

AKHBAR : KOSMO
MUKA SURAT : 17
RUANGAN : NEGARA

Jika didapati terlibat dalam penjualan sijil cuti sakit palsu

Tindakan tegas terhadap doktor

KUALA LUMPUR - Majlis Perubatan Malaysia berhak menggantung atau memecat mana-mana pengamal perubatan yang didapati terlibat dalam penjualan sijil cuti sakit palsu.

Timbalan Menteri Kesihatan, Dr. Lee Boon Chye berkata, adalah menjadi satu kesalahan jika para pengamal perubatan mengeluarkan sijil sakit palsu tanpa melakukan pemeriksaan kesihatan dan mereka berisiko dikeluarkan daripada senarai pengamal



BOON CHYE

perubatan.

"Siasatan akan dibuat terhadap pengamal perubatan (sekiranya terlibat). Kalau bukan pengamal perubatan, tindakan yang diambil adalah di bawah bidang kuasa Polis Diraja Malaysia (PDRM).

"Jika MC (sijil sakit) dikeluarkan tanpa pengetahuan doktor dan dapat membuktikan bahawa dia bukan sebahagian daripada sindiket itu, dia boleh membuat aduan, sekali gus tidak ada tindakan yang akan diambil terhadapnya.



KERATAN *Kosmo!* semalam.

"Namun, apa yang perlu kami (kementerian) lakukan ialah memastikan doktor kami bukan sebahagian daripada sindiket itu," katanya di sini semalam.

Beliau mengulas kes penahanan enam individu termasuk dua penjawat awam yang disya-

ki terlibat dalam penjualan sijil cuti sakit palsu dalam beberapa serbuan di sekitar Kuala Lumpur dan Selangor.

Semalam *Kosmo!* melaporkan, Ketua Polis Kuala Lumpur, Datuk Seri Mazlan Lazim membuat pemeriksaan ke atas tiga buah

rumah yang didiami kesemua suspek dan merampas sebanyak 4,631 keping sijil cuti sakit klinik dan hospital kerajaan, 257 buku sijil cuti sakit bersama buku resit rasmi klinik swasta dan 216 pelbagai jenis cop doktor klinik swasta dan kerajaan dalam serbuan tersebut kelmarin.

Terdahulu, Boon Chye yang merasmikan Kempen Derma Darah ke-25 anjuran Kwan Inn Teng Temple Petaling Jaya berkata, program dengan kerjasama Pusat Darah Negara itu merupakan satu aktiviti yang patut dicontohi oleh penganjur kempen derma darah lain.

AKHBAR : THE STAR

MUKA SURAT : 10

RUANGAN : NATION

Steady hands for nation's healthcare

Consistent fundamental changes to M'sia medical system in the works, says Dzulkefly

No instant repairs: Dzulkefly notes that the nation's healthcare system is in need of many fundamental reforms, which means there are no quick fixes.



By LOH FOON FONG
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PUTRAJAYA: After holding the Health Minister's post for almost a year, Datuk Seri Dr Dzulkefly Ahmad says he realised that people want an immediate fix to their problems.

While they want issues such as waiting times for treatment and lack of parking lots to be resolved quickly, he said he has to grapple with the greater policies, structures, systems and technological issues that contribute to the shortcomings and inadequacies in healthcare delivery.

For a start, he said he was pleased with the increase in budget allocation to the ministry – from RM26.58bil in 2018 to RM28.68bil this year. It is a 7.12% increase in management expenditure.

"While I know that we have started embarking on reforms and change, there are still many things that need to be improved," he said in a press conference on Tuesday in conjunction with Pakatan Harapan's one year anniversary.

Dzulkefly said a game changer that the government embarked on was the launch of the operations test phase for the health protection plan Peduli Kesihatan scheme for B40 (PeKa B40) on April 15, within the first year of Pakatan coming into power.

As of April 29, as many as 2,443 have been screened for their first visits, he said.

Fully sponsored by the government, PeKa B40 will focus on health screening for those aged 50 and above for the B40 group who are receiving Bantuan Sara Hidup (BSH) as well as their spouses.

