

Reports by ALLISON LAI and DIVYA THERESA RAVI

# Prevention is key as dialysis waitlist grows in M'sia

**PETALING JAYA:** Malaysia's long waiting list for dialysis highlights a deeper challenge in kidney care with prevention and early detection falling short and resources struggling to meet rising demand, say health professionals.

National Kidney Foundation Malaysia (NKF) chairman Datuk Dr Zaki Morad said that more time and effort should be spent on preventing kidney failure.

"This means early detection through screening, especially those with diabetes, hypertension and family members of kidney patients."

"NKF has been doing screening for many years, but there should be a coordinated nationwide effort involving the ministry, NGOs and others," he said.

Today is World Kidney Day. According to the International Society of Nephrology, this year's theme is "Kidney Health for All - Caring for People, Protecting the Planet".

NKF says chronic kidney disease (CKD) is a growing health challenge, affecting one in 10 people worldwide.

Health Minister Datuk Seri Dr Dzulkefly Ahmad told Dewan Rakyat in January that about five million Malaysians have CKD.

A total of 9,473 new stage five patients needed dialysis in 2024, bringing the total to 55,237 nationwide.

Furthermore, patients suffering from kidney failure may have to wait more than two years to secure a haemodialysis slot at a government facility, depending on the patient's condition, hospital capacity and vascular access readiness.

Dr Zaki said that NKF has long advocated for a centrally managed national fund to support dialysis and transplantation.

"The fund should cover all patients and centres that meet certain standards, and it should also be used to raise the quality of care."

The ministry should lobby agencies like the Treasury and the Economic Planning Unit (EPU) to adopt this proposal. It can be an example of public-private partnership, where the fund purchases treatment from private providers to reduce waiting times," he said.

He noted that NKF has already set up several welfare funds to ease access, including subsidies for vascular access treatment at private centres, a RM3mil annual fund for peritoneal dialysis (PD).

PD is an alternative to the more common haemodialysis which can be done at home and offers more flexibility.

NKF chief executive officer Choo Kok Ming said tackling dialysis shortages requires a whole-system approach, not just expanding capacity.

"Government facilities focus on acute care, so haemodialysis capacity is limited. The 'PD First' policy aims to increase treatment options alongside haemodialysis,"

he said.

Choo warned that delayed treatment can worsen patients' kidney disease, increase medical complications, financial strain and logistical challenges. Without support, private dialysis can cost up to RM40,000 a year, with availability depending on location.

"Cutting dialysis queues isn't just about adding machines," Choo said. "It requires fair funding, stronger partnerships and ensuring rural patients aren't left behind."

Malaysian Medical Association president Datuk Dr Thirunavukarasu Rajoo said patients having to wait years to secure a government haemodialysis slot is "simply not acceptable" for those with end-stage kidney failure.

He said the situation reflected the growing strain on Malaysia's healthcare system, which was originally designed for a smaller and younger population.

"With rising rates of diabetes,

hypertension and other non-communicable diseases, we are seeing more patients progressing to kidney failure and requiring long-term dialysis," he said.

Dr Thirunavukarasu suggested the government expand dialysis capacity through a combination of strengthening public facilities and contracting services from accredited private and NGO dialysis centres.

He said there must be transparent, needs-based waiting lists to prioritise high-risk and socio-economically vulnerable patients.

"Malaysia must also strengthen manpower planning by training and hiring more nephrologists, dialysis nurses and technicians," he said.

"Dialysis is a life-saving treatment that should not depend on charity or chance. Malaysia needs a serious, data-driven plan with adequate funding to ensure patients can access the care they need," he said.

# Dialysis support brings hope to many

## Subsidised care gives kidney patients access to regular treatment sessions

**PETALING JAYA:** It had been a long road for kidney patient Lydia Song in her search for treatment.

When she was diagnosed with kidney failure three years ago, she quickly realised that starting dialysis treatment was not easy.

"I was told that dialysis slots at government facilities were limited," recalled Song, 38.

Her kidney function had dropped to about 10% then. Private dialysis was beyond her means.

"Each session at a private hospital costs about RM300. It was just too expensive for me," she said, noting that patients typically require dialysis thrice a week.

Help eventually came through good Samaritans who introduced her to a charity dialysis centre, where she qualified for subsidised treatment.

At the centre, patients pay between RM10 and RM120 per session, depending on their financial situation.

"That was when my life slowly



**Kidney care:** A patient undergoing dialysis treatment at KPJ Sentosa hospital in Kuala Lumpur. — AZHAR MAHFOF/The Star

started to turn around," she said.

