Tempatkan segera pegawai perubatan di Hospital Lahad Datu

Lahad Datu: Kementerian Kesihatan akan menempatkan keperluan sumber manusia khususnya pegawai perubatan termasuk pakar di Hospital Lahad Datu dengan kadar segera.

Menteri Kesihatan Datuk Seri Dr Dzulkefly Ahmad berkata, hospital itu berstatus hospital pakar minor dengan 13 kepakaran biasa, memerlukan penambahan tenaga kerja bagi meningkatkan keberkesanan rawatan.

"Kita sudah mengenal pasti 13 pegawai dalam fasa pertama penempatan dan tujuh (lagi) kita akan tambah pada fasa kedua," katanya semalam.

Beliau kini dalam lawatan kerja intensif selama tiga hari ke 22 fasiliti kesihatan membabitkan enam daerah di Sabah.

Zulkefly juga berkata, kerja-kerja penambahbaikan Hospital Lahad Datu akan dilaksana di bawah Rolling Plan 1 Rancangan Malaysia ke-13 (RMK13).

"Saya melihat sendiri keretakan di wad bersalin dan saya mengambil perhatian segera...hal ini sudah kita masukkan dalam RMK13 untuk kita segera baik pulih kerana pada saya, ia mustahak...saya tidak boleh bertolak-ansur dengan perkara ini.

"Selain itu, beberapa fasiliti uzur turut dikenal pasti dan perlu dibaik pulih segera demi keselamatan pesakit serta warga kerja hospital," katanya.

Bahaya Microsleep TERHADAP KESELAMATAN

"Mengapa Microsleep Merupakan Risiko Tersembunyi dalam Kehidupan Seharian"

MICROSLEEP merujuk kepada kejadian di mana seseorang tertidur secara tidak sengaja dalam jangka masa yang sangat pendek, biasanya antara beberapa saat hingga beberapa minit.

Meskipun kelihatan seperti kejadian yang tidak berbahaya, microsleep boleh memberikan impak yang serius terutama dalam situasi yang memerlukan tumpuan penuh, seperti memandu atau bekerja dengan melibatkan penggunaan mesin berat. Bahaya microsleep bukan sahaja memberi kesan kepada individu yang terlibat, tetapi juga boleh menjejaskan keselamatan orang lain di sekelilingnya.

Antara bahaya utama microsleep adalah risiko kemalangan jalan raya. Ketika seseorang mengalami microsleep semasa memandu, dia mungkin tidak sedar bahawa dia telah tidur seketika. Dalam beberapa saat ini, pemandu boleh terlepas pandang terhadap keadaan trafik, lampu isyarat, atau halangan di jalan raya. Ini meningkatkan kemungkinan kemalangan yang boleh menyebabkan kecederaan serius atau kematian. Menurut kajian, microsleep sering berlaku kepada pemandu yang keletihan, dan kejadian ini lebih kerap berlaku pada waktu malam atau selepas tempoh waktu bekerja yang panjang.

Selain itu, microsleep juga memberikan kesan negatif terhadap prestasi kerja. Pekerja yang mengalami microsleep mungkin tidak sedar bahawa mereka telah kehilangan fokus untuk beberapa saat, yang boleh mengganggu tugas yang sedang dijalankan. Dalam situasi tertentu seperti bekerja dengan mesin berat atau bahan kimia berbahaya, kehilangan tumpuan selama beberapa saat boleh menyebabkan kemalangan atau kerosakan yang serius. Oleh itu, kesan microsleep ini bukan sahaja berbahaya kepada individu itu sendiri tetapi juga kepada keselamatan orang lain dan keseluruhan persekitaran kerja.

Punca utama microsleep adalah keletihan berpanjangan, kurang tidur, atau tidur yang berkualiti rendah. Apabila tubuh tidak mendapat rehat yang cukup, sistem saraf menjadi lebih tertekan, menyebabkan otak menjadi kurang berfungsi dengan baik. Keletihan yang berterusan ini menyebabkan seseorang cenderung untuk tertidur tanpa disedari. Oleh itu, penting untuk memastikan tidur yang mencukupi agar tubuh dan minda dapat berfungsi dengan baik, sekaligus mengurangkan risiko microsleep.

Untuk mengelakkan bahaya microsleep, langkah pencegahan seperti memastikan tidur yang mencukupi dan berkualiti adalah amat penting. Pemandu, terutamanya, perlu mengambil rehat yang kerap dan tidak memandu apabila merasa mengantuk. Begitu juga dengan pekerja, mereka harus memastikan waktu tidur yang mencukupi serta tidak memaksa diri untuk bekerja tanpa henti. Penggunaan teknologi seperti pemantauan kecergasan juga boleh membantu mengesan tanda-tanda keletihan dan memberi amaran awal kepada individu.

