ditangani sekarang, kita bukan sahaja berdepan isu kesihatan, tetapi risiko kehilangan potensi generasi masa depan ne-

gara," katanya.

Jika bantut menjejaskan perkembangan dari dalam, obesiti pula mengahakis ketahanan fizikal dan kesihatan jangka panjang.

Laporan World Obesity Atlas 2026 mendedahkan lebih 2.85 juta kanak-kanak Malaysia berusia lima hingga 19 tahun berlebihan berat badan atau hidup dengan obesiti pada 2025, manakala jumlah itu dijangka melepasi 3.1 juta menjelang 2040.

Fenomena "negara obes, anak kurang zat" memperlihatkan paradoks pembangunan apabila pertumbuhan ekonomi tidak semestinya menjamin pertumbuhan sihat generasi muda.

Dalam konteks ekonomi, krisis ini berpotensi menjejaskan kualiti modal insan, faktor utama yang menentukan kejayaan Malaysia melonjak dalam rantaian nilai global.

Profesor Pemakanan

LAPORAN MUKA DEPAN



BEE KOON

Fakulti Sains Kesihatan Universiti Kebangsaan Malaysia (UKM), Profesor Dr Poh Bee Koon pula berkata, masalah malpemakanan sejak awal kehidupan mempunyai kesan jangka panjang terhadap kesihatan dan produktiviti rakyat.

Menurut beliau, kanak-kanak yang mengalami bantut berisiko menghadapi kesukaran pembelajaran kerana perkembangan otak pada peringkat awal kehidupan berkait rapat dengan keupayaan kognitif dan prestasi akademik.

"Dalam jangka panjang, keadaan ini turut meningkatkan risiko penyakit tidak berjangkit apabila kekurangan nutrisi pada awal kehidupan diikuti pengambilan diet tidak sihat ketika dewasa.

"Impaknya bukan sekadar kepada individu, tetapi juga kepada negara apabila produktiviti tenaga kerja menjadi lebih rendah dan menjejaskan pembangunan ekonomi," katanya kepada *Sinar Harian*.

Bee Koon berkata, Malaysia kini berdepan fenomena beban berganda malpemakanan kronik apabila masalah bantut dan obesiti berlaku secara serentak dalam populasi.

"Fenomena ini boleh berlaku dalam individu sama atau keluarga sama. Contohnya, ibu bapa mungkin obes tetapi anak mengalami bantut akibat pengambilan makanan tinggi kalori tetapi rendah nutrien," ujarnya.

Beliau turut memberi amaran hampir satu daripada lima rakyat Malaysia berisiko meninggal dunia sebelum usia 70 tahun akibat penyakit tidak berjangkit seperti diabetes, penyakit jantung dan kanser.

Situasi itu secara tidak langsung menggambarkan cabaran besar negara dalam membentuk generasi yang benar-benar sihat, produktif dan berdaya tahan pada masa depan.

KPM perangi budaya makanan tidak sihat

Sekolah dijadikan benteng utama bendung obesiti dan masalah nutrisi murid

SHAH ALAM - Kementerian Pendidikan Malaysia (KPM) mempergiat usaha membendung budaya pemakanan tidak sihat dalam kalangan murid sekolah susulan peningkatan masalah obesiti dan bantut yang semakin membimbangkan di negara ini.

Ketua Pengarah Pendidikan Malaysia, Datuk Dr Mohd Azam Ahmad berkata, pengaruh makanan tular di media sosial dikenal pasti antara faktor baharu yang menyumbang kepada gangguan nutrisi sistematik dalam kalangan kanak-kanak dan remaja.

Menurut beliau, trend makanan tular yang menonjolkan hidangan tinggi gula, lemak dan garam seperti minuman boba, mi segera pedas serta makanan ultra-proses kini membentuk norma pemakanan baharu dalam kalangan murid.

"Fenomena ini turut mewujudkan budaya *fear of missing out*

(FOMO) apabila murid terdorong mencuba makanan tidak sihat semata-mata kerana pengaruh media sosial.

"Makanan sihat seperti sayur-sayuran, buah-buahan dan hidangan seimbang pula semakin kurang mendapat perhatian," katanya kepada *Sinar Harian*.

Sehubungan itu, katanya, KPM kini melaksanakan pendekatan lebih menyeluruh melalui kempen Literasi Media Nutrisi bagi membantu murid memahami kandungan sebenar di sebalik promosi makanan di media sosial.

