HEALTH POLICY

BAN ON VAPE TO BE ROLLED OUT IN STAGES

Dzulkefly, however, did not specify timeline for full implementation of sales ban

KUALA LUMPUR

THE federal government will impose a full ban on the sale of electronic cigarettes or vape products as part of efforts to curb their misuse, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said the ban would be implemented in stages, beginning with a prohibition on open-system vape devices, and would gradually extend to all types of vape products until the entire category is covered.

However, he did not specify a timeline for the full implementation of the ban on vape sales.

As an initial step, he said the Health Ministry had already held detailed discussions with key ministries and agencies.

"This includes the Finance Ministry, Customs Department, Domestic Trade and Consumer Affairs Ministry, Home Ministry via the police, Investment, Trade and Industry Ministry and Malaysian Investment Development Authority.

"The findings and proposed implementation plan for the ban will be presented to the Cabinet to obtain policy approval, which will then serve as the foundation for the full ban on electronic cigarettes or vape products in the country," he said in a written reply in the Dewan Negara.

Datuk Seri Dr Dzulkefly Ahmad

He was responding to a question from Senator Baharuddin Ahmad, who asked whether the government was prepared to ban vape sales, similar to measures taken by several state governments, to better protect public health from harmful diseases.

Meanwhile, Dzulkefly said the Health Ministry supported the move by six state governments — Johor, Kelantan, Terengganu, Perlis, Kedah, and Pahang — which have decided not to issue or renew vape sales licences through their respective local authorities.

"This is a proactive approach aligned with the goals of national public health," he added.

Sidang Dewan Negara

Kerajaan akan haramkan penjualan rokok elektronik

Pelaksanaan berperingkat seiring matlamat kesihatan awam negara

Oleh Muhammad Yusri Muzamir
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Kuala Lumpur: Kerajaan Persekutuan akan mengharamkan sepenuhnya penjualan rokok elektronik atau vape sebagai langkah membendung penyalahgunaan produk berkenaan.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata pelaksanaannya akan dilakukan secara berperingkat, bermula dengan pengharaman sistem terbuka (*open system*) sebelum diperluas kepada semua jenis vape sehingga meliputi keseluruhan produk.

Beliau yang juga Ahli Parlimen Kuala Selangor bagaimanapun tidak memperincikan had masa yang ditetapkan bagi pelaksanaan pengharaman sepenuhnya penjualan rokok elektronik atau vape itu.

Perbincangan terperinci

Sebagai langkah awal, katanya, Kementerian Kesihatan (KKM) sudah mengadakan perbincangan terperinci bersama kementerian dan jabatan utama.

"Ini membabitkan Kementerian Kewangan, Jabatan Kastam Diraja Malaysia, Kementerian Perdagangan Dalam Negeri, Kementerian Dalam Negeri melalui Polis Diraja Malaysia (PDRM), Kementerian Pelaburan, Perdagangan dan Industri, Lembaga Pembangunan Pelaburan Malaysia serta Pejabat Penasihat Undang-undang.

Dr Dzulkefly Ahmad

"Hasil penelitian dan cadangan pelaksanaan pengharaman ini akan dibentangkan kepada Jemaah Menteri bagi mendapatkan persetujuan dasar, seterusnya menjadi asas kepada pelaksanaan pengharaman penuh rokok elektronik atau vape di negara ini," katanya dalam jawapan bertulis Dewan Negara.

Beliau menjawab soalan Senator Baharuddin Ahmad mengenai kesediaan kerajaan mengharamkan penjualan vape seperti dilaksanakan beberapa kerajaan negeri supaya kesihatan rakyat awam dapat terus dilindungi daripada penyakit memudaratkan.

Dr Dzulkefly berkata, KKM juga menyokong langkah enam kerajaan negeri iaitu Johor, Kelantan, Terengganu, Perlis, Kedah dan Pahang yang membuat keputusan tidak mengeluarkan atau memperbaharui lesen penjualan vape melalui bidang kuasa pihak berkuasa tempatan (PBT) masing-masing.

