

AKHBAR : HARIAN METRO  
MUKA SURAT : 20  
RUANGAN : LOKAL

## Syor kerajaan laksana reformasi sistem kesihatan menyeluruh

**Kuala Lumpur:** Kerajaan dicadang melaksanakan reformasi sistem kesihatan secara menyeluruh untuk menangani isu ketidak-samaan akses dan memastikan perkhidmatan kesihatan yang mampan untuk semua.

Ketua Pegawai Eksekutif Gabungan Persatuan-persatuan Pengguna Malaysia (Fomca), Dr T Saravanan, berkata dengan kenaikan premium insurans perubatan yang tinggi tanpa kawalan, pengguna akan terus dibebani, sehingga memberi tekanan terhadap sistem kesihatan awam.

Justeru, katanya, tindakan proaktif daripada pihak ber-

kuasa adalah penting untuk memastikan perkhidmatan kesihatan yang adil dan berpatutan kepada semua.

"Kerajaan juga perlu memperkukuh mekanisme kawalan dan pemantauan harga bagi mengelakkan kenaikan kos perubatan yang tidak munasabah."

"Fomca" juga menekankan pentingnya meningkatkan kualiti perkhidmatan kesihatan awam untuk memastikan akses yang saksama kepada semua lapisan masyarakat.

"Selain itu, kerjasama antara sektor awam dan swasta perlu digalakkan bagi menyediakan perkhidmatan kesihatan yang ber-

**"Kerajaan juga perlu memperkukuh mekanisme kawalan dan pemantauan harga bagi mengelakkan kenaikan kos perubatan yang tidak munasabah"**

*Ketua Pegawai Eksekutif Gabungan Persatuan-persatuan Pengguna Malaysia (FOMCA), Dr T Saravanan*

kualiti dan berpatutan," katanya semalam.

Bank Negara Malaysia (BNM) mengarahkan penanggung insurans dan pengendali takaful (ITO) untuk menyemak strategi penentuan semula harga untuk memastikan pelaksanaan yang lebih wajar.

Menurut BNM, hal ini termasuk menguruskan

secara berterusan kenaikan premium/sumbangan dengan mengambil kira impak terhadap pemegang polisi/peserta takaful.

Kelmarin, Timbalan Menteri Kewangan, Lim Hui Ying, dilaporkan berkata, syarikat insurans dan pengendali takaful (ITO) sudah menyatakan persetujuan untuk mengambil lang-

kah wajar termasuk meneliti semula cadangan menaikkan harga premium insurans perubatan yang dijangka meningkat sehingga 70 peratus tahun depan.

Terdahulu, Perdana Menteri, Datuk Seri Anwar Ibrahim juga menegaskan proses berhubung kenaikan premium insurans perubatan masih dalam rundingan.

Beliau dilaporkan berkata, Bank Negara Malaysia (BNM) hanya akan memuktamadkan berhubung kadar premium insurans itu setelah rundingan semula diadakan dengan pihak berkaitan.

Pada masa sama, mengu-

las mengenai jangkaan kenaikan itu, Saravanan berkata, ia akan memberi beban yang signifikan kepada pengguna, terutamanya golongan M40 dan B40.

Beliau berkata, peningkatan itu boleh menyebabkan ramai yang tidak mampu meneruskan polisi insurans mereka, sekali gus memaksa mereka bergantung kepada perkhidmatan kesihatan awam yang sedia ada.

"Ahli Parlimen Bayan Baru, Sim Tze Tzin turut menekankan bahawa kenaikan premium ini berkait rapat dengan peningkatan kos rawatan di hospital swasta yang tidak terawal," katanya.



AKHBAR : KOSMO  
MUKA SURAT : 3  
RUANGAN : NEGARA

# Saifuddin sifatkan dadah sintetik tersebut ancaman baharu kepada negara **Magic mushroom membimbangkan**



Oleh ZULKIFLI JALIL  
dan SITI A'ISYAH SUKAIMI

**PUTRAJAYA** – Penggunaan dadah sintetik magic mushroom yang kini menjadi ancaman baharu kepada negara boleh memberi kesan parah termasuk menyebabkan seseorang itu berhalusinasi, seterusnya bertindak di luar kawalan.

Menteri Dalam Negeri, Datuk Seri Saifuddin Nasution Ismail berkata, beliau bimbang dengan situasi tersebut ditambah lagi kebanyakan yang mengambil dadah sintetik magic mushroom dalam kalangan golongan muda terutama remaja.

