

# Prepare early if you want to go hiking, say experts

**PETALING JAYA:** Those intending to take up hiking as an adventure must be medically and physically fit beforehand, say medical experts.

Orthopaedic sport surgeon Datuk Dr Badrul Akmal Hisham Md Yusoff advised hikers to condition their body weeks before embarking on any hike.

He said this can be done through simple activities like daily walks or jogs including stair climbing.

"They should also eat balanced meals and get sufficient quality sleep, at least six hours minimum or more every day for a few weeks before going on a hike to ensure they are at peak physical and mental condition."

He said this will help prevent muscle cramps, exhaustion, slow reaction or dizziness, which can be deadly during certain points of a hike.

Hikers should drink between 500ml and 750ml of water an hour to prevent dehydration, besides carrying extra water supply for emergencies, he said.

"Prepare your body, know your limits and never underestimate the trail."

Public health expert Datuk Dr Zainal Ariffin Omar said hikers should build up their stamina and muscle strength before hiking.

"Besides incline jogging or stair climbing, hikers are advised to strengthen their leg and core muscles through squats and lunges.

"They should do this while wearing a loaded backpack so



## Fit for the task:

Experts recommend acclimatising to hiking conditions by going on "short" walks at least once a week to build muscle strength weeks before hitting the trail to avoid acute health episodes during the activity.  
— AZHAR MAHFUF/  
The Star

they can get an accurate feel of the fatigue and muscle stress they might experience while hiking," he said.

Zainal Ariffin also advised hikers to go on hikes on shorter, easier and safer trails first to build up experience before attempting a more difficult hike in remote trails.

"For areas that are remote or under hot weather, hikers should also consider bringing along a portable water filter or purification

equipment just in case," he added.

Sports physician Mohamad Azwan Aziz advised hikers to get a medical check-up before embarking on any hiking activity.

"While you do not need to be an athlete, it is wise to get a medical check-up, blood test and electrocardiogram screening before going on a hike to test for signs of heart disease.

"This is especially important for those living a sedentary lifestyle

as they may suffer a heart attack due to their muscles demanding sudden high blood flow during a hike," he said.

Mohamad Azwan, who is from Universiti Kebangsaan Malaysia's orthopaedic and traumatology department, also advised hikers to consume a small to moderate amount of low glycemic index food just before going on a hike.

"Food like oats, whole grains or bananas release energy slowly as they are digested, giving hikers a

steady supply of glucose over time, rather than a sudden spike that quickly wears off.

"Then, during the hike, they should consume high glycemic index food, or quick-energy food, every 30 minutes to one hour like energy bars, jelly sweets or small bananas.

"This will help keep their blood sugar level stable while their body is actively burning energy so there's less risk of a sudden blood sugar crash," he said.

# More Anjung Kasih facilities a lifeline to poor families at hospitals

**GEORGE TOWN:** Anjung Kasih, the free accommodation facility for underprivileged families of patients seeking treatment at government hospitals, will be expanded to three more institutions.

Deputy Women, Family and Community Development Minister Lim Hui Ying said the new facilities would be located in Segamat (Johor), Kuala Terengganu (Terengganu) and Penang.

She said the temporary accommodation programme allows family members to remain close to their loved ones without being burdened by high accommodation costs, while also easing emotional and financial stress.

"This facility helps families from outside the area save between RM100 and RM150 a day that would otherwise be spent on nearby hotels," she said after visiting the YKN Anjung Kasih at

Penang Hospital yesterday.

Also present were National Welfare Foundation (YKN) chief executive Nordina Haron and Penang Hospital director Dr Goh Hin Kwang, Bernama reported.

Anjung Kasih, was established by the foundation in 2006.

Lim said 19 facilities are currently operating nationwide through partnerships between the government and corporate contributors, including Tenaga

Nasional Berhad, Sunway Group, Petronas and Bintulu Port Holdings Berhad.

Although every state has had at least one YKN Anjung Kasih facility since 2023, she said many hospitals outside state capitals were still requesting similar services, hence calling on more corporations to support the initiative so more families could benefit in the future.

Nordina said each YKN Anjung

Kasih facility costs between RM1mil and RM1.5mil to establish, depending on the building size, and more than 30,000 family members of patients have used the facilities nationwide since 2008.

She said the facility was designed to provide a safe, comfortable and quality environment for families who live far from hospitals and cannot afford hotels or rented rooms.

# When doctors fail to meet professional standards

LAST year, I injured my back after doing some heavy lifting despite knowing that as an elderly person, I shouldn't be doing it. I felt some pain, but I ignored it and continued with my daily activities.

