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Dr Dzulkefly Ahmad, Menteri Kesihatan

KKM pandang serius serangan siber terhadap Dr Jessie

Chukai: Kementerian Kesihatan (KKM) memandang serius serangan siber terhadap pakar patologi forensik, Dr Jessie Hiu, yang menjadi saksi prosiding inkuies kematian pelajar, Allahyarham Zara Qairina Mahathir.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata serangan siber terhadap pakar perubatan seperti Dr Jessie yang menjalankan tugas profesionalnya adalah tidak wajar kerana boleh mencemarkan martabat profesion perubatan negara.

“Kita boleh pertikai apa pun sahaja tidak mengapa, tetapi sampai ke paras buli secara siber itu pada saya sangat tidak wajar,” katanya selepas sesi INTAN Minister’s Conversation 2025 di Institut Tadbiran Awam Negara (INTAN) Wilayah Timur di sini semalam.

Beliau berkata, semua pihak harus menghormati proses kehakiman yang sedang berjalan

serta mengiktiraf integriti dan kredibiliti profesion perubatan yang berkhidmat berdasarkan fakta serta prinsip sains.

Dr Dzulkefly berkata, perkara itu penting dalam mewujudkan suasana harmoni di negara ini dan masyarakat tidak harus melakukan sesuatu yang menjejaskan moral petugas kesihatan.

“Kita sedia maklum, mereka (petugas kesihatan) terbeban dengan kerja dan tugas berat. Saya harap semua dapat menghormati proses kehakiman ini,” katanya.

Sebelum ini polis mengesahkan membuka siasatan susulan laporan daripada Dr Jessie selepas menerima ugutan di media sosial.

Pesuruhjaya Polis Sabah, Datuk Jauteh Dikun, berkata siasatan sedang dijalankan mengikut Seksyen 507 Kanun Keseksan serta Seksyen 233 Akta Komunikasi dan Multimedia 1998 (Akta 588). **BERNAMA**

KKM pandang serius serangan siber terhadap pakar patologi

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BOTCHED DELIVERY AT KUALA LUMPUR HOSPITAL

GOVT ORDERED TO PAY TEEN RM2.28M

Permanent brain damage due to doctor's failure to perform caesarean in time, court rules

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THE High Court here has ordered the government to pay more than RM2.28 million in damages to a teenager who suffered irreversible brain damage due to medical negligence during his birth at Kuala Lumpur Hospital 15 years ago.

Judicial Commissioner Gan Te-chiong made the ruling after finding the government vicariously liable for the negligent actions of a junior medical officer

and the then-head of the hospital's Obstetrics and Gynaecology Department.

Gan struck an emotional chord in his judgment when describing the boy's condition upon being brought to court during the trial.

The court noted that the plaintiff, diagnosed with the most severe level of cerebral palsy, could not even lift his head and required tube-feeding throughout his life.

"When the plaintiff was brought to court in a pram during the trial, most of those present in court, including myself, sitting as the trial judge, could not help feeling sad for him," he said in his grounds of judgment dated May 6.

However, the judge said sympathy alone could not guide the court.

Gan stressed that any award must be based on law, not emotion and calculated fairly so as not to place an unfair burden on taxpayers.

"I have no doubt that both experts felt sympathy for the plaintiff, too.

"However, with respect, it is incumbent upon us to detach ourselves emotionally when it comes to the professional evaluation of this case.

"I bear in mind that damages to be awarded to the plaintiff must be in accordance with legal principles and not sympathy.

"There should be no unjust enrichment of the plaintiff at the expense of taxpayers," he said.

The suit was filed in January 2023 by the mother on behalf of the boy, who was born on Feb 11, 2010. He was diagnosed with cerebral palsy after doctors failed to carry out an emergency caesarean within the recommended time.

The plaintiff argued that delay deprived him of a fair chance at survival without brain damage, while the defendants maintained that a placental separation made the outcome inevitable.

"I bear in mind that damages to be awarded to the plaintiff must be in accordance with legal principles and not sympathy."

GAN TECHIONG
Judicial Commissioner

Expert witnesses clashed over his life expectancy, with one projecting 44 years and another limiting it to 29.

