



*Sultan Hassanal Bolkiah of Brunei and Prime Minister Datuk Seri Anwar Ibrahim attending the signing of a memorandum of understanding as part of the 26th Malaysia-Brunei Annual Leaders' Consultation at the Seri Perdana Complex in Putrajaya yesterday. AFP PIC*

## SHARED PROSPERITY

# Malaysia, Brunei to forge stronger Borneo ties

**PUTRAJAYA:** Malaysia and Brunei have agreed to strengthen economic cooperation, focusing on Sabah and Sarawak as drivers of shared prosperity and regional integration.

Prime Minister Datuk Seri Anwar Ibrahim and Sultan Hassanal Bolkiah of Brunei, in a joint statement, reiterated their commitment to advancing strategic initiatives by leveraging Borneo's resources and geographical location.

These initiatives include those in the energy, connectivity, agriculture, tourism and halal industries.

Earlier, the two leaders witnessed the signing of a memorandum of understanding (MoU) between Health Minister Datuk Seri Dr Dzulkefly Ahmad and his Brunei counterpart, Datuk Seri Dr Mohammad Isham Jaafar, at the Seri Perdana Complex.

Present were Sarawak Premier Tan Sri Abang Johari Openg and Sabah Chief Minister Datuk Seri Hajiji Noor.

Anwar and Sultan Hassanal also welcomed the improved land access via the Sultan Haji Omar 'Ali Saifuddin Bridge, which facilitates cross-border trade.

They also looked forward to the completion of the Pan Borneo Highway, which will further strengthen regional connectivity

and expand opportunities for tourism and economic cooperation.

Both countries also recognised the potential for investment through an MoU between the Malaysian Investment Development Authority (Mida) and the Brunei Investment Agency (BIA) signed on Jan 25, 2023, in Bandar Seri Begawan.

The two leaders further acknowledged the existing close cooperation in the energy sector, including the potential for new joint ventures that will provide mutual benefit.

In education, Malaysia and Brunei are looking into negotiations on an MoU that will enable Sabah students to pursue higher education in Brunei.

Both sides reiterated their commitment to strengthening cooperation in various Asean-led security and defence mechanisms to address traditional and non-traditional security challenges.

They also acknowledged the establishment of a joint committee under the MoU on cooperation in the syariah judiciary.

This includes the sharing of syariah court judgment grounds, exchange of publications and academic reports, as well as joint research in Islamic jurisprudence and syariah.

Bernama reported that Malay-

sia and Brunei reaffirmed their commitment to finalise the demarcation and survey of Sector F-G by May 2027, based solely on the watershed principle.

According to the joint statement, Anwar and Sultan Hassanal unequivocally reaffirmed their commitment to the 2009 Exchange of Letters, the Memorandum of Understanding on the Process for the Joint Demarcation and Survey of the Land Boundary signed in March 2012, and its annexed Terms of Reference.

Meanwhile, Malaysia and Brunei affirmed that the Palestinian issue remained the core of the West Asian conflict.

"Both leaders condemned in the strongest terms the boundless violence and the complete blockade of humanitarian access and aid delivery to the Palestinian people," the joint statement said.

Both countries also vehemently rejected the plan to fully occupy the Gaza Strip and the "Greater Israel" vision, which they described as a violation of international law, the UN Charter and related UN resolutions.

On the ongoing violence in Myanmar, Anwar and Sultan Hassanal once again affirmed their joint stance that the Five-Point Consensus remained Asean's primary reference for addressing the political crisis in that country.



## PRESTIGIOUS FELLOWSHIP

# 5 cardiothoracic surgeons registered as specialists

**KUALA LUMPUR:** The Health Ministry has announced that five doctors who have received the Fellowship of the Royal College of Surgeons of Edinburgh in Cardiothoracic Surgery have been listed in the Malaysian Specialist Register.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said this ended the longstanding issues concerning the recognition of international qualifications and Parallel Pathway Specialist Training.

"This registration demonstrates our commitment to ensuring that

Malaysians have greater access to high-quality specialist care. It also recognises the valuable expertise of those trained via the parallel pathway to be on a par with graduates from Malaysian medical programmes."

The five newly registered cardiothoracic surgeons are serving at Penang Hospital and the National Heart Institute.

