

Health Ministry prioritises safety at work



PUTRAJAYA: The Health Ministry is committed to strengthening a safe and conducive work ecosystem to ensure an ethical and humane healthcare service, said its minister Datuk Seri Dr Dzulkefly Ahmad (*pic*).

He said the ministry takes seriously issues related to the working environment and welfare of healthcare personnel, ensuring they operate in a professional and ethical setting guided by Madani values.

The ministry, he said, will strengthen the implementation of existing service circulars issued by the Public Service Department to ensure there is no ambiguity in handling misconduct.

“The circulars strictly prohibit the use of abusive language, insults, public shaming and any form of emotional harassment that goes beyond professional boundaries,” he said in a statement yesterday, as reported by Bernama.

Dzulkefly added that the circulars serve as mandatory references in disciplinary actions to ensure complaints are handled fairly and transparently at all healthcare facilities.

He said the top management at every health facility must foster a harmonious and caring work culture, while investigating and taking immediate action on complaints without compromise or protecting any individual.

Johor eyes 15% growth in 2026 healthcare travel

Singapore, Indonesia lead arrivals for high-value specialist treatments

By **MYSARA FAUZI**
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JOHOR is targeting RM230mil in medical tourism revenue this year, a 15% increase from 2025.

State health and environment committee chairman Ling Tian Soon (*pic*) said the projection reflected continued growth in the healthcare travel sector ahead of the Visit Johor 2026 campaign.

“Johor recorded RM202mil in medical tourism revenue last year, which saw a 12% increase compared to 2024.

“In terms of arrivals, nearly 127,000 healthcare travellers visited Johor last year, representing a 3% growth,” he said when contacted.

Ling added that this year’s revenue target was aligned with Malaysia Year of Medical Tourism 2026 led by Malaysia Healthcare Travel Council (MHTC) under the Health

Ministry, as well as Visit Malaysia 2026.

He said visitors from Indonesia, Singapore and China made up more than 60% of Johor’s healthcare travellers, owing to the state’s strategic location and accessibility.

Johor’s position just north of the island republic allowed easy access for Singaporeans seeking quality treatment at more competitive costs, which were 30% to 60% lower, he said.

“Indonesia and China are also key

markets, with Johor serving as an entry point through Senai International Airport and its well-connected highway network, facilitating smoother travel for patients and their families,” said Ling.

According to 2025 medical data, he said there were 10 specialties in high demand among international patients.

“These include respiratory medicine, infectious diseases, accidents and injuries, gastroenterology, orthopaedic surgery, obstetrics and gynaecology, ear, nose and throat, cardiology, oncology as well as dermatology.

“Orthopaedic surgery, cardiology and oncology are specialties that involve high-value treatments.”

Ling said several private hospitals such as KPJ Johor Specialist Hospital, Gleneagles Hospital Medini Johor, Columbia Asia Hospital Tebrau and Regency Specialist Hospital were recognised under Malaysia’s healthcare travel programme.

The state government also placed emphasis on the importance of public-private collaboration to ensure the success of high-value industries, he said.

“Johor Medical Tourism Council, chaired by the state government, has been established as the main platform to advance the healthcare travel sector.

“It brings together MHTC as lead agency for the national healthcare travel industry, private medical facilities in the state, Iskandar Regional

Development Authority and Majestic Johor to jointly plan development strategies.

“Private medical facilities continue to intensify efforts to enhance service quality and safety standards, including continuous compliance with international benchmarks, strengthening clinical governance, implementing patient safety best practices and structured service quality monitoring.

“This can be seen through the establishment of International Patient Centres, the opening of healthcare lounges at key entry points for health tourists as well as expanded strategic promotions in target markets.”

Ling said the healthcare tourism sector was estimated to generate an economic multiplier effect of four times patients’ direct medical expenditure.

“However, current medical tourism revenue reports only cover direct medical spending and do not include ancillary expenditure, such as spending in other sectors like retail, F&B, accommodation, international airfares and local transportation,” he said.