The court ruled that the delay deprived the plaintiff of a fair chance of being born without severe complications, noting that the medical officers should have acted faster given the high-risk nature of the pregnancy.

On life expectancy, Gan fixed

the maximum at 29 years, rejecting the plaintiff's expert opinion of 44 years.

He said medical data showed the odds of survival beyond 29 were only 26 per cent.

"I am constrained to rule that there is no basis whatsoever to support an extrapolation beyond 29 years as the life expectancy of the plaintiff here."

The judge awarded RM300,000 in general damages, RM458,400 in special damages, RM51,300 in pre-trial damages, and RM1.47 million for future general damages.

Gan also ordered interest of five per cent per annum on most of the sums but declined to grant aggravated damages, noting that the family had waited over a decade before filing the suit.

Lawyers Karhti Kanthabalan and Abigail Sarah Kumar appeared for the plaintiff, while senior federal counsel Masriwani Mahmud acted for the government.

Penang Hospital seeks next-of-kin

PENANG Hospital is appealing to the public to help locate the next-of-kin of two patients whose bodies are currently at its Forensic Department.

The hospital is seeking the family of Mohd Redzuan Jaafar, 41, who died on Aug 31 from severe pneumonia with pulmo-

nary tuberculosis.

His last known address was Jalan Sentosa, Taman Sejahtera in Kulim, Kedah.

They are also trying to find Nigerian national Rachael Olayemi Olanrewaju to claim the remains of her foetus.

Rachael went missing after a

miscarriage at the hospital.

Her age and address are unknown.

Family members of the deceased or friends of the next-of-kin are urged to contact the Penang Hospital Forensic Department at 04-222 5098 for information.

1.27m screened in mobile health plan

MORE than 1.27 million people have benefited from the Health Ministry's Mobile Health Screening programme, with over 3,000 localities visited by "Wellness on Wheel" trucks, the Dewan Negara was told. Deputy Minister Datuk Lukanisman Awang Sauni said the initiative aimed to boost the prevention and management of non-communicable diseases under the National Health Screening Initiative. He was replying to Senator Datuk C. Sivaraj, who asked about NCDs and the preventive measures. **Bernama**

Wide gap between rural, urban healthcare

► Experts warn limited funding, lack of specialists and delayed treatment put families in outlying areas at higher risk of complications

■ BY KIRTINEE RAMESH
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PETALING JAYA: Rural Malaysians are still being left behind in healthcare access, with funding and services lagging far behind urban centres, said Universiti Kebangsaan Malaysia public health medicine specialist Prof Dr Sharifa Ezat Wan Puteh.

Citing the Health Ministry's 2023 Annual Report, she said development spending on rural public health services last year was RM137.2 million, with total expenditure at RM121.3 million. In contrast, urban public health services received RM257.9 million in development allocation and spent RM246 million.

"This shows the budget for rural healthcare is more than two-times lower than in urban areas. This may be due to fewer patients, less intensive treatment and lower severity of cases in rural settings. But it also means many patients are referred later to urban facilities for specialised care, which can lead to complications."

She warned that delays in diagnosis and treatment often result in rural patients receiving only generic drugs, particularly in complex cases such as cancer, cardiovascular disease and mental health

conditions.

While cost drivers for rural and urban patients are similar – mainly non-communicable diseases (NCDs) such as diabetes, hypertension and obesity – rural families face the added burden of access.

"The only difference is that urban patients may also spend on cosmetic services such as braces, plastic surgery and aesthetic procedures."

"For rural communities, the main burden still comes from NCDs and unhealthy lifestyles such as smoking and sedentary behaviour, which are strongly linked to obesity."

"Even though primary care clinics and general practitioners are available, many are not staffed by specialists and often lack facilities such as laboratories, operating theatres, anaesthetists or even blood banks."

"Radiological services like CT scans are also scarce. As a result, patients may receive care that is not optimal, increasing the risk of complications."

Health systems specialist Dr Khor Swee Kheng said the barriers went beyond facilities.

"There are financial and non-financial barriers to healthcare access for rural families."