Menurut beliau, murid bukan sahaja diajar mengenai piramid makanan secara teori, malah turut didedahkan dengan strategi pemasaran digital serta kandungan nutrisi produk yang sering dipromosikan pempengaruh.

Dalam masa sama, KPM turut melaksanakan transformasi terhadap Program Rancangan Makanan Tambahan (RMT) dengan mengubah pendekatan daripada sekadar bantuan kebajikan kepada intervensi nutrisi lebih berfokus.

"Jika sebelum ini RMT lebih tertumpu kepada kuantiti makanan bagi memastikan murid tidak lapar,

LAPORAN MUKA DEPAN

Fenomena makanan viral ancaman utama krisis pelajar bantut, obes di Malaysia.



kini fokus beralih kepada pemakanan nutri-spesifik yang mengandungi protein berkualiti tinggi serta mikronutrien penting.

"Menu RMT kini diperkaya dengan sumber protein seperti telur, ikan dan ayam selain zat besi, zink dan vitamin A bagi menyokong tumbesaran fizikal dan perkembangan otak murid," katanya.

Beliau berkata, KPM turut mengurangkan penggunaan karbohidrat ringkas serta menghapuskan penggunaan krim manis dan perasa tiruan dalam penyediaan makanan sekolah bagi mengekang risiko obesiti.

Selain itu, katanya, semua hidangan RMT kini diwajibkan mematuhi konsep Pinggan Sihat Malaysia yang menekankan keseimbangan antara karbohidrat, protein, sayur-sayuran dan

buah-buahan.

Menurut Mohd Azam, pematuhan garis panduan pemakanan sihat juga menjadi syarat wajib dalam kontrak pengurusan kantin sekolah.

"KPM turut memperketatkan kawalan pemakanan di kantin termasuk melaksanakan dasar sifar minuman bergula serta larangan penjualan makanan ultra-proses seperti nugget, sosej dan mi segera.

"Sekolah perlu kembali menjadi ruang yang membentuk budaya pemakanan sihat dalam kalangan murid," ujarnya.

Dalam pada itu, beliau berkata, kerjasama dengan Kementerian Kesihatan Malaysia (KKM) turut diperkuatkan menerusi pemantauan kesihatan murid secara digital melalui integrasi Sistem Pengurusan

Identiti (idMe) dan Rekod Kesihatan Murid Elektronik (e-RKM).

Katanya, langkah itu membolehkan data ketinggian, berat badan dan indeks jisim badan (BMI) murid dipantau secara berkala bagi mengenal pasti risiko bantut, susut atau obesiti lebih awal.

Menurut beliau, pendekatan tersebut penting bagi memastikan intervensi dapat dilakukan lebih cepat sebelum masalah kesihatan murid menjadi lebih serius dan menjejaskan proses pembelajaran mereka di sekolah.

"Matlamat jangka panjang KPM adalah memastikan tiada murid tercicir dari segi perkembangan fizikal dan kognitif akibat masalah malnutrisi kerana generasi yang sihat merupakan asas kepada kemajuan negara," katanya.

Mi segera antara punca krisis nutrisi

SHAH ALAM - Jurang sosioekonomi keluarga dikenal pasti antara faktor utama yang mempengaruhi kualiti pemakanan kanak-kanak sehingga menyumbang kepada fenomena 'beban berganda malpemakanan' yang semakin membimbangkan di negara ini.

Profesor Pemakanan Fakulti Sains Kesihatan Universiti Kebangsaan Malaysia (UKM), Profesor Dr Poh Bee Koon berkata, majoriti kanak-kanak di Malaysia masih gagal mencapai tahap Kepelbagaian Diet Minimum (MDD) dan Diet Minimum yang Boleh Diterima (MAD), khususnya dalam kalangan keluarga berpendapatan rendah serta penduduk luar bandar.

Menurut beliau, keadaan itu bertambah buruk selepas pandemik Covid-19 apabila ramai isi rumah kehilangan sumber pendapatan dan terpaksa mengubah corak pemakanan harian.

"Lebih 60 peratus isi rumah dilaporkan mengalami penurunan pendapatan bulanan sehingga pengambilan nutrien penting seperti susu dan produk tenusu berkurangan secara ketara.

"Dalam masa sama, terdapat peningkatan pengambilan makanan ruji yang murah dan mudah disediakan seperti mi segera," katanya ke-

pada *Sinar Harian*.