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Rafizi's next political gamble

Analysts divided over whether a party built around former PKR deputy president could reshape nation's political landscape.

Report on page 4

Childhood obesity crisis

Report on > page 5

One in five Malaysian children are obese, appearing in clinics with adult diseases such as diabetes, fatty liver and hypertension: Paediatric endocrinologist



WEIGHTY WORRIES ... Specialists warn unhealthy eating habits and sedentary lifestyles are driving Malaysia's childhood obesity surge. — AMIRUL SYAFIQ/THE SUN

Faster help for women

New platform PRISMA nita will link agencies nationwide to improve support services for those facing abuse or violence: PM

Report on page 2

Mixed reactions to pension arrears ruling

Some retirees fear financial impact, while others say decision will not significantly affect daily living.

Report on page 3

■ BY KIRTINEE RAMESH
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Youth developing adult-onset illnesses due to obesity

➤ Diseases such as diabetes and fatty liver increasingly affecting children, adolescents: Expert

PETALING JAYA: Statistically, one in five Malaysian children is now obese, and doctors say the consequences are appearing in clinics, with young patients developing illnesses once associated with adulthood.

Medical specialists say overweight and obese children are developing serious conditions at increasingly younger ages, raising long-term health risks and putting growing pressure on the healthcare system.

Universiti Malaya Medical Centre (UMMC) senior consultant paediatric endocrinologist Prof Dr Muhammad Yazid Jalaludin said doctors are seeing a wide range of complications among young patients.

"Beyond insulin resistance and type 2 diabetes, we are seeing fatty liver, high blood pressure, abnormal cholesterol, early puberty and sleep-disordered breathing."

He said once considered adult-onset, the illnesses are now appearing in primary school-aged children, significantly increasing their lifetime risk of heart disease, stroke and kidney problems.

The trend mirrors national statistics. The latest National Health and Morbidity Survey shows childhood obesity in Malaysia has risen steadily, affecting 23.1% of children in 2024.

"We are seeing real clinical consequences in outpatient care."

He added that another alarming development is the earlier onset of metabolic diseases.

"We are now diagnosing type 2 diabetes and high blood pressure in adolescents and even pre-teens, about a decade earlier than before," he said, adding that his youngest patient is just eight years old.

He also said early onset increases lifetime risk of vision loss, kidney failure and heart disease, while placing additional strain on healthcare services, particularly in areas with limited access to specialised care.

Muhammad Yazid said effects extend beyond physical health.

"Many children also face poor body image, low self-esteem, anxiety and social isolation. The psychosocial burden is a major concern in Malaysia, where academic and social pressures are high."

He added that weight-related bullying, common in schools, could worsen unhealthy habits and reduce physical activity, adding that doctors increasingly include psychological support in obesity treatment plans.

"Interventions must address both physical and psychological health in children."

He also said obesity patterns reflect lifestyle changes at home, including high consumption of sugary drinks and fast food, frequent snacking, large portions, sedentary habits, excessive screen time, low physical activity and poor sleep.

"In many cases, family environment

contributes to these behaviours."

He said urbanisation, easy access to calorie-dense foods, academic pressures and fewer opportunities for outdoor play have also contributed.

"The trends are not isolated to any single state. Similar patterns are seen across Peninsular Malaysia and East Malaysia."

He added that parents are advised to monitor their children's growth and seek medical advice if warning signs of unhealthy weight gain appear.

A child is considered overweight if their body mass index is above the 85th percentile, and obese if it exceeds the 95th percentile, based on World Health Organisation growth charts.

Signs to watch for include rapid weight gain, increasing waist size, breathlessness during light activity, reduced physical activity or darkened skin folds (*acanthosis nigricans*), which may indicate insulin resistance.

