

Reports by ALLISON LAI, QISTINA SALLEHUDDIN and KHOO JIAN TENG

Health plans get an upgrade

Insurers roll out higher coverage ahead of national initiative

PETALING JAYA: As Malaysia prepares to roll out the Medical Health Insurance and Takaful Initiative (MHIT), several insurers are offering policyholders upgraded medical plans with higher annual limits and longer protection periods.

However, these plans often come with deductibles and co-payment features that many consumers may not fully understand, said industry observers.

MHIT, with affordable premiums but still offering premium private hospital healthcare, is set to be rolled out in the second half of the year.

In order to minimise the number of policyholders switching over to the new initiative, insurers are now adjusting product structures.

Many of these newer plans – providing higher limits with cost-sharing features such as deductibles and co-payments – are designed to supplement existing coverage rather than replace it, said insurance industry expert and lawyer Thechinamoorthy Subbiah.

Deductibles and co-payments are costs the policyholders pay before the insurance kicks in.

"If a policyholder already has existing coverage, the new, higher deductible should come out of that policy," he said.

Concerns arise mainly when policyholders cancel existing plans and switch fully to new structures with deductibles.

Thechinamoorthy also said medical coverage limits have risen steadily over the years alongside escalating healthcare costs. Higher annual limits, while attractive, may not reflect typical usage patterns, he added.

On MHIT, he said the scheme could widen access to basic coverage and ease pressure on smaller claims.



Better benefits?:

New medical plans are offering higher limits, but policyholders are being urged to understand the added cost-sharing features of these new plans.

— FAIHAN GHANI/The Star

However, there are still grey areas, including how it will be implemented.

"The bigger concern is sustainability. Will it still be there 10 or 20 years from now, especially if there is a change in government?"

He noted that the industry's recent return to deductibles and co-insurance reflects a broader pullback after years of popular cashless, no-deductible medical cards, which he said contributed to overuse and rising claims.

Thechinamoorthy said a national-level MHIT scheme could strengthen risk pooling, but urged consumers to avoid rushing into major changes without clarity on long-term direction.

"It is still important for them to maintain their current coverage and wait for clearer details," he said.

An insurance agent, who only wanted to be known as Iris, said rising premiums should not be blamed solely on insurers, citing broader drivers such as medical

inflation and advances in treatment.

As a cancer survivor, she said her insurer had paid nearly RM1mil for her treatment, including targeted therapies that aided her recovery.

"Without insurance, many Malaysians would struggle to afford such treatment."

She cautioned against relying too heavily on subsidies or proposals to tap EPF savings for healthcare, saying retirement funds should be protected.

"Insurance remains essential protection against catastrophic medical bills, and premiums must be viewed in the context of long-term medical inflation."

She called for a whole-of-nation approach involving government, hospitals, insurers, pharmaceutical companies, agents and consumers.

A long-time insurance agent, who requested anonymity, said insurers have steadily raised coverage limits over the years, often

beyond what most policyholders would realistically use.

He said some products were once marketed with limits reaching several million ringgit, which he described as sales-driven rather than need-based.

"Limits like RM5mil, RM10mil or even RM30mil were largely sales-driven. Most people will never reach that level."

He added that agents often face pressure to promote company-led products rather than tailor advice to individual needs.

He warned that rising premiums could lead to policyholders dropping coverage later in life, when they really need it.

"Some may lapse their policies at 65 or 70, when they still need coverage."

When contacted, a spokesperson from the Life Insurance Association of Malaysia (LIAM) said it did not have many details about the MHIT and coverage.

"The details will be shared once we have them."

Medical groups back MHIT, but warn it must protect patient care

PETALING JAYA: Private healthcare players are cautiously supportive of Malaysia's proposed Medical and Health Insurance/Takaful (MHIT) framework, but warn that affordability reforms must not come at the expense of treatment quality, specialist access or patient flexibility.

The Malaysian Medical Association (MMA) said that while it supports the intent behind MHIT, any cost-sharing structures involving deductibles or co-payments must be carefully designed to avoid discouraging patients from seeking treatment.

MMA president Datuk Dr Thirunavukarasu Rajoo said there is a real risk that patients may delay treatment or skip follow-ups due to concerns over out-of-pocket costs.

"Delayed care often means more serious illness later."

He added that older Malaysians would likely be hit hardest as they tend to require more frequent consultations, chronic disease management and specialist care despite being on lower or fixed incomes.

"Any co-payment or deductible system must include safeguards. Premium structures and policy terms must remain transparent and predictable so that patients can make informed decisions."

Reforms should focus on addressing the root causes of medical inflation instead of merely shifting costs to patients, he noted.

"Malaysia needs a balanced approach that protects both affordability and access to care."

"Any insurance reform must include consumer protection so that patients are not deterred from seeking timely, appropriate treatment because of cost."

Association of Private Hospitals Malaysia (APHM) president Datuk Dr Kuljit Singh said one of the key concerns surrounding MHIT's proposed tier and package-based financing model is the wide variation in patient conditions and treatment complexity.

