

AKHBAR : THE STAR  
MUKA SURAT : 5  
RUANGAN : NATION

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Nation 5

THE STAR MISS NATION 24/12/2024 (SELASA)

# Sweeten the deal for sugar-free menus, say experts

By ARFA YUNUS  
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**PETALING JAYA:** Tax incentives for eateries offering sugar-free menus could be a game changer in Malaysia's fight against diabetes and obesity, according to health experts.

They stressed the need for stronger, more impactful measures to drive healthier lifestyle choices to complement the Health Ministry's Jom Kosong campaign.

The initiative is aimed at encouraging consumers to opt for sugar-free or low-sugar drinks in eateries to combat rising rates of diabetes and obesity.

Health expert Datuk Dr NKS Tharmaseelan said a more innovative approach to fight obesity

would be to provide tax incentives to restaurants that offer completely sugar-free menus.

"Town councils could also offer similar incentives, which would be far more impactful than the current 20sen discount for customers," he said when contacted yesterday.

Through the Jom Kosong campaign, the government encourages eateries to offer a 20sen discount to customers who opt for sugar-free drinks instead of sugary beverages.

Dr Tharmaseelan emphasised the need to start early, proposing a comprehensive approach beginning with antenatal clinics to educate pregnant mothers on the risks of diabetes during pregnancy.

He also advocated breastfeed-

ing as the first step in reducing sugar dependency in children, warning against the use of sweetened condensed milk as a substitute due to its high sugar content.

"This heavily sugary milk creates a lifelong addiction to sweetness," he said.

Dr Tharmaseelan called for school canteens to adopt sugar-free menus and urged parents to avoid introducing sugary foods and drinks to their children.

"The foundations of a sugar-free life must be established early. Once taste buds are accustomed to sugar, it is difficult to reverse," he said.

He also stressed the importance of regular public awareness campaigns to highlight the dangers of sweetened condensed milk, akin

to anti-smoking initiatives.

Building on this, Datuk Dr Rajen M, CEO and founder of Holista Colltech Ltd, highlighted the importance of affordability and awareness.

"Most consumers are aware that sugar is harmful, but they need more education about low- or no-sugar options," he said.

While sugar-free products are becoming more available, their higher cost often deters consumers, he noted.

"Affordable alternatives are key to ensuring widespread adoption."

Dr Rajen also pointed out the reluctance of some restaurants to reduce prices for sugar-free drinks, citing their reliance on sweetened condensed milk.

"This poses a challenge, as

sweetened condensed milk is even more detrimental to health than sugar."

He stressed the need for public education to correct such misconceptions and promote healthier substitutes.

Additionally, Dr Rajen advocated for stricter regulations, incentives for food providers and monitoring mechanisms to ensure compliance.

He drew inspiration from global successes such as Mexico's sugar tax, which significantly reduced sugar consumption and improved public health.

"Education, affordability and strong government policies will drive lasting change," he said.

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AKHBAR : THE STAR  
MUKA SURAT : 6  
RUANGAN : NATION

THE STAR M/S 6 NATION 24/12/2024 (SELASA)

## 'Promote healthy living in rural communities'

> FROM PAGE 5

Prof Dr Zaleha Md Isa of Universiti Kebangsaan Malaysia says Malaysia should adopt innovative approaches such as portion control and tech-driven incentives to reduce sugar consumption.

"Restaurants should serve smaller sizes of sugary beverages and prominently display calorie counts to help customers make informed decisions," she said.

She also proposed developing apps that track sugar intake and reward users for achieving reduction goals, with the added benefit of integrating these apps with existing fitness trackers.

Dr Zaleha highlighted lessons from Australia, where campaigns like "LiveLighter" focus on promoting healthy eating and active living, with healthcare professionals playing a key role in diabetes prevention.

She suggested that Malaysia invest in grassroots programmes targeting rural and low-income groups, engage healthcare professionals for personalised advice and promote active living through community activities and urban design.

"By combining regulatory measures with education and incentives, Malaysia can make further progress in reducing

sugar consumption and building a healthier society," she added.

Nutritionist Dr Tee E. Siong underscored the need for continuous public health campaigns to address Malaysia's obesity crisis.

"Periodic awareness campaigns are insufficient. We need an ongoing campaign that never stops so that living a healthy lifestyle becomes a habit," he said.