When the pain became worse, I went to see an orthopaedic specialist at a private hospital. An X-ray of my spine was done and I also had a DEXA scan to measure my bone mineral density.

After reading the results of the diagnostic tests, the specialist told me I was suffering from T12 compression fracture, osteopenia (low bone density) and osteoporosis. My risk of fracture was classified as increased for osteopenia and high for osteoporosis.

When I asked about the treatment, the specialist said there were two options: bone cement treatment or the conservative treatment, which focuses on preventing fractures and slowing

bone loss. He advised me to take the second option and I agreed after listening to his explanation.

I was given a prescription injection, some pain killers, supplements and medications designed to promote the growth of new bone and cartilage tissue.

I left the hospital with high hopes that the healing process would be smooth, but much to my dismay, my back pain hadn't subsided by the time I went for a review a month later.

And all I got from that visit was a prescription for analgesic patches to ease the pain!

The back pain persisted for a few more months before I finally decided to consult a neurosurgeon. I realised I was also losing height and humpbacked as well.

While waiting outside the neurosurgeon's clinic, I struck up a conversation with another patient, a man in his 70s. He said he suffered severe back prob-

lems six months ago that was diagnosed as vertebrae compression fracture and osteoporosis.

He had the bone cement treatment, suffered pain for the first few weeks and his condition has been stable ever since. Unlike me, he maintained his height and does not have a noticeable hump.

I couldn't wait to see the neurosurgeon, but my bubble was burst when he said that after the lapse of so many months, the bone had already hardened and the effectiveness of bone cement treatment would be greatly reduced. Moreover, there was nothing he could do about my humpback.

When I told the neurosurgeon I was still having pain although it was not as bad as before, he advised me to get more sunlight and take painkillers when necessary. I was thankful for his sincerity and truthfulness.

Subsequently, I did a Google

search and read that bone cement treatment is frequently used to treat patients, particularly the elderly, who have already lost significant bone density (osteoporotic) and need immediate stabilisation of a fracture.

For reasons best known to himself, my orthopaedic specialist had misled me into believing that bone cement treatment wasn't suitable for my case.

As a result, I not only suffered prolonged and severe back pain but also irreversible loss of height and humpback.

When people are sick, they put all their hope and trust in their doctors, strongly believing that they would be treated with care and compassion. But when patients realise that they can't trust their own doctors, who else can they turn to?

**STEVEN CHAI**  
Penang

## StarMetro M/S 5

# Old hospital block makes way for modern facility in Seremban

By **SARBAN SINGH**  
sarbans@thestar.com.my

A LANDMARK of Seremban's history is preparing for a new chapter.

After 90 years, the Aw Boon Haw & Aw Boon Par building (Block A of CMH Specialist Hospital) will be replaced by a modern 10-storey facility, marking a major milestone in the hospital's expansion.

Since 1935, this storied infirmary in Negri Sembilan has served as a sanctuary of healing, its weathered walls holding the memories of nearly a century of service to the people of the state.

Negri Sembilan Chinese Maternity Association (NSCMA) chairman Datuk Seri Lee Tian Hock said many of the directors on the hospital's own board, first entered the world within those very rooms.

To honour this profound connection, consultants and healthcare staff recently gathered for a final commemorative photo, capturing a quiet moment of reflection before the structure is demolished.

"While the building will soon make way for a modern development, the spirit of care that defined this landmark for decades will remain the heartbeat of the hospital's next chapter," Lee told reporters.

He said demolition work would begin within days.



Construction of the new building is slated to start in September, with completion targeted for the second half of 2029.

On the cost, Lee revealed that the entire redevelopment project was estimated at RM100mil, with some RM70mil in bank financing and around RM45mil collected through fundraising efforts.

"We have set aside additional funds as a buffer to manage any increase in construction costs," he added.

Lee said the CMH Specialist

Hospital name would be maintained to preserve its brand identity and historical legacy.

According to the development plan, the new structure will add 100 beds to the hospital's existing 66.

"In future, the facility will house 45 specialist clinics and will be connected to the existing hospital buildings and parking complex, forming a more comprehensive healthcare system."

Reflecting on the hospital's journey, Lee said growth had not

always been smooth, especially during the difficult years of the early 2000s.

"At that time, resources were limited."

"It was through the collective effort of our consultants in raising funds that we managed to build the Block B specialist building and sustain the hospital."

The hospital's achievements, he said, were made possible through the vision and sacrifices of past generations, as well as the dedication of those who con-

tinued to protect and develop the institution over the years.