Kesimpulannya, microsleep adalah satu fenomena yang sering diabaikan tetapi mempunyai risiko yang sangat tinggi, terutamanya dalam situasi yang memerlukan fokus dan tumpuan. Oleh itu, setiap individu harus lebih peka terhadap keletihan dan mengambil langkah-langkah yang diperlukan untuk memastikan keselamatan diri dan orang lain.

Sleep divorce: The bedtime breakup you didn't see coming

IT started like many clinic visits. A middle-aged man, visibly drained, walked in with his wife. They were polite, even affectionate, but beneath the surface, something was cracking.

"I forced him to come," the wife confessed.

She looked tired, not just from lack of sleep, but from holding it together. "His snoring is deafening. He thrashes at night. I'm scared I'll get hurt in my sleep."

For months, they had tried to endure it until she quietly moved into the spare room. What began as a temporary measure became their new normal. They no longer shared a bed. Their connection was fraying. Even plans to have children were now on pause.

It is a situation I have seen far too often: couples emotionally adrift because of poor, untreated sleep. The medical term? Obstructive sleep apnoea. But socially, this emerging phenomenon has taken on a new name – sleep divorce.

Rising trend of quiet separation

Despite its dramatic tone, sleep divorce does not imply a legal split; it simply means couples choose to sleep in separate beds or rooms to get better rest, often due to snoring, restlessness, mismatched schedules or preferences like room temperature and mattress firmness.

At first glance, it may sound like a modern, pragmatic solution. After all, who would not want uninterrupted rest? But sleep divorce is a double-edged sword. While some couples report sleeping better, many find their relationship quietly suffering – intimacy fades, emotional distance grows and resentment builds.

Globally, the numbers are climbing. In the United States, about 31% of adults admit to sleeping apart at least occasionally.

Among younger couples aged 35 to 44, that figure rises to nearly 40%. More than half of those who have tried it say their sleep quality has improved, some even gaining up to 37 extra minutes of rest per night.

However, this is not a clear win. Around 20% report that separate sleeping arrangements make their relationship feel worse. And that is the crux: sleep divorce solves one problem while sometimes creating another.

While there is limited data in Malaysia, we are likely seeing similar trends. Increased awareness of sleep disorders, especially obstructive sleep apnoea (OSA), means more people are recognising that their partner's restlessness or snoring is not just annoying; it may be a sign of something serious. Globally, OSA affects about one in five adults.

Sleep issues do not start or stop in the bedroom. Left untreated, conditions like OSA can lead to high blood pressure, heart disease, stroke and chronic fatigue. More subtly, it chips away at our patience, focus and emotional resilience – qualities every relationship depends on.

That is why ignoring the problem rarely helps. Loud snoring, choking or gasping during sleep and frequent awakenings are not just quirks; they are red flags. The earlier couples seek help, the more likely both sleep and relationships can be salvaged.

"Despite its dramatic tone, sleep divorce does not imply a legal split; it simply means couples choose to sleep in separate beds or rooms to get better rest, often due to snoring, restlessness, mismatched schedules or preferences like room temperature and mattress firmness."

There are effective treatments: lifestyle changes, CPAP machines, dental appliances or even minor surgeries. Many couples who pursue treatment report returning to the same bed, not just to sleep better but to reconnect.

Preserving relationship beyond sleep

Of course, not every couple is ready or able to fix the root issue right away. In such cases, sleeping apart can be a short-term relief but it should not be the final destination.

One approach is to build bedtime rituals that preserve emotional closeness even when physically apart. For example, winding down together before retreating to separate rooms or syncing morning routines.

Simple gestures such as a shared cup of tea or a quiet chat can anchor intimacy, even if the bed is no longer shared.

It is also worth recognising the stigma some Malaysians still carry about sleeping apart. In our culture, where multigenerational homes are common and marital harmony is often measured by surface unity, separate beds can feel like taboo. But silence only worsens the divide.

Talking openly without blame is crucial. Sleep is deeply personal and so is love. Navigating the two requires kindness, curiosity and sometimes professional guidance.

Is it sleep divorce or something deeper?

You may be heading towards a sleep divorce if:

- you or your partner has quietly relocated to the sofa or spare room.
- sleep-related arguments have become frequent.
- there is growing fear or discomfort about sharing a bed.
- daytime fatigue is affecting your health or work.
- physical intimacy has declined and emotional connection feels weaker.

Sleep divorce is not a sign of failure but it is a sign that something needs attention.

Way forward

We often think of love as grand gestures – anniversaries, gifts and holidays. But often, it is found in smaller acts – adjusting the fan speed for someone else, sleeping a little less so your partner sleeps more or finally making that doctor's appointment.