With regular treatments and support from the staff at the centre, Song was able to rebuild her life's routine.

Now she works at the same

charity organisation while continuing her own treatment.

She helps to take calls, besides guiding patients facing the same uncertainty she once did.

"Because I went through this

myself, I understand what they are feeling. If I can help them even a little, it means a lot," she said.

Another patient, known as Chan, 47, recounted a private doctor advising her to seek treatment at a centre.

This had come about after Chan went through a difficult time while she was warded at a public facility.

"The waiting time is indeed long at government hospitals, but they need to serve a larger group of people who can't afford private care. Something should be done about this long waiting time," she said.

Dr Thirunavukarasu Rajoo, Malaysian Medical Association president, said many kidney patients continue to struggle to access consistent dialysis care.

In some cases, he said that patients were told that it could take years to secure a slot at a government facility near

their homes.

He cited the case of a diabetic patient in his late 50s who needed dialysis urgently but could not get an appointment for dialysis treatment nearby.

"He eventually relied on an NGO-run dialysis centre several districts away, with treatment partly paid for by his children. The rest through donations," he said.

However, he said the patient sometimes missed the dialysis sessions due to transport problems and financial constraints.

"This led to repeated emergency hospital admissions due to complications such as fluid overload and breathlessness."

Dr Thirunavukarasu said such situations place tremendous emotional and financial strain on families.

"These stories are not isolated. They show how gaps in access to a basic, life-sustaining treatment can quickly translate into avoidable suffering and hardship."

# Dialysis cases up 12% annually, says PERKESO

**PETALING JAYA:** Dialysis cases among Social Security Organisation (PERKESO) contributors are rising steadily, with the number increasing by about 12% each year.

Its head of Prevention, Medical and Rehabilitation Division, Dr Azlan Darius, said the organisation currently funds dialysis treatment for 19,355 patients undergoing renal replacement therapy nationwide.

"At least 87% of them are on haemodialysis," he told *The Star*.

The agency's data shows the number of dialysis recipients rising from 16,157 in 2021 to 19,355 as of December 2025, reflecting a steady increase in cases over the past few years.

"New dialysis approvals have also grown significantly, from 2,561 cases in 2021 to 3,573 cases

last year, highlighting the rising demand for treatment.

"As a result, the agency's total expenditure on dialysis treatment exceeded RM420mil in 2025. This figure is expected to continue climbing," he said.

Dr Azlan noted that many patients diagnosed with end-stage renal failure eventually seek treatment at private dialysis centres due to limited capacity at government facilities.

"Our experience shows that patients will have to look for private centres once they are diagnosed with end-stage renal failure and require renal replacement therapy," he said.

PERKESO receives more than 2,500 new dialysis patients each year, who are then placed at over 700 private dialysis centres nationwide under the organisa-

tion's panel. The agency provides dialysis support to insured persons who are diagnosed with kidney failure before the age of 60.

Its support covers haemodialysis as well as peritoneal dialysis treatments such as continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD), along with medications including erythropoietin injections and immunosuppressive drugs when clinically required.

The agency also supports procedures to create dialysis access, such as arteriovenous fistula (AVF) and provides travel allowances for eligible patients undergoing haemodialysis treatment.

Dr Azlan cautioned that sustaining dialysis funding could become increasingly challenging at the rate new patients are

requiring treatment every year.

He attributed this to the rising prevalence of non-communicable diseases such as diabetes, hypertension and other lifestyle-related conditions, which can lead to end-stage renal failure.

"Our data also shows that the onset of the disease is now impacting more younger people than it was before," he said.

Dr Azlan noted that dialysis assistance under the organisation is funded through the invalidity pension scheme, which has remained largely unchanged since it was introduced more than 50 years ago.

"The strain on the fund means the sustainability of dialysis assistance may be jeopardised in the future if the number of patients continues to rise," he said.

At the Rotary Club of Batu Pahat

Haemodialysis Centre in Johor, chairman Pek Hock Choon said many patients are referred to the centre after doctors advise them to start dialysis but they cannot afford private treatment.

"Patients are often told dialysis is necessary, but they may not immediately get a slot at a government facility. In private centres, a session can cost about RM200 to RM300, which many simply cannot afford," he said.

The charitable centre charges about RM110 per session, a subsidised rate that includes regular reviews by doctors and specialists.

Pek said most patients referred there are in financial difficulty.