"A relatively healthy young patient may require very different care compared to an older patient with multiple chronic illnesses, even for the same condition."

Dr Kuljit said these differences naturally affect treatment complexity, resource usage and costs.

He said APHM is calling for a value-based healthcare model, where pricing frameworks remain flexible enough to account for clinical differences without compromising quality of care or future investments.

It is still too early to determine how MHIT would affect private healthcare utilisation patterns, hospital participation or affordability outcomes, he added.

"We will need to observe its implementation first to properly evaluate its effectiveness."

Policyholders in a quandary over costs

PETALING JAYA: Rising premiums and new insurance upgrades have caused policyholders to re-evaluate their value, with some opting to maintain their existing coverage rather than switch to costlier plans.

Their concerns came as Malaysia moves towards implementing the Medical and Health Insurance/Takaful (MHIT) framework to address rising medical inflation and improve long-term healthcare affordability.

A 58-year-old policyholder from Subang, who only wanted to be identified as Jo, said she recently declined an insurance upgrade that would extend her medical coverage up to age 100 with RM1mil coverage, subject to the sum insured limit.

She said the new plan would double her monthly premium from about RM300 to more than RM600.

She is also required to pay the first RM20,000 of medical claims annually before insurance coverage kicks in.

"What is the point of paying

extra when I still have to pay the first RM20,000 every year?" she said, adding that the amount was not claimable.

Jo, who has held her policy for 25 years and has never made a claim, said she had previously asked to extend her coverage beyond age 70 to 85, but was told she would need to surrender her existing policy and reapply under fresh underwriting.

"I instead opted to retain my current plan after rejecting the latest offer. But I am still unsure about whether the government plans for a new insurance scheme will provide a clearer or more affordable alternative."

Jo said as Malaysia is becoming an ageing nation, the government and Bank Negara must instruct all insurance companies to automatically increase the existing policyholders' policies to 80 years of age, without new underwriting.

The MHIT framework is being developed as part of efforts to address rising medical inflation and improve the long-term

affordability of healthcare financing in Malaysia.

The government said the initiative aims to create a more sustainable healthcare and insurance system, although details on its rollout and structure have yet to be finalised.

Another policyholder, Nizah, is concerned whether she can maintain coverage after retirement following rising premiums and new add-on plans.

The 50-year-old said most working adults may still manage higher monthly payments now, but the real burden comes later when income drops and that insurance costs also tend to rise significantly with age.

"At this age I can still pay, but what happens when I retire? Medical coverage is something we need to keep for life, but the cost is becoming unpredictable."

While she acknowledged that medical costs are rising, she said there should be clearer long-term pricing stability so policyholders can plan for retirement without fear of sudden premium jumps or

'Acknowledge mental health as occupational safety issue'

➤ Psychosocial risks must receive equal attention as physical hazards, says activist

BY QIRANA NABILLA MOHD RASHIDI

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PETALING JAYA: Mental health must be recognised as a core occupational safety and health (OSH) issue and no longer treated as a personal problem, said Alliance for a Safe Community chairman Tan Sri Lee Lam Thye.

He said workplaces cannot be considered safe if employees are struggling with burnout, workplace bullying, toxic work cultures or overwhelming workloads.

"For too long, mental health in our workplaces has been a silent hazard but often, we say nothing. We look away and remain silent. That silence must end."

He emphasised that psychosocial risks should be treated with the same seriousness as physical workplace hazards such as faulty machinery, slippery floors or chemical exposure, as their effects

could be equally damaging and sometimes even more devastating because they affect the mind.

He cited the Employment Hero's Wellness at Work Report, which found that burnout among Malaysian employees increased from 58% in 2022 to 67% in 2024.

"These are not soft issues. Mental health challenges could impair concentration, reduce motivation, increase errors and ultimately lead to disengagement.

"Poor mental health not only affects emotional wellbeing but could also contribute to physical illnesses, as chronic stress is linked to heart disease, hypertension, weakened immunity and sleep disorders."

He also highlighted the growing issue of "presenteeism", in which employees are physically present at work but mentally absent due to stress, anxiety or depression.

"They sit at their desks, but their



Lee urged employers to create safer psychosocial work environments by encouraging open conversations about mental health without fear of stigma or discrimination. – AMIRUL SYAFIQ/THE SUN

minds are burdened. They cannot focus. They cannot perform and sometimes, they make critical mistakes."

Lee said presenteeism is not only a human issue but also an economic concern as it drains workplace productivity and affects national growth.

"If we ignore mental health, we are not only failing our people, we are failing our economy."

He urged employers to create safer psychosocial work environments by encouraging open conversations about mental health without fear of stigma or discrimination.

Among the measures proposed were providing access to counselling and employee assistance programmes, training managers to recognise early signs of mental distress, ensuring fair workloads and work-life balance, and establishing clear policies to address workplace

bullying and harassment.

"Workplaces that prioritise mental health see higher levels of employee engagement, stronger teamwork, better retention and improved overall performance."