Sleep problems are medical issues but their impact is deeply emotional. The good news? They are often treatable.

If restlessness, snoring or exhaustion are keeping you and your partner apart, don't brush it off. Seek help. You may find that solving the sleep issue brings you closer, not just in bed but in life.

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Review pay first, claim later rule for medical treatment

UNDER Service Circular (Human Resources – Medical Benefits) Version 1 (2024), the Public Service Department (PSD) allows civil servants, pensioners and their eligible dependants to seek treatment at a private hospital in any life-threatening emergency. However, the private hospital must be the nearest to the scene of the emergency compared to a government facility, and the attending physician must certify the case as medically urgent.

Before this, the government would only pay for treatment obtained at a public clinic or general hospital. While this is a magnanimous gesture, one particular provision renders it a mirage for the vast majority of civil servants and pensioners – the patient has to pay upfront and claim reimbursement later.

A recent case of an elderly pensioner, a former high-ranking officer, exposes the flaw of this pay first, claim later policy. He was suddenly struck by severe chest pain while on the road. His friend, acting on instinct, drove him straight to the first hospital he came across. It was not a government hospital.

Fortunately, the pensioner was able to pay the deposit required by the hospital with his credit card for the initial treatment and tests. Results showed he needed a coronary angiogram and possibly stenting as well. Before proceeding, he was asked how he planned to settle the final bill. This time he was in a fix.

Hence, the question arises: How many civil servants or pensioners can afford the deposit, likely to be substantial, let alone the final cost even with the promise of later reimbursement? Consequently, the pay first, claim later rule defeats the very purpose of allowing private hospital treatment in emergencies.

If the intent is to save lives, the PSD should formally notify all private hospitals that once the attending physician certifies the emergency as life-threatening, it would issue a direct payment guarantee. Only then would the government's magnanimity be meaningful for civil servants and pensioners, particularly those in the lower service grades.

The "nearest hospital" condition also needs to be reviewed. In a critical emergency, the priority is to get to a hospital quickly, not to determine the geographical distance between hospitals, especially where several private and government facilities are located in close proximity.

The pensioner's friend made the right decision to head straight to a hospital rather than wasting precious minutes searching for a nearby government facility in the vicinity. The pensioner was fortunate enough to get the treatment he needed. However, many others will have neither the means nor the good fortune to overcome their circumstances.

NG PENG KONG
Kuala Lumpur

Update on organ donation

THIS year marks five decades since the start of solid organ transplants in Malaysia. On Aug 13, World Organ Donation Day, we had an opportunity to reflect on how much progress we have made in this field since then.

The dermaorgan.gov.my website gives almost real-time details of the number of patients waiting for an organ transplant in Malaysia. It also shares the number of donors who have pledged their organs upon their demise. The total number is 403,532 so far in a population of 34 million people. Of these, only 1,014 have been actual donors.

Further data shows that organ utilisation rates over the last 10 years in Malaysia from deceased donors involved mainly kidneys and livers. The utilisation rate for kidneys and livers was 87% and 60%, respectively. Hearts and lungs had a utilisation rate of only 9% and 3%, respectively.

There are many reasons for these low utilisation rates. For example, some organ failure patients have no bridging therapy while waiting for an organ to become available. Patients with heart failure or lung failure or even liver failure succumb to their illness while waiting for an organ.

On the other hand, kidney failure patients have the "luxury" of being on haemodialysis.

Among the 10,037 patients currently on the waiting list, 10,002 are kidney failure patients, including 344 children; 11 are suffering from liver failure, including eight children; 12 are awaiting a heart transplant, three are waiting for lungs, and another nine are hoping for a combined heart and lung transplant.

On average, about 230 to 250 kidney transplants are being done annually in Malaysia across the public (including university hospitals) and private sectors, out of which about 30% are from deceased donors. The rest are from living related donors.

In 2023, 1,100 brain dead patients were identified as potential donors across selected Malaysian public hospitals (and some private hospitals), but only about 40 eventually had their organs procured. For a society that is renowned for being kind and always looking out for one another, the fact that the number of deceased donors is few and far between is disheartening.

The National Transplant Resource Centre (NTRC) attributed this situation to the next of kin's concerns: they were unsure of what the deceased really wanted; there was no consensus among family members; some were worried about body mutilation; and others feared their religious commitments.

These problems have been discussed many times through multiple talks and sermons in mosques, churches and temples alike. In fact, the National Fatwa Council even declared that organ donation is *harus* or encouraged.

Yes, there are problems with the lack of centres being able to do transplants as well as specialists to conduct surgery and manage the patients. But these obstacles would be overcome if the number of donors surge, as the government would then be forced to handle the increased workload.