"Financially, their income may be lower than urban families."



Medical access in semi-urban and rural areas still lag behind hospitals in cities.
– AMIRUL SYAFIQ/THESUN

Geographically, they may live further away from hospitals that have advanced technologies such as MRI (non-evasive diagnostic machines) and specialist doctors.

"Culturally, rural families may have lower health literacy and seek healthcare only in later stages of a disease when the symptoms become unbearable."

"Therefore, improving healthcare access for rural families must include financial and non-financial policies."

The government has introduced reforms, including strengthening primary care, placing specialists in district hospitals and creating hospital cluster initiatives.

However, Sharifa believes "these efforts are still not enough and can be improved."

Although the incidence of catastrophic health expenditure (CHE) in the general population is relatively low – between 1.13% and 8% – the rates are much higher among vulnerable groups.

CHE incidence stands at 86.5% for oral cancer patients, 54.4% for cancer patients in government institutions and 23.6% for kidney transplant recipients.

"The elderly, lower-income households, and those in rural areas are more likely to experience financial hardship from healthcare costs," she said.

To address these gaps, Sharifa called for greater investment in primary care and prevention rather than hospital expansion.

"Improving and upgrading rural

clinics will help reduce the burden of disease and prevent conditions from worsening. Social protection should go beyond healthcare to include income, education, transport and other essentials for rural communities."

She urged the government to increase the budget allocation for primary care and preventive measures, produce a higher ratio of clinical specialists to population and improve salaries and posts for healthcare professionals, particularly in rural areas. She also said the drug acquisition and distribution for rural healthcare facilities should be strengthened.

"The health budget is good, but more needs to be done for those outside the cities," she stressed.

Patient hardships hit home in remote communities

PETALING JAYA: Official reports may point to gaps in rural healthcare funding, but for those in remote communities, the struggle is not just about figures – it is about time, money and survival.

For Aini Abdullah, 46, from a village in Kelantan, a hospital visit takes

almost an entire day.

"If my husband is sick, we have to travel more than an hour to the nearest hospital. Bus service is irregular, so we usually borrow a neighbour's car and spend at least RM30 on petrol."

Jamil, 52, an Orang Asli farmer from

Pahang, said the high cost of travel often forces him to delay treatment.

"Sometimes I just endure the pain. Going to town means losing a day's income and I still have to pay for transport and food. We only go if it gets really bad."

For others, the most pressing

concern is emergency response. A respondent Amir (not his real name) voiced his frustration.

"Response time for emergencies is very slow for rural folks. If we call for the health clinic doctor to come, they take forever to arrive. If we drive to the hospital, it also takes about an hour. In

the city, it's easier.

"A few times we had emergency health issues, we were able to see a doctor and get checked within 30 minutes because there are so many nearby hospitals and ambulance response time is almost immediate."

By KIRTINEE RAMESH

Creak less, care more on ageing

SO here's the situation: Malaysia is getting older – and it's not just your knees, but the whole country. According to statistics, we are sliding rapidly into an "ageing nation" status. By 2030, 15% of Malaysians will be aged 60 and above. That will be a lot of *atuks*, *neneks*, *makciks* and uncles trying to survive not just creaky joints, but also a system that is still acting like ageing is a personal inconvenience instead of a national priority.

Hello, what's the plan?

You cannot just say "we respect our elders" and then abandon Auntie Salmah in a flat with no lift, and hope a nice neighbour will randomly bring her groceries.

Respect is not just poetic Instagram captions on "Hari Warga Emas"; it is also systems, support and showing up.

Let's be real: Malaysians are amazing at *ceramahs* and slogans. But action? Sometimes slower than a 93-year-old climbing stairs with no railing. So here's your mild *lempang* of the day: Malaysia, pull up your socks – not the ankle ones, wear the compression type if you must – as it is time to get serious!

Where are the protocols?

If an elderly person is living alone, there should be mandatory welfare checks – weekly, biweekly, heck, even AI-powered SMS check-ins. Something! Anything! We are talking about real people, not forgotten furniture.