Tambah beliau, perubahan pola pemakanan itu mewujudkan satu kitaran malpemakanan kompleks apabila sebahagian kanak-kanak mengalami kekurangan nutrisi sehingga menyebabkan bantut, manakala sebahagian lain berdepan masalah berat badan berlebihan.

"Fenomena ini boleh berlaku dalam individu sama, keluarga sama atau pada peringkat populasi negara.

"Contohnya, ibu bapa mungkin obes tetapi anak mengalami bantut akibat pengambilan makanan tinggi kalori tetapi rendah nutrien," katanya.

Menurut Bee Koon, persekitaran makanan obesogenik turut menyumbang kepada keadaan tersebut apabila makanan ultra-proses, minuman tinggi gula dan trend makanan tular semakin menjadi norma dalam kalangan kanak-kanak serta remaja.

"Pengaruh makanan moden dan makanan barat yang tinggi gula, lemak dan garam menjadikan diet

Pengaruh makanan moden dan makanan barat yang tinggi gula, lemak dan garam menjadikan diet sihat semakin sukar diamalkan." - Bee Koon

sihat semakin sukar diamalkan.

"Perubahan ini bukan sahaja menjejaskan kualiti diet, malah meningkatkan risiko penyakit tidak berjangkit pada usia lebih muda," ujarnya.

Sementara itu, Pengerusi Jawatankuasa Pilihan Khas Kesihatan Parlimen, Suhaizan Kayat berkata, kerajaan kini melaksanakan Pelan Strategik Kebangsaan Memerangi Beban Berganda Malpemakanan Dalam Kalangan Kanak-Kanak Malaysia 2023-2030 bagi menangani isu tersebut.

Menurut beliau, pelan itu memberi tumpuan kepada tiga sasaran utama iaitu mengurangkan masalah bantut dan susut, mengemukakan atau menurunkan kadar obesiti kanak-

kanak serta meningkatkan amalan pemakanan sihat.

Selain itu, kerajaan juga merancang menggubal Akta Pemakanan Malaysia yang dijangka diwartakan pada 2027 bagi mengawal aspek nutrisi makanan rakyat, khususnya membabitkan kanak-kanak.

Malaysia siap siaga hadapi hantavirus

CYBERJAYA -

Malaysia dalam tahap kesiapsiagaan penuh bagi menghadapi ancaman penularanjangkitan hantavirus walaupun tiada kes melibatkan rakyat negara ini direkodkan.

Menteri Kesihatan, Datuk

Seri Dr Dzulkefly Ahmad berkata, pendekatan itu penting memandangkan cabaran kesihatan awam kini bersifat global dan tiada negara yang benar-benar selamat tanpa langkah berwaspada berterusan.

"Kita tidak mahu mencetuskan kebimbangan, tapi kita juga tidak mahu orang selesa dengan mengatakan ini semua berlaku di luar (negara)," katanya selepas menghadiri Majlis Penutup Persidangan Kawalan Tembakau Kebangsaan dan Sidang Kemuncak Kesihatan Paru-paru 2026 di sini pada Ahad.



DZULKEFLY

Katanya, Institut Penyelidikan Perubatan (IMR) Kementerian Kesihatan mempunyai kapasiti menjalankan diagnosis melibatkan hantavirus menggunakan teknologi *Polymerase Chain Reaction* (PCR).

Kawalan ketat di semua pintu masuk antarabangsa negara turut diperkasakan menerusi saringan kesihatan dan peningkatan tahap kesiapsiagaan di lapangan terbang, pelabuhan serta pintu masuk utama negara oleh Pejabat Kesihatan Pintu Masuk Antarabangsa (PKPMA).

Sebagai langkah pencegahan berterusan, Dzulkefly berkata, setakat ini, 22,367 kapal dan bot diperiksa di pintu masuk Malaysia dengan 2,421 sijil pratique dan 1,146 Ship Sanitation Certificate (SSC) dikeluarkan. - *Bernama*

Segera cari penyelesaian elak kesihatan rakyat 'terkorban'

Sektor kesihatan pasti tidak terlepas daripada polemik dan kritikan, tetapi apabila semakin ramai doktor muda dilaporkan memilih meninggalkan sektor awam, berhijrah ke luar negara, malah negara asing mengadakan sesi temu duga terbuka di sini, ia tidak lagi boleh dianggap rungutan biasa. Ia menyentuh soal ketahanan sistem kesihatan negara secara keseluruhan seperti dibincangkan dalam podcast *BH Borak Harini*, 'Sudah Serik-kah? Kenapa Ramai Doktor Muda Tidak Mahu Bekerja di Malaysia?' yang turut dijawab Menteri Kesihatan seperti disiarkan di akhbar ini, semalam.

