

MEETING OUTCOME

# TASK FORCE TO BOOST PUBLIC HEALTHCARE IN JOHOR

MB, health minister discuss ways to improve operations at state's three main hospitals

JOHOR BARU

A TASK force will be set up to coordinate and monitor the implementation of action plans to improve and strengthen public

healthcare in Johor, including addressing issues affecting the state's three main hospitals.

This was among the outcomes of a meeting between Menteri Besar Datuk Onn Hafiz Ghazi and Health Minister Datuk Seri Dr Dzulkefly Ahmad yesterday.

They discussed several issues, including the critical shortage of healthcare workers in the state.

In a post on his Facebook page yesterday, Onn Hafiz said the meeting focused on efforts to enhance operations at the state's three main hospitals, namely Sul-

tanah Aminah Hospital, Sultan Ismail Hospital and Kulai Hospital.

"For short-term solutions, all parties agreed on the urgent need to fill critical vacancies, upgrade infrastructure and improve facilities at hospitals.

"We reached an agreement that Pasir Gudang Hospital and Cendana Health Clinic must get additional manpower and equipment before they begin operations early next year.

"To ensure the smooth implementation of these plans, a task

force will be set up to coordinate and monitor the execution of short-, medium- and long-term action plans."

Onn Hafiz said the state government and Health Ministry remain committed to upholding the people's right to fair, efficient and quality healthcare, while also safeguarding the welfare of frontliners who are the backbone of the healthcare system.

Earlier yesterday, Chief Secretary to the Government Tan Sri Shamsul Azri Abu Bakar said Onn Hafiz and Dzulkefly would meet

to discuss the critical shortage of healthcare workers in the state.

Shamsul said he spoke to Onn Hafiz about the issue on the sidelines of the menteri besar and chief ministers meeting with the prime minister in Putrajaya on Monday.

On Monday, Onn Hafiz sounded the alarm after he conducted a spot check at Sultan Ismail Hospital in Johor Baru.

He described the shortage of healthcare workers as "serious and critical".



Health Minister Datuk Seri Dr Dzulkefly Ahmad and Johor Menteri Besar Datuk Onn Hafiz Ghazi at a meeting yesterday to discuss the critical shortage of healthcare workers in the state. PIC FROM JOHOR MB'S FACEBOOK PAGE



## DOCTORS, SPECIALISTS AND NURSES

# Critical shortage of healthcare workers nationwide, say associations

**KUALA LUMPUR:** Malaysia's public healthcare facilities are grappling with a critical shortage of doctors, specialists and nurses, with conditions especially dire in Sabah and Sarawak, said healthcare associations.

Staff shortages have led to longer waiting times for surgeries, outpatient consultations and emergency treatment.

Meanwhile, healthcare workers are clocking excessive hours, often covering multiple shifts, causing burnout.

### SHORTFALLS ACROSS THE BOARD

Healthcare associations said the problem was not limited to Johor as hospitals nationwide were struggling with workforce issue.

Galen Centre for Health and Social Policy chief executive officer Azrul Mohd Khalib said based on national targets, Malaysia should have 90,057 active practising doctors this year, but currently only had 71,374.

He said this number was based on the target of 2.5 doctors per 1,000 population by 2025 and 3.0



*Ambulances parked at Sultan Ismail Hospital in Johor Baru. The shortage of healthcare workers in Johor has been described as 'serious and critical'. NSTP FILE PIC*

doctors per 1,000 population by 2030.

"The public healthcare sector is estimated to be short of 10,798 specialist doctors.

"There are currently only 7,576 specialists. Most specialties have less than half of the number of specialists needed," he told the *New Straits Times*.

He said the shortage of nurses was similarly pressing, with a gap of about 8,000 nationwide.

Malaysian Medical Association president Datuk Dr Kalwinder

Singh Khaira said the shortage had resulted in unreasonably long waits for patients seeking consultations and treatment.

"It is evident on the ground that there is a critical shortage of doctors, specialists, nurses and allied health professionals in public healthcare facilities in all states.

"Long waiting times for consultations and treatment, along with healthcare workers clocking excessive hours or being assigned multiple shifts, are clear signs of an overstretched and under-

staffed system."