Who checks if they have eaten today? Who knows if they slipped in the bathroom three days ago? Who is monitoring if Uncle Tan is slowly slipping into depression because his kids only text once a month – and only when they need *ang pow*?

It does not take a PhD in policy-making to

figure out some basics. Other countries have elderly call-in hotlines, volunteer buddy systems and community health workers who drop by. But us? We are still arguing whether WiFi in *kampung*s is a luxury or a right.

Let's introduce a national elderly well-being register – a safe and respectful system where vulnerable seniors living alone are visited or contacted regularly. Not in a "big brotherly" way but in a "hey, you okay *tak*, *nak makan bubur* or *rendang* today?" way.

And please, make it easy. No forms longer than Tolstoy's *War and Peace*. No 14-chop approvals. If *Makcik Ani* can register her chicken rice order on Grab, she should be able to register for a welfare check-in.

Accessible housing

You think a 72-year-old with arthritis wants to climb three floors to get to her flat in PPR Dahlia B-2-4? Elevators *rosak* since Merdeka and no one bats an eye.

And don't even get me started on bathroom design – slippery tiles, no railing, tiny space. It is like the architect wanted to audition old folks for Ninja Warrior.

What we need: age-friendly housing, functional lifts, ramps that are actually usable – not just decorative or at impossible 90° angles – and bathrooms where you can actually move without needing a stunt double.

Future-proof it. Design with ageing in mind because, if you are lucky, you'll be old one day too.

Healthcare that doesn't cost a kidney

Free checkups are great. But you know what is better? Free follow-ups that don't take seven months – or a secret handshake – to book.

You can offer all the RM1 clinic

consultations you want but if Auntie Kamariah needs to wait until Hari Raya Haji 2026 for her next appointment, what is the point?

And medication stock-outs? *Aiyo*. One day it is available, next it is *kosong*. If we want our elders to live longer, maybe don't make them play lottery with their life-saving pills.

Healthcare reform isn't a sexy election slogan but it saves lives. Want to win votes from old folks? Make sure they don't collapse halfway while queuing four hours for registration.

Actual community centres

Not just sad karaoke machines from 1998. We want vibrant and activity-filled spaces with *tai chi*, board games, art therapy, free WiFi and an aunty gossip corner, fully funded and accessible.

And "community centre" does not mean one dusty hall with a broken fan where the only event is "bingo night" every leap year.

Provide classes – painting, cooking, even TikTok 101. Let *nenek* go viral for her *rendang* recipes. Let *pakcik* form a chess gang. Let them live, not just exist because seniors are not waiting to die quietly; they still have stories, talents, energy. They just need platforms.

Transport that does not treat them like a burden

Give them discounted Grab rides. Wheelchair-friendly buses that work. Not just "eh, got ramp but *tak boleh buka*, sorry-ah".

And please train drivers, stop jerking the bus like you are auditioning for *Fast and Furious*. You've got *neneks* holding on for dear life with their Tesco shopping bag.

Mobility is dignity. If they can't move, they can't participate. If they can't participate, society loses their wisdom, humour and unpaid babysitting services.

What about families?

Don't think you are off the hook just because "eh, government should do something". Yes, the state must step up but so must you.

Don't call your mother once a week just to ask where she kept your SPM certificate; visit her, bring her *kuih*. Ask how her heart is, not just whether the house is still under her name.

If you can't be there every day, make sure someone is. Hire help, talk to neighbours or use technology. Love is responsibility, not lip service.

And please stop this nonsense of pretending old people cannot make decisions. Old does not mean outdated. Just because *Pakcik Dahlan* uses a Nokia does not mean he cannot vote, manage his bank account or tell you off in four languages.

What we need is support, not babysitting. Respect, not condescension. Care, not coddling.

Bottom line

We are not ready – not yet – but we can be if we stop acting like it is a future problem and start treating it like the urgent and present situation it is.

Ageing is not a disease; it is a guaranteed part of life. So, don't wait until you are the one stranded in a hot flat with no meds and no company before screaming "why nobody help the old folks?"

Start now – build the systems, check on your elders and plan like you will live long enough to benefit from the changes you demand – because *makcik's* knees may be noisy but her message is loud and clear.

