

KKM belum terima permohonan rasmi ambil jururawat Indonesia

KUALA LUMPUR - Kementerian Kesihatan Malaysia (KKM) menegaskan setakat ini pihaknya masih belum menerima sebarang permohonan rasmi berkaitan cadangan pengambilan jururawat dari Indonesia bagi menampung kekurangan tenaga kerja di hospital tempatan.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad berkata, sebarang keputusan untuk meluluskan pengambilan tenaga tambahan perlu mengambil kira beberapa faktor utama termasuk ke-berkesanan, keselamatan dan keperluan semasa, selain perlu diperhalusi bersama Jabatan Perkhidmatan Awam (JPA).

"Berkaitan cadangan daripada Konsulat Jeneral Indonesia (KJRI) Johor Bahru itu, memang ada sedikit perbincangan dan pengurusan dengan kerajaan Johor, terkait dengan kekurangan di Hospital Pasir Gudang sebenarnya KKM belum dapat secara bertulis.

"Maka, kita anggap belum lagi ada permohonan jururawat dari Indonesia itu untuk dipertimbangkan sebagai pengambilan bagi menyelesaikan masalah jururawat ini," katanya.

Beliau berkata demikian bagi menjawab soalan Wong Shu Oi (PH-Kluang) yang meminta penjelasan mengenai rancangan pengambilan jururawat dari Indonesia dan dakwaan Hospital Pasir Gudang tidak dapat beroperasi sepenuhnya akibat kekurangan doktor dan jururawat.

Bagaimanapun, Dr Dzulkefly menambah, kementerian bersedia untuk mempertimbangkan cadangan itu jika terdapat permohonan.

"Maka, kalau ada (cadangan), kita sedia



DR DZULKEFLY

mempertimbangkannya. Tapi pada akhirnya saya perlu tekan sama ada kita lulus atau tidak, perlu lihat juga faktor yang perlu dipertimbangkan serius sama ada daripada sudut ke-berkesanan, keselamatan dan keperluan.

"Kita juga kena kenal pasti dan mengadakan sedikit perbincangan dengan JPA kerana ini bukan perkara mudah untuk kita lakukan tindakan segera," jelasnya.

Beliau menegaskan, meskipun usaha pengambilan sedang digerakkan, proses berkenaan mengambil masa kerana melibatkan pelbagai lapisan pertimbangan dan mengakui negara berdepan kekurangan kira-kira 5,000 jururawat yang perlu dipenuhi segera.

Menyentuh mengenai Hospital Pasir Gudang, Johor, beliau menjelaskan kemudahan itu telah diserahkan kepada KKM, namun cabaran utama bukan pada penambahan fasiliti, sebaliknya pembekalan kakitangan.

Menurutnya, pihak kementerian bercadang memulakan operasi dengan perkhidmatan kecemasan terlebih dahulu sebelum pengisian jawatan lain dilaksanakan secara berperingkat.

"Bukan sekadar doktor dan jururawat, tetapi termasuk juga hospital pakar. Berkait Hospital Pasir Gudang itu, kita akan kita perhatikan. KKM bercadang untuk mengisi, tetapi hakikatnya kita mulakan dengan perkhidmatan kecemasan.

"Namun untuk dapatkan 50 peratus kakitangan itu, ia akan mengambil sedikit masa. Kami sedang berusaha mengisi keperluan ini dalam waktu segera," katanya.

Over 3,600 doctors and nurses resigned last five years

A TOTAL of 1,856 medical officers and 1,754 nurses resigned from public hospitals from 2020 to last year, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

However, during the same period, he said the Health Ministry appointed 13,349 medical officers and 8,121 staff nurses in public hospitals.

"The Health Ministry is aware of the need to increase healthcare officers in tandem with patient arrivals at our facilities," Dzulkefly said.

Therefore, to ensure healthcare facilities are adequately staffed, he said Prime Minister Datuk Seri Anwar Ibrahim had made a special announcement to hire more government doctors this year.