"Ini adalah pendekatan proaktif seiring matlamat kesihatan awam negara," katanya.

Penjualan vape akan diharam sepenuhnya

Namun Menteri Kesihatan belum perinci tarikh pelaksanaan

SHAH ALAM

Penjualan rokok elektronik atau vape akan diharamkan sepenuhnya oleh kerajaan sebagai langkah membendung penyalahgunaan produk berkenaan.

Kenyataan itu dibuat oleh Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dalam jawapan bertulis di Dewan Negara.

Bagaimanapun beliau tidak memperincikan had masa ditetapkan bagi pelaksanaan pengharaman sepenuhnya penjualan produk tersebut.

Menurut Dr Dzulkefly, ia akan dibuat secara berperingkat bermula dengan pengharaman sistem terbuka sebelum diperluas kepada semua jenis vape sehingga meliputi keseluruhan produk.

DR DZULKEFLY

Katanya, sebagai langkah awal Kementerian Kesihatan (KKM) sudah mengadakan perbincangan terperinci bersama kementerian dan jabatan utama.

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"Hasil penelitian dan cadangan pelaksanaan pengharaman akan dibentangkan kepada Jemaah Menteri bagi mendapatkan persetujuan dasar, seterusnya menjadi asas kepada pelaksanaan pengharaman penuh rokok elektronik atau vape di negara ini," katanya pada Rabu.

Beliau menjawab soalan Senator Baharuddin Ahmad mengenai kesediaan kerajaan mengharamkan penjualan vape seperti dilaksanakan beberapa kerajaan negeri supaya kesihatan rakyat awam dapat terus dilindungi daripada penyakit memudaratkan.

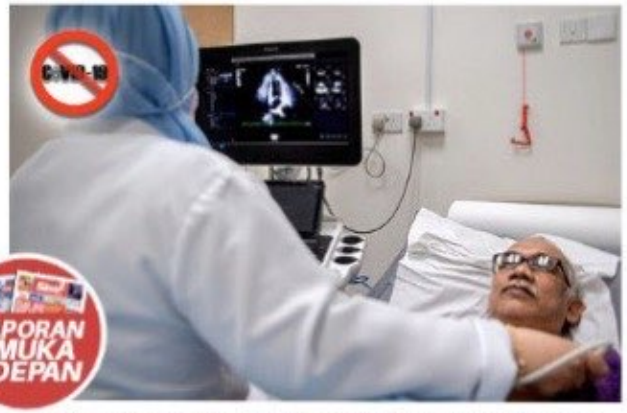
Tambah Dr Dzulkefly, KKM menyokong langkah kerajaan negeri seperti Johor, Kelantan, Terengganu, Perlis dan Pahang yang tidak mengeluarkan atau memperbaharui lesen penjualan vape melalui bidang kuasa pihak berkuasa tempatan masing-masing.

"Ini adalah pendekatan proaktif seiring matlamat kesihatan awam negara," ujar beliau.

Insurans rahmah untuk M40, T20

Ahli Parlimen Bayan Baru buat cadangan atasi kesesakan hospital kerajaan

Oleh NURUL HUDA HUSAIN dan NURUL HIDAYAH HAMID
SHAH ALAM



LAPORAN MUKA DEPAN

Semakin ramai golongan berpendapatan tinggi kini mendapatkan rawatan di hospital kerajaan disebabkan premium insurans yang tinggi.

Kerajaan dicadang mewujudkan insurans perubatan rahmah atau pada kadar harga berpatutan bagi menangani pertambahan jumlah pesakit golongan berpendapatan tinggi di hospital kerajaan akibat kenaikan premium insurans perubatan serta kos rawatan yang mahal di hospital swasta.

Ahli Parlimen Bayan Baru, Sim Tze Tzin berkata, insurans itu boleh menjadi alternatif kepada rakyat berpendapatan tinggi dan sederhana untuk membeli polisi ditawarkan.

Melalui kaedah itu katanya, kesesakan di hospital kerajaan dapat dikurangkan kerana pemegang polisi insurans rahmah boleh mendapatkan rawatan di pusat kesihatan swasta.