Malayan Nurses Union president Saaidah Athman said in many busy hospitals, the nurse-to-patient ratio reached 1:10 or 1:16, when the ideal ratio was 1:6.

She said nurses were burdened not only with ward responsibilities, but also clerical duties, including indenting, collecting medication from pharmacies, data collection and audits.

"These extra duties, combined with staff shortage, are causing burnout among nurses.

"The nurse shortage in Malaysia is critical, as recently acknowledged by Health Minister Datuk Seri Dr Dzulkefly Ahmad.

### RURAL DISPARITIES

Azrul said the situation in Sabah and Sarawak was particularly concerning.

"These regions have lower doctor- and nurse-to-population ratios, limited access to specialists, higher staff turnover due to geographic isolation, poor infrastructure and fewer professional development opportunities."

He said recruitment and retention in Sabah and Sarawak re-

mained major challenges, especially for staff from the peninsula.

"The region still suffers from inequitable funding and limited training capacity.

"Addressing these disparities requires targeted investment in infrastructure, training, incentives for long-term placement and decentralised healthcare planning.

"Sabah and Sarawak should be given autonomy over healthcare or be allowed to pour state resources into the management of their healthcare system for their own people."

### SYSTEMIC CHANGE NEEDED

Dr Kalwinder and Saaidah both said addressing the shortage crisis required both immediate and long-term strategies.

Dr Kalwinder called for a systemic fix involving a comprehensive analysis of patient volumes, healthcare demands and staffing distribution, followed by evidence-based human resource planning.

**>> Continued next page**





Nurses walking to work in Kuala Lumpur recently. Malayan Nurses Union president Saaidah Athman says nurses are burdened not only with ward responsibilities, but also clerical duties, including indenting, collecting medication from pharmacies, data collection and audits. NSTP PIC BY ASYRAF HAMZAH

## 'Improve pay, boost work-life balance and set clear career path'

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"We must address the root of the problem and the urgent need to retain healthcare workers.

"This includes improving remuneration packages, increasing on-call allowances, expanding permanent positions, promoting work-life balance and establishing clear career progression pathways."

Saaidah urged the government to increase the intake of nursing trainees and open more institutions that offer nursing courses.

She said the ministry should consider offering more attractive allowances, such as shift allowances, which nurses currently do not receive.

Between 2019 and 2023, 6,417 permanent and contract medical officers resigned while 1,046 specialists left their positions.

Last year, Dzulkefly instructed ministry officials to study the

heavy workload complaints and lack of manpower at public hospitals.

He recently announced that the ministry was actively tackling the nurse shortage through a multi-pronged strategy.

It includes recruiting nursing students in phases from public and private institutions through the Public Service Department, doubling the annual intake at the ministry's training institutes from 1,500 to 3,000 and increasing the number of appointments from 800 to 1,000 annually.

Dzulkefly said the ministry also commissioned a study titled "The Future of Health Workforce in Malaysia", conducted by the Strategic Engagement Group.

The report recommended forming an inter-ministerial human resource in healthcare governance board to coordinate long-term workforce sustainability strategies across multiple agencies,



'HOW CAN WE MANAGE?'

# Staff shortage leading to higher workload, burnout

**KUALA LUMPUR:** Severe staff shortage caused by the migration of healthcare workers and burnout among existing staff have pushed nurses to the brink of despair and helplessness, said medical frontliners.

A staff nurse who only wanted to be known as Nini, 42, said she started her nursing career at a hospital in Johor in 2005 and was transferred to Kuala Lumpur in 2010.

She said the work culture in Kuala Lumpur was different and she hardly had any time for breaks.

She is now a senior and is on duty at wards where she has to take care of eight to 12 patients at a time.

"Although the World Health Organisation recommends one nurse for every four patients in a general ward, we are doing double the amount and more sometimes when a nurse calls in sick."

She said staffing levels had dropped steadily in her ward over the past five years.

"This is not new. But these past years, the situation has worsened as more colleagues leave for greener pastures in."

Nini now manages her shift with fewer nurses, saying it has caused burnout among her colleagues, especially if there are demanding superiors.