He also called on the government to strengthen recognition of psychosocial risks within the national OSH framework.

He added that Section 18B of the Occupational Safety and Health Act (Osha) 1994 requires employers to conduct occupational safety and health risk assessments, including those related to psychosocial hazards.

Lee said the Guidelines for Psychosocial Risk Assessment and Management at the Workplace 2024 could assist employers in identifying and managing such risks.

Meanwhile, Section 16 of Osha 1994 requires employers to establish occupational safety and health policies that also address

psychosocial hazards in the workplace, with offences carrying penalties of up to RM500,000, imprisonment of up to two years, or both.

However, he emphasised that laws and policies would not be enough to create lasting change.

"A true culture of care must start from the top. Managers must be trained not only to deliver results, but to understand individuals."

He also called for greater mental health literacy among youths, saying many young individuals are entering the workforce already experiencing burnout.

"We must equip them with mental health literacy early in schools and universities so they are able to enter the professional world with resilience."

Lee said organisations should also prioritise employee wellbeing as part of their environmental, social and governance commitments.

A pinch too much: Rethinking salt consumption

AS the world observes World Salt Awareness Week from May 12 to 18, and marks World Hypertension Day tomorrow, it is an opportune moment for Malaysians to reflect on our dietary habits and the hidden salt content in the foods we consume daily.

Hypertension remains one of the leading contributors to cardiovascular disease globally, yet excessive salt intake – a major modifiable risk factor – often goes unnoticed in everyday diets.

While sugar frequently dominates nutrition discussions, salt reduction deserves equal attention as part of a broader effort to prevent chronic diseases and promote healthier living.

Cardiovascular disease continues to be the leading cause of death globally and high salt intake is one of its most important modifiable risk factors.

In recognition of this, the World Health Organisation (WHO) identified salt reduction as one of its key global targets to reduce non-communicable diseases by 2025. Yet, the National Health and Morbidity Survey (NHMS) 2024 found that around three in four Malaysian adults consume diets high in salt.

We consume, on average, 7.3g or 1.5 teaspoons of salt a day, higher than the WHO recommendation of less than 5g (1 teaspoon) of salt daily.

What makes salt reduction particularly challenging is that much of the sodium (the main chemical in salt) we consume is hidden in everyday meals, sauces, gravies, processed foods and meals prepared outside the home.

University and college students are especially vulnerable, as campus lifestyles often revolve around quick, affordable and convenient food options. The eating habits developed during

these formative years may persist into adulthood, influencing long-term health outcomes.

This is why healthier campus food environments deserve greater national attention. Encouragingly, some higher education institutions have started introducing initiatives aimed at promoting lower-salt meals through collaboration with food vendors, nutrition awareness campaigns and gradual food reformulation efforts. These programmes demonstrate that healthier eating can be promoted without compromising affordability, accessibility or cultural food preferences.

Importantly, salt reduction should not be viewed as an isolated nutritional issue but as part of a broader societal effort involving policymakers, healthcare professionals, educators, the food industry and consumers themselves.

Public education remains essential because many people still underestimate how much sodium is present in common foods such as noodles, fried dishes, soups, processed meats and convenience meals.

At the same time, innovative approaches deserve further exploration. Globally, there is growing interest in low-sodium salt substitutes, which partially replace sodium with potassium while maintaining taste acceptability.

Emerging evidence suggests that such approaches may help reduce blood pressure and cardiovascular risks at the population level when implemented appropriately alongside conventional salt reduction strategies.

World Salt Awareness Week serves as a timely reminder that small dietary changes can have significant long-term benefits. Reducing salt intake does not require dramatic lifestyle



Public education remains essential because many people still underestimate how much sodium is present in common foods. – REUTERS/PIC

changes; even gradual reductions in food preparation and reformulation can help recalibrate taste preferences over time.

If we are serious about building healthier campuses and healthier communities, then nutrition must be part of the conversation. After all, the future health of our nation is shaped not only in hospitals and clinics but also in cafeterias, food courts and dining halls where daily habits are formed.

Prof Emeritus Datln Dr Chia Yook Chin and Dr Say Yee How are associated with the Malaysian Society for World Action on Salt, Sugar and Health and affiliated with the Jeffrey Cheah Sunway Medical School, Faculty of Medical and Life Sciences, Sunway University.
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Dr Sim: Advanced wound care can reduce long-term healthcare burden

KUCHING: Advancements in wound dressing and care services can significantly improve patients' quality of life while reducing long-term healthcare costs, said Deputy Premier Datuk Amar Dr Sim Kui Hian.

Dr Sim said modern and advanced wound care had become increasingly important in today's healthcare system, particularly in managing chronic wounds through approaches that go beyond traditional dressing methods.

He said such innovations could help create better healing environments, reduce infection risks, minimise discomfort and accelerate recovery.

"However, the advancement

of wound care services will also bring about its sustainability, which will become increasingly challenging," he said.