SIM TZE TZIN

"Saya cadangkan kita adakan satu insurans rahmah bagi membantu rakyat yang ingin membeli insurans. Maksudnya dia dapat beli dengan harga berpatutan untuk perlindungan tertentu (pilihan).

"Usaha ini boleh menarik minat golongan T20 dan M40 membeli untuk ahli keluarga atau mana-mana syarikat yang ingin membeli polisi ini untuk pekerja mereka," katanya kepada *Sinar Harian*.

Beliau berkata demikian ketika ditanya mengenai langkah yang boleh diambil bagi menangani peningkatan jumlah pesakit di hospital kerajaan susulan kebanyakan golongan berpendapatan tinggi kini beralih kepada sektor perubatan awam.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad sebelum ini berkata, golongan T20 dan M40 kini semakin ramai mendapatkan rawatan di hospital awam berikutan peningkatan kos rawatan swasta dan premium insurans yang kian membebankan.

Menurut Dzulkefly, walaupun sebelum ini kumpulan berpendapatan sederhana dan tinggi lebih banyak mendapatkan rawatan di hospital swasta melalui insurans atau bayaran sendiri, namun trend itu kini berubah apabila sebahagian daripada mereka memilih hospital awam, khususnya dalam kes kecemasan atau rawatan susulan.

Sementara itu, ditanya mengenai tahap perkhidmatan di hospital kerajaan, Tze Tzin mengakui tidak berpuas hati terutama dalam aspek tempoh waktu menunggu yang panjang dan kesesakan.

Bagaimanapun katanya, masalah itu memerlukan masa untuk diselesaikan mengambil kira pertambahan jumlah pesakit yang semakin ketara terutama bagi penyakit tidak berjangkit.

"Kalau ditanya sekarang ini memang saya tidak berpuas hati dengan tempoh menunggu yang panjang, tahap kesesakan yang teruk tetapi masalah ini tidak boleh selesai dalam tempoh satu atau dua bulan.

"Sekarang kerajaan pimpinan Perdana Menteri, Datuk Seri Anwar Ibrahim dan Menteri Kesihatan memberi tumpuan untuk menaik taraf sistem kesihatan negara melalui peruntukan besar dalam belanjawan negara setiap tahun," katanya.

Pada Jun 2023, Kementerian Perdagangan Dalam Negeri dan Kos Sara memperkenalkan Pakej Rahmah Insurans dan Takaful meliputi perlindungan diri dan harta benda terutamanya golongan B40, dengan sumbangan bulanan serendah RM5 atau RM36 setahun.

Menteri ketika itu, Allahyarham Datuk Seri Salahuddin Ayub berkata, syarikat Allianz General Insurance menawarkan Insurans PerlindunganKu Allianz4All dengan perlindungan kemalangan peribadi sehingga RM50,000.

ANGGARAN KOS RAWATAN DI HOSPITAL KERAJAAN & SWASTA

JENIS PERKHIMATAN	HOSPITAL KERAJAAN	HOSPITAL SWASTA
1. Konsultasi pakar	Percuma / RM5-RM30 (bergantung jenis)	RM150-RM400+ per sesi
2. Caj wad	RM3-RM300 (bergantung kelas)	RM100-RM1,000 (bergantung kelas)
3. Pembedahan jantung (bypass)	RM3,000 -RM5,000	RM35,000 -RM80,000
4. Pembedahan katarak (mata)	RM 50 - RM1,500	RM3,500 -RM8,000
5. Pembedahan apendiks	RM30 - RM1,500	RM6,000 - RM15,000
6. Pembedahan hernia	RM100 - RM2,500	RM5,000 - RM12,000
7. Pembedahan tulang (ortopedik)	RM500 - RM4,000	RM15,000 - RM50,000
8. Pembedahan Caesarean	RM100 - RM3,500	RM8,000 - RM20,000

Kadar premium insurans kesihatan
Bayaran bulanan bergantung kepada:

1. **Jenis pelan** - sama ada pelan asas atau pelan komprehensif
2. **Umur pemegang polisi** - lebih tua, lebih tinggi premium
3. **Jumlah perlindungan** - had tahunan atau bilik hospital (*single/ double/ward*)
4. **Keadaan kesihatan** - sesetengah penyakit sedia ada boleh menaikkan premium atau mengecualikan perlindungan
5. **Syarikat insurans** - setiap syarikat menetapkan kadar berbeza

Anggaran bulanan:
Insurans 'Rahmah' B40 (harga rendah): RM50-RM150 sebulan (had tahunan RM20,000-RM50,000)

Pelan asas penghospitalan & pembedahan: RM150-RM300 sebulan

Pelan komprehensif: RM300-RM1,000, bergantung jumlah perlindungan, umur, dan lain-lain

(Sumber: Portal Ikuran)

Makin ramai pelanggan batal polisi insurans kesihatan

SHAH ALAM - Jumlah pemegang polisi yang membatalkan insurans kesihatan susulan kenaikan harga premium insurans menunjukkan peningkatan ketara.

Pengurus agensi takaful yang mahu dikenali sebagai Sharipudin berkata, pertambahan itu mula berlaku sejak perhujung tahun lalu sehingga kini.

"Ramai yang tamatkan polisi masing-masing atas alasan tidak mampu lagi hendak membayar kenaikan premium insurans.

"Mereka beri alasan gaji tidak naik tetapi harga insurans terus meningkat. Itulah antara sebab yang diberikan mereka.

"Keadaan ini juga turut memberi kesan kepada syarikat termasuk ejen atau perunding takaful kerana pendapatan mereka juga bergantung kepada pelanggan yang ada," katanya kepada *Sinar Harian*.

Sharipudin berkata, kebanyakan individu yang membatalkan polisi insurans terdiri daripada mereka yang telah lama mencarum, situasi yang disifatkannya amat merugikan tetapi pelanggan tiada pilihan kerana beban kos.

Seorang lagi perunding takaful, Firdaus berkata, masalah sama turut membelenggu dirinya apabila semakin ramai pemegang polisi menamatkan pembiayaan masing-masing.

Semakin ramai membatalkan polisi insurans perubatan kerana beban kewangan. - *Gambar hiasan*

Menurutnya, hampir separuh daripada pelanggan yang berada di bawah kendaliannya membatalkan polisi insurans, walaupun masih baharu mencarum.

"Kebanyakan mereka mengakui sedar kepentingan pelan takaful terutama bagi membiayai kos perubatan hospital yang tinggi tetapi dengan kekangan kewangan ditambah dengan kenaikan harga premium insurans membuatkan mereka tiada pilihan lain," katanya.

Dalam pada itu, Pengurus Alpha Agency, Mohammad Amirul Aizat Mohamad Adnan berpandangan, tindakan segelintir pemegang polisi yang menamatkan bayaran bukan semata-mata disebabkan kenaikan harga premium insurans tetapi turut dipengaruhi faktor lain seperti masalah kewangan dihadapi syarikat tempat mereka bekerja.

"Memang ada yang menamatkan polisi mereka namun jumlah perniagaan atau pemegang polisi yang menggunakan khidmat kami tahun ini meningkat berbanding tahun lalu," ujarnya.

Senator decries peanuts for docs

By TARRENCE TAN and RAGANANTHINI VETHASALAM
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PETALING JAYA: A plate of nasi lemak has gone up to RM3.60 from RM2 in 2012 – an increase of 81%.

Yet the on-call allowance for doctors at public hospitals has remained unchanged for the past 12 years, says a senator.

The allowance is just RM9.16 an hour, and a 24-hour shift will earn them RM220.

The stagnant rate, said Senator Dr RA Lingeshwaran, is not just a financial matter but an issue of justice and fairness which impacted the morale of healthcare workers, especially junior doctors.

"It is about inter-generational justice. Our doctors and other healthcare workers rely primarily on their public sector salaries, which are far lower than what the private sector offers," said the former Hospital Sungai Bakap director.