He was responding to Wong Shu Qi (PH-Kluang), who asked about the number of doctors and nurses who resigned from 2020 until June 30 this year. She had also asked about the number of new doctors and nurses hired during the same period.

According to Dzulkefly, a total of 13,552 contract medical officers were offered full-time positions from 2023 until now, exceeding the government's target of 12,800.

"This is an average of 4,000 medical officers appointed each year," he added.

Dzulkefly also said the quota of trainee nurses has been increased from 1,000 to 3,000 spots, which is a three-fold increase.

Meanwhile, to address the shortage of staff in Sabah and Sarawak, Dzulkefly said the Health Ministry has allocated 960 spots to hire permanent medical officers.

Wong then asked a supplementary question on whether the government is ready to consider a proposal by the Consul-General of the Republic of Indonesia in Johor Baru to recruit nurses from the republic to address Malaysia's staffing shortage.

Dzulkefly said the Health Ministry has not received an official proposal.

"If there is (an official proposal), we are ready to consider it. But I have to stress that whether we approve it or not, it depends on factors such as effectiveness, safety and need. We also need to speak with the Public Service Department," he said.

Last week, the Consul-General of the Republic of Indonesia in Johor Baru Sigit S. Widiyanto said allowing Indonesian nurses to work in Malaysia would benefit both countries.

However, the Congress of Unions of Employees in Public and Civil Services (Cuepacs) opposed the idea, saying that many local nursing graduates are still waiting for permanent and contract positions, with some having waited as long as eight months. It said priority should be given to local nurses, who are already trained and awaiting employment.

Gaps in breast-cancer care

TALKHEALTHASIA's Pink Study, a nationwide survey of patient experiences in breast cancer care, highlights gaps in communication, post-treatment care and access to newer treatments.

The findings were unveiled during the recent Malaysian Breast Cancer Summit 2025 (MBCS25).

The summit committee noted that evolving patient needs and advancements in treatment modalities call for a united, multidisciplinary push to refresh Malaysia's Clinical Practice Guidelines for breast cancer, in addition to the work being done by the Health Ministry.

"The guidelines have not been updated since 2019, meaning treatments developed after 2019 are not included. It's essential that the guidelines are updated regularly, so patients can benefit from the most up-to-date treatment," says breast surgeon and MBCS25 principal adviser Professor Emeritus Datuk Dr Yip Cheng-Har.

While 68.4 per cent of respondents surveyed had private insurance, many still face challenges with denied claims, uncovered costs or delays.

Cancer often forces families to make significant expenditures, sometimes beyond what they earn, says clinical epidemiologist and public health physician Professor Dr Nirmala Bhoo-Pathy.

"When they have to spend so much out-of-pocket, it leaves very little for their families. It's not just about paying hospital bills, but also everything that comes along after."

Cancer treatments are becoming more advanced, yet many policies have not caught up and do not cover newer



treatments like oral targeted therapies that could help patients avoid suffering and costs" adds clinical oncologist and MBCS25 scientific media chair Dr Mastura Md Yusof.

"Patients should not be left feeling at fault for inheriting genes or developing cancer as they age, only to discover their coverage falls short of their needs," she says.

Cancer treatments save lives, but their effects ripple far beyond the hospital, says clinical oncologist and MBCS25 scientific oncology chair, Dr Muhammad Azrif Ahmad Annuar.

It's important for young doctors to learn to work across disciplines to manage not just the medical side, but also the physical, emotional and practical challenges that follow women well beyond treatment, he says.

Over 70 per cent of those in the survey voiced a need for psychosocial and emotional support — needs which were often unmet.

TalkHealthAsia's Lim Po Lin adds that these "numbers reflect what we see in the clinic every day".

"These aren't just statistics. They're daily realities for Malaysian women facing breast cancer."

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The Clinical Practice Guidelines for breast cancer have not been updated since 2019. PICTURE CREDIT: MBCS25



The findings of the Pink Study, a nationwide survey of patient experiences in breast-cancer care, were unveiled during the recent Malaysian Breast Cancer Summit 2025. PICTURE CREDIT: MBCS25.