Sekian, with love, *cili padi* and one tight *makcik* slap for anyone still pretending this is someone else's problem.

Azura Abas is the associate editor of theSun.

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Kuala Lumpur

Mahkamah Tinggi di sini, mengarahkan kerajaan membayar ganti rugi lebih RM2.28 juta kepada seorang remaja yang mengalami kerosakan otak kekal akibat kecuiaan perubatan ketika kelahirannya di Hospital Kuala Lumpur (HKL), 15 tahun lalu.

Pesuruhjaya Kehakiman, Gan Techiong membuat keputusan itu selepas mendapati kerajaan bertanggungjawab secara vikarius (liabiliti ganti rugi) atas tindakan cuai seorang pegawai perubatan muda serta bekas ketua Jabatan Obstetrik dan Ginekologi hospital berkenaan.

Dalam penghakimannya, Techiong hiha apabila menggambarkan keadaan plaintif ketika dibawa ke mahkamah ketika perbicaraan berlangsung.

Mahkamah dimaklumkan bahawa plaintif, yang dikategorikan dalam tahap paling serius bagi pesakit palsy serebrum, langsung tidak mampu mengangkat kepala dan perlu diberikan makanan melalui tiub sepanjang hayatnya.

"Ketika plaintif dibawa ke mahkamah dalam sebuah kereta sorong bayi ketika perbicaraan, kebanyakan yang hadir termasuk saya selaku hakim perbicaraan, tidak dapat menahan rasa sedih melihat keadaannya," katanya dalam penghakiman bertarikh 6 Mei lalu.

Bagaimanapun, katanya, simpati semata-mata tidak boleh menjadi panduan kepada mahkamah dalam membuat keputusan.

Techiong menegaskan sebarang jumlah pampasan mesti berdasarkan prinsip undang-undang, bukan emosi serta dikira



PLAINTIF mengalami kerosakan otak kekal akibat kecuiaan perubatan ketika kelahirannya di HKL, 15 tahun lalu.

Kecuaian perubatan 15 tahun lalu

Mahkamah Tinggi arah kerajaan bayar ganti rugi lebih RM2.28j kepada remaja lahir di HKL

secara adil supaya tidak membebankan pembayar cukai.

"Saya yakin kedua-dua pakar turut bersimpati terhadap plaintif. Namun dengan penuh hormat, kami perlu menolak daripada beremosi apabila membuat penilaian profesional terhadap kes ini.

"Saya mengambil kira bahawa pampasan kepada plaintif perlu selari dengan prinsip undang-undang dan bukan berdasarkan

simpati. Tiada ruang untuk memperkayakan plaintif secara tidak adil dengan menanggung beban oleh pembayar cukai," katanya.

Tuntutan itu difailkan oleh ibu plaintif pada Januari 2023 bagi pihak anaknya yang dilahirkan pada 11 Februari 2010.

Plaintif disahkan mengalami palsy serebrum selepas doktor gagal

menjalankan pembedahan caesarean kecemasan dalam tempoh yang disyorkan.

Pihak plaintif berhujah bahawa kelewatan menjalankan prosedur itu menyebabkan beliau hilang peluang untuk lahir tanpa

mengalami kerosakan otak, manakala pihak defendan menyatakan bahawa pemisa-

han uri menyebabkan keadaan itu tidak dapat dielakkan.

Pakar yang dipanggil sebagai saksi pula berbeza pendapat mengenai jangka hayat plaintif, dengan seorang menganggarkan 44 tahun manakala seorang lagi mengehaskan kepada 29 tahun.

Mahkamah memutuskan bahawa kelewatan itu menyebabkan plaintif hilang peluang wajar untuk dilahirkan tanpa komplikasi serius serta menyatukan pegawai perubatan sepatutnya bertindak lebih pantas memandangkan kehamilan itu berisiko tinggi.

Mengenai jangka hayat, Techiong menetapkan maksimum 29 tahun, menolak pandangan pakar plaintif yang menganggarkan 44 tahun.

Katanya, data perubatan menunjukkan peluang untuk hidup melebihi 29 tahun hanya 26 peratus.