"Since our funds come from public donations, we assess each patient's financial situation to ensure the assistance goes to those who truly need it," he said.

# Focus on tackling double burden of malnutrition

AFTER working for more than 50 years on food and nutrition issues in Malaysia, I was eager to follow the Dewan Rakyat session on Feb 25, where the chair of the Parliamentary Special Select Committee on Health presented its statement on strengthening nutrition policy in the country.

Several MPs expressed serious concern about the double burden of malnutrition (DBM) borne by the population and the urgent need for interventions.

We have a high prevalence of overweight/obesity, hypertension, high blood cholesterol, diabetes and metabolic syndrome. On the other hand, undernutrition problems are afflicting significant proportions of the population, particularly stunting among children under five years old and anaemia among women of reproductive age.

The discussions signalled the possibility of implementing real and immediate actions for nutrition-related disorders in the country. However, I feel compelled to share some comments on the main points raised.

Most of the speakers called for a whole-of-government and whole-of-society approach to address the problem, saying it is not just the responsibility of the Health Ministry.

I have often highlighted the importance of using this approach and would add that the private sector also has a



social responsibility to help.

Several MPs touched on the need to improve the food environment. I totally agree, and I would suggest that the food environment be looked at comprehensively.

Let's not address just packaged foods and beverages but also our eating habits. For various reasons, large segments of the population have at least two meals out of the home daily.

These meals can be rather unhealthy, lacking ingredients such as whole grain foods, vegetables and fruits. They are also likely to be high in sugar, oil and salt.

It is imperative to recognise that these meals could be important contributors to NCDs. Efforts must be made to encourage vendors to provide healthier options while consumers must be educated on how to identify healthier meals and beverages.

Some MPs brought up the unhealthy packaged foods and meals sold in school canteens, an issue that has been highlighted for decades now. It is absolutely important to revamp the canteen system so that only nutritious meals are provided to school children.

A couple of speakers also

mentioned the consumption of ultra-processed foods (UPFs) and their purported link to NCDs.

I would humbly suggest that we get to know this topic better as the term is still being debated among the food and nutrition community. There are nutritionists who think UPF is too loosely defined and includes high nutritional value processed food such as infant formulas and therapeutic foods.

In South-East Asia where nutrient deficiencies prevail, processed foods may provide essential nutrients and contribute to food security.

Almost all the MPs involved in the debate linked the excessive amounts of sugar, oil and salt in the diet as one of the main contributors to the high NCD rates.

This is clearly important, but I would urge everyone to also factor in the lack of healthy ingredients in the diet of local communities. Lack of legumes, vegetables, fruits and whole grains is an important cause of many of the diseases that we have witnessed in the country for decades.

We are running out of time. We need to be truly working together – all of government, all stakeholders – to tackle the double burden of malnutrition in our country. It is clear that it cannot be business as usual.

**DR TEE E. SIONG**  
Petaling Jaya

# NST LEADER

## When doctors turn bullies

Workplace culture needs reforming

**G**OVERNMENT health facilities have a problem — a serious harassment issue at the workplace. What is more, it is a simmering one that Health Minister Datuk Seri Dr Dzulkefly Ahmad had previously publicly acknowledged. More recently, on Tuesday, Bernama quoted him as promising a safe and ethical workplace while vowing stern action against those who engaged in such misconduct as outlined in service circulars. Dr Dzulkefly's renewed call underscores an old and growing problem of bullying within hospitals and clinics. While the ministry's latest pledge to prohibit abusive language, humiliation and emotional harassment is welcome, the deeper challenge is dismantling a culture that some medical professionals say has long been tolerated in the system.

A 2024 survey by the Malaysian Medical Association (MMA) revealed that approximately 30 to 40 per cent of doctors in Malaysia have experienced some form of bullying during their careers. The survey also pointed to overworking being prevalent, with 60 per cent of junior doctors (less than two years working experience) working overtime everyday. They aren't the only ones compelled to work overtime daily. Twenty per cent of doctors with more than two years experience, too, had to

**“Disturbingly, bullying wasn't just restricted to junior doctors...”**

work overtime every day. The MMA survey also found that victims were more likely not to file a complaint out of fear or were unsure about how to go about it. Worryingly, no action was taken when they filed a complaint. The survey disclosed 253 cases of bullying, with cases being reported in every state except

Melaka and Sabah. Disturbingly, bullying wasn't just restricted to junior doctors; its victims were doctors from all ranks. Of the 253 cases reported, 168 involved medical officers and 103 specialists and consultants. The MMA survey, which ran from Sept 15 to Oct 1 in 2023, obtained feedback from doctors from the public and private healthcare sectors, comprising medical officers, specialists and consultants and house officers. If a sentence summary of the 2024 MMA survey is needed, it is this: It is imperative that the Health Ministry adopt proactive measures to ensure all necessary improvements in the work culture at all government healthcare facilities, big and small. Holding bullies to account must be one of them.