Muhammad Yazid said children with additional risk factors - being born small or large for gestational age, maternal gestational diabetes, a family history of type 2 diabetes or visible signs of insulin resistance - should be screened for metabolic conditions.

He emphasised that prevention and early intervention are key, adding that families could start with simple, consistent lifestyle changes: reduce sugary drinks and processed snacks; increase fruits, vegetables and whole grains; and practise portion control.

He also said children should get at least 60 minutes of daily physical activity and limit recreational screen time. Healthy routines, including regular meal times and nine to 11 hours of sleep, are also vital.

"Parents should focus on health, strength and energy, not weight alone. Role-modelling healthy habits is a powerful influence on children."

Malaysia's National Strategic Plan for Non-Communicable Diseases and school health programmes also promote these measures.

However, he said reversing childhood obesity requires coordinated action across education, urban planning, food policy and healthcare.

Call for coordinated action to address weight issues faced by young M'sians

PETALING JAYA: Childhood obesity in Malaysia has doubled over the past 26 years, signalling a growing public health crisis with serious long-term health and economic consequences.

Universiti Kebangsaan Malaysia public health specialist Prof Dr Sharifa Ezat Wan Puteh said the upward trend demands urgent, multi-sectoral action to prevent a generation of young Malaysians from carrying preventable diseases into adulthood.

Citing a recent systematic review and meta-analysis titled "Prevalence of childhood overweight and obesity in Malaysia", Sharifa said childhood obesity is increasing at an annual rate of 0.3%, while excess weight prevalence rises by 0.6% each year.

"The prevalence of childhood overweight, obesity and excess weight in Malaysia has doubled over 26 years. This is alarming," she said, describing the trend as sustained rather than a temporary spike.

She added that many overweight children would grow into adults with serious health complications, including metabolic syndrome, non-alcoholic fatty liver disease, heart disease, non-communicable diseases and even early kidney failure.

"This would significantly increase the population burden of disease."

"We do not have enough doctors and specialists to handle the projected surge, which could lead to higher rates of illness, premature death and reduced productivity."

She said the financial toll is also expected to rise, as more patients

would require long-term screening, medication, dialysis and cardiac care.

She also said public hospitals may struggle to meet demand, pushing patients toward private healthcare, which many cannot afford.

"If the trend continues unchecked, some patients may forgo treatment altogether, increasing the risk of premature death."

Sharifa said childhood obesity is driven by multiple factors:

➤ Increased consumption and aggressive marketing of ultra-processed foods.

➤ Poor dietary patterns.

➤ Sedentary lifestyles.

➤ Limited physical activity in schools.

➤ Insufficient sports facilities and safe recreational spaces.

➤ Socioeconomic challenges and poor housing conditions.

She also highlighted emerging research linking environmental pollution, including exposure to microplastics and nanoplastics, with insulin resistance and obesity.

"Children's living environments matter. Housing areas must provide safe, adequate spaces in which children could play actively in a healthy environment."

She said while Malaysia has introduced measures such as the sugar tax and school canteen guidelines, the interventions are insufficient on their own.

She raised several concerns:

➤ Are physical education hours in schools sufficient?

➤ Are BMI screenings implemented

nationwide and consistently?

➤ Are affordable, healthy foods accessible to low and middle-income families?

"Some screenings occur through school health programmes and clinics, but they are not consistently applied nationwide."

Sharifa also said the transition from childhood to adolescence often sees a drop in focus and resources, creating policy gaps that leave children at risk.

"Childhood obesity is not just a personal or family issue. It reflects systemic weaknesses in education, food security and healthcare."

She emphasised that addressing the crisis requires coordinated action across multiple ministries, including Health, Education, and Agriculture and Food Security.

She said without decisive action, Malaysia risks a generation of young adults living with obesity and serious complications such as kidney disease, heart problems and fatty liver.

She added that children with obesity are also more likely to develop mental health issues, including depression, low self-esteem and anxiety.