"Saya terpaksa memutuskan bahawa tiada asas kukuh untuk menyokong anggaran jangka hayat plaintif melebihi 29 tahun," katanya.

Mahkamah menganugerahkan RM300,000 sebagai ganti rugi am, RM458,400 bagi ganti rugi khas, RM51,300 untuk ganti rugi sebelum perbicaraan serta RM1.47 juta sebagai ganti rugi am masa hadapan.

Techiong turut menga-rahkan kadar faedah lima peratus setahun dikenakan terhadap kebanyakan jumlah itu namun menolak tuntutan ganti rugi teruk (*aggravated damages*) dengan mengambil kira bahawa keluarga plaintif hanya memfailkan saman selepas lebih sedekad.

Peguam Karthi Kanthabalan dan Abigail Sarah Kumar mewakili pihak plaintif, manakala Peguam Kanan Persekutuan, Masriwani Mahmud mewakili kerajaan.

Tuntutan difailkan ibu plaintif pada Januari 2023 bagi pihak anaknya

Sepang: Pengoperasian kemudahan Makmal Forensik Kenderaan bawah CyberSecurity Malaysia (CSM) bakal menjadi pengubah keadaan dalam siasatan nahas jalan raya di negara ini.

Berbanding dengan kaedah sedia ada yang bergantung kepada bukti fizikal di lokasi nahas serta anggaran yang dijalankan, makmal yang pertama di negara ini itu berupaya menganalisis data dalam perakam data kejadian (*event data recorder*), modul kawalan beg udara (*airbag control module*) dan sistem maklumat hiburan

Makmal Forensik Kenderaan CSM bakal ubah cara siasatan nahas jalan raya

kenderaan (*infotainment*) untuk mengetahui situasi sebenar yang berlaku.

Menteri Digital, Gobind Singh Deo berkata, inisiatif oleh CSM itu sangat penting kerana ia dapat membantu semua pihak apabila berlaku sesuatu kemalangan.

Katanya, data yang diperolehi itu boleh dinilai dan diteliti di makmal, sekali gus membantu siasatan pihak berkuasa.

"Saya berasa kita semua

tahu pentingnya data bila berlaku satu insiden yang memerlukan siasatan.

"Kedua, kita juga dapat melihat apakah sebenarnya yang telah membawa kepada insiden tersebut dan kita dapat mengambil langkah-langkah untuk kita cuba memastikan bahawa kekurangan-kekurangan yang wujud, yang telahpun membawa kepada kemalangan atau insiden tersebut dapat kita perbaiki.

"Kemudian, kita juga dapat mengumpul data terbabit untuk penilaian atau apa yang kita kata *predictive technologies*," katanya kepada pemberita selepas melancarkan Makmal Forensik Kenderaan di sini, semalam.

Gobind berkata, ketika ini makmal berkenaan bekerjasama dengan pihak berkuasa, khususnya pihak Polis Diraja Malaysia (PDRM) dan Jabatan Pe-

ngangkutan Jalan (JPJ) yang mempunyai peranan besar dalam siasatan insiden membabitkan kenderaan dan sebagainya.

Selain menjalankan penyelidikan dan analisis data kenderaan berkaitan kemalangan dan isu keselamatan, makmal itu juga menyokong siasatan forensik digital agensi penguatkuasaan undang-undang melalui bukti digital sah dan berintegriti.

SETIAP produk makanan yang dibungkus secara komersial lazimnya mempunyai label tarikh luput atau tarikh tamat tempoh. Tarikh ini memberi maklumat penting kepada pengguna tentang jangka masa makanan tersebut dijamin selamat dan berkualiti untuk dimakan.

Namun begitu, timbul persoalan dalam kalangan masyarakat, terutamanya ketika menghadapi kekangan kewangan atau usaha mengurangkan pembaziran makanan. Persoalannya: adakah makanan yang telah tamat tempoh masih selamat untuk dimakan? Menjawab persoalan ini memerlukan pemahaman tentang jenis tarikh luput serta risiko yang berkaitan.

