Inclusive dental care for the blind

New initiative to demystify oral health

By FAZLEENA AZIZ
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KUALA LUMPUR: The visually-impaired can now experience an innovative approach to empowering oral health literacy through the "Feel The Smile" Flip Chart.

The joint effort by the Federal Territories Kuala Lumpur & Putrajaya Health Department dental division and the Malaysian Association for The Blind (MAB) was launched in conjunction with World Braille Day 2026 on Sunday.

It uses grade 1 and grade 2 Braille Code for individuals who are completely blind and coloured visual materials for those with partial vision disabilities.

Department director Datin Dr Haliza Abdul Manaf, who launched the initiative yesterday, stressed the importance of health literacy among those with special vision needs in line with the aspirations of Universal Health Coverage by the World Health Organisation.

"The Health Ministry is currently implementing reforms by shifting from the 'sick-care' concept to 'health-care' which is based on disease prevention. The 'Feel The Smile' slide chart is a manifestation of this effort," she said.

"This initiative is also reinforced by the national prevention slogan: 'Remember the Day, Remember the Dentist', to encourage annual routine check-ups."

Dr Haliza said data from the National Oral Health Survey of Adults (Nohsa) 2020 showed the prevalence of dental caries (tooth decay) reached 85.1%, with gum disease (periodontal) at 94.5%.

In terms of tooth loss among the elderly, she said two out of three elderly people in Malaysia (65.7%) have fewer than 20 natural teeth.

"Health literacy also revealed that seven out of 10 people have the wrong perception that they do not have dental problems, which results in treatment only being sought when they are sick," she pointed out.

Besides the launch of the flip chart, the department continues to be committed through the provision of special needs dental service facilities, mobile dental clinics and the use of the "Tell-Feel-Do" clinical communication technique to reduce patient anxiety during treatment.

MAB deputy president Datin Fauziah Mohd Ramly said dental health played a vital role in a person's physical, emotional and social well-being. She said untreated dental problems could cause long-term pain, affect eating, speech and self-confidence.

"For the blind and visually impaired community, dental health challenges are often compounded when preventive and treatment information is not presented in an easily understood and accessible format.

"As such, dental health education using tactile approaches, oral explanations and materials in Braille is essential," she said, congratulating the ministry for initiating the Braille prescription label initiative.

The MAB is also holding several activities as part of the World Braille Day including 'My Name in Braille Activity Sheet', a mini-exhibition featuring Braille equipment and a free check-up by the ministry and Cheras Dental Clinic mobile dental clinic.

At the event, the Kiwanis Club of Damansara and the Kiwanis Children Foundation presented their donation of RM37,000 to build the Tactile Learning Centre for Children at the HT Ong Library & Resource Centre.

Say 'aaah': Members of the visually impaired community being given free dental check-ups as part of the activities during World Braille Day in Kuala Lumpur. — CHAN TAK KONG/The Star

Don't ignore the signs of carpal tunnel syndrome, warns doc

KUALA LUMPUR: Carpal tunnel syndrome (CTS), a condition caused by compression of the median nerve in the wrist, is becoming increasingly common among working Malaysians.

Yet many continue to ignore early symptoms, delaying medical consultation until the condition becomes more severe and harder to treat.

The syndrome can cause numbness, tingling, pain and weakness in the hand, potentially affecting daily activities and quality of life.

Hand and Microsurgery Consultant at Sunway Medical Centre Dr Mooi Sung Siang said CTS is becoming more prevalent due to modern work practices that require prolonged wrist positioning, either in flexion or extension.

"Prolonged wrist postures, common among office workers and computer users, increase pressure within the carpal tunnel and can compress the median nerve, leading to CTS.

Early stages: Dr Mooi explaining the symptoms of carpal tunnel syndrome to a patient. — Bernama

"However, the condition is not limited to office workers. Musicians, operators of vibrating tools, and individuals with underlying medical conditions such as diabetes or pregnancy are also at risk," he said, Bernama reported.