Hakikatnya, kita tidak boleh melihat pertikaian secara hitam putih atau menyebelahi satu pihak semata-mata. Kementerian Kesihatan (KKM) sendiri berdepan pelbagai kekangan besar, sama ada dari segi sumber manusia, peruntukan kewangan mahupun tekanan untuk melaksanakan penjimatan fiskal negara. Sistem doktor kontrak misalnya diperkenalkan pada 2016 ketika negara berdepan lambakan siswazah perubatan serta kekangan jawatan tetap. Ketika itu, kerajaan memilih pendekatan sementara bagi memastikan mereka masih dapat memasuki sistem kesihatan awam dan menjalani latihan siswazah.

Pada masa sama, kita perlu mengakui suara dibawa persatuan perubatan seperti Persatuan Perubatan Malaysia (MMA) tidak boleh dipandang ringan. Mereka mewakili kelompok pengamal yang berada di lapangan dan memahami realiti di hospital serta klinik. Isu dibangkit seperti ketidakjelasan laluan kerjaya, beban tugas melampau, tekanan kerja serta penghijrahan doktor muda ke luar negara adalah perkara yang dirasai sebahagian petugas kesihatan.

Apa yang penting bagi rakyat adalah bagaimana perbezaan pandangan ini diuruskan secara matang dan berorientasikan penyelesaian. Dalam sektor kesihatan, kegagalan mencari titik temu akhirnya akan memberi kesan langsung kepada masyarakat. Jika masalah tenaga kerja, tekanan kerja dan kekurangan doktor pakar tidak diselesaikan dengan baik, implikasinya bukan sekadar kepada petugas kesihatan, tetapi juga terhadap mutu rawatan, tempoh menunggu pesakit dan dalam keadaan tertentu membabitkan nyawa manusia.

Namun, kita juga mengingatkan penyelesaian tidak boleh dibuat secara tergesa-gesa atau bersifat 'lain luka lain dibebat'. Cadangan seperti mewujudkan Suruhanjaya Perkhidmatan Kesihatan misalnya perlu diperhalusi. Ia tidak semestinya terus menyelesaikan masalah asas jika isu perancangan sumber manusia, latihan kepakaran, pembiayaan kesihatan dan tadbir urus tidak ditangani secara menyeluruh. Akhirnya, institusi baharu mungkin tetap berdepan kekangan sama jika struktur asas tidak diperbaiki.

Sebab itu, penyelesaian kepada krisis tenaga kerja kesihatan perlu lahir melalui libat urus lebih luas dan konsisten. KKM, persatuan perubatan, doktor muda, pakar, pengurusan hospital serta agensi berkaitan perlu duduk semeja mencari formula terbaik. Pendekatan terlalu defensif atau terlalu populis hanya akan memanjangkan polemik tanpa menyelesaikan akar masalah. Kita mengalu-alukan langkah KKM yang kini melaksanakan pelbagai reformasi, termasuk menambah jawatan tetap, memperkukuh laluan latihan kepakaran, meneliti isu kebajikan serta memperkenalkan sistem waktu kerja fleksible. Namun, kita masih berdepan dengan masalah sama, sekali gus menunjukkan pembedaan dan penambahbaikan masih diperlukan.

Realitinya, sistem kesihatan negara tidak boleh dibiarkan dalam polemik berpanjangan. Apa juga perbezaan pandangan, matlamat akhirnya mesti sama, iaitu memastikan rakyat mendapat perkhidmatan kesihatan berkualiti dan mampan.

KKM akan pastikan hospital patuh waktu kerja fleksi doktor siswazah

Pekeliling baharu sentiasa dipantau kerajaan termasuk hadkan bekerja kepada 60 hingga 62 jam seminggu

Oleh Essa Abu Yamin
essabuyamin@bh.com.my

Cyberjaya: Kementerian Kesihatan (KKM) akan memastikan semua hospital kerajaan mematuhi sepenuhnya pekeling baharu berkaitan sistem waktu kerja fleksi bagi Pegawai Perubatan Siswazah untuk mengelak kekeliruan berterusan.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad, berkata garis panduan itu dipantau sepenuhnya di bawah tanggungjawab Ketua Pengarah Kesihatan, Datuk Dr Mahathar Abd Wahab selaku ketua perkhidmatan perubatan.