Sharifa said globally, low and middle-income countries face the heaviest burden, as poorer communities have limited access to affordable, healthy food and health education.

"Improving national income levels and strengthening health literacy would be key to changing attitudes and behaviours toward healthier lifestyles." - By Kirtinee Ramesh

COMMENT by Dr Naveen Nair Gangadaran

THE past week has brought deeply saddening news for Malaysia's medical fraternity – the deaths of two trainee doctors.

The circumstances surrounding these tragedies may still be unclear and it would be premature to draw any conclusions.

However, moments like these remind us of something that is sometimes forgotten: doctors, too, are human.

Behind every white coat is a person navigating expectations, responsibilities and, at times, immense pressure.

For many young doctors entering training, the transition into clinical practice can be overwhelming.

Some return to Malaysia after studying abroad while others move from one training environment to another.

Adjusting to local clinical workflows, hospital systems and the fast pace of service can take time. Struggling during this transition does not mean a doctor is incompetent. More often, it simply means they are adapting.

Medicine has always been a demanding profession. Long hours, steep learning curves and emotionally charged situations are part of the journey. Yet, within hospitals and departments across the country, there are usually many individuals who genuinely want trainees to succeed, supervisors who guide, senior colleagues who advise and peers who support each other through difficult shifts.

Mentorship and teamwork have always been part of the culture of medicine. But an important question remains: Do young doctors know that help is available? And perhaps more importantly, do they feel comfortable enough to ask for it.

Sometimes, the greatest barrier is not the absence of support but the fear of appearing weak. Medicine has long carried an unspoken expectation of resilience – the idea that doctors must cope silently and carry on regardless. While resilience is important, silence can sometimes come at a cost.

Asking for help should never be seen as a failure. Recognising when we need guidance or support is a sign of maturity and professional responsibility. No doctor should feel that they must struggle alone.

Challenges during training can arise for many reasons – some may find it difficult to adapt to the pace of clinical

Behind every white coat is a human being

“Medicine has long carried an unspoken expectation of resilience – the idea that doctors must cope silently and carry on regardless. While resilience is important, silence can sometimes come at a cost.”



For many young doctors entering training, the transition into clinical practice can be overwhelming. – SUNPIC

work while others may face workplace conflicts, personal challenges or emotional fatigue after repeated exposure to illness and loss.

Studies have shown that the mental well-being of healthcare workers deserves serious attention. A Malaysian study published in the *Asean Journal of Psychiatry* found that about one in four doctors experience burnout during their careers.

Other research involving healthcare workers in Malaysia reported that nearly half experienced symptoms of depression, while close to 60% experienced significant anxiety levels.

These numbers are not just statistics; they represent colleagues, friends and fellow doctors who may be quietly struggling while continuing to care for others.

Over the years, the medical community has increasingly recognised the importance of supporting doctors'

well-being. Many hospitals have mentoring systems and senior colleagues who are willing to listen and guide trainees through challenging situations.

Beyond individual institutions, there are also broader initiatives aimed at supporting doctors.

I have also come across efforts such as HelpDoc MMA, introduced by the Malaysian Medical Association, which seeks to provide a confidential avenue for doctors who may require support or guidance when facing professional or personal challenges.

Platforms like this reflect the growing recognition that doctors too need systems of support. But support systems can only help if those who need them feel able to come forward.

To every young doctor who may be struggling silently: please remember that you matter. Your well-being matters and your life matters. The profession needs you, not just as a doctor, but as

a person.

Medicine is a long journey. There will be days when the workload feels overwhelming and moments when self-doubt creeps in. But there will also be mentors who can guide you, colleagues who will stand beside you and systems designed to support you.

Reaching out may feel difficult at first but it is the first step towards finding the help and reassurance you need.

As a profession, we must continue to foster environments where openness is encouraged, mentorship is strengthened and well-being is prioritised. Because caring for patients begins with caring for the people who care for them. And sometimes, the bravest thing a doctor can do is to simply say: "I need help."