Many junior doctors are still receiving on-call rates set more than a decade ago and which are no longer reflective of the times, he said citing the price of nasi lemak as an example.

Dr Lingeshwaran said the government's failure to act may discourage the young from pursuing medicine and causing a shortage of doctors.

"A fair allowance structure helps reduce burnout and encourages retention, without doctors having to worry about making ends meet," he said.

Independent health advocate Dr Sean Thum said many doctors felt upset as a new on-call allowance was announced under Budget 2025 but has yet to be implemented.

The Health Ministry's Human Resource Division (BSM) said it would cost up to RM80mil a year to increase the on-call allowance for all medical officers.

The government then intended to limit the allowance increase to doctors under the Waktu Bekerja Berlainan (WBB) project, which would have reduced the cost to about RM21mil per annum.

However, that too has now been scrapped.

Boost digital literacy to curb suicide risks

Education needed to address online threats such as cyberbullying, scams, grooming and privacy breaches: Specialist

BY **QIRANA NABILLA MOHD RASHIDI**
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PETALING JAYA: Malaysia must boost digital literacy and embed local hotlines into social media platforms to shield youths from rising suicide-related risks, says an expert.

As the world marked World Suicide Prevention Day yesterday, the occasion serves as a reminder that protecting youths requires not only systemic support but also everyday conversations at home, in schools and online.

Universiti Teknologi Mara Communication and Media Studies Faculty senior lecturer Dr Hamizah Sahharon said many Malaysians remain unaware of these dangers or how to protect themselves, leaving youths especially vulnerable.

She emphasised the need for digital literacy education among young people, parents and teachers as online risks such as cyberbullying, scams, grooming and privacy breaches grow.

"To help young people stay safe online, digital literacy programmes must be youth-centred, practical and collaborative. The Malaysian Youth Mental Health Index 2023 (MyMHI'23) shows that youths use positive coping strategies such as leisure activities, worship and outdoor pursuits, with family support acting as a strong protective factor.

"External evidence highlights the need for early, continuous digital education in schools, co-designed with youth to keep it relevant and empowering, especially for vulnerable groups."

She also said youths face rising exposure to suicide-related content online, with studies showing 13.7% were cyberbullying victims, 17.1% engaged in suicidal behaviours and suicide attempts among adolescents climbing to 6.9%, often linked to bullying.

She added that the Covid-19 pandemic heightened vulnerability as more young people went online, where social media acted as both a risk and a resource.

"Analyses of Malaysian X (formerly Twitter) activity revealed frequent suicide-related posts, ranging from awareness and government criticism to direct expressions of suicidal feelings.

"MyMHI'23 also shows youths are highly engaged with social media, with 21.8% feeling upset and 17.1% demotivated when posts failed to attract likes or positive comments. Their mental health is tied to online validation, making them vulnerable when harmful content spreads."

Hamizah said such content circulates quickly through social media, messaging apps and private groups, especially at night, on weekends and during school holidays when teens are most active.

It ranges from self-harm and suicide posts to eating disorders, risky behaviour, hate speech and fake news, often stumbled upon unintentionally.

"Key stressors such as social expectations, body image and achievement pressures are amplified online. Harmful content on beauty standards, academic struggles and 'success culture' thrives, often resurfacing during exam periods or in peer groups that migrate to WhatsApp or Telegram after moderation."

Risks increase with longer screen time, chatting with strangers and a sense of "freedom" online, particularly for youths already under stress. Content is often shared impulsively when it becomes popular or is forwarded by trusted friends.

She added that many adolescents communicate suicidal intentions indirectly through diaries, memos or online posts, with about half who die by suicide leaving notes or digital clues, often mistaken for teenage moodiness or academic stress.

"Evidence shows youths benefit when parents and peers are equipped to discuss risks and build resilience through trust-based approaches, unlike secretive monitoring that undermines trust.

"Keeping young people safe online is not about spying on them. It works better to build trust, teach skills and give them more control."

The quiet weight of moods

MIND THE MIND

BY DR PRAVEENA RAJENDRA

We often assume moods are personal, something we can carry quietly without affecting anyone else.