He also said the hospital aimed to expand capacity to some 300 beds in the next five years.

The commemorative photo, he added, might one day serve as a reminder to future generations of the building that once stood there and protected countless lives.

"More than a farewell to an old building, this marks the beginning of a new phase of growth for the hospital," said Lee.



Above: Lee with a tablet commemorating the handing over of Aw Boon Haw & Aw Boon Par building to NSCMA in 1935. Looking on is NSCMA honorary advisor Datuk Dr Nellie Tan Swee Lian.

Left: Lee with NSCMA committee and hospital staff in front of the facility that will soon be demolished.

**KUALA LUMPUR:** With the West Asia conflict showing no sign of abating, Malaysians may have to brace for rising healthcare costs and continued inflationary pressures, said IHH Healthcare Bhd Malaysia CEO Dr Kamal Amzan.

"Given rising medical costs and current global volatility, I don't think it is sensible to expect prices to remain unchanged this year.

"And it is also difficult to expect costs to rise at the same pace as before, given current market volatility," he told Bernama in an interview recently.

The United Kingdom-based insurance broker Aon Plc said in its 2026 Global Medical Trend Rates Report that Malaysia's medical inflation rate is projected to rise to 16% in 2026 from 15% in 2025.

Similarly, MBSB Research forecast medical inflation in the country to increase 16% in 2026 due to the brain drain of doctors and nurses, as well as rising drug prices.

On the impact of the West Asia tensions which escalated in late February 2026, Dr Kamal said IHH, which operates an 18-hospital network in Malaysia, has not seen any immediate disruption.

"For now, we don't see any acute shortage of (drug) supply. But that is not the only cost component we are looking at," he said.

He cautioned that electricity tariffs and fuel subsidies could pose additional cost pressures should the conflict persist, as fuel prices would also impact its ambulance operations.

To balance rising costs with value-based healthcare, Dr Kamal said IHH is adopting new care models such as ambulatory care, where patients are treated and discharged on the same day.

"Patients can return to work earlier and require fewer days of medical leave," he said.

He added that investments in technology and automation were also necessary to improve efficiency and reduce reliance on manpower.

"For IHH, it is more about improving efficiency than bringing down costs," he said.

On medicine costs, he said IHH is leveraging volume synergies through collective negotiations across its hospitals while also increasing the use of generic drugs alongside original medications.

"These are among the measures to ensure inflation remains manageable," he added.

Concurring that medical costs would inevitably rise each year, Dr Kamal described the government's move to introduce the base medical and health insurance/takaful (MHIT) plan as a commendable step.

He said MHIT aimed to achieve three key objectives, beginning with first, changing Malaysians' mindset towards healthcare spending through the introduction of co-payments, which remain uncommon in many insurance products.

"Without co-payments, when you go into a hospital, you expect everything to be free.

# Brace for rising healthcare costs, Malaysians told

► IHH CEO describes govt's move to introduce base MHIT plan as commendable

"But with co-payments, Malaysians will think twice about whether they should go straight to the hospital or visit a general practitioner (GP) first. It's a mindset shift," he said.

Second, he said, the initiative aims to increase insurance penetration so that more Malaysians can obtain coverage, which could help ease congestion at public hospitals.

Third, he noted that MHIT would introduce a Diagnosis-Related Group (DRG) reimbursement system, where hospitals receive fixed payments based on standard diagnosis and treatment codes.

"This DRG system, I think, will help manage inflation, although to what extent, I don't know," he said.

The base MHIT plan is part of the Health Ministry, Finance Ministry and Bank Negara Malaysia's (BNM) Revamp, Enhance, Strengthen, Expand and Transform (RESET) strategy to address medical inflation and strengthen Malaysia's healthcare system.

According to the white paper released in January 2026, a pilot implementation is expected in the second half of 2026 ahead of its market introduction in early 2027. The voluntary protection plan will offer a standardised annual coverage limit of RM100,000, rising to RM150,000 for individuals above 60.

Asked whether the RM150,000 annual limit would be sufficient, Dr Kamal said its effectiveness would depend largely on the success of preventive healthcare efforts in Malaysia.

"Early detection through screening lowers treatment costs, while late intervention can significantly increase expenses. That is another driver of medical inflation," he said.

He also stressed the need for a more integrated healthcare data system, noting that many clinics and hospitals still operate in silos, resulting in fragmented patient records and duplicated treatments.

