

AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 4

RUANGAN : DALAM NEGERI

Suntikan filler perlu sijil LCP

KUALA LUMPUR 3 Feb. - Rawatan suntikan dermal filler (filler) hanya boleh dilakukan oleh pengamal perubatan berdaftar yang memegang sijil Letter of Credentialing & Privileging of Aesthetic Medical Practice (LCP).

Menurut Ketua Pengarah Kesihatan, Datuk Dr. Noor Hisham Abdullah, pihaknya memandang serius isu membabitkan penawaran suntikan filler yang kini rancak ditawarkan oleh individu atau pusat kecantikan tidak bertauliah.

Beliau berkata, untuk tahun lalu sahaja, kementerian menyerbu 13 premis yang didapati menawarkan rawatan perubatan estetik termasuk filler secara haram di seluruh negara.

"Ingin saya tegaskan bahawa suntikan filler hanya boleh dilakukan untuk rawatan menggunakan filler yang diluluskan oleh Pentadbiran

Makanan dan Ubat-ubatan Amerika Syarikat (FDA) sahaja.

"Kementerian Kesihatan tidak mengawal selia spa atau pusat kecantikan tetapi jika didapati ia menawarkan rawatan perubatan estetik seperti

filler, mereka jelas telah melanggar Seksyen 4 di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (Akta 586)," katanya kepada *Utusan Malaysia* di sini baru-baru ini.

Mingguan Malaysia hari ini mendedahkan keatasuban golongan

wanita terhadap suntikan filler adalah amat membimbangkan.

Noor Hisham menambah, mana-mana individu atau syarikat yang didapati menyediakan perkhidmatan rawatan estetik di spa boleh disifatkan sebagai menyediakan kemudahan dan perkhidmatan jagaan kesihatan swasta tanpa berdaftar atau berlesen dengan kementerian.



NOOR HISHAM

AKHBAR : THE STAR
MUKA SURAT : 14
RUANGAN : NATION

Remove cancer treatment barriers

More needs to be done to help dislodge crucial blockages that impede access to available healthcare services for the marginalised

Analysis by LOH FOON FONG
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WHEN cancer hits, it hits regardless of one's background. But for the poor who live in rural areas, it is a double blow.

They tend to not survive for the lack of funds to travel the distance to the nearest hospital. Many also opted for alternative medicines, while others had no one to take care of their children if they go for treatment, according to the Health Ministry.

The situation has worsened through the years. Hence, the launch of the national health protection scheme for the low income B40 group called Peduli Kesihatan B40 (PeKa B40), covering those ages 50 and above recently came as a pleasant surprise.

The government has allocated RM100mil for the PeKa B40 pilot project starting in March, and will cover an initial 800,000 eligible recipients nationwide.

The benefits include health screenings, the buying of medical devices, payment incentive for completing cancer treatment and transport cost incentive.

The strategies are commendable as they will help dislodge crucial blockages that impede access to available healthcare services for the marginalised.

If in the previous government administration, former Health Minister Datuk Seri Dr S. Subramaniam had boldly initiated access to Hepatitis C treatment (which can lead to liver cancer in some cases) with the use of compulsory licensing, Datuk Seri Dr Dzulkefly Ahmad and his team have introduced PeKa B40 that address some core issues in healthcare access for cancer and NCDs.

Feb 4 is World Cancer Day and the Union for International Cancer Control (UICC) has initiated a three-year campaign (2019 – 2021) with the theme, "I am and I will," to inspire and encourage action from individuals, the health community, and governments to improve public awareness and access to early detection, screening, and diagnosis.

These are important as they will significantly improve cancer patients' chances of survival and quality of life, UICC said in a statement today.

Last year, there were more than 18 million new cases of cancer diagnosed worldwide, of which nearly five million cases of breast, cervical, colorectal, and oral cancers could have been detected sooner and treated more

effectively, it said.

"However, barriers to achieving higher rates of early cancer detection need to be addressed now at the individual, health system, and governmental level to significantly reduce the personal and financial burden of cancer worldwide," it said.