"We must adopt a strategic and value-based approach in running wound services, including optimising resource utilisation, prioritising cost-effective yet clinically effective dressing choices, and strengthening multidisciplinary collaboration.

"Investment in advanced wound care should not be seen as a cost, but as a long-term saving as it reduces complications, shortens healing time, and minimises hospital admissions," said the Minister for Public Health, Housing and Local Government in his speech for the opening of the

Borneo Wound Summit 2026 here yesterday, where he was represented by Kuching South Mayor Datuk Wee Hong Seng.

Held under the theme 'Wound Couture', the summit gathered local and international speakers, as well as about 450 participants and international delegates to exchange perspectives and best practices in wound care services.

"Much like couture in fashion, it signifies precision, customisation and excellence," Dr Sim said.

"In wound care, this translates into tailoring treatment strategies to the individual needs of each patient – leveraging innovation, clinical expertise, and evidence-based approaches to achieve optimal healing."



Wee pops a balloon to symbolically officiate at the Borneo Wound Summit 2026. — Photo by Mohamad Faisal Ahmad

Why Malaysia cannot afford to lose its nurses



Melvin Ebin Bondi

WALK into any government hospital ward in Sabah before sunrise and the rhythm of healthcare has already begun.

In intensive care units (ICUs) and medical wards, nurses respond continuously to deteriorating patients, administer treatments, monitor vital signs, and provide reassurance to families while balancing urgency with compassion.

In the rural clinics, some travel for hours across remote villages to ensure vaccinations, antenatal and postnatal monitoring continue uninterrupted.

Behind many of these moments is a profession that has become one of the strongest pillars of Malaysia's healthcare system.

Yet despite their importance, the realities faced by nurses today are becoming increasingly complex.

In connection with the International Nurses Day on



Photo shows the nursing educators at ILKKM Kota Kinabalu.

May 12, 2026, under the theme 'Our Nurses. Our Future. Empowered Nurses Save Lives', the conversation must move beyond appreciation posts and ceremonial tributes.

The future of healthcare depends heavily on whether the country can protect, sustain, and empower its nursing workforce.

Malaysia's healthcare system continues to rely heavily on nurses across hospitals, clinics, operating theatres, community health services, ICUs, and maternal and child clinics.

Nurses are often the healthcare professionals who spend the longest time with patients, coordinating care, monitoring deterioration, administering medication, and supporting families during some of life's most vulnerable moments.

However, the demand placed upon them has grown rapidly.

The Health Ministry (MoH) has acknowledged the need to fill approximately 15,000 nursing vacancies this year as part of broader healthcare strengthening efforts.

Malaysia is also working towards improving its nurse to population ratio from around 3.8 nurses per 1,000 population to the World Health Organization (WHO)'s recommendation of six

per 1,000 population.

These figures reflect a widening gap between healthcare demand and available workforce capacity.

Part of the challenge comes from the increasing burden of chronic diseases and an ageing population.

Patients today require more complex and longer-term care than in the previous decades.

Hospital admissions are rising while healthcare facilities continue facing manpower shortages.

In many public hospitals, nurses manage overwhelming workloads, particularly during night shifts where ratios may reach one nurse for every 10 to 20 patients in certain wards.

Such conditions are not only exhausting, but may also compromise patient safety and staff wellbeing.

The issue becomes even more pronounced in Sabah, where geography continues to shape healthcare realities.

Sabah has among the largest rural populations in Malaysia, with many communities living far from major healthcare facilities.

Nurses stationed in the

rural areas often travel across rivers, remote roads and isolated settlements to reach communities with limited access to healthcare services.

Community health nurses remain among the most overlooked frontline healthcare providers despite playing critical roles in maternal care, immunisation programmes, infectious disease surveillance, and health promotion activities.

For many Sabahans, especially those in the rural districts, nurses are sometimes the first and most consistent healthcare professionals whom they encounter.

Their presence determines whether healthcare reaches underserved populations, or remains concentrated within the urban centres.

Yet these same nurses frequently face shortages of equipment, staffing limitations, long working hours, and emotional strain from being stationed far from their families.

Another growing concern is the migration of nursing talent overseas.

Malaysian nurses are increasingly sought after

internationally because of their strong clinical training and adaptability.

Countries such as Singapore and those in the Middle East continue offering significantly higher salaries and more attractive career pathways.

While the average salary locally may range between RM2,400 and RM3,600 for many early-career nurses, overseas opportunities can offer several times more.

Malaysia now faces increasing competition in retaining experienced nurses within the national healthcare workforce.

At the same time, the nursing profession itself is rapidly evolving.

Today's nurses are no longer confined to traditional bedside roles alone.

Many now lead specialised services in intensive care, nephrology, oncology, emergency care, dialysis care, infection control, mental health services, and community outreach programmes.

Increasing numbers are also pursuing post-graduate qualifications, leadership development and advanced clinical certifications to

strengthen healthcare delivery in increasingly complex environments.