"An ex-colleague joined a hos-

pital in Dubai, where she works eight-hour shifts, earns RM12,000 monthly and gets free housing.

"Two more moved to Singapore and another is in Perth now. They were senior staff. Losing them is a big blow.

"We're trying to hold the fort, but we are not sure how long we can do it.

"Patients sometimes blame us when they do not get the care they deserve, but that is not because we don't care. It's because we just physically cannot keep up."

In a hospital in Kota Kinabalu, an emergency medical officer who only wanted to be known as Dr Mohamad, 42, said the emergency department was running at almost 200 per cent capacity on some days with fewer than 10 doctors on duty.

"We should have at least five medical officers per shift. Some nights, we're down to just three.

"Imagine one stroke victim, one asthma patient and one road traffic victim. How can we manage? You can't be everywhere

"We used to spend 10 to 15 minutes with each patient. Now, it's sometimes three minutes, just enough time to prescribe and move on. We're not proud of it, but this is the reality.

"I've had three of my closest colleagues leave in the last 12 months. Two to Australia and one to a telehealth firm in the

United Kingdom that pays more than double of what he used to earn here.

"They left because their applications to be relocated to the peninsula were rejected several times."

He said doctors wanted to remain in Malaysia, but the Health Ministry must improve the perks, salary and incentives.

According to statistics from the Malaysian Medical Association, more than 4,000 healthcare workers, including more than 1,500 nurses and 900 doctors, migrated or entered private practice between 2021 and 2024.

The Health Ministry has acknowledged a nationwide shortage of 20,000 nurses and 8,000 doctors, including specialists. And this gap is expected to widen as more resign or retire.

A specialist from Klang, Dr Menon, 48, said her unit delivered up to 20 babies a day with increasingly junior and overstretched staff on some days.

"We need at least six medical officers per 24-hour cycle to handle these cases safely.

"Some days, we barely have three medical officers. I'm in the operating theatre for hours, then straight to clinic or ward rounds with no break.

"One of my best registrars left for Dubai. She told me, 'in one shift, I deliver five babies and get

to eat lunch. Here, I would have to deliver 10 babies before I could even go to the toilet'."

Dr Menon said one of her most dependable nurses resigned after a decade of service recently.

"She went to Singapore. She sent me a voice note last month and said, 'Cikgu, I finally feel like a normal human again'. It broke my heart."

She said the workload was not only overwhelming, it was affecting quality of care for patients as well as staff morale.

"The system is bleeding and we're using our hands to plug the holes."

Asked why she chose to stay despite getting offers abroad, she said her elderly parents and in-laws kept her here.

"I'm more concerned about the new generation as it is getting harder to convince the younger ones to stay. They don't see a future here. And without a strong pipeline, we're heading towards collapse."

Dr Menon believed that better pay, structured career paths and more specialist training slots could slow down the collapse.

Despite the rising patient load and better salary offers outside Malaysia, some have stayed and are serving out of loyalty and for duty or personal reasons.

"But this may not last as some retire and others move on."