He emphasised the importance of expanding these efforts to rural areas, adding: "Nutritionists and health experts should visit these areas, meeting people at warung to educate them directly."

He also highlighted the importance of addressing age and

gender-specific habits.

"Older individuals often consume teh tarik made with sweetened condensed milk, while younger people favour boba tea, which is equally unhealthy.

"Interestingly, younger women appear to drink more boba tea, so we need to examine how gender influences lifestyle choices," he said.

To create lasting change, Dr Tee called for insights from behavioural scientists.

"Changing ingrained habits isn't easy. We need behavioural experts to study and provide solutions to help Malaysians adopt healthier lifestyles," he added.



AKHBAR : THE STAR  
MUKA SURAT : 4  
RUANGAN : NATION

THE STAR M/S 4 NATION 24/12/2024 (SELASA)

# Raising the bar for public healthcare

## Premium care to benefit patients in govt hospitals

By RAGANANTHINI VETHASALAM  
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**PETALING JAYA:** It's not only flights that have "premium economy" now, as government hospitals will soon offer "premium economy services" for a fee through the Rakan KKM programme.

The Health Ministry's new programme will first roll out in five hospitals to test the waters: Will Malaysians pay a little more for increased convenience and comfort?

While dates and which hospitals – other than Hospital Cyberjaya – will be involved have not been announced yet, details of services to be offered were released in a ministry FAQ.

Patients will be able to choose their specialists and can expect personalised care as well as additional privacy and comfort in the wards for elective outpatient, daycare and inpatient services.

All this will be priced below current private hospital rates, the ministry said.

In a move towards sustainabili-

ty, these premium economy services will be priced above cost to allow for added income to flow into the public healthcare system.

Services under Rakan KKM will not compete with the luxury and price points of existing private healthcare services, as it is intended to provide Malaysians with value options for public healthcare services, the FAQ read.

The primary benefit for public healthcare teams who opt to participate in Rakan KKM will be earning significant additional income while still continuing to work in a familiar, enabling environment, it added.

Rakan KKM will also differ from the full paying patient (FPP) service offered at some government hospitals.

According to the FAQ, under the FPP system, only specialists benefit from a significant additional income, and revenue generated goes to the government and not directly back to the hospitals.

Under Rakan KKM, public healthcare workers other than specialists who participate will also be formally paid. The extra money from Rakan KKM will go

### Premium economy services will provide:



> High-quality medical care in public healthcare facilities



> Increased convenience and comfort



> Personalised care



> Ability to choose specialists



> Additional privacy and comfort in wards

Note: Rakan KKM services will not compete with luxury and price points of existing private healthcare services.

Source: Health Ministry

TheStargraphics

directly back to the hospitals and into the public healthcare system. This will therefore benefit all patients, including those who don't opt for the scheme.

The Rakan KKM programme will also ensure that there is no disruption to the wait time and patient experience for non-Rakan KKM programmes.

Under Budget 2025, RM25mil was allocated for the initiative for five hospitals.

Will private insurance be included? According to the FAQ, the Health Ministry said it is in talks with private health insurance companies to ensure that services under Rakan KKM can be covered.

"So far, private health insurance companies have responded positively," the FAQ read.

Malaysian Medical Association president Datuk Dr Kalwinder Singh Khaira said that if properly implemented, Rakan KKM could benefit a percentage from the population's M40 (middle income) group who may be willing to pay for an upgrade in services – provided it is within their means.

"Rakan KKM's plan to reinvest

its revenue to improve public healthcare services and its aims to retain public healthcare workers through this initiative may also benefit the public in the long term," he said.

Dr Khor Swee Kheng, who specialises in healthcare systems, said the Health Ministry should publish statistics and learnings from the FPP scheme that was implemented in several public hospitals beginning in 2007.

"These stats and learnings can inform the public about the potential benefits of Rakan KKM and help make the case for the programme," he said.

Prof Dr Sharifa Ezat Wan Puteh, a health economics and public health specialist with Universiti Kebangsaan Malaysia's Faculty of Medicine, said the scheme could help private retirees depending on their ability to pay or if they are medically insured.

"Some co-payments are possible in this system too," she said. She recommended incentives such as a green lane, a discounted government rate, and specialised care for retirees under Rakan KKM.