Clinically, Dr Mooi said CTS is classified into three severity levels based on electrodiagnostic criteria – mild, moderate and severe.

Symptoms corresponding to mild CTS typically involve occasional numbness. Moderate cases may feature frequent symptoms and pain, while severe CTS can lead to constant symptoms and muscle atrophy in the hand.

He also addressed common misconceptions, noting that many Malaysians believe CTS can be resolved without treatment and warned that untreated CTS may result in persistent pain, impaired fine motor function, sleep disturbances and, in severe cases, permanent nerve damage, potentially affecting employment and overall quality of life.

According to Dr Mooi, the diagnosis of carpal tunnel syndrome is typically made through a clinical assessment by a healthcare professional.

This may include physical examination findings and, where appropriate, further investigations such as nerve conduction studies, may be conducted by medical experts.

He added that imaging modalities, such as ultrasonography or magnetic resonance imaging (MRI), may sometimes be used to assess structural causes contributing to nerve compression, including conditions such as ganglion cysts and gout.

He highlighted that non-surgical management involves wrist splints, activity modification, medications and physiotherapy to relieve pressure, while surgical release is considered if symptoms persist or muscle atrophy develops.

Surgical approaches to treat CTS include open and minimally invasive techniques. While the choice of approach depends on clinical and patient-specific factors, minimally invasive methods use smaller incisions, which may offer a different recovery experience for some individuals.

Dr Mooi advised members of the public not to dismiss ongoing hand symptoms and to seek medical evaluation as early assessment can support clearer diagnosis and appropriate care.

"Seek medical advice promptly to prevent permanent nerve damage. Simple measures, such as adjusting wrist positions and taking regular breaks, can help reduce pressure while awaiting professional care," he added.

ATM transformasi perkhidmatan kesihatan depani ancaman berbilang domain

Ramai melihat kekuatan sesebuah angkatan tentera pada kuantiti dan kecanggihan senjata serta peralatan digunakan sedangkan kualiti perwira kita tidak kurang pentingnya, termasuk dari segi kesihatan fizikal dan mental. Dalam era ancaman berbilang domain, wabak, konflik serantau dan operasi berintensiti tinggi, sejauh mana kesiapsiagaan kesihatan ATM dapat memastikan anggota dan pegawai tentera kita bersedia dari semua aspek, termasuk kesihatan. Wartawan BH, Fahmy A Rosli mewawancara Ketua Pengarah Perkhidmatan Kesihatan Angkatan Tentera Malaysia (ATM), **Leftenan Jeneral Datuk Dr Zulkeffeli Mat Jusoh**

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Soalan (S): Boleh jelaskan perkembangan dan hala tuju perkhidmatan kesihatan Angkatan Tentera Malaysia (ATM) dalam memperkukuh kesiapsiagaan angkatan masa hadapan?

Jawapan (J): Perkhidmatan kesihatan ATM sedang melaksanakan transformasi menyeluruh bagi memastikan kesiapsiagaan kesihatan anggota seiring dengan keperluan angkatan masa hadapan lebih pantas, bersepadu, berteknologi tinggi dan berpotensi dalam persekitaran ancaman multi-domain.

Fokus utama termasuk peningkatan keupayaan klinikal dan operasi, pengukuhan kesihatan pencegahan, digitalisasi rekod kesihatan sepanjang hayat, integrasi data dan analitik serta pengurusan kecederaan, termasuk penyakit berkaitan operasi dan latihan. Kesihatan anggota adalah kuasa tempur.

Kita komited memperkukuh kesiapsiagaan menerusi pemodenan sistem, peningkatan perubatan operasi bagi menyokong angkatan masa hadapan. Kita jangkakan persekitaran strategik semasa menuntut ATM beroperasi dalam spektrum ancaman lebih kompleks berikutan beberapa faktor.

Antaranya operasi berbilang domain dan tempo operasi lebih tinggi, ancaman bukan tradisional, wabak, penyakit berjangkit, bencana iklim, insiden kimia, biologi, radiologi dan nuklear (CBRN) dan keselamatan bio.