## GROWING HEALTHCARE CRISIS

Doctors Needed: **90,057**

Currently serving: **71,374**

Estimated shortage: **20,000**

Specialists Required: **18,374**

Currently serving: **7,576**

Estimated shortage: **10,798**

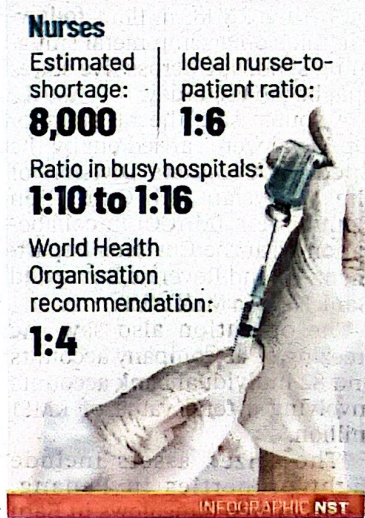
## Nurses

Estimated shortage: **8,000**

Ideal nurse-to-patient ratio: **1:6**

Ratio in busy hospitals: **1:10 to 1:16**

World Health Organisation recommendation: **1:4**





# Drug price hike *anxiety*

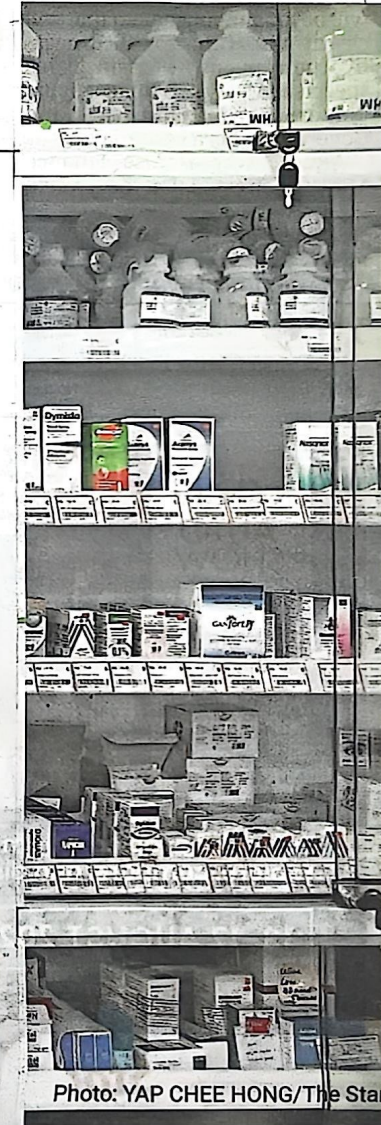
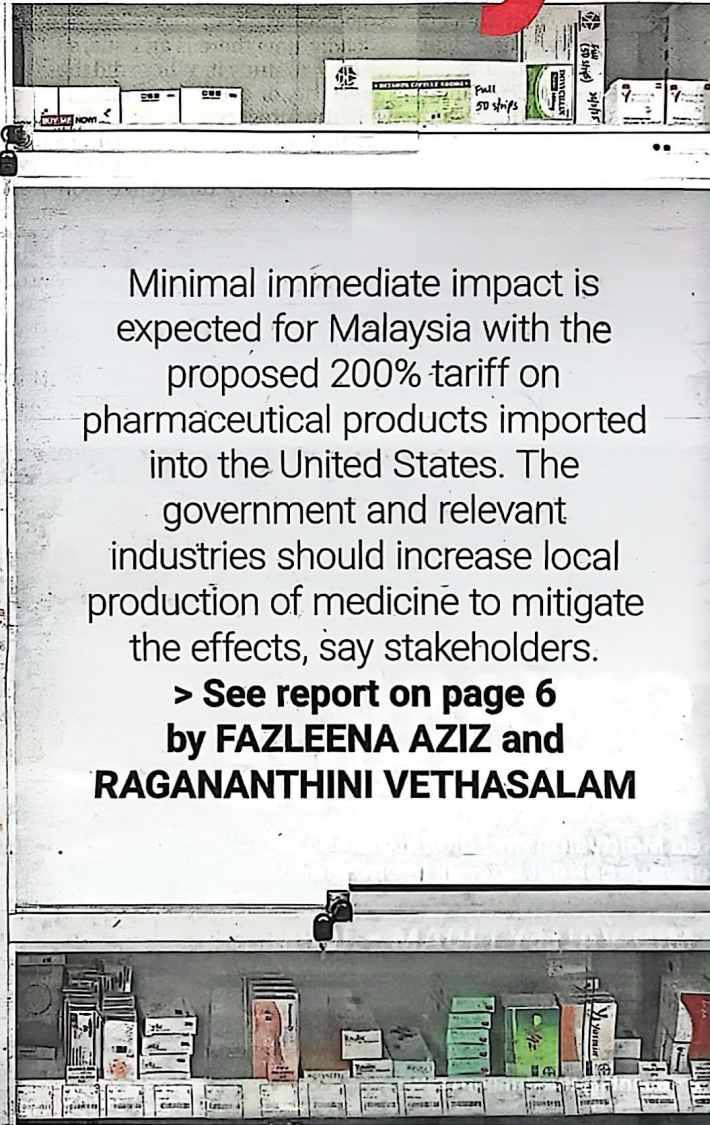


Photo: YAP CHEE HONG/The Star



# Plan B if pharma hikes prices

## Tariff threat may be minimal but alternative sources needed

By FAZLEENA AZIZ and  
RAGANANTHINI VETHASALAM  
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**PETALING JAYA:** US President Donald Trump has threatened to impose a 200% tariff on pharmaceutical imports into the United States, and while global pharma giants are awaiting further developments, stakeholders anticipate a minimal impact on Malaysia at this juncture.