AKHBAR : THE STAR  
MUKA SURAT : 4  
RUANGAN : NATION

THE STAR M/S 4 24/12/2024  
(SELASA)

## Johor's busiest hospital to get facelift over next two years

By MOHD FARHAAN SHAH  
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**JOHOR BARU:** Hospital Sultanah Aminah (HSA), the second busiest public hospital in Malaysia, will see major upgrading works over the next two years.

Johor health and unity committee chairman Ling Tian Soon said among the upgrades to be carried out at the 86-year-old hospital included a new ambulatory care centre (ACC) and multi-storey car park.

He said this would be financed with the RM500mil funding announced by Prime Minister Datuk Seri Anwar Ibrahim on his visit to HSA last year.

Ling said in September, Deputy Health Minister Datuk Lukanisman Awang Sauni visited HSA to discuss the upgrading project, and check on the proposed ACC site within the hospital compound.

"We have identified three old buildings within the hospital that will be rebuilt for the new ACC and multi-storey car park," he said when contacted yesterday.

Ling said the Health Ministry recently held a meeting with the Public Works Department to discuss the upgrade, adding that the design and layout plan were on the agenda.

"The state government is hopeful that the project tender for the upgrading works at HSA will be issued by 2025 where physical work can commence in 2026."

On upgrades for the hospital's first-class ward, Ling said it is scheduled for completion by September next year.

"There is a bit of a delay as it does not only involve the first-class ward but the main hospital building too. Initially, the total allocation for the upgrading work was at RM143mil. We asked for an additional RM60mil, which has been approved," he added.

Ling said upgrading work at the main building was being done to improve the electrical, mechanical and fire suppression systems.

Meanwhile, former Johor health department director Dr Selahuddin Abd Aziz said the project is important as HSA is also the state's first public hospital.

"The infrastructure and manpower issue must be resolved as the hospital is very important to the public healthcare system here.

"There must also be a plan to reduce the waiting period for those seeking outpatient treatment and for surgeries."



AKHBAR : THE SUN  
MUKA SURAT : 12  
RUANGAN : HEALTH

THE SUN DAILY M/S12 HEALTH 24/12/2024 (SELASA)

# Move to control insurance premiums welcomed

➤ Medical inflation due to higher wages for industry workers, ageing population's increase in healthcare needs

**T**HE Health Ministry has welcomed Bank Negara Malaysia's (BNM) move to regulate the rise in medical and health insurance/takaful (MHIT) premiums, calling it a timely short-term intervention to alleviate the burden of sudden inflation on the public.

However, the ministry stressed that for long-term effects, a concerted effort through a whole-of-nation approach needed to be implemented.

For that purpose, the ministry said it would continue with its existing initiatives, which would be coordinated through a series of engagements with stakeholders, including private hospitals, private clinics, non-governmental organisations, the MHIT industry and health economists.

In addition, it said the Private Health Care Facilities and Services Act 1998 (Act 586) would also be reviewed to strengthen the regulatory framework of the private - health sector, ensuring equal access to high-quality, value-based health services for the public.

"We will continue to work with all parties to address this issue holistically and ensure universal healthcare for all," the Health Ministry said in a statement last Friday.

The measures announced by BNM include engaging insurers and takaful operators to implement premium adjustments due to medical claims

inflation for a period of at least three years for all policyholders affected by the repricing.

The Health Ministry clarified that medical inflation was a result of higher salaries and wages for healthcare workers, coupled with the ageing population, which contributed to an increase in medical needs as more people reached their golden age.

The ministry said medical inflation was also caused by the increasing prevalence of non-communicable diseases such as diabetes and hypertension, which exposed more people to the risk of complications and other conditions, including end-stage renal failure, heart disease and cancer.

To address inflation, the ministry said it had taken proactive measures, including offering a choice of "premium economy" services at reasonable and affordable prices through the ministry's partners at its facilities.

It had also taken steps to develop national Diagnosis Related Groups as a service payment mechanism to encourage value-based health services across the private and public sectors.