UICC CEO Dr Cary Adams said: "This World Cancer Day, we want people to know that many cancers can be managed and even cured, especially if they're detected and treated as early as possible. By detecting cancer at its earliest stage, we seize the greatest opportunity to prevent millions of avoidable deaths worldwide."

By implementing resource-appropriate strategies on prevention, early detection, and treatment, up to 3.7 million lives can be saved every year, said UICC, adding that cancer is the second leading cause of death globally.

While at the individual level, people should make efforts and champion healthy choices to prevent and reduce cancer risks (one third of cancers are preventable), governments closing the equity gap on access to cancer services can save millions of lives, it said.

"Governments stepping up efforts will place their nations in a stronger position to advance socially and economically," it said.

Financial investment can be cost-effective and can potentially save the global economy billions of dollars in cancer treatment costs and offer positive gains in increased survival, productivity and improved quality of life, it said.

At the same time, the lack of oncologists in public hospitals here and high cost of drugs and private hospital charges which also impact middle class patients, need to be addressed.

Third World Network adviser Dr Lim Mah Hui too said the drug patent system and drugs going through many levels before reaching patients have added to the high cost of medicine. While the government should initiate centralised purchasing and regulate the price of drugs like what the advanced countries were doing, there was still a need for a study to be done on the drug procurement system, he said.

Dr Dzulkefly had recently promised to look into obstacles that local generic drug industry face in offering more affordable generic drugs. For this, the Domestic Trade and Consumer Affairs Ministry and the Finance Ministry should cooperate.

AKHBAR : THE STAR
MUKA SURAT : 25
RUANGAN : VIEWS

Stray dogs, cats and Malaysian paranoia

FIRST, we have the problem of stray dogs and cats that could be a threat to humans.

Next, we have the problem of the Health Ministry suggesting that animal-friendly NGOs like PAWs should take in the strays or the ministry will put the animals to sleep.

Then, we have PAWs, for example, voicing their utter shock at this Health Ministry move that is said to be akin to "holding NGOs at ransom".

Why can we Malaysians not take an informed, decisive stand on matters in the interest of human well-being and care for animals, especially domesticated cats and dogs?

Firstly, stray dogs and stray cats reflect human failure. Pet owners who disown their pets and drive them into the streets are devoid of human values. They have zero compassion!

Secondly, those who feed their souls by feeding stray dogs and stray cats at eateries are actually doing more harm than good. It's like giving alms to beggars but not bothering the least bit about giving a quality life to them.

Third, organisations that claim to have compassion for animals and to stand up against cruelty to animals are not endowed financially nor do they have the capacity to house and care for the exploding stray population.

Fourth, it seems that neutering is the best way to plug and eradicate the stray nuisance in the long haul. But the fees charged are far too high, and who is going to foot the bill to neuter them anyway? We are talking about strays, and strays mean no one wants to claim responsibility of ownership.

Fifth, whether you neuter or do not neuter, considering the growing rampant stray cat and dog pop-

ulation in the country, are we not bothered about hygiene or health-related outbreaks affecting humans?

And because of our misplaced paranoia and weak philosophical anchoring, this issue about stray dogs and cats remains a seasonal public debate and nothing more.

Meanwhile, the problem remains, waiting to resurface when there is news about some disease spread by stray animals like rabies.

Perhaps the solution is ensuring every dog and cat is licensed by owners. Enforce it. Keep the fee low. Make the process easy. Give a stringent period of, say, three months for pet owners to comply.

On the expiration of this period, haul up pet owners found to have pets without a license. No compromises. Expose the story in papers.

Meanwhile, give NGOs that are genuinely committed to caring for animals the option to apply for a

grant, limited to the number of strays they are willing to shelter.

The media can publicise animal adoption CSR efforts by conglomerates too, to help increase the crowd funding pool to pay for housing strays.

And where the offer to NGOs fails or is not taken up, then the Health Ministry must go all out to put to sleep the stray dogs and cats.

The bottom line is simply this: If we humans do not want to carry the burden of being responsible for these animals, then the government must exercise its responsibility for the well-being and safety of citizens. And that means putting to sleep all strays over an extensive, intensive scale and extended period of time to wipe out this nuisance caused by none other than us citizens.

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