

# Circumstances when a post-mortem is required

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**PETALING JAYA:** A post-mortem in medico-legal cases where a death had occurred under suspicious, violent, unexplained or unnatural circumstances will be conducted upon orders from the police, according to the Health Ministry's standard operating procedure for forensic medicine.

"If forensic post-mortem examination is required by the police for the purpose of their investigation, the Borang Permintaan Pemeriksaan Mayat, Polis 61 Pindaan 4/68, shall be issued by

the investigating police officer.

"If forensic post-mortem examination is not required by the police to assist their investigation, the cause of death will be certified by the attending medical officer (MO) without prejudice," it added.

For non-police cases, the attending medical officer must document the cause of death, while for medico-legal cases, the post-mortem should be carried out within 24 hours after the Polis 61 order for a post-mortem is made.

This post-mortem can only be performed in a government hospital by a fully registered medical officer.

For non-medico-legal cases that were brought in dead (BID), the police will have to issue burial permits.

As for cases that are considered as medico-legal, a burial permit will be issued after the post-mortem is conducted.

According to the Sabah Health Department's website, a post-mortem is usually conducted for suicide cases; murder; sudden death; deaths induced by animals, machinery or accidents; death in custody; and bodies that were discovered with an unknown cause of death.

After conducting the post-mortem examination, the forensic

pathologist will produce a post-mortem report based on their findings, histopathological examination and the laboratory analysis.

They may also be required to testify in court.

There have been questions on why a post-mortem was not conducted on Zara Qairina Mahathir's remains before her body was released for burial.

Weeks after her death in July, the 13-year-old's remains were exhumed and an eight hour post-mortem was conducted at Hospital Queen Elizabeth 1 in Kota Kinabalu on Sunday.

Meanwhile, senior forensic

pathologist Datuk Seri Dr Bhupinder Singh, an associate professor at the Royal College of Surgeons in Ireland & University College Dublin Malaysia Campus, said the circumstances of Zara Qairina's death had required a post-mortem.

"So once the death has occurred, even if it was at the hospital ... the situation in which the body was found and the age of the individual is considered a very suspicious death," he said.

He added that in medico-legal cases, the order for post-mortem comes through the police officers investigating the case and consent from the family is not required.

# Digital Ministry secures RM3.29bil in AI investments

THE National AI Office (NAIO) attracted RM3.29bil in approved investments from January to June this year, says Gobind Singh Deo (*pic*).

The Digital Minister said this could create 6,920 job opportunities.

In response to a written question from Datuk Dr Ku Abd Rahman Ku Ismail (PN-Kubang Pasu), he said NAIO achieved several significant milestones in the first half of 2025, contributing substantially to the development of artificial intelligence (AI) in Malaysia.

"To build a sustainable AI ecosystem, NAIO is currently drafting the National AI Action Plan 2026-2030.

"Our focus is on talent, data and infrastructure. We are finalising the AI Data Readiness Guidebook to support this plan," he said during question and answer time.

To strengthen Malaysia's position regionally, the NAIO, in collaboration with MyDigital, is hosting the two-day Asean AI Summit 2025 from today.

"This summit will be a beacon for regional collaboration, showcasing Malaysia's leadership in AI," Gobind added.

The minister also highlighted the ongoing AI Impact Study on the public sector, involving 28 ministries, which is nearing completion.

He said it aims to enhance the public sector's operational effectiveness through AI.

On the collaboration front, Gobind highlighted the ministry's strategic partnerships with various other ministries.



"In transport, we are working with the Transport Ministry to develop a traffic prediction system using big data analytics.

"We are also collaborating with the Health Ministry on AI projects in radiology and public hospital resource management.

"Furthermore, the NAIO is working with the Agriculture and Food Security Ministry on a smart agriculture platform and pest infestation identification systems."

In the realm of human resources, he said the NAIO is collaborating with the Human Resources Ministry and TalentCorp to bridge the skills gap and prepare the workforce for the AI era.

Responding to an additional question, Gobind highlighted the importance of integrating diverse technologies, including those from Korea, to enhance Malaysia's AI capabilities.

Gobind also stressed the significance of community input in shaping AI policies.

# Sabah hanya ada 2 pakar jantung

**Ahli** Parlimen Tawau, Datuk Lo Su Fui menarik perhatian Dewan Rakyat semalam apabila mendedahkan hanya ada dua pakar jantung di Sabah bagi memberi khidmat kepada empat juta penduduknya.

Beliau berkata, keadaan itu meruncing dan mahu Kementerian Kesihatan (KKM) mengambil langkah segera.

"Ada yang menunggu giliran (untuk mendapatkan rawatan pakar jantung) sehingga sudah meninggal dunia, baru dapat peluang rawatan," katanya ketika membahaskan Rancangan Malaysia Ke-13 (RMK13).