The registration follows amendments to the Medical Act 1971 last year that allow greater flexibility for specialists trained through international and parallel pro-

grammes to practise in Malaysia.

Dzulkefly said the amendments would allow more specialists to be deployed across a wider range of healthcare facilities — including rural areas — to improve the public's access to expert care.

In line with the legislative changes, the government granted special allowances to medical officers undergoing Supervised Work Experience (SWE), a mandatory trial period for all newly trained specialists.

"On July 14, we announced the



Pre-Registration Specialist Incentive Payment to ensure that doctors undergoing SWE receive remuneration equivalent to registered specialists. This recognises their commitment and ensures the quality and safety of specialist services in the public sector," Dzulkefly said.

Other initiatives include refining the registration process for specialists returning from abroad through comparability evalua-

tions. This ensures that international qualifications meet national standards.

Dzulkefly said these measures reflected the government's commitment to raise the standard of specialist healthcare services for all Malaysians.

"The amendments to the Medical Act and the accompanying initiatives are proof of our dedication to safeguarding the health and well-being of the people."



# TEACHERS TO GET CHILD LAW TRAINING

New programme equips them with legal knowledge on bullying, abuse and children's rights

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Minister in the Prime Minister's Department (Law and Institutional Reform) Datuk Seri Azalina Othman Said says punitive measures should be a last resort when it comes to children. NSTP FILE PIC

**T**HE Education Ministry will work with the Legal Affairs Division of the Prime Minister's Department to roll out legal training for principals, teachers and counselors.

Minister in the Prime Minister's Department (Law and Institutional Reform) Datuk Seri Azalina Othman Said said the initiative will be supported by the National Legal Academy through a memorandum of understanding. She said this at the division's monthly assembly yesterday.

She said the programme is designed to ensure that schools, which interact with children daily, are aware of their legal responsibilities.

"For example, under Section 19 of the Sexual Offences Against Children Act, school administrators and principals must know that if there is under-reporting, the school and principal can be held liable if it is found that a child shows signs of distress," she said.

"The aim is to ensure that laws on bullying, sexual violence and children's rights are better understood at the school level, where children spend most of their time."

Azalina said this outreach would help schools respond appropriately to issues involving students, including mandatory reporting obligations in cases such as child sexual abuse.

She said that bullying is not confined to schools or to physical harm.

"Bullying can also involve verbal and mental abuse, or even workplace practices, such as withholding promotions or assigning unfair tasks."

"Bullying cases involving children might require a different approach, focusing more on reha-

bilitation than punishment."

She said punitive measures should be a last resort when it comes to children.

Azalina had said the government was studying whether a tribunal was needed to deal with bullying cases more effectively, especially those involving minors.

Prime Minister Datuk Seri Anwar Ibrahim had said the cabinet would study the proposal.

On another matter yesterday, Azalina said in a parliamentary written reply that a study on the effectiveness of mandatory caning sentences was underway.

She said the Legal Affairs Division of the Prime Minister's Department is coordinating the study through a new sub-committee on the Review of the Abolition of Mandatory Whipping Sentences.

The committee will present its report and recommendations to the Criminal Law Reform Committee for review.

The recommendations will then be presented to the deputy minister and minister in the Prime Minister's Department (Law and Institutional Reform) for policy consideration before being submitted to the cabinet.

Azalina was responding to S. Kesavan (PH-Sungai Siput), who asked whether the government intended to reform judicial whipping, following the death of an inmate at Taiping Prison last year after receiving the punishment.

She said the move was in line with the Madani government's principles of humanity, justice and accountability.

She said no comprehensive or in-depth study had ever been

conducted in Malaysia or other Asean countries on the effectiveness of caning sentences in preventing repeat offences.

A special meeting on the Review of the Abolition of Mandatory Whipping Sentences was held on June 23, chaired by the deputy minister in the Prime Minister's Department (Law and Institutional Reform).

It also involved the Prisons Department, Home Ministry, Health Ministry, Office of the Chief Registrar of the Federal Court, police, Human Rights Commission of Malaysia and the Bar Council.

During the meeting, various views and suggestions were presented. They included concerns about the long-term impact of caning and the need for a study on the effectiveness and justification of maintaining the mandatory aspect of the sentence.