When tiny hearts need help

With advancements in antenatal screening, congenital defects can be detected during pregnancy

WALKING out of the hospital with a healthy baby is every parent's wish.

However, not every pregnancy is smooth sailing. For some couples, the journey will be challenging as they navigate the trials and tribulations of raising a child with a congenital defect.

In Malaysia, one of the most common is a congenital heart defect. It happens in one in every 100 live births, ranging from mild to severe, and parents of such babies have to be prepared to cope with a child who will require careful monitoring his whole life.

While the exact reason why it happens cannot be explained, there is a strong genetic factor at play, explains Sunway Medical Centre, Sunway City (SMC) consultant paediatrician and paediatric cardiologist Dr Lim Wooi Kok.

In families where one child was already born with a congenital heart defect, the risks increase in the subsequent pregnancies.

"If the mother herself was born with a heart defect, she is more likely to have a child with a congenital heart defect too. The risk rises significantly in such cases."

Sometimes, maternal infections during pregnancy may be passed onto the foetus, also resulting in such defects.

Screening for such defects in the foetus can occur as early as 13 weeks of pregnancy and specific foetal echocardiography can be performed during the early second trimester. The frequency of foetal well-being monitoring will be higher if the mother is a known high-risk patient.

With advancements in antenatal screening, many cases are detected during pregnancy and parents will be informed about the severity of the condition and the possible outcomes after birth.

A CHALLENGING TIME

However, screening is not fool-proof, cautions Dr Lim. In quite a number of cases, these defects only come to light after birth.

This can be especially hard on new parents who assumed they had a healthy baby.

"The severe cases will present from birth till around one month of life. The milder ones will be picked up incidentally during routine health check-ups



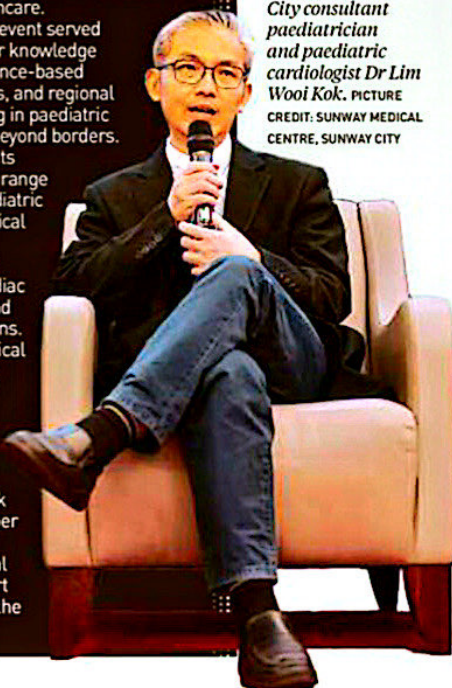
SHARING KNOWLEDGE AND EXPERTISE

SUNWAY Medical Centre, Sunway City recently hosted the International Paediatric Symposium 2025 themed "Paediatrics Without Borders: Bridging Subspecialties, Saving Lives", bringing together leading paediatric specialists from Malaysia, China, Singapore, and the United States, in a hybrid-format symposium as a vital platform for sharing expertise, advancing clinical practices, and fostering global collaboration in children's healthcare.

The two-day event served as a platform for knowledge exchange, evidence-based practice updates, and regional standard-setting in paediatric care that goes beyond borders.

Its participants explored a wide range of complex paediatric topics, from critical newborn care and adolescent oncology to cardiac emergencies and chronic conditions.

Sunway Medical Centre, Sunway City consultant paediatrician and paediatric cardiologist Dr Lim Wooi Kok presented a paper on the topic of Critical Neonatal Congenital Heart Lesions during the symposium.