In reality, they rarely stay inside. A bad mood can shift the air in a room just as a raised voice does. A tense silence, an abrupt response or the refusal to engage altogether can shape the atmosphere for everyone present.

Neuroscience explains this through emotional contagion. We are equipped with mirror neurons that make us highly sensitive to one another's states. Irritation, impatience or quiet resentment doesn't remain confined to the individual; it spreads.

This does not mean we should hide or suppress our feelings. That kind of self-denial will only backfire. But there is a difference between acknowledging emotions and making others responsible for them. To express a mood is healthy; to expect others to rearrange themselves around it is unfair.

The silent treatment captures this difference sharply. Many use it as a way of signalling displeasure – retreating into silence until someone notices. But silence in this form rarely brings clarity; it breeds anxiety and second-guessing.

People begin to wonder if they are at fault, treading cautiously and eventually feeling drained by the lack of communication. What could have been resolved by saying, "I'm upset and need some space," instead lingers as unspoken tension.

Silence itself is not harmful. Chosen intentionally, it can be grounding and restorative. Pausing to collect one's thoughts, stepping away to breathe or holding back from unnecessary conflict are all constructive forms of silence. The harm comes when silence is used as punishment – when it becomes a tool to control or unsettle others rather than a moment of care.

Think of Meryl Streep's character in *The Devil Wears Prada*. She rarely shouts but her clipped tone, icy stares and calculated silences dictate the behaviour of everyone in the office. Her mood becomes the weather and the entire staff scrambles to adjust. That is the power of emotional contagion in action: one person's inner storm shaping the climate for everyone else.

This is where Robert Greene's idea of the "social contract" becomes relevant. In every group or relationship, there is an unspoken agreement: we are responsible not just for our actions but also for the energy we contribute. Just as we would not leave physical clutter for others to clean up, we should not leave emotional clutter for others to carry.

So how do we manage our feelings responsibly without suppressing them or imposing them on others? It begins with awareness. Simply naming what we are feeling – reminding ourselves, "this is irritation" or "this is tiredness" – prevents the mood from taking over. When we label an emotion, we create space between ourselves and the reaction it may trigger.

The next step is to communicate with simplicity rather than theatrics. Offering a brief explanation, "I'm not at my best right now but it's not about you", will give others clarity without placing the burden of fixing us on their shoulders.

Practical resets also help. Moods can shift more quickly than we expect if we interrupt them. A walk outside, drinking water slowly or pausing to breathe deeply can reset the body enough to soften the emotion. These small rituals can keep emotions from snowballing into unnecessary drama.

Another useful practice is to check the effect we are having before entering a shared space. Asking "What am I about to bring into this room?" can be enough to prompt a small adjustment.

A straightened posture, slower breathing or a softened expression can often set the tone more than words ever can.

And when emotions are too raw, the kindest option is to step back. Choosing to excuse ourselves rather than spill our turmoil onto others is not weakness but responsibility. Time and space often do what no conversation can in the heat of the moment.

The costs of ignoring these practices are significant. Environments where moods go unchecked can become exhausting.

At work, colleagues learn to navigate around one person's volatility. At home, partners and children grow uneasy, never knowing when a storm might erupt. Among friends, people quietly withdraw from those who repeatedly demand emotional accommodation.

While moods themselves may be fleeting, their residue often lingers much longer than we realise. By contrast, people who regulate their moods become stabilising presences. They are not detached; they still feel deeply. But they carry their emotions in ways that do not overwhelm others. Their steadiness provides comfort and safety, and their presence is remembered not for the moods they imposed but for the calm they offered.

The next time you sense a storm brewing within, pause and remember the social contract. You are entitled to your emotions but not to letting them spill unchecked into others' lives.

Carry them with awareness, express them with care and release them with dignity. Because moods fade but the way we make people feel lasts. In the end, the real measure of presence is not just what we say or do but the energy we leave behind.

Dr Praveena Rajendra *is a certified mental health and awareness practitioner specialising in narcissistic abuse recovery.*
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