Azalina said some of Malaysia's laws, particularly those from colonial times, were outdated or overlapped, and need to be reviewed.

"Yes, we are looking at caning. One of the biggest challenges today is that we have to see which aspect and what kind of offences it applies to."

"So, we have to study this again," she said after the division's monthly assembly.

She said corporal punishment involving children required extra safeguards.

"When you talk about those below 18, you cannot simply cane a child."

"There must be a certain process and procedure. These are things we have to look at."



# Beneath the white coat: Bullying, burnout and a broken system

COMMENT  
by Dr Jazli Aziz

**THE** recent revelation of a doctor's appalling living conditions in Sabah – after years of battling severe depression brought on by workplace bullying – is, sadly, not as shocking as it ought to be. This is just another troubling reminder of the lack of compassion and empathy within Malaysia's healthcare sector.

As a society, we seem to revere medical doctors as symbols of intelligence, status and professional success. Yet despite this admiration, kindness is not a trait often associated with doctors in Malaysia – though it should be, especially for those who dedicate their lives to healing.

While doctors are often recognised for their intelligence, intellect alone does not make a good doctor. Compassion, empathy and humanity are equally vital, and when these qualities are lacking, the entire system suffers.

Workplace bullying, particularly among junior doctors in Malaysia, is a widespread issue. A recent scientific study has shed light on just how prevalent this problem truly is.

In 2021, a team of researchers from UiTM, UM and UKM published a study involving 1,074 junior doctors from 12 government hospitals across

central Malaysia. They found that one in 10 junior doctors reported being bullied at work – though this figure is likely an underestimation.

Reported forms of bullying included humiliation, ridicule, gossip, verbal abuse and unmanageable workloads – occurring as frequently as weekly or even daily for many doctors.

Why do some in the healthcare sector perpetuate such toxic behaviour towards their juniors? One theory suggests that the power, prestige and respect tied to the medical profession may attract individuals with negative personality traits. For example, teenagers who display narcissistic behaviour or a sense of entitlement may be drawn to high-status professions like medicine in pursuit of admiration.

Studies have linked narcissism in the workplace to bullying but this is likely only part of the problem.

In Malaysian culture, excessive emphasis on seniority and titles can often lead to abusive behaviour being overlooked or normalised. Out of fear of repercussions, few dare to speak up even when they know such behaviour is wrong.

Even when someone does speak up, they may be brushed off due to our *tidak apa* attitude. Phrases like “we went through this, so you must too” are commonly used to justify workplace bullying while “don't tarnish the hospital's reputation” serves to silence potential whistleblowers.

Furthermore, a lack of willingness among those in power to take action against such perpetrators leaves junior doctors disillusioned with a profession meant to promote care and healing.

Emotional intelligence, empathy and compassion are critical in the medical field, yet for some reason these traits are lacking among some medical professionals. Despite the misguided justifications given in an attempt to minimise the impact of workplace bullying, the costs are substantial.

Constant bullying and a harsh working environment can lead to burnout and depression, reducing job performance and leaving a heavy mental, emotional and physical toll on victims.

Ultimately, the healthcare system will lose out on qualified medical professionals who quit due to the pressure exerted on them from workplace bullying. Even those who try to tough it out may end up being hostile and combative due to their toxic workplace.

Ultimately, when doctors are hurting and the healthcare system takes a toll, patients are affected too.

The good news is that this problem can be fixed if everyone does their part. Institutes of higher learning and medical educators need to emphasise the importance of empathy, compassion, communication and humanity. Assessment must include evaluating emotional intelligence

alongside academic metrics.

Meanwhile, Health Minister Datuk Seri Dr Dzulkefly Ahmad has promised that new guidelines will be launched in October to curb the use of hurtful or offensive language, which will be classified as a form of workplace bullying, in government hospitals and clinics.

Although the Health Ministry's online portal for reporting cases of workplace bullying, MyHELP, was launched back in 2022, there must be a strong commitment from the ministry to thoroughly investigate submitted reports and take action against bullies in the healthcare sector.

The healthcare sector is meant to be a safe place not just for patients but for healthcare practitioners as well.

We cannot expect compassionate care from doctors if they, especially the juniors, are subjected to workplace bullying every day. A good doctor should not only be intelligent but also kind to everyone, including peers and subordinates.