Dalam pada itu, Su Fui mencadangkan dua solusi yang boleh dipertimbangkan KKM untuk menyelesaikan isu kekurangan pakar di Sabah.

"Yang pertama, meningkatkan jumlah institusi, universiti dan pengambilan mahasiswa dalam bidang perubatan dari Sabah, supaya doktor pakar tidak meninggalkan Sabah.

"Sekarang jangan cakap di Sabah, KL (Kuala Lumpur) pun banyak tidak mahu kerja sebagai pakar.

"Kedua, menggunakan sumber luar untuk perkhidmatan kesihatan kepada hospital dan klinik swasta dengan mengenakan pembayaran kepada rakyat, ikut kadar hospital kerajaan," katanya.

Tambah beliau, ketika ini hospital kerajaan tidak mampu un-

tuk menampung keperluan kesihatan keseluruhan rakyat.

"Cadangan ini tidak membebankan kewangan kerajaan dan jauh lebih murah kerana tidak perlu penyelenggaraan mesin, pembinaan hospital dan penambahan kakitangan.

"Usaha ini juga akan meningkatkan taraf dan peluang kepada doktor dalam bidang perubatan tanpa perlu keluar dari Malaysia," katanya.

## 6,919 letak jawatan

Februari lalu, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dilaporkan berkata, 6,919 petugas kesihatan di bawah KKM direkod meletak jawatan dan beralih ke sektor swasta, antara 2020 hingga tahun lalu.

Katanya, ia membabitkan 2,141 jururawat, masing-masing 1,754 lantikan tetap dan 387 lantikan kontrak direkodkan meletak jawatan, antara 2020 hingga tahun lalu.

Selain itu 1,856 pegawai perubatan tetap, diikuti 3,846 pegawai perubatan kontrak dan 1,217 pakar perubatan, turut meletak jawatan dalam tempoh sama.

Keadaan itu dikenal pasti berpunca akibat tawaran manfaat yang lebih besar, sekiranya petugas kesihatan terbabit beralih ke sektor swasta. Tahun lalu, kekurangan jururawat dilaporkan diunjurkan kepada hampir 60 peratus menjelang 2030.



# How can we stop the bullying?

WHEN I became a father, I realised that the safety and well-being of my child, and later five children, would be my topmost priority. It wasn't the As or Bs of education that I prioritised, I only wished that they would be safe and healthy (and that they would love reading as much as I do).

I had not anticipated that when I read about the lack of safety and health that other children faced, I would feel so bad. That I would feel a knife-like pain in my heart when children fall off buildings, suffer bullying, burn to death in a madrasa, and inhale toxic gas from a polluted river.

● We might not be able to stop all the dangers children might face, but surely we can do something about the pandemic of bullying that is sweeping through our schools, especially public schools and boarding schools.

To me, bullying is now a pandemic because it seems to be largely uncontrolled.

I have advised all my children that as long as I live and have money, my grandchildren will not attend public schools or boarding schools.

My children have experienced enough bullying themselves for me to conclude that the Education Ministry treats bullying cases as one-offs and not a pandemic or even a worrying trend.

I would like to ask the ministry staff whether they have considered the issues that I will lay out

Watching out for potential victims and bullies, redesigning schools, examining factors surrounding bullying, and sending bullies to boot camp, might help.

**MOHD  
TAJUDDIN  
MOHD RASDI**



## Over the top

here to ensure bullying does not occur.

Taking action after a bullying incident to me is like, as the Malay saying goes, nasi sudah menjadi bubur (the rice has become porridge), meaning it's too late by then. So, do teacher training institutes teach how to identify potentially bullied children?

Off the cuff, I can think of identifying students who seem morose and unresponsive when they were previously alert and happy.

Then there is identifying potential bullies, and I think they would be those who love to talk loudly and are often surrounded by their cliques, and who display cruel behaviour or use cruel words.

Noticing such simple things could mean the difference between a traumatised or even maimed child – or God forbid, a child dead from suicide or pushed

from the third floor of a dormitory.

Are all teachers trained to spot these telltale signs? We should not leave bullying to be handled only by counsellors, every teacher must possess the ability to identify potential bullying situations.

Even a short interview in private with potential victims would go a long way towards helping them. And a private word with potential bullies and their minions could put the fear of punishment in them.

Secondly, are our schools spaces and structures safe?

I have supervised architecture students in designing schools without blind spots and negative or unused spaces that could be hotspots for bullying.

For instance, why should all the teachers be lumped together into one staff room? Why not disperse them in many rooms strategically placed on all floors of the classroom blocks so that they are within hearing distance and viewing angles of classrooms when there are no teachers in them?

My son was punched by a bully right after the teacher left. That boy remained in the school even after I complained because his mother was the Parent-Teacher Association's chairperson.