Ia termasuk tuntutan mobiliti, ketangkasan, logistik dan kesediaan pasukan berterusan serta keperluan ketepatan keputusan klinikal dan operasi berasaskan data. Maka, Perkhidmatan Kesihatan ATM memberi keutamaan kepada ketahanan, kesihatan, rawatan pantas di medan dan pemulihan yang mempercepat kembali berkhidmat.

S: Bagaimana pula dengan tahap kesihatan dan kecergasan anggota ATM ketika ini?

J: Isu obesiti dan tahap kesihatan dipantau berterusan dan terkawal. Sejak awal penugasan, anggota diwajibkan mematuhi indeks jisim badan (BMI) tertentu, terutama untuk kenaikan pangkat dan penyambungan perkhidmatan. Walaupun piawaian asas BMI 26.9 masih diguna pakai, pelaksanaannya kini lebih realistik dengan mengambil kira faktor umur serta jantina.

Contohnya, bagi peringkat umur tertentu, BMI sehingga sekitar 27.1 masih diterima, manakala had maksimum dibenarkan ialah BMI 29.9. Pada paras BMI 30, anggota dianggap tidak cergas.

Berdasarkan rekod kesihatan digital dikumpulkan, jumlah anggota dengan BMI tinggi adalah kecil. Pemantauan rapi dan pematuhan sejak awal memastikan tahap kesiagaan kekal tinggi, dengan kira-kira 97 peratus daripada 120,000 anggota berada dalam keadaan 'medical ready' dan boleh diaturgerakkan. Kriteria kesiagaan ini merangkumi aspek kesihatan keseluruhan, termasuk BMI dan kecergasan fizikal.

Dari segi umur, anggota berkhidmat dari sekitar 19 tahun sehingga umur persaraan 60 tahun menunjukkan tahap kesiagaan melebihi 90 peratus. Perbezaan ketara dengan agensi lain seperti polis ialah tentera sudah lama melaksanakan sistem pemeriksaan kesihatan berkala, iaitu setiap empat tahun bagi anggota bawah 40 tahun; berumur lebih 40 tahun (setiap dua tahun) dan pegawai kanan (tahunan).

Selain itu, latihan fizikal dijalankan berterusan dan disokong ujian kecergasan wajib keseluruhannya, pendekatan menyeluruh ini memastikan isu obesiti tidak menjadi masalah besar dan tahap kesihatan serta kecergasan anggota tentera sentiasa berada pada paras tinggi.

S: Bagaimana pula dengan kesihatan mental anggota khususnya mereka yang terbabit dengan penugasan di negara berkonflik perang?

J: Penugasan anggota tentera di luar negara berpotensi memberi kesan mental, namun masih terkawal dan dipantau rapi. Tahap tekanan dialami banyak bergantung kepada jenis dan lokasi penugasan. Misalnya situasi peperangan sebenar seperti di Iraq atau Afghanistan membabitkan ancaman langsung, serangan bom dan kematian tiba-tiba.

Bagaimanapun, penugasan di Lubnan baru-baru ini memperlihatkan peningkatan ketegangan susulan serangan roket Israel di kawasan berhampiran zon penugasan. Anggota terpaksa berlindung di bunker, menyaksikan roket melintasi ruang udara serta kehadiran dron, situasi tidak pernah dialami oleh sebahagian anggota dan secara semula jadi menimbulkan tekanan serta kebimbangan.

Kesan psikologi dalam konflik intensif jauh lebih berat dan berisiko tinggi menyebabkan trauma serta tekanan pasca-trauma (PTSD). Keadaan ini jelas berbeza dengan penugasan anggota kita yang walaupun tegang, masih tidak berada dalam kategori peperangan sebenar.

Sebagai langkah pencegahan, saringan kesihatan mental dilaksanakan sebelum penugasan dan selepas kepulangan. Setakat ini, tiada kes serius seperti PTSD dikenal pasti. Namun, terdapat segelintir anggota lelaki mahupun wanita ada menunjukkan tanda tekanan atau trauma ringan selepas pulang dari Lubnan. Mereka dipantau serta diberikan sokongan susulan.