"Sekarang timbul ancaman baharu mushroom, satu dadah sintetik yang memberi kesan parah kepada otak. Ia hasilkan keadaan delusi, halusinasi dan itu yang ada kita baca di surat khabar anak buntuh ibu.

"Dia bukan sedar sebab dia ambil dadah ini yang merangsang segmen dalam otak. Itu yang dibentangkan sewaktu kita bermesyuarat oleh agensi kawal selia dan keadaan itu sangat membimbangkan," katanya semasa temu bual bersama Kosmo! baru-baru ini.

Beliau berkata, analisis dilakukan mendapati kebanyakan mereka yang mengambil dadah jenis tersebut adalah dalam kalangan pendidikan tahap Sijil Pelajaran Malaysia (SPM).

"Kebanyakan yang ambil



SAIFUDDIN

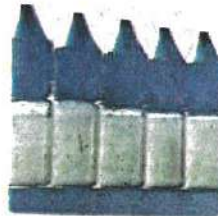


KERATAN Kosmo!  
11 November 2024.

golongan muda, umur sangat produktif daripada kalangan remaja. Bukan umur 60 atau 70 tahun. Tahap pendidikan SPM paling ramai dan bekerja sendiri paling ramai.

"Bukan graduan tak ada (ambil dadah sintetik), ada juga. Kerja kerajaan pun ada juga, tapi secara nisbahnya kelayakan SPM paling ramai. Bila kita kaitkan ikut status ekonomi daripada keluarga B40, kaitkan pula dengan kaum dan agama, Melayu Islam paling ramai.

"Bila kaitkan insiden penagihan dadah ini berakhir ke mana? Dia pergi ke jenayah indeks,



MYR50  
Flavour mushroom



MYR80  
Flavour mushroom



MYR50  
la padu la mai



MYR60  
Flavour mushroom



**PENJUALAN cecair magic mushroom atau labour mushroom dikesan masih dijual secara berleluasa di beberapa platform e-dagang. – GAMBAR HIASAN**

merompak, samun bersenjata, jenayah seksual dan kemudian pembunuhan," katanya.

Saifuddin Nasution berkata, dadah sintetik yang diseludup masuk melalui jalan-jalan tikus adalah lebih berbahaya berbanding dadah konvensional.

"Dadah sintetik jauh lebih berbahaya, sangat berbahaya. Agensi Antidadah Kebangsaan (AADK) lapor kepada saya sewaktu mesyuarat di peringkat negeri yang mana satu kajian dibuat Universiti Sains Malaysia (USM).

"Apabila dibentangkan disebabkan bahawa masalah di Kelantan

(negeri tertinggi kes penyalahgunaan dadah) bukan sahaja cikgu periksa rokok dalam beg, tapi semua cerita tentang vape, mushroom ancaman dadah sintetik yang sangat bahaya," katanya.

Beliau mengakui terdapat lubang (loophole) kelemahan dari segi undang-undang negara apabila sebahagian daripada dadah jenis itu tidak diklasifikasikan di bawah Akta Dadah Berbahaya 1952 dan Akta Racun 1952.

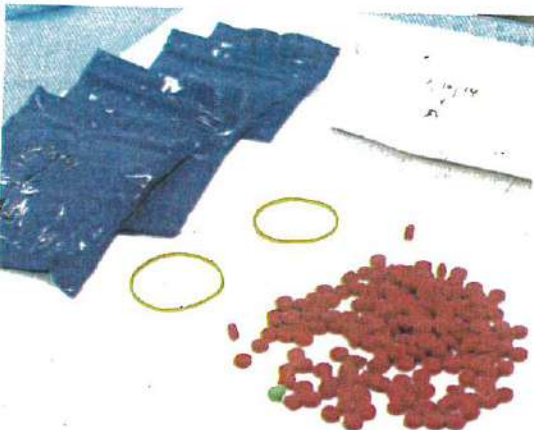
"Belum lagi, ini jenis baharu tak tersenarai. Undang-undang dan akta itu kena ikutlah. Akta yang ada tak memasukkan lagi bahan ini sebagai bahan terlarang.

"Bila kita semak dan buat ujian, bahan aktif itu tak tersenarai dalam (akta) itu. Ada loophole, perundangan kita kena atasi," katanya.

Sementara itu, beliau berkata, berdasarkan data daripada Jabatan Penjara pula, sebanyak 70 hingga 75 peratus kes adalah berkait kes dadah sama ada melibatkan Seksyen 39A, 39B atau 39C Akta Dadah Berbahaya 1952.