The ministry said it had also facilitated and encouraged more manufacturers to register their products, particularly generic drugs and medical devices, with national regulatory bodies, in addition to working with BNM and several other parties on the development of more sustainable MHIT products. - Bernama



The government aims to control the steep hike in medical insurance premiums.  
- 123RFPIIC



AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 5  
RUANGAN : DALAM NEGERI

UTUSAN MALAYSIA M/S 01 NEGERI 24/12/2024 (SELASA)

# Perokok rancak, tidak endah larangan

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**PETALING JAYA:** 'Budaya' merokok di kedai makan kini kembali rancak walaupun kempen dan penguatkuasaan telah bermula sejak beberapa tahun lalu.

Tinjauan *Utusan Malaysia* di beberapa buah kedai makan di sekitar Lembah Klang baru-baru ini mendapati, rata-rata perokok tidak mengendahkan tanda larangan merokok.

Dalam tinjauan selama hampir sejam di setiap kedai makan itu, ada perokok berulang kali menghisap rokok sehingga menimbulkan rasa kurang selesa bagi segelintir pelanggan.

Ini sekaligus menimbulkan persoalan sama ada kempen larangan merokok yang berkuat kuasa sejak 1 Januari 2019 itu gagal dan bersifat 'hangat-hangat tahi ayam' atau sebaliknya.

Tidak mungkin kebanyakan perokok tegar lupa dengan larangan merokok di premis kedai makan sebagaimana diumumkan kerajaan sebelum ini tetapi mereka mungkin mengambil kesempatan daripada kelemahan penguatkuasaan.

Apa yang menyedihkan, pe-



ANTARA perokok yang tidak mengendahkan larangan merokok di sebuah kedai makan di Bangsar.

milik kedai juga tidak menegah dan hanya membiarkan sahaja tindakan perokok tegar berkenaan, mungkin kerana tidak mahu kehilangan pelanggan.

Seorang daripada pemilik kedai yang mahu dikenali sebagai Hilmi, 50 berkata, dia hanya membiarkan tindakan dilaksanakan pihak berkuasa bagi mengelakkan insiden lain jika dia sendiri yang menegur.

"Saya tidak berani. Lagipun saman hanya boleh dikeluarkan oleh penguat kuasa sahaja dan apa-apa saya serahkan kepada mereka," katanya baru-baru ini.

Pemilik kedai makan itu juga berkata, sudah menjadi kebiasaan bagi segelintir perokok terutama bagi mereka yang makan di luar premis untuk merokok selepas makan dengan

beranggapan ia tidak menyalahi undang-undang.

Undang-undang terhadap perokok yang ingkar larangan merokok di semua premis makanan bermula 1 Januari tahun 2020.

Bagi kesalahan merokok di kawasan larangan, kompaun sebanyak RM250 boleh dikenakan dan sekiranya gagal membayar kompaun, mereka akan didakwa di mahkamah dan boleh

dikenakan denda tidak melebihi RM10,000 atau tidak lebih dua tahun penjara.

Dalam pada itu, Presiden Persatuan Pakar Perubatan Kesihatan Awam Malaysia (PP-PKAM), Prof. Dr. Jamaluddin Ab Rahman berkata, Kementerian Kesihatan perlu lebih proaktif dengan menggunakan semua saluran sedia ada bagi memastikan kempen tersebut berjaya dan mencapai matlamat.

Katanya, ini kerana kempen larangan merokok di tempat makan dilihat masih kurang menyerlah di saluran media termasuk platform media sosial.

Malah katanya, momentum penyampaian pendidikan dan mempromosi kesihatan juga perlu dipertingkatkan Kementerian Kesihatan dari semasa ke semasa.

"Saya tidak nampak (kempen) dalam media sosial. Saya juga tidak nampak saluran media utama digunakan untuk tujuan ini.

"Justeru, saya menyeru agar Kementerian Kesihatan menggunakan saluran yang lebih kontemporari seperti Tik Tok, Instagram dan Facebook kerana capaian audien di kesemua platform itu lebih meluas," jelasnya.



AKHBAR : UTUSAN MALAYSIA

MUKA SURAT : 8

RUANGAN : DALAM NEGERI

UTUSAN MALAYSIA M/S 8 D/NEGERI 24/12/2024 (SELASA)

## Sistem komputer di hospital awam kurang efektif

**PETALING JAYA:** Institusi perubatan awam di negara ini bakal berdepan masalah besar ekoran kekurangan kemudahan sistem komputer yang lebih efisien.