Pertama sekali, penting untuk membezakan antara "tarikh luput" dan "baik sebelum". Tarikh luput biasanya digunakan pada produk yang mudah rosak seperti susu, ubat-ubatan, dan makanan bayi. Produk yang telah melepasi tarikh luput ini tidak digalakkan untuk dimakan kerana ia mungkin telah mengalami perubahan kimia atau pertumbuhan mikroorganisma berbahaya yang boleh membahayakan kesihatan. Sebaliknya, label "baik sebelum" menunjukkan tarikh jangkaan kualiti terbaik, dan makanan yang melepasi tarikh ini masih boleh dimakan, asalkan ia tidak menunjukkan tanda-tanda kerosakan seperti bau busuk, perubahan warna, atau kulat.

Walau bagaimanapun, pengguna harus berhati-hati dalam menilai keadaan makanan yang telah tamat tempoh. Sebagai contoh, makanan dalam tin yang sudah melewati tarikh "baik sebelum" tetapi masih belum dibuka dan tidak menunjukkan tanda kebocoran atau kembung, selalunya masih selamat dimakan. Begitu juga dengan makanan kering seperti beras, biskut atau mi segera yang disimpan dalam keadaan



Makanan TAMAT TEMPORH

Boleh Dimakan atau Tidak?

baik — makanan seperti ini cenderung bertahan lebih lama daripada tarikh yang tertera pada pembungkus.

Namun begitu, terdapat risiko jika makanan yang benar-benar sudah rosak dimakan. Makanan yang telah tercemar oleh bakteria seperti Salmonella atau Listeria boleh menyebabkan keracunan makanan, cirit-birit, muntah-muntah dan dalam kes yang lebih serius, boleh membawa kepada kematian. Oleh itu, meskipun sesetengah makanan mungkin masih boleh dimakan selepas tamat tempoh, pengguna perlu mengamalkan prinsip "lihat, hidu dan rasa dengan berhati-hati" sebelum membuat keputusan untuk memakannya.

Selain aspek keselamatan, isu makanan tamat tempoh juga sering dikaitkan dengan pembaziran makanan. Menurut statistik global, jutaan tan makanan dibuang setiap tahun hanya kerana telah melepasi tarikh "baik sebelum", walaupun masih selamat untuk dimakan. Oleh itu, sesetengah negara telah memulakan kempen kesedaran untuk menggalakkan rakyat mereka menilai makanan secara visual dan deria, bukan hanya bergantung kepada tarikh pada label.

Kesimpulannya, makanan yang

telah tamat tempoh tidak semestinya tidak selamat untuk dimakan, tetapi pengguna harus bijak menilai berdasarkan jenis makanan, tarikh yang tertera, cara penyimpanan, serta keadaan fizikal makanan itu sendiri. Sekiranya ragu-ragu, adalah lebih baik membuangnya daripada mengambil risiko kesihatan. Pada masa yang sama, masyarakat juga perlu diberi pendidikan tentang perbezaan jenis tarikh pada label makanan agar dapat membuat keputusan yang tepat dan bijak, sekali gus membantu mengurangkan pembaziran makanan di negara ini.



EVERY year, hundreds of Chinese tourists flock to the Bulgarian mountain village of Momchilovtsi for a festival celebrating the local yoghurt, which is renowned for its health benefits and has become a hit among consumers in China.

The Chinese visitors mingle with locals in the village in the Rhodope Mountains near the Greek border. On a stage in the village square, singers and bagpipers in traditional embroidered costumes perform folk songs in the late summer sun.

Yoghurt and cheese producers from the region, many of whom speak some Chinese, offer samples and products for sale.

"Bulgarian yoghurt is very popular in China ... so we want to try the pure yoghurt here," said Ge Lin, 37, a tourist from China.

Chinese tourists have been visiting Momchilovtsi since 2009, when a Chinese dairy company first imported the bacteria found in the local yoghurt. The company's product, branded Mosilian, is now sold in most Chinese supermarkets.