The ministry has begun rolling out formal measures, including guidelines to prevent and manage workplace bullying and clearer reporting procedures for staff. Yet policy alone would not change entrenched attitudes. A hierarchical culture in hospitals — where junior staff are expected to endure harsh treatment as a rite of passage — has been cited by critics as a key factor enabling abusive behaviour to persist. Breaking that cycle requires leadership at every level of the system, from hospital directors to senior consultants, to set clear expectations that respect and professionalism are non-negotiable. Eliminating workplace bullying must be more than a compliance exercise. It requires sustained cultural reform — from medical training that emphasises empathy and professionalism, to institutional safeguards that protect whistle-blowers and enforce accountability.

# Mengurus kesihatan awam tanggungjawab masyarakat

**Dr Ahmad Firdhaus Arham,**  
Pusat Pengajian Citra Universiti, UKM

**Apabila** kita bercakap mengenai kesihatan, ramai terus membayangkan hospital, klinik dan doktor merawat pesakit. Seolah-olah urusan kesihatan tanggungjawab golongan perubatan semata-mata. Namun hakikatnya, kesihatan awam bukan hanya bergantung kepada doktor, tetapi tanggungjawab bersama seluruh masyarakat.

Kesihatan awam bermula jauh sebelum seseorang jatuh sakit. Ia membabitkan usaha pencegahan, pendidikan kesihatan, kebersihan persekitaran, pemakanan sihat serta gaya hidup seimbang.

Semua aspek ini tidak mungkin dilaksanakan doktor di hospital. Ia memerlukan kerjasama masyarakat, institusi pendidikan, pihak berkuasa tempatan dan juga keluarga.

Sebagai contoh, program vaksinasi dilaksanakan kerajaan hanya akan berjaya jika masyarakat bersedia menerima dan memahami kepentingannya.

Walaupun vaksin terbukti mampu mencegah pelbagai penyakit berbahaya, program imunisasi tidak akan mencapai kesan optimum jika masyarakat ragu-ragu atau menolak usaha itu. Kesihatan awam bergantung kepada tahap literasi dan kesedaran masyarakat.

Begitu juga dengan isu kebersihan persekitaran. Penyakit seperti denggi tidak boleh dibendung hanya melalui rawatan pesakit di hospital. Ia memerlukan usaha bersama untuk memastikan kawasan perumahan bebas tempat pembiakan nyamuk.

Jika masyarakat tidak memainkan peranan menjaga kebersihan persekitaran, usaha pihak berkuasa kesihatan akan menjadi lebih sukar.

Di samping itu, peranan keluarga juga sangat penting dalam membentuk budaya kesihatan. Tabiat pemakanan, aktiviti fizikal dan cara seseorang menjaga kesihatan diri sering bermula dari rumah.

Anak-anak dibesarkan dalam persekitaran mengutamakan gaya hidup sihat lebih cenderung untuk mengekalkan amalan itu apabila dewasa.

Pada era digital hari ini, kesihatan awam turut



berkait rapat dengan cara masyarakat menerima dan berkongsi maklumat. Penyebaran maklumat tidak tepat mengenai penyakit atau rawatan boleh memberi kesan besar kepada tingkah laku masyarakat.

Oleh itu, setiap individu mempunyai tanggungjawab untuk memastikan maklumat dikongsi adalah sah dan tidak menimbulkan kekeliruan.

Selain itu, institusi pendidikan juga memainkan peranan penting membina kesedaran kesihatan sejak usia muda. Pendidikan kesihatan berkesan bukan sahaja memberi pengetahuan, tetapi membentuk sikap dan nilai mendorong seseorang untuk menjaga kesihatan diri dan orang sekeliling.

Kesihatan awam juga berkait dengan dasar dan perancangan pembangunan negara. Persekitaran bandar mesra pejalan kaki, akses kepada makanan

sihat, kemudahan rekreasi dan sistem kesihatan inklusif faktor penting memastikan masyarakat menjalani kehidupan sihat. Oleh itu, perancangan pembangunan perlu mengambil kira kesejahteraan kesihatan masyarakat secara menyeluruh.