S: Memadaikah lima hospital ATM ketika ini untuk memberi perkhidmatan kesihatan kepada anggota, termasuk keluarga?

J: Satu dari hospital berkenaan, iaitu Hospital ATM Terendak, Melaka yang dirobohkan sedang dibina semula. Persoalan sama ada lima hospital mencukupi perlu dilihat dalam konteks misi sebenar perkhidmatan kesihatan ATM, iaitu untuk mengekalkan kesiapsiagaan tempur ATM kerana dalam doktrin ketenteraan, kesihatan adalah '*firepower*'.

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Hospital ATM komponen strategik kepada kesiapsiagaan, moral

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Hospital ATM bukan diwujudkan sebagai fasiliti kesihatan awam atau berdiri sendiri, sebaliknya berfungsi untuk melatih, menyediakan dan menyokong anggota bagi menghadapi peperangan dan situasi operasi.

Oleh itu, kepakaran disediakan lebih tertumpu kepada kecederaan perang dan keperluan tempur seperti pembedahan, ortopedik dan kepakaran berkaitan trauma. Bidang seperti onkologi, geriatrik dan rawatan penyakit kronik tidak disediakan kerana ia bukan keperluan operasi ketenteraan dan menjadi tanggungjawab Kementerian Kesihatan (KKM).

Dalam senario peperangan, hospital ATM sepatutnya ditutup atau beroperasi dengan minimum kerana pakar dan pegawai perubatan akan diaturgerakkan bersama batalion perubatan ke hospital medan dan bergerak seiring dengan formasi tentera di lapangan.

Ketika itu, fungsi perkhidmatan kesihatan di kawasan aman akan diambil alih KKM, manakala ATM menumpukan sepenuhnya kepada sokongan operasi tempur, termasuk penugasan di sempadan negara yang luas.

Mengambil kira keperluan sebenar, lima hospital ini sebenarnya tidak mencukupi kerana Hospital ATM bukan sahaja menyokong anggota, tetapi juga keluarga mereka, termasuk veteran. Elemen ini amat penting untuk memastikan keyakinan dan tumpuan anggota ketika ditugaskan ke luar negara atau operasi berisiko tinggi.

Anggota perlu yakin bahawa kebajikan keluarga mereka sama ada rawatan anak, kehamilan dan kelahiran isteri atau kecemasan kesihatan akan dijaga walaupun mereka berada jauh di medan operasi.

Keyakinan inilah membolehkan anggota melaksanakan tugas mencabar dan berisiko tinggi dengan fokus penuh, sesuatu yang tidak semua orang mampu lakukan. Dalam konteks ini, perkhidmatan Hospital ATM bukan sekadar kemudahan kesihatan, tetapi komponen strategik kepada kesiapsiagaan, moral dan keberkesanan keseluruhan ATM.

S: Adakah perkhidmatan kesihatan ATM mempunyai jumlah doktor pakar mencukupi?

J: Dari segi jumlah dan nisbah doktor di Hospital ATM masih ada kekangan ketara. Sekarang, Hospital ATM mempunyai kira-kira 200 pakar perubatan yang turut meliputi pergigian dan farmasi. Kita mempunyai sekitar 600 hingga 800 pegawai perubatan (MO) dan petugas kesihatan lain menjadikan jumlah keseluruhan staf sekitar 4,000 di lima hospital ATM. Nisbah doktor kepada pesakit atau kepada anggota tentera masih tidak mencukupi kerana perjawatan diberikan memang terhad.

Hospital ATM menanggung tanggungjawab bukan sahaja untuk anggota aktif, tetapi juga keluarga dan veteran. Peruntukan kerajaan untuk kesihatan biasanya disalurkan menerusi KKM dan veteran yang datang ke Hospital ATM tidak termasuk dalam bajet rasmi, namun tetap dijaga oleh ATM sebagai sebahagian daripada tanggungjawab.