I took my son out of that school

the same day and later enrolled him in a private international school. I had to cough up a lot of money but it was worth it because a child's school life should be an enjoyable time, not one full of fear.

Has the ministry studied such "bully-proof" designs? When I proposed such a design, some of my former students working in the Public Works Department reported that senior architects there didn't like my suggestions because they made their regular school designs look weak. Instead of discussing safer school designs, overly large egos ruled the day.

Thirdly, has anyone studied the by now hundreds (if not thousands) of cases of bullying over the last few years to identify the issues: profiles of bullies, spaces where bullying occurs, repeated offences by the same bullies, etc?

I would expect that PhD-holding civil servants in the Education Ministry should have done some research to provide guidance for teachers and head teachers – if they haven't, why not?

Why blame politicians who are ministers that come and go with elections when those who are longest on the job of protecting our children aren't getting any positive results?

Finally, I think we should have

some sort of a boot camp for bullies that will train them in a militaristic fashion to sow discipline and respect.

When they "graduate" in say, six months, they can be sent back to school as a probationary student with mandated biweekly reporting to a case officer or the school counsellor.

Any repeat offence, then back they go to boot camp.

Now, the question here is does the ministry have this kind of camp? I don't mean juvenile detention centres as those are about crime. Bullying is about disrespecting others and believing they are beneath dignity.

Thousands of SPM A-pluses cannot make up for even one case of bullying. Bullying is a failure in our teaching ecosystem that can destroy not just a victim's life but also the perpetrator's.

Our children are the most important reason we exist in this world, and their safety and health should never be compromised or dismissed callously.

**Prof Dr Mohd Tajuddin Mohd Rasdi is Professor of Architecture at the Tan Sri Omar Centre for Science, Technology and Innovation Policy Studies at UCSD University. The views expressed here are entirely the writer's own.**

THE statistics are clear: Malaysia is on a demographic journey. The 13th Malaysia Plan (13MP) rightly highlights that we officially became an “ageing nation” in 2021, and by 2043, we are projected to be an “aged nation”. The number of people aged 60 and above will reach a staggering 5.8 million by 2030.

This demographic shift brings a burning question: Will this growing number of seniors place a severe and unsustainable demand on our country's health and social care systems?

From my perspective as a 76-year-old, the answer lies not just in what the government does for us, but what we do for ourselves and what younger generations do for their future selves.

Seniors with a healthy body and a healthy mind enjoy a much higher quality of life. The benefits of staying healthy are enormous – we can delay the onset of age-related ailments like Alzheimer's, diabetes, and hearing problems, among others.

My wife, Rina, who is 74, and I are living proof of this. We have two wonderful grandchildren, and our good health allows us to

## Preparing for an aged Malaysia

be active caregivers and friends to them, providing emotional support and serving as their transport managers and home-work helpers. We are fortunate to be able to help our children while they work, keeping our family unit strong and vibrant.

Beyond the family, healthy and active seniors are a vital resource for the community.

We are the volunteers who serve at soup kitchens, charitable organisations, and places of worship. Many NGOs would struggle to function without the dedication of older volunteers.

This is where the government's efforts and our individual actions intersect. The 13MP shows a commendable understanding of this by aiming to increase the labour force participation of those aged 60-64 and the number of trained caregivers.

It rightly recognises that seniors are not a burden but can be valuable contributors to society.

However, to truly nurture a core of healthy and active senior citizens for the future, a more

proactive, long-term programme is needed.

The preparation for a good old age cannot begin in your 60s; it must start much, much earlier.

This is where I would like to humbly suggest the government establish a National Institute of Ageing (NIA).

This institute would have a crucial two-pronged mission.

Firstly, for current seniors, the NIA would be a source of empowerment.

It would not only provide information on holistic health programmes – from nutrition to exercise – but also equip us with essential digital knowledge.

Imagine seniors being taught how to use new technologies like ChatGPT and other artificial intelligence tools to enhance our daily lives, helping us to stay connected and productive. This would bridge the digital divide and ensure we are not left behind.

Secondly, and perhaps most importantly, the NIA would target those in their 40s. It would educate them on what they should be

doing now to prepare for old age.

This includes financial literacy and retirement planning beyond just EPF contributions, proactive health and wellness management, and planning for a “second act” in their careers.

I can speak from personal experience on the importance of this early preparation. I'm 76, and I started preparing for my old age in my 40s. I actively took part in running-related activities, which laid a strong foundation for my physical health. As I've aged, I've transitioned to walking and hiking up Bukit Kiara in Kuala Lumpur, maintaining my health and mental alertness.

I've also continuously engaged my mind – reading, listening to podcasts, and developing my skills as a writer and author.

The time and effort I invested in my 40s are paying off immensely today.

I am healthy, active, and still contributing meaningfully to my family and community. This is a journey many seniors only wish they had started sooner.