While the exact reason why it happens can't be explained, there is a strong genetic factor at play, explains Sunway Medical Centre, Sunway City consultant paediatrician and paediatric cardiologist Dr Lim Wooi Kok. PICTURE CREDIT: SUNWAY MEDICAL CENTRE, SUNWAY CITY



Parents should be prepared for a long process as treatment and the duration of treatment would depend on the complexity of the defect and it can result in an astronomical cost. PICTURE CREDIT: STUDIOREDCUP - FREEPIK

for vaccination."

If the problem is severe, such as abnormal vessel arrangements or single ventricle, a long-term plan has to be formulated and agreed upon between all parties.

Intervention may need to take place immediately, adds Dr Lim.

Parents should be prepared for a long process as treatment and the duration of treatment would depend on the complexity of the defect and it can result in an astronomical cost.

"In severe cases, we strive to make the heart as near normal as possible, but it will never be fully normal."

These individuals would have to be followed-up and monitored their whole lives, even as adults or when they become elderly.

"We can give them a decent quality of life, but duration of life cannot be guaranteed because we are dealing with a complex structural defect of the heart."

In mild cases, such as infants born

with a hole-in-the-heart, the condition is very treatable and they are more likely to face life as normal individuals after surgery to correct the defect.

An often missed factor is the impact of such a baby on family dynamics, says Dr Lim.

Besides the enormous cost it takes to treat an infant with a complex heart defect, the emotional toll on the couple and their other children should not be underestimated.

In many cases, the other children in the family tend to be neglected as the focus of the parents shifts to the newborn with the heart defect.

"If the baby with the defect is the first child, most couples don't go on to have other children as they are consumed by the time, stress and effort it takes to care for their baby."

It is a long and challenging process, but given medical advancements, there is more promise for infants born with heart defects.

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If the mother herself was born with a heart defect, she is more likely to have a child with a congenital heart defect too. PICTURE CREDIT: JCOMP - FREEPIK

CIGARETTES OR VAPES?

The Hidden Dangers That Threaten Lives



In this modern era, the use of electronic cigarettes, or what are more commonly known as vapes, is becoming increasingly popular among society, especially among teenagers. Many believe that vaping is a safer alternative compared to traditional cigarettes.

However, is this claim really true? In reality, both cigarettes and vapes pose serious health risks, and there are hidden dangers that can threaten lives without being noticed.

Cigarettes contain more than 7,000 harmful chemicals, including nicotine, tar, carbon monoxide, and carcinogenic substances that have been proven to cause various chronic diseases such as lung cancer, heart disease, and stroke. The smoke inhaled by people nearby is also dangerous, especially for children, pregnant women, and individuals with asthma, which can lead to innocent people becoming passive smokers. Most smokers are unaware that every puff of cigarette smoke brings poison into their bodies. The nicotine in cigarettes also causes strong addiction, making it difficult for a person to quit smoking even when they are aware of the risks.

In contrast, vaping is often promoted as a "safer" option because it does not involve the burning of tobacco. However, recent studies show that vape liquids also contain nicotine and heavy metals such as lead, as well as flavouring chemicals like formaldehyde and acetaldehyde, along with other substances that can damage the lungs. Furthermore, continuous use of vapes can lead to lung diseases such as EVALI (E-cigarette or Vaping product use-Associated Lung Injury), which has claimed many lives around the world.

The hidden danger of vaping lies in the false perception that it is harmless. Many young users are drawn to it because vapes often come in a variety of attractive flavours, such as fruits and sweets, creating the illusion that they are safe. As a result, vaping has also succeeded in attracting the interest of women. Without realising it, users become addicted to nicotine and are at risk of experiencing long-term health problems. More worryingly, there have also been cases of smuggled vapes containing drugs or illegal substances, further increasing the risks to users.

Preventive measures must be taken seriously by all parties. The government must implement stricter laws to regulate the sale and use of vapes, especially among teenagers. Early education on the dangers of smoking

and vaping should be included in school curricula so that the younger generation is more aware of the harmful effects. Parents must also play an important role in monitoring and guiding their children.