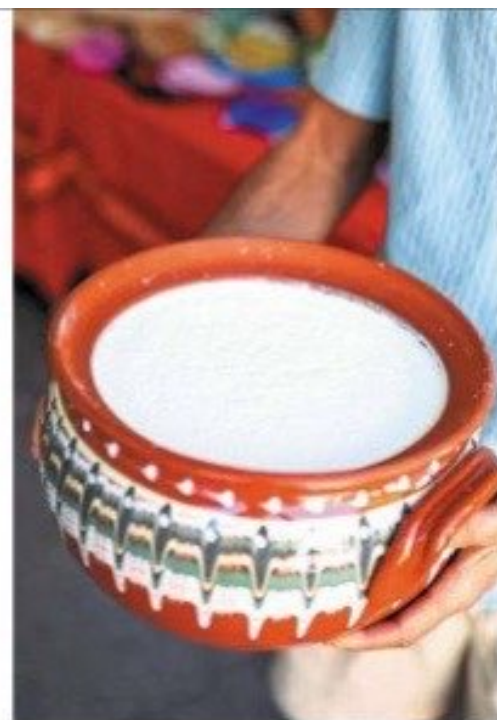
In the early 20th century, Bulgarian microbiologist Stamen Grigorov and Russian zoologist

For the love of yoghurt



(Left) Vendors making rice cakes for tourists to try with yoghurt during the festival.

Yoghurt Festival in Momchilovtsi typically takes place at the end of summer each year. — Photos: Reuters



Elie Metchnikoff found that consuming yoghurt helped Bulgarian peasants to live longer.

Bulgarian yoghurt contains *Lactobacillus bulgaricus* and other bacteria unique to the region, which boost health, immunity, and longevity, said Prof Dr Penka Petrova, director of the Institute of Microbiology at

the Bulgarian Academy of Sciences.

"Bulgarian yoghurt may be the world's first probiotic and has been used to treat various ailments. Each bacterial strain isolated from homemade yoghurt has distinct properties," she said.

A number of recent scientific studies have found fermented

dairy products from Bulgaria have beneficial health properties.

Dimitar Danchev, 37, a fourth-generation livestock breeder from the region, said local yoghurt is made from both cows' and sheep's milk and its properties vary according to the season.

"In spring, when animals graze

on fresh grass, the yogurt has specific characteristics, ... while in autumn, when the grass is drier, the milk is thicker."

Mitra Pareva, 95, said yoghurt has been part of her daily diet for her whole life.

"Yoghurt is good for me. The first foods on my table are bread and yoghurt," she said. — Reuters

PJ fiesta fundraiser for Down syndrome draws crowds

By ALISA IDRIS
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EACH coupon used at an annual charity fundraiser this year contributed towards sustaining therapy and education for children with Down syndrome.

"Fiesta Merdeka Food & Funfair 2025" by Kiwanis Down Syndrome Foundation-National Centre (KDSF-NC) held in Petaling Jaya, Selangor, drew more than 700 visitors.

They included families, students, medi-

cal volunteers, welfare home residents and KDSF patrons, all giving their time and money to the cause.

Coupons valued at RM10 enabled visitors to enjoy food and games such as Freedom Toss and Bowling Kelapa Tua.

Visitors who collected the requisite number of stamps after playing the games could redeem them for a small prize like a tote bag or pencil case.

There were also health screenings, art activities for children, traditional dance performances by KDSF alumni and even

a surprise show by "pop yeh yeh" band Kugiran Masdo.

Dance teacher Dr Chua Caik Leng, who helped organise the event, said Dance for Funds classes also helped raise money for KDSF.

"All proceeds from coupons, public contributions and class fees are properly audited before being channelled back to the foundation," he said.

Rose Zaimi Mohamad Zaid, 45, who helped put up decorations and whose daughter has been with Kiwanis since

she was five months old, said the event was a good initiative for raising awareness about the Down syndrome community.

"This is the first Fiesta Merdeka since Covid-19," said Rose Zaimi.

"Seeing it come back like this feels special," she said while commending the dance performances by the children.

"You can see their confidence grow. Events like this give them the chance to step out, socialise and prepare for life beyond Kiwanis," she added.



(From left) Rose Zaimi's daughter playing a game to net ducks; a participant getting her face painted; and a clown entertaining the kids. — Photos: ART CHEN/The Star