"All the GPs should operate in one system, private and public, so that when a patient walks



Kamal during an interview with Bernama recently. — BERNAMAPIC

into one clinic, the doctor knows what happened before," he said.

Dr Kamal noted that countries such as Singapore, Australia and the UK had implemented more integrated healthcare systems, although he acknowledged that such a system would be challenging to implement in Malaysia due to interoperability and data integration issues.

While 2026 marks Malaysia's Year of Medical Tourism, the ringgit has also strengthened, appreciating about 3.2% against the US dollar year-to-date from RM4.0515 at the close on Jan 2, 2026, to RM3.922 on May 11, 2026.

Despite acknowledging that a stronger ringgit would raise costs for international patients, Dr Kamal shrugged off concerns over its impact on Malaysia's medical tourism competitiveness.

"Costs will go up, but the real question is whether our prices will outpace those in neighbouring countries. From the looks of it, no," he said.

He remained optimistic about the sector, noting that Malaysia continued to offer strong value compared with neighbouring countries, while medical tourist arrivals continued to rise.

According to him, IHH accounts for about one-third of all medical tourists in Malaysia,

with Indonesians making up the largest group, followed by patients from other Southeast Asian countries such as Cambodia, Thailand and Vietnam, as well as Bangladesh, the Middle East, and digital nomads and travellers from Western countries.

"We are a very popular market for medical tourists. One-third of all medical tourists in Malaysia are our patients. Can you believe that?" he said with a smile, adding that they were genuine overseas medical travellers and not expatriates residing in Malaysia.

Moving forward, Dr Kamal expects Malaysia's operations to continue contributing significantly to the group's earnings despite current global headwinds.

"We are quite optimistic about the growth this year, and Malaysia is definitely one of the key drivers for the IHH group," he said, but declined to provide specific growth projections.

IHH's 2025 annual report showed its Malaysia earnings before interest, taxes, depreciation and amortisation (Ebitda) at RM1.30 billion for the financial year ended Dec 31, 2025 (FY2025).

Its Ebitda in Singapore reached RM1.70 billion, Türkiye and Europe at RM1.70 billion, India at RM800 million, while China was at RM100 million in FY2025. — Bernama

## Climate change, economic shocks complicate SDG progress globally: UNFCCC

**PUTRAJAYA:** Despite significant challenges arising from climate change, the Covid-19 pandemic, ecological degradation and economic disruptions in global efforts to achieve the Sustainable Development Goals (SDGs), countries including Malaysia still have time to narrow the gaps before the 2030 deadline.

Director of Adaptation Division at the United Nations Framework Convention on Climate Change (UNFCCC), Dr Youssef Nassef, said uneven progress in achieving the SDGs was not unique to Malaysia, but a worldwide issue.

"It's not a Malaysian problem, it's actually a global issue.

"So, I think the world is doing as well as it can, given the current circumstances, which are different from what they were back in 2015," he told Bernama on the sidelines of the Seminar on Interlinkages Between Climate Change, Economy, and Health: Challenges and Policy Responses Towards Sustainable Development, held recently.

The seminar was organised by the United Nations University International Institute for

Global Health and the Institute for Environment and Development (LESTARI) of Universiti Kebangsaan Malaysia (UKM).

Nassef, who was one of the panelists at the seminar, said the international community still has "three or four years" to rectify shortcomings towards achieving the SDGs, while discussions are also set to begin next year on the global agenda beyond 2030.

He said the world is currently facing two major transformations simultaneously — ecological degradation and rapid technological shifts that are reshaping socio-economic systems globally.

"We are creating a new world as we move forward. The setups and mechanisms and organisation principles and the rules of how economies are built will have to be rethought as we move forward," he said.

Hence, he said countries need to determine how they want to position themselves amid fast-changing technological and economic landscapes to achieve their national goals.

He also stressed that climate change is no longer solely an environmental issue, but one with serious economic and public health implications.

Another panelist — United Nations University International Institute for Global Health director Dr Revati Phalkey — said climate change, economic resilience and global public health can no longer be addressed separately as their impacts and responses are increasingly interconnected.

She said understanding spillover effects of action or inaction in any one domain is key to avoiding unintended consequences in others and failure in any of them is unacceptable.

"Given the transboundary nature of all three, collaboration by design and not just intent is key for simultaneous progress in climate change, economic prosperity, and health in the region and globally.

Phalkey also stressed the importance of responsibly engaging the private sector in climate adaptation and mitigation actions, noting that their growing role as a key

transnational actor has significantly reshaped power dynamics within and between countries.