Presiden Parti Gerakan Rakyat Malaysia (Gerakan), Datuk Dr. Dominic Lau Hoe Chai berkata, sistem kerja dalam kalangan kakitangan perubatan awam turut ketinggalan dan tidak memenuhi aspek keperluan masa kini.

“Walaupun untuk menjejak laporan ujian darah yang mudah, doktor tidak dapat mengaksesnya melalui sistem komputer.

“Banyak negara sudah maju ke arah penggunaan kecerdasan buatan (AI), tetapi doktor di hospital kerajaan masih tidak mempunyai sistem komputer asas dan terpaksa mencatat laporan perubatan secara manual,” katanya dalam satu kenyataan semalam.

Dominic dalam masa sama turut memberi contoh Hospital Selayang yang pernah menyasarkan untuk menjadi hospital moden tanpa kertas.

“Namun, menurut maklumat yang diperoleh, hospital terse-



**SISTEM** kerja di hospital awam dikatakan masih ketinggalan termasuk dari segi penggunaan komputer sehingga memaksa banyak urusan dikendalikan secara manual.

but tidak mempunyai sistem komputer asas untuk menjalani ujian darah.

“Pesakit atau ahli keluarga perlu membawa sampel darah dan borang ke makmal secara manual, menunggu laporan siap dan kemudian membawanya kembali kepada doktor,” jelasnya.

Sementara itu apa yang mengecewakan, ujar Dominic, kerajaan seolah-olah me-

ngetepikan kepentingan sistem komputer yang lebih moden dalam tata cara kerja kakitangan perubatan.

“Saya tidak faham mengapa kerajaan tidak membangunkan sistem komputer yang boleh merekodkan semua maklumat pesakit supaya doktor hanya perlu menekan beberapa kekunci untuk memahami keadaan pesakit,” jelasnya.



AKHBAR : HARIAN METRO  
MUKA SURAT : 5  
RUANGAN : LOKAL

## HM M/S LOKAL 24/12/2024 (SELASA) *Dapat rawatan lanjut di hospital*

**Bayan Lepas:** Dua mangsa bot yang hanyut dari perairan Kuala Sungai Pinang, Balik Pulau hingga ke sempadan perairan Malaysia/Thailand dekat Aceh, Indonesia sejak Selasa lalu tiba di Jeti Limbungan Batu Maung di sini, semalam.

Muhammad Ikmal Hakimi Ismail, 22, dan Nor Hasrul Abdullah, 25, dibawa pulang oleh KM Burau milik Agensi Penguatkuasaan Maritim Malaysia (APMM) sebelum tiba kira-kira jam 3 pagi.

Ketua Polis Daerah Barat Daya Asisten Komisioner Sazalee Adam berkata, mereka berada dalam keadaan baik dan kini dibawa ke Hospital Balik Pulau bagi

rawatan lanjut.

“Pada jam 8 malam tadi (kelmarin) kapal Maritim Malaysia berjaya mengambil kedua-dua mangsa, kemudian dibawa balik ke sini dan tiba jam 3 pagi (semalam).

“Jarak dari sini (Balik Pulau) ke sempadan perairan negara kira-kira 60 batu nautika dan kita juga mendapat kerjasama yang baik dengan nelayan di sana yang turut membantu membawa mangsa ke sempadan.

“Kedua-dua mangsa dalam keadaan selamat dan dibawa ke hospital bagi mendapatkan rawatan lanjut,” katanya.



AKHBAR : THE SUN  
MUKA SURAT : 10  
RUANGAN : SPEAK UP

# Suicide dilemma among doctors

THE medical fraternity and the public have long been shocked by incidents of suicide among medical professionals. However, the rising number of such cases over the past four years, beginning in December 2020 – starting with four trainee and junior doctors in Penang and Shah Alam – culminating in the most recent case in August 2024 involving a specialist in Lahad Datu, is a justified cause for concern.

The most recent suicide has prompted the health ministry to form a task force to investigate the incident. In October, it was announced that the ministry would issue guidelines on how to recognise and address this issue, after several members of the Putrajaya Hospital Board of Visitors acknowledged that it was not an isolated case but rather a reflection of deeper problems within our healthcare system.

Long working hours, decreased resilience, sexual harassment and workplace bullying have long been recognised as significant sources of stress.

A 2023 survey by the Malaysian Medical Association found that 40% of Malaysian doctors had experienced bullying.