The nursing profession in Malaysia is also governed through established legal and professional frameworks under the Nurses Act 1950, and regulated by the Malaysian Nursing Board under the MoH.

These frameworks oversee professional registration, standards of practice, nursing education and ethical conduct, reflecting the increasingly specialised and accountable nature of modern nursing practice.

The demand for nurses also continues expanding beyond traditional hospital settings alone.

Today, nurses serve across government and private hospitals, primary care clinics, community health programmes, industrial health services, education sectors and international healthcare systems.

Many Malaysian nurses now pursue academic advancements, from diploma and degree levels up to master's and doctorate qualifications, through both public and private universities in Malaysia and abroad.

These pathways not only

strengthen healthcare delivery in increasingly complex environments.

extraordinary resilience.

During disease outbreaks, disasters, overcrowded wards and public health crises, they remain present at the bedside.

Their work often extends beyond technical procedures.

Many patients remember the nurse who stayed calm during emergencies, explained treatments patiently, or simply offered reassurance during difficult moments.

Compassion remains one of the profession's greatest strengths.

Recognition alone, however is not enough.

Strengthening the nursing profession requires long term workforce planning, safer staffing ratios, stronger mental health support, improved welfare, fair career progression, and opportunities for higher education.

Policies supporting permanent appointments and structured advancement pathways are important steps, but sustainable healthcare reform must continue investing in the people who hold the system together daily.

Recent efforts involving permanent appointments and expanded nursing trainee intake signal positive steps, but long-term sustainability will depend

strengthen clinical expertise and leadership development, but also help prepare future nurse educators, researchers and healthcare leaders needed to sustain the profession.

Beyond clinical settings, Malaysia is also facing a quieter, but equally important, challenge involving nursing education.

The shortage of qualified nurse educators is becoming increasingly apparent.

Producing competent nurses requires qualified educators, clinical instructors and mentors with advanced training.

However, the number of nurses holding Master's or PhD qualifications remains limited.

This affects training capacity even when student intake increases.

Expanding nursing programmes without enough educators risks weakening training quality and clinical supervision.

Modern nursing education is also changing rapidly.

Nurse educators today are expected to integrate digital learning technologies, simulation training, online teaching platforms, and evidence-based practice into teaching approaches.

Despite these pressures, nurses continue to demonstrate

strengthen clinical expertise and leadership development, but also help prepare future nurse educators, researchers and healthcare leaders needed to sustain the profession.

on whether workforce retention and welfare issues are addressed effectively.

There is also a need to strengthen local retention strategies in Sabah and Sarawak.

Many healthcare workers from East Malaysia hope to serve closer to their hometowns and families.

Addressing placement issues and improving rural healthcare infrastructure may help improve workforce sustainability in these regions.

The public should remember that healthcare quality is not built solely on technology, buildings or policies.

It is built through human presence, compassion, endurance and clinical dedication shown daily by nurses across the country.

A healthcare system can only be as strong as the people who remain standing beside the patient when everyone else has stepped away.

In Malaysia, that reality still rests heavily on nurses.

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Being a clinical research 'guinea pig' for 3 years



It can safely be stated that a country's standing in the world of international medical and scientific research has attained maturity when major pharmaceutical brands put their faith into its institutions when it comes to clinical research.

Clinical research is a branch of healthcare science that evaluates the safety, efficacy and effectiveness of medications, medical devices, diagnostic products, and treatment regimens intended for human use.

Unlike laboratory research, it directly involves human participants to find better ways to prevent, diagnose, or treat illnesses.

Last Wednesday, I completed my three-year long medical research clinical trial after my 16th visit to a local facility, and I was given a clean bill of health.

On May 25, 2023, I volunteered for a clinical trial of a new experimental drug to treat an ailment that was discovered in the aftermath of the after-effects of the Covid-19 vaccine.

I was not in any way afflicted, but I had been selected based on the pharmaceutical company's very-narrow criteria, which could potentially arise for 'any future cases'.

Apparently I was one in just

100 volunteers in our region – I was not even sure if this had meant Sarawak, Malaysia or Asia.

As I had voluntarily offered my services and had signed off a non-disclosure agreement, I am unable to give more details about the company or the specific purpose of the drug, or any other information about the trial and the product.

What I will state is that it is a highly reputable institution, and is staffed with the best – indeed, the 'crème de la crème' of its specialist medical practitioners, equipped with ultra-modern equipment and facilities.

I can share with you, dear reader, my personal experience of the process and also my own observations and opinions.

Firstly, just to clarify for those unsure of the term of being a guinea pig, it is a popular idiom referring to a person used as a test subject for new ideas, products or methods.

It signifies someone trying something first to observe results, rooted in 18th-century laboratory research.

All test subjects will be divided into two categories: one group will receive the actual real 'new drug' into their system; the second will receive a 'placebo' as



Preparing the bloodwork for any clinical research purpose is meticulous work. — Photo [pexels.com](https://www.pexels.com)

a control.

Neither the person administering nor the recipient is told which is which.

Three years ago, I had mine injected.