Cabaran utama termasuk kehilangan doktor ke hospital lain atau tawaran luar negara tetapi sistem perkhidmatan ATM membolehkan kawalan lebih ketat. Pegawai perubatan menyertai ATM terikat dengan tempoh perkhidmatan tertentu apabila perlu berkhidmat selama 10 tahun dan prosedur keluar awal memerlukan kelulusan ketua perkhidmatan.

Ini membantu mengekalkan kontinuiti perkhidmatan, walaupun terdapat persaingan dari sektor swasta yang menawarkan gaji lebih tinggi atau kemudahan lain.

Selain itu, terdapat juga kepakaran khusus seperti pakar mata dan usaha sedang dijalankan untuk menampung kekosongan. Namun, cabaran kekal kerana generasi baharu kini lebih mementingkan ganjaran jangka pendek dan fleksibiliti kerja, berbanding matlamat jangka panjang dalam perkhidmatan tentera.

Hal ini menyukarkan pengisian semula jawatan yang kosong, walaupun Hospital ATM menyediakan peluang latihan dan kepakaran unik dalam konteks operasi ketenteraan.

S: Boleh ceritakan perkembangan teknologi dan pendigitalan dalam perkhidmatan kesihatan ATM?

J: Teknologi di Hospital ATM adalah terkini dan berdaya saing. ATM sudah mula menggunakan teknologi perubatan moden, termasuk pembedahan robotik dan yang paling signifikan ialah pelaksanaan sistem rekod perubatan digital bersepadu sepenuhnya.

Sejak 2017, ATM memulakan proses pendigitalan dan kini memiliki sistem perubatan berpusat yang menghubungkan lebih 116 fasiliti kesihatan ATM di seluruh negara. Melalui sistem ini, rekod kesihatan anggota boleh diakses di mana-mana hospital atau klinik ATM tanpa penggunaan fail fizikal. Ubat-ubatan, keputusan makmal, tarikh pemeriksaan seterusnya dan sejarah rawatan semuanya boleh dilihat secara masa nyata, termasuk melalui telefon pintar.

Berbeza dengan sistem yang tidak bersepadu, sistem ATM membolehkan satu rekod yang sama digunakan di semua fasiliti, mengelakkan pengulangan ujian dan manipulasi keputusan. Contohnya, ujian darah seperti kolesterol tidak boleh diulang sewenang-wenangnya di fasiliti berbeza kerana semua data direkod dan diselaraskan secara automatik mengikut tempoh klinikal ditetapkan.

Dari sudut kecekapan operasi, sistem ini sangat membantu kesiapsiagaan ketenteraan. Untuk penugasan antarabangsa seperti misi PBB di Lubnan, kriteria kesihatan diprogramkan dalam algoritma sistem, membolehkan penapisan automatik anggota layak berdasarkan tahap kecergasan dan kesihatan. Ini menjimatkan masa dan mengelakkan pemeriksaan berulang.

Selain itu, sistem ini membolehkan pemantauan kesihatan secara masa nyata di semua peringkat, termasuk oleh pegawai perubatan dan komander unit. Data seperti kadar kesiapsiagaan, BMI, jenis penyakit dominan dan beban pesakit boleh dianalisis pada peringkat nasional. Ini membolehkan pengagihan doktor dan petugas kesihatan dibuat secara dinamik, mengikut keperluan sebenar di lapangan.

> "Sejak 2017, ATM mulakan proses pendigitalan dan kini memiliki sistem perubatan berpusat yang menghubungkan lebih 116 fasiliti kesihatan ATM seluruh negara"

'Bribery claims must not derail tobacco control measures'

Act 852 is result of public health evidence, global best practices, efforts to safeguard citizens from nicotine addiction: NGO

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PETALING JAYA: The Malaysian Council for Tobacco Control has sounded the alarm over recent allegations of bribery linked to efforts to weaken the country's tobacco control policies, warning that such claims must not be used to "derail or discredit the implementation of effective public health laws".