Death is undoubtedly a tragic loss of life for the potential donors and their families. But wouldn't it be good to see that even in death, the loss of loved ones can offer a new lease of life to a fellow Malaysian? Wouldn't it be an opportunity for the dying to give one last hurrah to patients who can benefit from the organ that he or she donates?

As a society, let's all ask what we can do to help our fellow Malaysians in need when our time comes. Let's call for our families to respect our organ pledges: "*Warisku, Hormati Ikrarku*".

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Right time and ready hands save man's life

By YEE XIANG YUN
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JOHOR BARU: Five Malaysian patient care associates (PCA) working in Singapore became real-life heroes when they helped save the life of a man who collapsed at the Bangunan Sultan Iskandar (BSI) Customs, Immigration and Quarantine complex here.

The drama unfolded on the afternoon of Aug 9 after their morning shifts at two hospitals across the border ended.

Shareen Kaur Ranjit Singh, 29, and her colleagues Subhashini Subramaniam, 26, and Veenoshini Sandrasagaran, 36, suddenly heard a woman shouting for help while waiting for their e-hailing rides at BSI's pickuppoint near Jalan Jim Quee.

"We thought the man was having a seizure, as he was convulsing on the ground. We turned him on his back and found he had a low pulse and was struggling to breathe, so I immediately started performing cardiopulmonary resuscitation (CPR) while Veenoshini monitored his pulse and Subhashini called for an ambulance," she said when interviewed.

Shareen added that the man soon lost consciousness, stopped breathing and began foaming at the mouth.

"To complicate matters, the woman with the victim could not speak English or Bahasa Malaysia, so one of us used a translation app to communicate with her.

"The scene was chaotic, despite police and Rela personnel keeping people back – there were still many travellers passing by, and the area was noisy.

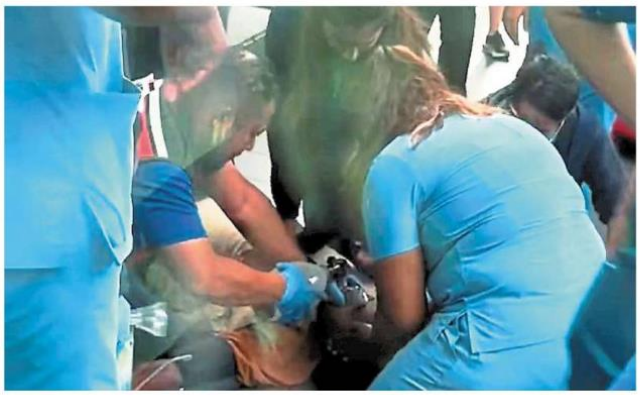
"It was very different from the hospital environment where we are usually assisted by other healthcare workers," she said, adding that Subashini also checked his bag and found his medication, which served as crucial information for the arriving paramedics.

Veenoshini said: "Despite fearing for his life, we tried our best to keep our cool and never gave up. I felt so relieved when his pulse came back."

Meanwhile, Nanthiine Gudial Kumaran, 28, said she was with her colleague Hemadewi Balakrishnan, 34, when they arrived at the BSI a few minutes after the other three started performing the emergency response.

"My training took over right away; we just looked at each other and knew what to do.

"Our duty as healthcare workers don't end when our shift does, no matter where we are," she said, stressing the importance of learning CPR and first aid.



Angels at work: (Left) A screencap of the viral video showing five of the PCAs in action at the Bangunan Sultan Iskandar Customs, Immigration and Quarantine complex in Johor Baru; (bottom from left) Subhashini, Veenoshini, Nanthiine, Hemadewi and Shareen.

Nanthiine, who has been working in the healthcare sector in Singapore for close to five years, said the five of them did not realise they were working at sister hospitals in the republic until after the man was taken away by ambulance.

A video of the five of them, wearing the same coloured uniforms, made the rounds on social media, with many calling them "real-life heroes".

It was learnt that the victim, an Australian in his 50s, had a medical history of high blood pressure and low blood sugar.

The emergency was reported at 4.23pm and first responders arrived about two minutes later, followed by the ambulance at 4.39pm.

Nanthiine said they each went their separate ways after the incident, but she was taken aback to wake up to a deluge of messages from friends, family, and even strangers online the next day.

"Some called us angels, which was a first for us," she said, adding that their respective hospitals' chief executive officers also recognised their efforts.

She also said they usually commute across the border using transportation provided by their employer, but on the day of the incident, which was Singapore's National Day, they decided to take an e-hailing ride.

"We were just at the right place at the right time. More importantly, it showed the importance of being ready to help, regardless of where we are," added Nanthiine.