"Kita akan pastikan pematuan hospital dalam perkara ini. Itu pekeling yang dipantau sendiri dan di bawah tanggungjawab Ketua Pengarah Kesihatan.

"Jadi, kita akan terus pastikan semua hospital patuh kepada pe-

keliling yang baharu dikeluarkan itu," katanya pada sidang media selepas merasmikan Majlis Pelancaran Hari Tanpa Tembakau Sedunia 2026 di sini, semalam.

Beliau berkata demikian mengulas penjelasan Dr Mahathar mengenai kekeliruan tafsiran garis panduan berkenaan yang tular sebelum ini.

Terdahulu, KKM menegaskan semua hospital kerajaan perlu memastikan ketetapan dalam pelaksanaan sistem waktu kerja fleksi bagi Pegawai Perubatan Siswazah dipatuhi sepenuhnya.

Ini termasuk memastikan purata jumlah waktu bekerja dihadkan kepada 60 hingga 62 jam seminggu, serta pemberian cuti rehat dan cuti lain mengikut peraturan sedia ada sebagai penjawat awam.

Dr Mahathar dilapor 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 Pegawai Perubatan Siswazah.

Mengulas contoh kes khusus berkaitan isu berkenaan, Dzulkefly memaklumkan, beliau belum menerima perincian lanjut, namun akan mendapatkan maklumat berkenaan dalam



Dr Dzulkefly pada Majlis Pelancaran Hari Tanpa Tembakau Sedunia 2026 di Cyberjaya, semalam. (Foto BERNAMA)

masa terdekat.

"Mengenai contoh kes, belum dapat saya berikan dan pastinya dalam waktu terdekat Ketua Pengarah Kesihatan akan berkomunikasi dengan pihak saya.

"Saya akan terus memantau perkara berkenaan," katanya.

Perkasa kemahiran klinikal

Dalam pada itu, Dzulkefly menegaskan matlamat utama latihan bagi Pegawai Perubatan Siswazah untuk memperkasa kemahiran klinikal mereka.

"Kita mahu melatih perkhidmatan 'houseman' kita. Mereka

bukan sekadar 'extra pair of hands' seperti yang disebutkan Ketua Pengarah Kesihatan.

"Ramai merasakan mereka sangat puas hati apabila berpeluang menjalankan prosedur-prosedur yang diberikan serta mendapat peluang pembelajaran," katanya.

HDK gesa siasatan lanjut kekeliruan garis panduan

Kuala Lumpur: Gerakan Hartal Doktor Kontrak (HDK) menggesa siasatan lanjut untuk mengenal pasti kekeliruan yang berlaku berhubung tafsiran Garis Panduan Prinsip Am Penyeragaman Sistem Waktu Kerja Fleksi, khususnya berkaitan kemudahan cuti bagi Pegawai Perubatan Siswazah.

Menurut jurucakap HDK, kekeliruan terbabit tidak seharusnya timbul berikutan garis panduan terbabit adalah terperinci, selain adanya perjumpaan di antara Kementerian Kesihatan (KKM) dan pentadbiran hospital menjelaskan jadual kerja terbabit.

Beliau berkata, mungkin wujud aspek pemantauan yang lemah sehingga ada pihak sengaja melanggar pekeling terbabit.

"Rasanya pemantauan yang lemah. Pada awal mungkin semua ikut, namun semakin lama dengan kurangnya doktor, ada pihak cuba buat-buat keliru dan tidak mahu mengikut apa yang ada dalam pekeling terbabit.



"Kami berasa kekeliruan ini tidak patut timbul berikutan garis panduan sudah agak terperinci dan rasanya sudah ada banyak perjumpaan di antara KKM dan pihak hospital menerangkan mengenai jadual kerja ini," katanya kepada BH, di sini.

Beliau berkata demikian bagi mengulas kenyataan dibuat Ketua Pengarah Kesihatan, Datuk Dr Mahathar Abd Wahab, bahawa semua hospital kerajaan perlu memastikan ketetapan dalam pelaksanaan sistem waktu kerja fleksi bagi Pegawai Perubatan Siswazah (PPS) dipatuhi sepenuhnya.