It said any allegations should be investigated through proper legal channels, stressing that they must not be exploited to obstruct the enforcement of Malaysia's tobacco control measures.

Its president Prof Dr Murallitharan Munisamy said the nation must not allow allegations, pressure or intimidation to distract it from the core mission of protecting public health through strong and enforceable laws.

"The country must remain focused on safeguarding public health, particularly through the effective implementation of tobacco control legislation."

He highlighted that the Control of Smoking Products for Public Health Act 2024 (Act 852) is Malaysia's first standalone, comprehensive tobacco control law, encompassing tobacco, vaping and all nicotine products under a single legal framework.

"Act 852 did not emerge overnight. It is the result of public health evidence, global best practices and Malaysia's obligation to safeguard its people, especially children, from nicotine addiction."

He said the Act reflects decades of evidence-based policy development and Malaysia's commitments under the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC).

The council said all stakeholders must remain committed to ensuring the Act's success, despite what it described as "continued pressure" from industry players and "certain interest groups seeking to dilute its impact".

Murallitharan stressed that effective tobacco control depends on consistent and equitable enforcement nationwide, warning that weak or selective implementation risks undermining public confidence and rendering the law ineffective.

"Implementation must be uniform. Tobacco and nicotine products do not harm people selectively, and enforcement cannot be selective either."

He cautioned that tobacco control efforts in Malaysia still have "unfinished business", pointing to previous regulations that allowed exemptions and grey areas, particularly in designated non-smoking zones.

"These gaps must be addressed decisively to protect the public from exposure to tobacco smoke, reduce smoking prevalence in line with endgame targets and prevent the normalisation of smoking among children in public spaces."

He noted that compliance remains weak in public walkways, city centres and high-density urban areas, including Kuala Lumpur, where exposure to secondhand smoke persists.

To shield public policy from industry interference, the council proposed a formal code of conduct governing government interactions with the tobacco and nicotine industry, in line with Article 5.3 of the WHO FCTC, continuous benchmarking against international standards and a review of minimum sales prices for all nicotine products.

"Tax policy alone is insufficient if products remain affordable. Price and access must be addressed together," said Murallitharan.

'Six learning areas for preschool curriculum'

KUALA LUMPUR: Education Minister Fadhlina Sidek said the new preschool curriculum introduced at the start of the current school session will focus on six key learning areas to support holistic early childhood development.

She said the six areas are socio-emotional development; physical development and personal wellbeing; language and literacy; spirituality, values and citizenship; creativity and aesthetics; and cognitive development.

Fadhlina added that the socio-emotional domain emphasises nurturing the ability of children to recognise and manage their emotions as well as build positive relationships with others and their surroundings.

"For physical development and personal wellbeing, the focus is on health awareness, including healthy nutrition, hygiene and safety. Reproductive and social health education is also incorporated."

She also said the language and literacy component aims to strengthen communication skills, with children learning basic literacy and language skills while cultivating an interest in reading.

Fadhlina said the spirituality, values and citizenship domain is divided into three components: Islamic education, moral education and citizenship education.

"In Islamic education, Muslim children will be taught basic religious knowledge, values and practices in daily life, including the fundamentals of Jawi writing."

She added that moral education focuses on instilling core values such as compassion, honesty, respect and diligence through fun and engaging approaches.

She also said citizenship education seeks to foster awareness of rights and responsibilities, cultivate patriotism and encourage children to contribute to the well-being of their families and communities.

Fadhlina expressed hope that the new curriculum would help produce well-rounded, balanced and globally competitive learners from an early age. – ***AMIRUL SYAFIQ/THESUN***

She said in the creativity and aesthetics domain, children are given opportunities to explore and appreciate their environment, while developing imagination and creativity through visual arts, music, movement and drama.

"The cognitive domain encourages curiosity and exploration, with children guided to think systematically, interact, share information and solve problems."

Fadhlina expressed hope that the new curriculum would help produce well-rounded, balanced and globally competitive learners from an early age. – Bernama