My body's reaction to it then was rather dramatic within 24 hours, I had to be admitted to Sarawak General Hospital (SGH) in Kuching, where I was in ward for eight days.

In the NDA, besides not being allowed to disclose any details of the trial drug and the administration thereof, I had also signed away my personal rights to any after-effects arising out of 'any after-effects of any nature' pertaining to it.

This effectively meant that I could not claim any personal compensation for any ill effect or harm – or even death should it come to that.

However, I cannot fault the superlative medical care and treatment rendered to me by all the specialists, doctors and nurses, especially from the Internal Medicine (Medical) Ward of the SGH, and the attention and various interventions that eventually saw me through the ordeal.

The medical team was also extremely cautious to not place the affliction that I had as 'an after-effect of the new drug on trial' as they did not 'unmask' whether what was given to me was actually the drug or a placebo.

To this day, it remains a mystery.

The eventual diagnosis given to me was that I had a condition called 'metabolic acidosis'; when I looked it up, it meant 'a serious condition characterised by excessive acid build-up in the blood or excessive loss of bicarbonate, typically resulting in an arterial pH below 7.35'.

In June 2023, I had returned and resumed my guinea-pig status and continued to be monitored with regular blood samples being taken from me for the bloodwork as per required

for the trial.

At every single consultation of my 16 regular visits as part of the trial, it was really great being given the 'VIP' treatment: didn't have to join any queues, no waiting time, and certainly the medical staff were most friendly, polite and always cheerful.

My only problem was that I had very 'shy' tiny veins, which meant that drawing blood could be a most trying and long-suffering affair – for both the drawer and the drawee!

It also appeared that only certain senior and qualified doctors and specialists were allowed to attend to us, and be consulted for these trial cases, and they were all very thorough.

I heard from an informed source that the institutions entrusted with conducting and carrying out these clinical trial researches were being very well-compensated for each and every case.

To me, this is excellent as it means that these specialist centres are being properly and adequately funded, and this contributes to their ability to maintain and retain the very best in qualified specialist staffing, and also to the procurement of the most modern and best medical equipment.

I feel extremely honoured to have been able to contribute in some small way towards the advancement of our medical scientific research capabilities of our beloved Sarawak, and I would certainly urge any of you, if given the opportunity and the chance, to sign up as well.

'REMOVAL DECISION IRRATIONAL'

Zaliha's move made without proper consultation with Poisons Board, says judge

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THE High Court yesterday ruled that the government's decision to remove nicotine liquids used in vape and e-cigarette products from the poisons list was irrational and made without proper consultation with the Poisons Board.

Judge Datuk Aliza Sulaiman had allowed a judicial review application brought by three non-governmental organisations challenging the exemption introduced through the Poisons (Amendment of Poisons List) Order 2023.

The applicants were the Malaysian Council for Tobacco Control, the Malaysian Green Lung Association and Voice of the Children.

On April 1, 2023, the Health Ministry published a gazette notice stating that nicotine liquids

The consultation under the law must be conscious, meaningful, purposeful and effective.

DATUK ALIZA SULAIMAN
High Court judge

and gels used in e-cigarettes and vape products had been granted exemption from poisons control.

that Malaysia is obliged to regulate and restrict their supply, sale and use, the first respondent (Dr Zaliha) proceeded to make the impugned order to give effect to the decision regarding taxation."

The court said the exemption created a legal loophole lasting about one year and seven months before the Control of Smoking Products for Public Health Act

2024 came into force on Oct 1 last year.

Aliza added that consultation with the Poisons Board did not meet the requirements under Section 6 of the Poisons Act, which empowers the minister to amend the poisons list through a gazetted order after consulting the board.

"The consultation under the law must be conscious, meaningful, purposeful and effective.

"In this case, there was no physical meeting between the minister and the board, nor any further discussions after the board unanimously rejected the proposal to exempt nicotine liquids and gels from the poisons list.

"The alleged consultation by the first respondent was merely



A display of vape and electronic cigarette products. On April 1, 2023, the Health Ministry published a gazette notice stating that nicotine liquids and gels used in e-cigarettes and vape products have been granted exemption from poisons control. NSTP FILE PIC

formal compliance."

Aliza said the decision appeared to have been effectively predetermined.

"If I can put it rather crudely, it was almost like a done deal."

The court made no order as to costs as the matter was of public interest.

The applicants filed the suit at the High Court in July 2023, naming Dr Zaliha and the govern-

ment as the first and second respondents, respectively.

They are seeking a court order declaring the Health Ministry's directive to remove nicotine from the Poisons Act null and void.

'POLICY FAILURE'

Legality of vape sales thrown into doubt

KUALA LUMPUR: A High Court ruling declaring the removal of nicotine liquids and gels from the Poisons List "irrational" and "procedurally flawed" has cast the legality of nicotine vape sales and tax collection into doubt.

Galen Centre for Health and Social Policy chief executive officer Azrul Mohd Khalib said moving forward, Putrajaya could not afford another nicotine policy failure.