The benefits of PeKa B40 include health screening, the buying of medical devices up to a maximum of RM20,000, a payment-incentive of RM1,000 when cancer treatment is completed and up to RM500 for Peninsular Malaysia as well as RM1,000 for transport allowance in Sabah and Sarawak.

While the government is looking into social health insurance in the long run, currently it is tapping into public-private partnerships to achieve a 5% to 6% gross domestic product (GDP) expenditure by the end of the next four years.

"The private sector will drive the increment," he said, adding that for an upper middle income country, Malaysia should spend 6% of the GDP.

Currently, Malaysia healthcare expenditure comprises 2.3% of its GDP from the public sector and 2.2% from the private sector.

He said the current system was not sustainable, and the government and the people have to look into whether Malaysia should continue with the current tax-based financing system for healthcare or to set up a social health insurance.

For this reason, the ministry has set up a seven-member Health Advisory Council on March 27 to come up with ideas.

"The private health sector is seen as profit driven but they are on the same page as me in achieving agenda reform," he said.

Among the main challenges he faced besides the re-emergence of some infectious diseases was addressing the problem of premature deaths as a result of NCDs (non-communicable diseases), and this is done through a "promotive and preventive approach".

"The next reform is to beef up family medicine practice," he said.

For almost two decades, Malaysians' life expectancy reached a plateau of 73.5 years for men and 78.9 years for women (the average was 75 years).

"It is not just about life-expectancy but the quality of life that must be maintained, especially for a country heading towards being an ageing nation.

"So, I will look into healthcare reforms, as this is key," he said.

While looking into bringing changes to the healthcare sector, Dzulkefly also acted against contractors that failed to deliver health facility development projects in some states.

Following the termination of the main contractor for the 300-bed Hospital Petra Jaya in Sarawak in August last year for failing to



Works Ministry re-tendered the project, which closed on April 26.

"The company that will be appointed will be able to revive the project site in October," he said.

He said the main contractor for Hospital Rembau (76 beds) was given a warning after it failed to complete the project on Sept 2016, but the hospital was now on its way to starting operations in June with a total allocation of RM104mil.

On another note, the ministry (in collaboration with Women, Family and Community Development Ministry and relevant government agencies) had also taken action against Hospital Sungai Buloh's orthopaedic head of department for sexual harassment, said Dzulkefly.

He added that the ministry was also revamping 1Malaysia clinics and transforming them into community clinics.

Of the 347 clinics, 293 will be upgraded to community clinics, 20 will be upgraded to health clinics and 34 will be closed.

On electronic medical records (EMR), he said it would be implemented in all 145 government hospitals and 1,700 health clinics in three to five years.

He said he hoped to lay down the digital health regulatory framework to enhance online health services as well as to start a pilot project on virtual clinics to reduce patients' burden, waiting time and parking problems.

The Domestic Trade and Consumer Affairs Ministry is also expected to appoint Price Assistant Officers from among the Health Ministry's officers to carry out drug price control enforcement activities, as it has the power to do so, said Dzulkefly.

The objective of price control was to ensure that Malaysians have access to drugs at an affordable price, besides encouraging innovation and healthy competition for industry growth, he said.

Dzulkefly said the Cabinet also agreed in September to reduce training for house officers by implementing the High Performance Housemanship Programme, which will reduce housemanship from two years to 18 months.

He said this would help cut down the waiting time for graduates as there were 31 medical schools in Malaysia, not including those overseas, while there were only 45 training hospitals to absorb 5,000 to 6,000 new medical graduates every year.

Meanwhile, he said that the ministry on Jan 30 issued a guideline on standardising a flexi-work system in all training hospitals.

The work hours will be reduced from between 65 and 75 hours to between 60 and 62 hours a week.

The working time for nine disciplines of training is standardised and divided into flexible morning, afternoon and night sessions.

Dzulkefly said the ministry also set up a taskforce to study the possibility of making vaccinations mandatory.

The proposal would be forwarded to the ministry's planning committee on May 8 for approval before being brought to the Cabinet for further scrutiny, he said.

To encourage a healthy work-place ecosystem, he also asked every ministry staff member to suggest ideas on how to build up the ministry.

When asked how he would rate his performance in the last one year, Dzulkefly said he