As Malaysians, we always consider kindness as one of our biggest strengths. There is no reason why this should not be true of our healthcare sector as well.

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**Kuching:** Kanak-kanak perempuan warganegara Indonesia berusia enam tahun meninggal dunia akibat penyakit anjing gila atau rabies di Bintulu, Sarawak.

Kematian itu disahkan Pengarah Jabatan Kesihatan Sarawak, Dr Veronica Lugh, menurut Borneo Post.

Katanya, mangsa yang tinggal bersama keluarga di kawasan ladang mula

## ***Budak enam tahun maut akibat rabies***

menunjukkan beberapa simptom sejak 31 Julai lalu, antaranya sakit kepala, demam, sakit leher dan hilang selera makan.

"Pada 3 Ogos lalu kanak-kanak itu dimasukkan ke Hospital Bintulu, di mana dia mengalami halusinasi, hidrofobia, aerofobia dan air liur berlebihan.

"Dia disahkan meninggal

dunia pada keesokan harinya. Hasil siasatan mendapati mangsa digigit anjing liar pada 16 Julai di luar rumahnya.

"Anjing itu kemudian berjaya ditangkap dan disahkan positif rabies oleh Jabatan Perkhidmatan Veterinar (DVS) Sarawak," katanya.

Mengenai jumlah kumu-

latif kes rabies menjangkiti manusia di negeri itu, Dr Veronica berkata, ia kini mencecah 85 kes sejak wabak diisytihar pada Julai 2017 dengan 78 kematian atau bersamaan 91.7 peratus.

Katanya, tahun ini sahaja dua kes rabies menjangkiti manusia, namun lebih rendah berbanding lima kes

dalam tempoh sama tahun lalu.

"Jabatan Kesihatan Sarawak ingin mengingatkan orang ramai bahawa Sarawak masih belum bebas daripada wabak rabies. Penyakit ini boleh merebak melalui gigitan atau cakaran serta melalui pendudukan kepada air liur mamalia yang dijangkiti ra-

bies, terutamanya anjing dan kucing," katanya.

Dr Veronica turut menasihatkan orang ramai supaya mengelak bersentuhan dengan haiwan liar dan sekiranya terkena gigitan atau cakaran, disarankan untuk segera membasuh luka berkenaan dengan sabun bersama air mengalir sekurang-sekurangnya selama 15 minit sebelum mendapatkan rawatan di klinik.

**Kuala Lumpur:** Bilangan pegawai perubatan yang bersetuju ditempatkan di fasiliti Kementerian Kesihatan Malaysia (KKM) khususnya di Sabah dan Sarawak amat rendah berbanding jumlah penempatan ditawarkan.

**Timbalan Menteri Kesihatan Datuk Lukanisman Awang Sauni** berkata, di Sarawak, hanya tujuh pegawai perubatan memilih ditempatkan secara tetap, sementara hanya 15 pegawai perubatan bersetuju di Sabah, biarpun jawatan tetap di kedua-dua negeri itu menghampiri 1,000 jawatan.

## Hanya 22 pegawai perubatan isi kekosongan hampir 1k jawatan tetap

“Kita ingin memastikan jawatan itu (di Sabah dan Sarawak) diisi walaupun tidak secara maksimum, tapi sekurang-kurangnya jawatan tetap ditawarkan diterima dan mohon datang melapor diri.

“Rayuan itu boleh datang kemudian untuk kembali ke stesen pilihan,” katanya menjawab soalan tambahan **Salamiah Mohd Nor (PN-Temerloh)** pada sesi

soal jawab lisan di Dewan Rakyat, semalam.

Beliau berkata, buat masa ini, KKM tidak dapat mengguna pakai penempatan pegawai perubatan mengikut cita rasa mereka.

“Menerusi ePlacement 2.0, kita sudah memberikan tiga pilihan,

di mana pilihan ketiga adalah mandatori kepada Sabah dan Sarawak. Namun, tidak ramai pegawai perubatan memilih Sabah dan Sarawak,” katanya.

Dalam pada itu, katanya, seramai 13,902 pegawai perubatan kontrak sudah ditawarkan

lantikan tetap sejak 2023 iaitu melebihi 8.6 peratus berbanding sasaran asal 12,800 orang.