While Malaysia is facing 25% tariffs on various exports to the US, the impact from this industry remains uncertain, leaving the government, particularly the Health Ministry, sourcing for alternatives to mitigate the supply chain.

According to research from Pharmaceutical Research and Manufacturers of America (PhRMA), it is estimated that a tariff of 25% on pharmaceutical imports would drive up US drug prices by almost RM217bil (US\$51bil) annually, increasing domestic prices by as much as 12.9% if passed on.

The group called out Trump's proposal as counterproductive to health outcomes.

With this scenario looming, Malaysian Pharmacists Society (MPS) president Prof Amrahi Buang stressed on the urgent need for the government to take proactive measures by initiating direct negotiations with pharmaceutical companies to reduce prices.

"This issue pertains to medicine security, and it is certain that geopolitics will influence trade and the availability of patented drugs from the US for our patients.

"However, government procurement has a specific method to handle this under Treasury Instructions.

"Under Prime Minister Datuk Seri Anwar Ibrahim, Malaysia has

**"We should monitor the situation but not panic, as although the proposed tariff may rattle global markets, Malaysia is relatively well-positioned to manage the impact."**

Datuk Dr Kuljit Singh

established numerous connections with non-US markets in the region, including Asean, China, Japan, Europe, and BRICS.

"Since we import 60% of our medicines, various efforts have been made to increase local production. If we can cut wastage with better medicine adherence, this is applaudable too," he said.

"The Treasury Instructions are financial regulations and accounting procedures issued by the Treasury Department to manage government finances, which are binding on all accounting officers of the Federation and the states.

"It covers various aspects of financial management, including budget, revenue, expenses, earnings and public assets," added Amrahi.

Pharmaniaga Berhad managing director Zulkifli Jafar said the local pharmaceutical giant does not engage in direct exports with the United States; thus, it does not anticipate any immediate impact on its operations.

"Nevertheless, we recognise that global trade is deeply interconnected, where developments in one region can have cascading effects on supply chains worldwide.

"We will closely monitor the situation and maintain active engagement with our local and

international suppliers to assess potential risks and align on appropriate contingency plans.

"This proactive approach ensures we are prepared to respond swiftly, should the need arise. Our priority remains clear: to always ensure uninterrupted delivery of our products and services to customers," he added.

Association of Private Hospitals Malaysia (APHM) President Datuk Dr Kuljit Singh said Trump's proposed 200% tariff on foreign-made medicines may have indirect effects on the healthcare sector, due to the deeply interconnected nature of global pharmaceutical supply chains.

"We expect the immediate shock to Malaysia to be minimal, as, unlike the US, Malaysia has a healthy generics and Active Pharmaceutical Ingredients (API) ecosystem, and we tend to rely on well-established, essential medicines rather than newer, high-cost therapies targeted to Western markets.

"Furthermore, the global supply chain is already segmented geographically due to pricing and market strategies, and Malaysia's role in that system is unlikely to be seriously disrupted," he said.

However, Dr Kuljit said if tariffs lead to increased pressure on major exporters like India, China,

and the European Union to prioritise US-bound shipments in the next 18-month grace period, it could lead to price increases or delays for essential medicines in secondary markets like Malaysia for categories such as antibiotics, chronic disease medications, and certain vaccines.

"These impacts would only materialise if the policy was fully implemented and sustained over time. To date, many of Trump's tariff threats across sectors like steel, autos and now pharmaceuticals have generated short-term international concern, but often with limited long-term follow-through," he said.