Sebelum ini, Malaysian Medics

International (MMI) mendedahkan mengenai jadual kerja padat sekurang-kurangnya 65 hingga 85 jam seminggu bagi doktor junior yang jauh lebih tinggi berbanding negara lain, termasuk United Kingdom (UK) dan Ireland.

Pada masa sama, menurut jurucakap HDK, gerakan itu sehingga kini tidak menerima aduan berhubung kekeliruan itu dalam kalangan doktor.



Sementara itu, HDK meletakkan harapan tinggi supaya penambahbaikan sistem yang ada mampu menangani masalah sistem kesihatan awam dengan lebih berkesan di negara ini, susulan kegagalan dasar doktor kontrak yang dilaksanakan pada 2016.

Jurucakapnya berkata, HDK turut menghargai kejujuran Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, yang mengakui dasar doktor kontrak itu yang mempunyai kelemahan.

"Terima kasih kepada menteri kesihatan kerana akhirnya berjiwa besar untuk mengakui kelemahan sistem ini. Dengan ini harapannya akan ada penambah-

baikan sistem supaya masalah sistem kesihatan dapat ditangani dengan lebih baik," katanya.

BH semalam melaporkan Dzulkefly mengakui dasar pelantikan pegawai perubatan awam secara kontrak yang diperkenalkan 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.

Kenyataan Dzulkefly itu susulan dakwaan Persatuan Perubatan Malaysia (MMA) bahawa sistem doktor kontrak di negara ini suatu kegagalan dasar oleh kerajaan yang turut menyebabkan lebih ramai tenaga kerja berkecuaan berhijrah ke luar negara kerana berasa tidak mempunyai masa depan yang baik dalam perkhidmatan kesihatan awam dalam negara.

Cyberjaya: Kementerian Kesihatan (KKM) mempertingkatkan pengawasan dan kawalan sempadan bagi mengekang penularan wabak Hantavirus, meskipun tiada kes tempatan dilaporkan dalam kalangan rakyat Malaysia setakat ini.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad berkata, KKM mengekalkan tahap kesiapsiagaan yang tinggi melalui pemantauan global dan juga pemeriksaan ketat di semua pintu masuk antarabangsa.

"Tiada negara yang selamat melainkan kita semua mengambil pendekatan proaktif terhadap ke-

KEKANG PENULARAN WABAK HANTAVIRUS

KKM tingkat pengawasan, kawalan sempadan

siapsiagaan dan sentiasa berwaspada,

"Walaupun enam kes yang disahkan makmal dilaporkan di tempat lain, kes berkenaan dikaitkan dengan kapal asing dan tidak membabitkan warga tempatan," katanya selepas merasmikan Majlis Pelancaran Hari Tanpa Tembakau Sedunia 2026 di Universiti Cyberjaya di sini, semalam.

Malah, Dr Dzulkefly berkata, komponen utama dalam strategi empat mata kementerian adalah

membabitkan sektor maritim, dengan pemeriksaan kesihatan rapi dijalankan ke atas semua kapal yang memasuki perairan Malaysia.

"Adalah penting untuk kita menjalankan saringan kesihatan ke atas kapal dan bot yang memasuki perairan kita, terutama yang tiba daripada kawasan berisiko tinggi.

"Setakat ini, sebanyak 22,367 kapal dan bot sudah diperiksa di pintu masuk negara bagi memastikan pematuhan terhadap pia-



DR Dzulkefly

waiian kesihatan dan sanitasi antarabangsa," katanya.

Beliau berkata, KKM mengeluarkan 2,421 sijil pratique dan 1,146 sijil sanitasi kapal susulan pemeriksaan rapi berkenaan.

"Kami mahu memastikan setiap kapal yang memasuki negara ini mematuhi dan mematuhi keperluan kesihatan awam serta sanitasi antarabangsa.

"Institut Penyelidikan Perubatan (IMR) dilengkapi sepenuhnya dengan keupayaan ujian PCR un-

tuk mendiagnosis virus berkenaan yang utamanya disebarkan oleh tikus.

"Kapasiti makmal kami di IMR adalah paling kritikal kerana ia mempunyai keupayaan untuk membuat diagnosis membabitkan polimerase antivirus," katanya.

Jelasnya, virus itu boleh menyebabkan komplikasi teruk, termasuk Sindrom Gangguan Pernafasan Akut dan demam berdarah dengan sindrom renal.

"Pemeriksaan komuniti dan komunikasi risiko adalah penting bagi memastikan orang awam mendapat maklumat mengenai pencegahan," katanya.