Medicine is undoubtedly a stressful profession. It also demands high levels of responsibility as lives are at stake.

Physician burnout has been a continuing issue over the years. Factors such as personality traits, a non-conducive work environment and the pressure to consistently deliver high standards of care can contribute to persistent anxiety and job dissatisfaction among doctors.

Depression and suicidal ideation are serious consequences of physician burnout as reflected in national databases of several countries.

Reports indicate that the suicide rate among male physicians is 41% higher while the rate for female physicians is 130% higher than that of the general population.

Doctors face more work-related stressors than many other professional groups, making them particularly vulnerable to developing depression. These stressors include heavy workloads, increasing job intensity and complexity, rapid changes within healthcare systems, institutional constraints such as discrimination and intimidation, lack of autonomy, limited support, loss of job satisfaction, low morale and the difficulty of balancing personal lives.

Workplace bullying, particularly targeting junior doctors, has emerged as a concerning issue in the medical field. Depression in doctors is often linked to difficult relationships with senior staff, patients, lack of sleep, dealing with death, making mistakes, loneliness, constant responsibility and self-criticism.

Administrators and doctors may forget that a diagnosis of depression does not necessarily impair professional abilities. This can lead to fears of breaching confidentiality, which undermines the openness needed for effective communication.

As a result, affected doctors may be discouraged from seeking help, creating a barrier that makes diagnosis and treatment more difficult.

Healthcare workers need to be more attuned to the signs of mental illness within the medical profession, not only in those under their supervision but also in their superiors.

The common belief that mental distress is a sign of ineptitude or weakness may lead depressed doctors to conceal their illness, from themselves and others. This self-judgemental thinking ultimately hinders their access to care.

To cope, some medical professionals may turn to substances. Self-medicating with alcohol or recreational drugs may temporarily create the illusion that all is well, but it also introduces an additional risk factor, delaying care and increasing the risk of suicide.

The challenge for all doctors is to



Factors such as personality traits, a non-conducive work environment and the pressure to consistently deliver high standards of care can contribute to persistent anxiety and job dissatisfaction among doctors. – BERNAMAPIC

recognise depression, not only in their patients but also in themselves and their colleagues, and to overcome the personal, professional and institutional barriers to effective treatment.

Physicians need to facilitate access to proper healthcare, whether in their roles as administrators, colleagues or personally.

While there are eight free suicide helplines available, doctors rarely call them. However, they may be more willing to speak with a colleague. Therefore, it is crucial for peers to recognise suicide risks to detect and intervene in preventable suicides.

Doctors need to acknowledge the various factors behind the complex phenomenon of suicide and the increased risk of suicide among doctors worldwide.

A more targeted approach is needed to address this issue. A good starting point would be to introduce peer counselling – not as therapy, but as a means of providing support and collegiality through conversations with someone who has “been there”.

Physician coaches are available in some parts of the world to support

these services must remain confidential.

Regular awareness training on workplace bullying and workload management should be implemented for human resources departments, with e-modules available for easy access. Evidence suggests that some interventions, including reducing physicians’ work hours, have successfully lowered burnout rates.

Finally, employee assistance programmes need to be instituted and reinforced in hospitals to address and resolve conflicts at the workplace in healthy ways.

Some of the suggestions above may have already been considered by governing bodies, and incorporating those that have not yet been explored could establish a comprehensive protocol for the mental health evaluation and management of medical personnel in Malaysia.

Lastly, information regarding stern action from the Malaysian Medical Council’s disciplinary board on workplace bullying and sexual harassment should be regularly disseminated to reduce the likelihood of such incidents. This, of course, is subject to internal inquiries and, when necessary, the formation of an external committee to analyse the situation.

All doctors are expected to meet the criteria of being “competent and safe”, given their significant responsibility in caring for the public. This duty of care cannot be compromised or left open to abuse.

There cannot be a system where ineffective and disruptive doctors are not addressed due to superiors avoiding confrontation. Ultimately, the Hippocratic Oath must be upheld.

*This article is contributed by Prem Kumar Chandrasekaran, Selvasingam Ratnasingham and Thinesh Rajasingam on behalf of the psychiatry chapter of College of Physicians, Academy of Medicine Malaysia. Comments: letters@thesundaily.com*