"For long-term resilience, it would be helpful for Malaysia to look into diversifying suppliers and investing in local pharmaceutical production.

"We should monitor the situation but not panic, as although the proposed tariff may rattle global markets, Malaysia is relatively well-positioned to manage the impact," he added.

Malaysian Community Pharmacy Guild (MCPG) president Sarah Abdullah said the tariffs may not have significant impacts on medicine prices, adding that the escalation of wars and geopolitical conflict would be a reason to be more concerned about, as that would disrupt the supply chain.

As for generic medicines, she said local manufacturers will not be impacted in sourcing raw materials.

"Possibly, there might be higher demand. It depends; if the branded companies increase their prices, then maybe patients will opt to go for generic medicine, which is okay because they are of good quality and also abide by Good Manufacturing Practices standards," she said.





**TIAN SOON** (tiga dari kiri) dan **Onn Hafiz** (empat dari kanan) ketika melakukan lawatan kerja ke **Hospital Sultan Ismail, Johor Bahru** kelmarin.

# Johor perlukan 4,600 petugas kesihatan

- **Tampung kekurangan staf di dua hospital utama**
- **Kategori kritikal doktor pakar, pegawai perubatan, jururawat**

Oleh **MOHD. SHARKAWI LONDING**

**JOHOR BAHRU** – Johor memerlukan sekurang-kurangnya 4,600 petugas kesihatan bagi menangani krisis tenaga kerja sektor kesihatan yang semakin kritikal ketika ini.

Pengerusi Jawatankuasa Kesihatan dan Alam Sekitar negeri, Ling Tian Soon berkata, jumlah kakitangan itu diperlukan bagi menampung kekurangan staf kesihatan di hospital utama di Johor.

Menurutnya, Hospital Sul-

tanah Aminah (HSA) dan Hospital Sultan Ismail (HSI) di sini antara hospital utama yang berdepan dengan kekurangan staf kesihatan.

“Johor perlu sekurang-kurangnya 4,600 lagi petugas kesihatan bagi mengatasi isu kekurangan kakitangan di hospital-hospital utama di seluruh Johor.

“Mereka yang diperlukan adalah pelbagai kategori kritikal termasuk doktor pakar, pegawai perubatan, penolong pegawai perubatan, jururawat serta anggota

sokongan lain,” katanya ketika dihubungi *Kosmo!* di sini semalam.

Kelmarin, Menteri Besar Johor, Datuk Onn Hafiz Ghazi dilaporkan berkata, kekurangan itu telah memberikan tekanan kerja kepada petugas kesihatan bukan sahaja menjejaskan moral petugas, malah turut memberi kesan kepada kualiti rawatan yang diterima pesakit.

Bagi situasi itu, Onn Hafiz memberikan contoh, seorang jururawat terpaksa menguruskan antara 10 hingga 14 pesakit dalam satu syif, berbanding nisbah ideal 1:6 atau maksimum 1:8.

Sehubungan dengan itu, Onn Hafiz menegaskan, kerajaan negeri memandang serius perkara itu dan akan terus menyalurkan sokongan dari segi fasiliti serta keperluan kesihatan yang mendesak, selain membawa isu tersebut ke perhatian Kementerian Kesihatan (KKM) dan jabatan berkaitan.

**Krisis tenaga kerja hospital Johor serius**





## 2 penuntut maut rempuh ambulans

**KUANTAN** – Dua pelajar Universiti Islam Pahang Sultan Ahmad Shah (UnIPSAS) maut selepas motosikal yang ditunggang merepuh ambulans di persimpangan lampu isyarat berhampiran Masjid Hidayah, Paya Besar di sini semalam.

Nahas pukul 11 pagi itu mengorbankan Muhammad Zuhair Rifqi Abdul Jalil, 21, pelajar Diploma Pengajian Quran dan Sunnah dan rakaninya, Muhammad Firdaus Mohammad Zamri, 22.

Muhammad Zuhair maut di lokasi, manakala Muhammad Firdaus yang merupakan pelajar Ijazah Sarjana Muda Syariah Dengan Pentadbiran Kehakiman (Kepujian) meninggal dunia di Hospital Tengku Ampuan Afzan (HTAA) di sini.