To make the NIA truly impactful, the government could engage real-life role models. Imagine successful seniors like 77-year-old DJ Dave (artist impresario), 81-year-old Tan Sri Asmat Kamaludin (Perodua chairman), or 83-year-old Adnan Osman (who famously cycled from Malaysia to London) sharing their secrets to a fulfilling and healthy life. Their stories would inspire and motivate Malaysians of all ages.

The 13MP is an excellent start, but we must go further.

By establishing an NIA, we can ensure that our country is not only responding to the challenges of an ageing population but also proactively preparing for it.

This will produce a generation of healthy, active citizens who need less care and support, thereby reducing the government's financial outlays and allowing seniors to remain in the mainstream of society, living with dignity and purpose.

Isn't it time to act now?

The beneficiaries will be all of us, now and in the future.

**DR POLA SINGH**  
Kuala Lumpur



# Aplikasi janji temu LGBT faktor kes HIV meningkat



**Trend penularan lebih kepada kegiatan seksual, pemantauan ibu bapa dan pihak sekolah diperlukan**

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**Kuala Lumpur:** Akses dan kepelbagaian aplikasi janji temu dalam talian untuk kumpulan lesbian, gay, biseksual dan transgender (LGBT) antara faktor menyumbang kepada peningkatan kes HIV, terutama dalam kalangan lelaki di negara ini.

Ketua Unit Putuskan Rantaian Dadah IKRAM Malaysia (IKRAM), Faridah Maludin, berkata trend penularan HIV

pada masa kini lebih tertumpu kepada kegiatan seksual, berbanding perkongsian jarum pada 1990-an.

Katanya, kemajuan internet membolehkan sesiapa sahaja mengakses aplikasi janji temu LGBT, termasuk pelajar sekolah.

"Kalau 1990-an dulu, kebanyakan kes HIV dalam kalangan mak ayah, kini 90 peratus kes baharu membabitkan lelaki.

"Oleh itu, perlu ada pemantauan daripada pelbagai pihak, termasuk ibu bapa dan pihak sekolah mengenai kewujudan aplikasi sebegini dalam usaha melakukan intervensi awal," katanya kepada BH.

Sebelum ini, media melaporkan Setiausaha Kehormat Majlis Aids Malaysia (MAC) dan Yayasan Aids Malaysia (MAF), Dr Zaiton Yahaya, berkata kes jangkitan HIV dalam kalangan penuntut universiti dan juga pelajar sekolah menunjukkan peningkatan dengan kebanyakan mereka menerima jangkitan akibat ke-

**"Kalau dulu, jangkitan terhadap wanita disebabkan hubungan kelamin dengan suami yang disahkan HIV, namun kini terdapat peratusan jangkitan kepada wanita akibat hubungan sejenis"**

**Faridah Maludin,**  
Ketua Unit Putuskan Rantaian Dadah IKRAM



giatan seksual.

Beliau berkata, kebanyakan mereka berusia 20 hingga 29 tahun antara 44 peratus golongan dikesan mendapat jangkitan HIV itu.

## Jangkitan golongan wanita

Sementara itu, Faridah berkata, selain peningkatan HIV dalam kalangan lelaki, peratusan jangkitan terhadap wanita melalui aktiviti seksual juga meningkat.

"Kalau dahulu, jangkitan terhadap wanita disebabkan hubu-

ngan kelamin dengan suami yang disahkan HIV, namun kini ada peratusan jangkitan kepada wanita akibat hubungan sejenis.

"Pada 2024, wanita menyumbang 10 peratus daripada kes baharu HIV, berbanding hanya 1 peratus pada 1990-an. Ini menunjukkan peningkatan sepuluh kali ganda dalam tempoh lebih 30 tahun, di mana 2002, nisbah jangkitan HIV antara lelaki dan wanita adalah 10:1, namun pada tahun 2014, nisbah ini menurun

kepada 4:1," katanya.

Selain pemantauan terhadap aplikasi dalam talian, Faridah berkata, kerajaan juga disaran memperkasa sistem penjagaan kesihatan dan akses kepada rawatan bagi membanteras masalah ketagihan dadah dan peningkatan jangkitan HIV.

Katanya, stigma masyarakat terhadap pesakit HIV juga masih tinggi sehingga menyukarkan mereka mendapatkan saringan awal.

"Pencegahan dan rawatan awal hanya boleh dibuat sekiranya pesakit tahu mereka penghidap penyakit HIV.

"Orang ramai perlu diingatkan semula HIV tidak berjangkit melalui sentuhan biasa seperti bersalaman, berpelukan atau berkongsi makanan dan minuman. Malah, ramai pesakit yang menerima rawatan antiretroviral (ART) kini boleh menjalani kehidupan sama dengan individu yang tidak dijangkiti HIV," katanya.