"This court decision, which effectively puts the proverbial genie back in the bottle and renders the sale and taxation of nicotine vape products largely illegal, places the government in a serious predicament: seek a stay and appeal the ruling, repeat the entire delisting process — plac-

ing the current health minister in the same position as his predecessor — or ban the product altogether.

"We should not be creating a new generation addicted to nicotine through products that are colourful, flavoured, easily accessible and falsely marketed as harmless."

Azrul said for nearly 17 months prior to the enforcement of the Control of Smoking Products for Public Health Act 2024 in October 2024, Malaysia had operated within a dangerous legal and regulatory vacuum.

"During that period, nicotine vape products were widely available and aggressively marketed, including in forms, flavours and packaging attractive to children and adolescents."

He added that the court's decision served as a vindication for public health advocates, medical professionals, pharmacists, tobacco-control experts and child-rights groups.

These parties, he said, had argued from the outset that delisting nicotine was a reckless and regressive move that placed the health of Malaysians at risk.



Azrul Mohd Khalib

	PRAYER TIMES					
	SUBUH (am)	SYURUK (am)	ZUHUR	ASAR (pm)	MAGHRIB	ISTYAK
Melaka	5:49	7:01	1:10	4:32	7:16	8:29
Penang	5:52	7:03	1:17	4:39	7:27	8:41
K. Lumpur	5:50	7:01	1:12	4:35	7:20	8:33
Johor Baru	5:44	6:56	1:04	4:26	7:09	8:22
Kuantan	5:45	6:57	1:07	4:29	7:14	8:27
Ipoh	5:51	7:00	1:15	4:37	7:24	8:37

Mahkamah putuskan keputusan Menteri Kesihatan bertentangan Akta Racun 1952

Oleh NOOR AZLIDA ALIMIN

KUALA LUMPUR - Mahkamah Tinggi memutuskan keputusan Menteri Kesihatan dan kerajaan mengecualikan cecair serta gel vape mengandungi nikotin daripada senarai bahan terkawal di bawah Akta Racun 1952 adalah tidak rasional.

Hakim Datuk Aliza Sulaiman memutuskan demikian selepas membenarkan permohonan semakan kehakiman difailkan tiga pertubuhan bukan kerajaan (NGO).

Mereka ialah Majlis Kawalan Tembakau Malaysia (MCTC), Pertubuhan Green Lung Malaysia (MGLA) dan Voice of Children (VOC).

Mahkamah mengisytiharkan pengecualian itu dibuat tanpa rundingan mencukupi dengan Lembaga Racun dan Bertentangan Seksyen 6 Akta Racun 1952.

Aliza yang kini Hakim Mahkamah Rayuan berkata, Menteri Kesihatan ketika itu terkhilaf sebelum Kabinet meluluskan pengecualian cecair nikotin daripada senarai bahan terkawal.

Pengecualian nikotin vape tidak rasional

Beliau berkata, mahkamah mendapati keputusan mengecualikan nikotin dalam cecair dan gel vape dibuat atas faktor ekonomi bagi membolehkan kerajaan mengenakan cukai eksais terhadap produk itu.

Menurutnya, walaupun kerajaan mengakui rokok elektronik dan vape berbahaya kepada kesihatan serta mempunyai tanggungjawab mengawal penggunaannya, namun Menteri Kesihatan dan kerajaan selaku responden pertama dan kedua tetap meneruskan keputusan tersebut.

"Mahkamah berpuas hati keputusan responden pertama membuat pengecualian didorong faktor ekonomi sebelum pelaksanaan Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024.

"Justeru, keputusan ini adalah tidak rasional," katanya ketika prosiding secara dalam talian pada Jumaat.

Peguam K Shanmuga mewakili ketiga-tiga NGO selaku pemohon manakala Peguam Kanan Persekutuan, Nurhafizza Azizan me-



wakili responden pertama dan kedua.

Bagaimanapun, mahkamah berpuas hati responden pertama tetap meneruskan perintah itu bagi memberi kesan kepada keputusan percukaian.

Sebelum ini, pihak pemohon berhujah pengecualian itu membenarkan produk bernikotin dijual secara bebas tanpa sekatan termasuk kepada remaja bawah 18 tahun.

Pada 14 Oktober 2023, Mahkamah Tinggi membenarkan permohonan semakan kehakiman terhadap Kementerian Kesihatan dan kerajaan.

Ketiga-tiga NGO memfailkan permohonan semakan kehakiman pada 30 Jun 2023 bagi membatalkan sebahagian Perintah Racun (Pindaan Senarai Racun) yang dibuat pada 31 Mac 2023.

Najis tikus bertaburan di lantai kantin sekolah

GEORGE TOWN - Sebuah kantin Sekolah Jenis Kebangsaan Tamil (SJKT) diarahkan menghentikan operasi selama 14 hari selepas pemeriksaan menemukan najis tikus di premis berkenaan.