Pemangku Ketua Polis Daerah Kuantan, Superintendan Mohd. Adli Mat Daud berkata, siasatan awal mendapati nahas berlaku apabila ambulans swasta itu dalam perjalanan membawa pesakit dari HTAA menuju ke Bukit Rangan.



**MUHAMMAD ZUHAIR**

“Motosikal mangsa yang datang dari arah Gambang melanggar bahagian sisi ambulans yang sedang membelok ke kanan. Pemandu dan pembantunya yang berusia 49 dan 43 tahun cedera. Mereka dirawat di HTAA,” katanya. Kes disiasat mengikut Seksyen 41(1) Akta Pengangkutan Jalan 1987.

Sementara itu, pihak UnIPSAS dalam kenyataannya menzahir-



**MUHAMMAD FIRDAUS**

kan rasa dukacita atas kehilangan dua mangsa yang disifatkan pelajar berakhlak mulia dan cintakan ilmu agama.

“Kedua-dua Allahyarham merupakan bekas pelajar Sekolah Menengah Islam Al-Irsyad dan menyambung pengajian tahfiz di Kuliah Al-Lughah Waddin As-Sultan Abu Bakar, Pekan. Mereka berjaya menghafaz 30 juzuk al-Quran,” katanya.



**KEJADIAN** kemalangan melibatkan motosikal dinaiki dua pelajar UnIPSAS dan sebuah ambulans di persimpangan lampu isyarat berhampiran Masjid Hidayah, Paya Besar, Kuantan semalam.



# Air piya hanya campuran koko asli, madu dan rempah

Oleh FARISYA AKHTAR

**PETALING JAYA** – Pengasas program eHATI menegaskan air piya hanya minuman campuran koko asli, madu dan rempah semula jadi yang dirumus untuk membantu menenangkan fikiran dan tubuh badan.

Pengasas bersama, Diyana Tahir dan suami, Rahim Shukor berkata, dakwaan mengenai air piya mengandungi bahan terlarang atau 'magic mushroom' adalah tidak benar seperti didakwa.

"Tentang minuman piya, kami ingin jelaskan ia hanyalah campuran koko asli (raw cocoa), madu dan rempah semula jadi," kata mereka dalam satu kenyataan semalam.

Mereka juga menafikan tuduhan bahawa pihaknya membawa peserta ke Bali, Indonesia untuk menyebarkan ajaran sesat.

"Gambar yang tular adalah program daripada program retreat kami yang menunjukkan peserta kami sedang melakukan aktiviti *breathwork* di mana dekorasi bunga yang merupakan norma di Bali telah disediakan oleh pihak hotel dan bukan sebahagian daripada ritual.

"Malah, lelaki yang kelihatan dalam gambar itu juga adalah seorang pakar detox kesihatan yang dijemput untuk berkongsi pengalaman, bukannya guru spiritual daripada mana-mana kepercayaan agama lain," kata mereka.

Menurut mereka, pada November 2022, mereka telah menghadirkan diri untuk memberi keterangan kepada pihak Jabatan Agama Islam Selangor (JAIS) berhubung sebuah program yang dianjurkan oleh eHATI.

Dalam sesi tersebut, JAIS telah mengemukakan beberapa soalan secara langsung berkaitan dengan tujuan program, jenis aktiviti yang dijalankan serta profil peserta yang menyertai program tersebut.

"Setelah diberi penjelasan secara terperinci, pihak JAIS telah memahami dan menerima penjelasan yang dikemukakan dan seterusnya memaklumkan program eHATI boleh diteruskan.

"Bagaimanapun, pihak JAIS telah menasihatkan kami untuk menyertakan satu *disclaimer* kepada para peserta.

"Kami menegaskan bahawa kami telah menerima cadangan pihak JAIS dengan hati yang terbuka dan telah menyertakan *disclaimer* untuk memastikan para peserta memahami objektif program eHATI dengan jelas," kata mereka.



**PENGANJUR** program eHATI menafikan air piya mengandungi 'magic mushroom' seperti didakwa. – GAMBAR HIASAN