Concurring, UKM vice-chancellor Prof Datuk Dr Sufian Jusoh noted that the world no longer has the luxury of such compartmentalisation, citing floods that risk simultaneously triggering environmental, health and economic shocks as examples of interconnected crises.

He also called for a whole-of-nation approach involving policymakers, academics and practitioners to develop integrated policies for long-term solutions.

"As a national university, I see it as our duty to challenge the silo-based approach and strengthen the interlinkages between climate change, economy, and health.

"Climate change negotiations must also involve complex trade-offs across development priorities, time horizons, political boundaries and administrative levels, with nearly 200 countries having differing vulnerabilities, greenhouse gas emission profiles and development aspirations," he added. — Bernama

**Kuala Lumpur:** Konflik Asia Barat yang tidak menunjukkan tanda-tanda akan reda dalam masa terdekat, berkemungkinan menyebabkan warga Malaysia turut berdepan kenaikan kos penjagaan kesihatan dan tekanan inflasi berkaitan, kata Ketua Pegawai Eksekutif IHH Healthcare Bhd Malaysia Dr Kamal Amzan.

Beliau berkata, keadaan itu turut didorong oleh peningkatan kos perubatan serta ketidaktentuan global pada masa ini.

"Oleh itu, tidak wajar untuk menjangkakan harga kekal tidak berubah pada tahun ini.

"Pada masa sama, sukar untuk mengharapkan kos masih pada kadar sama berikutan keadaan pasaran yang tidak menentu," katanya dalam temu bual dengan BERNAMA.

Sebelum ini, firma pembrokeran insurans yang berpangkalan di United Kingdom, Aon Plc, dalam Laporan Kadar Trend Perubatan Global 2026, menyatakan kadar inflasi perubatan di Malaysia dijangka meningkat kepada 16 peratus pada 2026 daripada 15 peratus yang dicatatkan pada 2025.

Sentimen sama turut dikongsi MBSB Research yang mengunjurkan inflasi perubatan di negara ini meningkat 16 peratus pada 2026 berikutan isu



PENINGKATAN kos perubatan berpotensi berlaku susulan ketidaktentuan global pada masa ini. - Gambar NSTP/NABILA ADLINA AZAHARI

## **Konflik Asia Barat mungkin naikan kos penjagaan kesihatan, tekanan inflasi**

penghijrahan tenaga pakar perubatan dan jururawat serta kenaikan harga ubat-ubatan.

Mengulas impak konflik Asia Barat yang menular pada akhir Februari 2026, Dr Kamal berkata IHH yang mengendalikan rang-

kaian 18 hospital di Malaysia, tidak menyaksikan sebarang gangguan atau terjejas secara mendadak.

"Setakat ini, kami tidak mengalami sebarang kekurangan bekalan (ubat-ubatan). Namun ini bukanlah satu-satu kos

yang kami sedang teliti," katanya.

Beliau berkata, aspek lain seperti kadar tarif tenaga elektrik dan subsidi bahan api, boleh memberi tekanan kos tambahan sekiranya krisis di Asia Barat itu berlanjutan.

"Kami tidak pasti sama ada mendapat pengecualian daripada kenaikan tarif elektrik. Jika tidak, kami terpaksa melepaskannya kepada pesakit.

"Ini juga bergantung kepada tempoh kerajaan dapat mengekalkan subsidi

bahan api yang turut membantu perkhidmatan ambulans kami," katanya.

Dalam usaha mengimbangi peningkatan kos dengan penjagaan kesihatan berasaskan nilai, Dr Kamal berkata IHH mempraktikkan model penjagaan baharu seperti penjagaan ambulatori iaitu pesakit dirawat serta dibenarkan pulang pada hari sama.

"Pesakit boleh kembali bekerja lebih awal dan memerlukan cuti sakit yang singkat," katanya.

Selain itu, pelaburan dalam teknologi dan automasi juga diperlukan bagi meningkatkan kecekapan selain mengurangkan ketergantungan terhadap tenaga pekerja.

Menyentuh kos perubatan, beliau berkata IHH turut memanfaatkan sinergi volum menerusi rundingan secara kolektif di hospital kendaliannya selain meningkatkan penggunaan ubat-ubatan generik selain ubat asal.

"Ini adalah antara pendekatan bagi memastikan inflasi kekal terkawal," katanya.

Dr Kamal bersetuju bahawa kos perubatan sememangnya akan terus meningkat setiap tahun dan menyifatkan langkah kerajaan memperkenalkan pelan insurans/takaful perubatan dan kesihatan (MHT) asas sebagai satu langkah yang wajar dipuji.