Pengarah Pendidikan Pulau Pinang, Mohammad Dziauddin Mat Saad berkata, arahan penutupan berkuat kuasa hingga 27 Mei depan.

Menurut beliau, tindakan tersebut diambil selepas pemantauan mendapati terdapat najis tikus di lantai belakang peti sejuk yang tidak lagi digunakan di kantin itu.

"Susulan penemuan ini, perintah penutupan premis makanan tidak suci dikeluarkan mengikut Seksyen 11 Akta Makanan 1983," katanya ketika dihubungi pada Jumaat.

Bagaimanapun, beliau me-

maklumkan tiada sebarang kes keracunan makanan membabitkan murid atau guru dilaporkan.

Dalam pada itu, katanya, pihak sekolah sudah mengambil langkah segera dengan menyediakan bekalan makanan kepada murid menerusi pembekal luar sepanjang tempoh kantin ditutup.

"Pihak sekolah melantik kontraktor sementara bagi menyediakan makanan kepada murid sepanjang kantin ditutup.

"Selain itu, kerja pembersihan dan sanitasi turut dijalankan mengikut arahan Pejabat Kesihatan Daerah dan Kementerian Kesihatan Malaysia (KKM) bagi memastikan tahap kebersihan berada dalam keadaan selamat sebelum operasi dibenarkan semula," katanya.

HULUR TANGAN SEBELUM DIMINTA

Jururawat tampil selamatkan wanita tercekik di kafe terima penghargaan khas hospital

Oleh Muhammad Zulsyamini Sufian Suri
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Ipoh

Tiada alasan untuk menyelamatkan nyawa. Itu prinsip seorang jururawat hospital swasta memberikan pertolongan cemas kepada seorang wanita yang tercekik ketika menjamu selera di sebuah kafe, walaupun di luar waktu bertugas.

Video rakaman kamera litar tertutup (CCTV) menunjukkan Siti Maisyura Anwar, 26, memberikan pertolongan itu tular di media sosial sejak kelmarin, dalam kejadian di kafe berhampiran ruang menunggu Hospital Pantai Ipoh, di sini.

Katanya, kejadian berlaku sekitar jam 12.15 tengah hari pada 4 Mei lalu ketika dia sedang cuti dan pergi membawa bayi lelakinya yang berusia sembilan bulan ke hospital berkenaan bagi menjalani pemeriksaan kesihatan anaknya itu yang disyaki menghidap demam panas.

Katanya, ketika sedang menunggu hasil ujian darah bayinya di ruangan legar, dia mendengar seorang wanita dalam lingkungan usia 30-an yang berada di kafe itu bersama keluarga batuk kuat berulang kali sebelum ibu mangsa bertindak menepuk belakang anaknya itu berulang kali.

Maisyura berkata, mangsa kemudiannya mengeluarkan bunyi seakan-akan sedang tercekik, menyebabkan dia terus meluru untuk membantu, selepas menyedari tiada kakitangan bertugas berada berhampiran.

"Dalam tempoh

dua minit emaknya pun sudah mula jerit minta tolong sesiapa untuk panggil doktor atau jururawat. Saya pun tahu waktu itu doktor tiada dekat bilik di situ memandangkan saya terlihat doktor baru keluar dari klinik untuk memantau pesakit di tempat lain.

"Saya juga fikir semasa itu juga tiada jururawat sedang bertugas dekat situ dan saya sahajalah jururawat di situ walaupun di luar tugas.

"Tanpa fikir banyak saya pun beri bantuan 'heimlich maneuver' kepada mangsa yang saya lihat mukanya pun sudah seperti kebiruan akibat tercekik, sebelum objek yang tersangkut itu berjaya dikeluarkan," katanya.

Menurutnya, sepanjang bertugas sebagai jururawat sejak tiga tahun lalu, ia pengalaman pertama walaupun bantuan kecemasan ialah kelaziman.

Maisyura yang bertugas sebagai jururawat wad pembedahan berkata, susulan tindakannya itu, dia diberikan penghargaan khas oleh hospital sempena Hari Jururawat Sedunia yang disambut di peringkat hospital berkenaan pada 12

Mei lalu.

Menurutnya, perkara kecemasan sebegini boleh terjadi kepada sesiapa dam di mana jua, justeru, penting untuk sesiapa jua tidak terhad hanya kepada petugas kesihatan atau kecemasan sahaja supaya mempelajari teknik asas bantuan kecemasan.

"Jadi jika berlaku apa-apa kecemasan sama ada dekat hospital atau di luar maka kita kena tahu perkara asas respons segera bagi menyelamatkan nyawa seseorang.

Terdahulu, video rakaman CCTV yang memaparkan kejadian itu tular dan mendapat perhatian ramai selepas kisah itu dikongsikan melalui Facebook.

Rata-rata netizen memuji tindakannya itu yang tampil membantu wanita terbabit walaupun ketika berada di luar waktu bertugas dan berpakaian kasual.

“
Tanpa fikir
banyak saya pun
beri bantuan
'heimlich
maneuver'
Siti Maisyura