In conclusion, whether it is cigarettes or vapes, both carry health risks that should not be taken lightly. These hidden dangers can threaten the lives of users if not addressed early on. Therefore, each individual must make wise choices to protect their own health and the well-being of those around them. Remember, prevention is better than cure.





DALAM dunia perubatan mata, masalah penglihatan merupakan isu yang sering dihadapi oleh masyarakat, tanpa mengira usia dan jantina. Dua masalah penglihatan yang paling biasa berlaku ialah rabun jauh dan rabun dekat.

Kedua-dua keadaan ini berkait rapat dengan keupayaan mata untuk memfokuskan cahaya ke atas retina, namun ia mempunyai ciri-ciri dan kesan yang berbeza terhadap kehidupan seharian seseorang. Maka, penting untuk kita memahami perbezaan antara rabun jauh dan rabun dekat agar dapat mengambil langkah pencegahan dan rawatan yang sesuai.

Rabun jauh, atau dalam istilah perubatannya miopia, ialah keadaan di mana seseorang mengalami kesukaran untuk melihat objek dengan jelas pada jarak yang jauh. Sebaliknya, objek yang berada dekat masih dapat dilihat dengan baik. Keadaan ini berlaku apabila bentuk bola mata terlalu panjang atau kornea terlalu melengkung, menyebabkan cahaya difokuskan di hadapan retina. Antara gejala yang biasa dialami oleh penghidap rabun jauh termasuklah penglihatan kabur apabila melihat papan putih di dalam kelas, tanda jalan raya, atau skrin di pawagam. Masalah ini sering dialami oleh pelajar sekolah dan individu yang terlalu kerap menatap skrin gajet atau membaca dalam jarak yang dekat tanpa rehat yang mencukupi.

Sebaliknya, rabun dekat, atau dikenali sebagai hiperopia, merupakan masalah yang menyebabkan seseorang sukar melihat objek pada jarak dekat, seperti membaca buku atau melihat telefon bimbit. Walau bagaimanapun, objek yang jauh masih boleh dilihat dengan jelas. Rabun dekat biasanya berlaku apabila bola mata terlalu pendek atau kuasa biasan kornea tidak mencukupi, menyebabkan cahaya difokuskan di belakang retina. Rabun dekat sering dikaitkan dengan peningkatan usia, terutamanya dalam kalangan warga emas.

Perbezaan utama antara

rabun jauh dan rabun dekat ialah jarak penglihatan yang terjejas. Penghidap rabun jauh menghadapi masalah melihat dari jauh, manakala penghidap rabun dekat mengalami kesukaran melihat objek dalam jarak dekat. Kedua-dua keadaan ini boleh menjejaskan kualiti hidup jika tidak dirawat, seperti menyebabkan sakit kepala, keletihan mata, atau kesukaran menjalankan tugas harian.

Dari segi rawatan, kedua-dua jenis rabun ini boleh diatasi dengan penggunaan kanta mata, kanta lekap dengan kuasa yang berbeza mengikut keperluan individu yang mengalami rabun, atau pembedahan pembetulan mata seperti LASIK juga boleh dilakukan. Pemilihan kaedah

rawatan bergantung kepada tahap rabun, umur pesakit, dan kesesuaian fizikal individu tersebut. Apa yang lebih penting ialah melakukan pemeriksaan mata secara berkala amat digalakkan agar sebarang masalah penglihatan dapat dikesan lebih awal dan dirawat dengan segera.

Kesimpulannya, rabun jauh dan rabun dekat merupakan dua jenis masalah penglihatan yang berbeza dari segi punca, gejala dan kesannya terhadap kehidupan seseorang. Dengan pengetahuan yang betul, kita dapat lebih peka terhadap perubahan dalam penglihatan serta mengambil langkah pencegahan yang sewajarnya. Menjaga kesihatan mata merupakan satu tanggungjawab yang tidak boleh dipandang ringan, kerana mata ialah jendela utama untuk kita melihat dunia.

RABUN JAUH & RABUN DEKAT

Apa Perbezaannya?