*Dr Naveen Nair Gangadaran is a paediatrician at Hospital Tuanku Jaafar in Seremban.
Comments: letters@thesundaily.com*

KKM perketat garis panduan tangani isu salah laku

Kuala Lumpur: Kementerian Kesihatan (KKM) akan memperkasakan pelaksanaan Pekeliling Perkhidmatan sedia ada yang dikeluarkan oleh Jabatan Perkhidmatan Awam (JPA) bagi menangani isu salah laku dalam kalangan penjawat kesihatan.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata pekeliling itu secara tegas melarang penggunaan bahasa kasar, maki hamun, penghinaan secara terbuka mahupun sebarang gangguan emosi yang melampaui batas profesionalisme.

Beliau berkata, dokumen berkenaan akan menjadi rujukan mandatori dalam tindakan tertib bagi memastikan setiap aduan diproses secara adil dan

telus di semua peringkat fasiliti.

“Pengurusan tertinggi di setiap fasiliti kesihatan perlu mengambil tanggungjawab mewujudkan budaya kerja harmoni dan penyayang serta wajib menyasiat dan mengambil tindakan segera terhadap sebarang aduan tanpa kompromi atau melindungi mana-mana individu.

“Saya ingin menegaskan bahawa kegagalan pemimpin untuk bertindak balas terhadap aduan adalah satu kegagalan tabir urus yang serius, berdasarkan prinsip *Failure to take action is a failure itself*,” katanya.

Media semalam melaporkan, Jabatan Kesihatan Kelantan menubuhkan jawatankuasa bagi menyasiat dan meneliti secara

holistik kes kematian doktor pelatih wanita di asrama Hospital Sultan Ismail Petra (HSIP) Kuala Krai.

Kenal pasti punca kejadian

Pengarahnya, Datuk Dr Mohd Aznan Yacob, dilaporkan berkata jawatankuasa berkenaan akan cuba mengenal pasti punca kejadian termasuk dari aspek tekanan tempat kerja dan faktor penyumbang lain.

Pada Jumaat lalu, mangsa berusia 29 tahun ditemui mati di bilik asrama hospital jam 9.55 pagi.

Sementara itu, Dr Dzulkefly berkata, KKM sentiasa mengambil serius isu persekitaran kerja dan kebajikan seluruh petugas kesihatan bagi memastikan setiap warga KKM bertugas dalam persekitaran profesional, beretika dan berteraskan nilai-nilai MADANI.



Dr Dzulkefly Ahmad

Ibadat & Faidilat

Ibnu Abbas RA meriwayatkan Nabi SAW bersabda: “Carilah Lailatul Qadar itu pada 10 yang akhir pada Ramadan. Lailatul Qadar berada pada hari kesembilan, ketujuh atau kelima yang akhir itu (dari bulan itu).” (HR Bukhari)

KAWASAN	SUBUH	ZUHUR	ASAR	MAGRIB	ISYAK
Kangar	6:19	1:31	4:45	7:32	8:41
Alor Setar	6:19	1:31	4:45	7:32	8:41
P. Pinang	6:19	1:31	4:43	7:32	8:41
Ipoh	6:17	1:29	4:40	7:30	8:39
Kuala Lumpur	6:14	1:26	4:37	7:27	8:36
Shah Alam	6:14	1:26	4:37	7:27	8:36
Johor Bahru	6:05	1:17	4:26	7:19	8:28
Kuantan	6:08	1:20	4:31	7:22	8:31
Seremban	6:12	1:25	4:34	7:26	8:35
Bandar Melaka	6:11	1:24	4:33	7:25	8:34
Kota Bharu	6:12	1:24	4:37	7:24	8:30
K. Terengganu	6:08	1:20	4:32	7:21	8:30
Kota Kinabalu	5:16	12:28	3:41	6:29	7:38
Kuching	5:40	12:53	4:01	6:54	8:03