Akhirnya, kesihatan awam bukan sekadar soal merawat penyakit, tetapi membina masyarakat lebih sihat dan sejahtera. Doktor memainkan peranan penting merawat pesakit, tetapi tanpa sokongan masyarakat, usaha itu tidak akan mencukupi.

Kesihatan adalah tanggungjawab bersama. Setiap langkah kecil diambil individu untuk menjaga kebersihan, mengamalkan gaya hidup sihat, mendapatkan vaksin dan berkongsi maklumat tepat sebenarnya menyumbang kepada kesejahteraan masyarakat secara keseluruhan.



# Bahaya Mengabaikan Tanda-tanda **DEPRESI**

**DALAM dunia masa kini, isu kesihatan mental semakin mendapat perhatian masyarakat. Namun, masih ramai individu yang memandang ringan terhadap tanda-tanda awal depresi.**

Depresi bukan sekadar perasaan sedih dan perubahan emosi yang bersifat sementara, tetapi merupakan gangguan kesihatan mental yang serius dan boleh memberi kesan mendalam terhadap kehidupan seseorang. Oleh itu, mengabaikan tanda-tanda depresi boleh membawa pelbagai bahaya yang bukan sahaja menjejaskan individu, malah keluarga dan masyarakat secara keseluruhan.

Antara bahaya utama mengabaikan tanda-tanda depresi ialah kemerosotan kesihatan mental dan fizikal. Individu yang mengalami depresi lazimnya berasa sedih berpanjangan, hilang minat terhadap aktiviti harian, cepat letih, sukar tidur, jantung berdebar, sesak nafas, cemas berlebihan serta mengalami perubahan selera makan. Jika keadaan ini tidak ditangani, ia boleh menjadi semakin teruk sehingga menyebabkan gangguan kebimbangan (anxiety), serangan panik, dan tekanan emosi yang melampau.

Selain itu, prestasi kerja dan akademik turut terjejas apabila tanda-tanda depresi diabaikan. Individu yang tertekan sukar memberi tumpuan, kurang motivasi dan tidak bersemangat untuk menyelesaikan tugas. Pelajar mungkin mengalami kemerosotan keputusan peperiksaan, manakala pekerja pula berdepan risiko kehilangan pekerjaan akibat prestasi yang merosot. Keadaan ini boleh menimbulkan tekanan tambahan, sekali gus mewujudkan kitaran negatif yang sukar diputuskan.

Pengabaian tanda-tanda depresi juga boleh menyebabkan keretakan hubungan sosial dan kekeluargaan. Individu yang mengalami depresi cenderung mengasingkan diri daripada

rakan-rakan dan ahli keluarga. Mereka mungkin berasa tidak difahami, tidak dihargai atau menjadi beban kepada orang lain. Sikap menjauhkan diri ini boleh menyebabkan hubungan menjadi renggang, menimbulkan salah faham dan konflik dalam keluarga. Dalam jangka masa panjang, ketiadaan sokongan sosial boleh memburukkan lagi keadaan mental individu tersebut.

Sebahagian individu yang menghidap depresi juga mungkin cuba untuk meredakan kesedihan atau kemurungan dengan terlibat dalam penyalahgunaan bahan terlarang seperti alkohol, dadah dan ubat-ubatan terlarang.

Lebih membimbangkan, depresi yang tidak dirawat boleh membawa kepada pemikiran untuk mencederakan diri atau membunuh diri. Kebanyakan individu yang mengalami depresi sering membicarakan tentang kematian, meninggalkan pesanan perpisahan atau melakukan perbuatan berbahaya. Hakikat ini jelas membuktikan bahawa depresi bukan isu remeh yang boleh diabaikan. Setiap tanda seperti perubahan tingkah laku yang ketara, luahan rasa putus asa melampau atau keinginan untuk mengakhiri hidup perlu dipandang serius dan diberi perhatian segera.

Kesimpulannya, mengabaikan tanda-tanda depresi membawa pelbagai bahaya yang serius. Oleh itu, masyarakat perlu lebih peka dan prihatin terhadap isu kesihatan mental. Individu yang mengalami simptom depresi harus berani mendapatkan bantuan profesional seperti kaunselor, pakar psikologi atau doktor. Sokongan daripada keluarga dan rakan-rakan juga amat penting dalam proses pemulihan. Dengan kesedaran dan tindakan yang proaktif, kita dapat mengurangkan kesan buruk depresi serta mewujudkan masyarakat yang lebih sihat dari segi mental dan emosi.