“Dalam usaha meningkatkan pegawai perubatan dan jururawat di hospital KKM, beberapa inisiatif sudah dan sedang dilaksanakan antaranya menyegerakan pengisian 4,352 pegawai perubatan lantikan tetap secara berfasa.

“Pegawai perubatan ini

akan melapor diri seawal 2 Oktober ke fasiliti kesihatan KKM di seluruh negara dan dijangka selesai akhir Oktober ini,” katanya.

Turut dilaksana KKM, kata beliau, sesi jayawara libat urus di institusi pengajian tinggi (IPT) awam dan swasta menerusi pemberian tawaran bersyarat kepada bakal graduan perubatan bagi menarik mereka meneruskan kerjaya di sektor kesihatan awam.

Sementara itu, bagi jururawat, Lukanisman berkata, dasar KKM tidak menghalang mereka berhijrah ke luar negara.

Hanya 7 pegawai perubatan pilih ditempatkan secara tetap di Sarawak



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## Kuala Nerang

**S**ebelum ini penduduk Padang Terap perlu membelanjakan hingga RM600 untuk perkhidmatan ambulans swasta, tapi kini mereka boleh mendapatkan kemudahan itu dengan bayaran RM10 sahaja.

Ia selepas Pengerusi Anak Muda Madani Kedah, Datuk Zuraidi Rahim melancarkan perkhidmatan ambulans khas untuk penduduk di sini, yang kebanyakannya bekerja sebagai penoreh getah dan petani.

Zuraidi berkata, idea itu tercetus selepas mesyuarat khas bersama masyarakat setempat yang mengadu kos menyewa perkhidmatan ambulans terlalu tinggi dan membebankan.

"Ramai rasa serba salah bila nak panggil ambulans, sebab takut nak bayar. Ada kes kalau perlu ke Pulau Pinang, caj boleh cecah RM600, ke Kuala Lumpur pula sampai RM1,000. Itu memang terlalu berat untuk mereka.

"Jadi kita putuskan buat perkhidmatan ini dengan caj paling minimum iaitu hanya RM5 pergi dan RM5 balik, tak kisah jauh mana pun, ke Johor pun kita caj RM10," katanya ketika ditemui di Kampung Musa, Pedu di sini, semalam.

# 'Pergi ke Johor pun kita caj RM10 saja'

*Penduduk Padang Terap boleh guna ambulans dengan kos murah*



ZURAIDI (dua dari kiri) ketika melancarkan ambulans yang boleh disewa penduduk Padang Terap dengan bayaran RM10 untuk perjalanan pergi balik. - Gambar NSTP/NOORAZURA ABDUL RAHMAN

Zuraidi mengakui, meskipun hospital dan klinik kerajaan menyediakan ambulans, jumlahnya masih tidak mencukupi terutama

di kawasan pedalaman Padang Terap.

Menurutnya, ambulans komuniti itu beroperasi 24 jam sehari lengkap dengan

doktor, jururawat, pembantu perubatan dan pemandu yang bersedia memberi khidmat kecemasan bila-bila masa.

"Kalau ada kecemasan tengah malam, orang kampung boleh terus hubungi hotline yang kita sediakan. Kita cuba susun supaya se-

mua keperluan dapat dilayan sebaik mungkin.

"Kadang-kadang bila ambulans sedia ada digunakan untuk kes lain, pesakit lain terpaksa tunggu lama. Jadi inisiatif ini kita buat untuk pastikan orang kampung ada pilihan segera, tanpa rasa terbeban dengan kos," katanya.

Beliau menyifatkan projek itu sebagai tanggungjawab sosial pihaknya dan bukti keprihatinan terhadap masyarakat kampung yang memerlukan.

"Kadang-kadang ada sakit lumpuh dan tulang belakang, pesakit seperti ini tak sesuai dibawa dengan kereta, mereka pula tak mampu sewa ambulans pergi temu janji di hospital akhirnya mereka tak dapat rawatan yang sepatutnya.

"Kalau kita mampu memudahkan urusan orang kampung walaupun dengan cara kecil macam ini, itu sudah cukup besar nilainya.

"Saya harap ambulans RM10 ini jadi penyelamat dan memberi sinar baharu kepada masyarakat Padang Terap," katanya.