"Seramai 87,000 penghuni di penjara ketika ini dengan 28,000 kes reman. Sebanyak 8,000 kes reman melibatkan jenayah berat, manakala 20,000 kes yang relatifnya jenayah ringan," katanya.

## Perlis, Kedah, Kelantan, Terengganu paling 'tenat' kes dadah



PIL kuda antara dadah yang paling banyak digunakan oleh penagih terutamanya di Kelantan.

**PUTRAJAYA** – Kelantan, Kedah, Perlis dan Terengganu negeri paling 'tenat' dalam kes penyalahgunaan dadah, dengan lokasinya berdekatan sempadan negara memudahkan penagih mendapatkan bahan terlarang berkenaan.

Menteri Dalam Negeri, Datuk Seri Saifuddin Nasution Ismail berkata, dapatan itu diperoleh berdasarkan sumber daripada empat agensi iaitu Kementerian Kesihatan (KKM), Agensi Antidadah Kebangsaan (AADK), Bahagian Narkotik Bukit Aman dan pusat pemulihan narkotik swasta.

"Perlis, Kedah, Kelantan dan Terengganu itu semua jalur dia. Saya bersandarkan kepada empat (agensi) data ini. Itu sumber data paling dipercayai menjadi sumber rujukan oleh semua institusi.

"Bila kita tengok nilai tangka-

pan dadah, pil kuda sahaja dari Januari hingga Oktober lalu, sebanyak satu tan (rampasan) di Kelantan. Maknanya, purata sebulan 100 kilogram (kg).

"Rekod tahun ini juga RM228 juta nilai dadah dihapuskan setakat Oktober dengan hampir separuh nilai tangkapan di Kelantan untuk tiga tahun berturut-turut dari 2022 hingga 2024.

"Setiap tahun konsisten, separuh dadah dilupuskan itu hasil tangkapan di Kelantan. Itu faktanya," katanya pada sesi temu bual bersama Kosmo! baru-baru ini.

Beliau berkata, kajian terhadap insiden berkaitan dadah di negara ini juga menunjukkan daerah Pendang, Kedah berada di tangga nombor satu bagi kes penyalahgunaan dadah.

"Empat agensi ini memberikan jumlah data insiden pengedaran dadah, dia analisis ber-

dasarkan kes dadah bagi setiap 100,000 populasi (negeri) serta bagi setiap 100,000 daerah.

"Yang lain jajahan terdapat di Kelantan, Terengganu dan Kedah, negeri yang paling tenat sekali, sangat tenat kes dadah," katanya.

Beliau berkata, kes penyalahgunaan dadah perlu dibanteras dengan kerjasama semua pihak melangkaui soal politik.

"Saya sebut di Parlimen, saya kata boleh tak usaha untuk membanteras dadah ini, kita ketepikan sekejap 'pakaian' politik. Mari kita tengok ini sebagai masalah. Masalah orang Melayu, masalah masyarakat, masalah dalam negara.

"Kita dah lawan dadah ni empat dekad. Kita perang dadah musuh negara segala macam, tapi sekarang ini menunjukkan paling serius di negeri tersebut," katanya.



AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 1  
RUANGAN : MUKA DEPAN

Ada yang terpaksa menunggu 10 tahun sehingga meninggal dunia

# Hanya 0.2% penuhi ikrar derma organ

Oleh HAFIZ SAIDINA  
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**PETALING JAYA:** Hanya 0.24 peratus atau 948 daripada 393,951 pengikrar memenuhi persetujuan mendermakan organ mereka selepas kematian sejak tahun 1976 sedangkan

jumlah senarai pesakit yang menunggu organ kini mencecah 10,297 orang.

Timbalan Pengarah Pusat Sumber Transplan Nasional (NTRC), Dr. Hasdy Haron berkata,berikutan itu, pesakit yang memerlukan organ baharu terpaksa menunggu lebih lama dan terpaksa terus me-

nanggung kesakitan yang dialami.

Malah lebih menyedihkan, katanya, ramai di antara pesakit yang sudah menunggu sehingga lebih 10 tahun meninggal dunia kerana gagal mendapatkan organ baharu dalam tempoh yang diperlukan.

Beliau berkata, majoriti yang

menunggu organ baharu pula adalah terdiri daripada pesakit buah pinggang di mana satu daripada tujuh orang dewasa di negara ini menderita penyakit buah pinggang kronik yang menyumbang kepada kadar kematian tinggi.

**Bersambung di muka 3**

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 3  
RUANGAN : DALAM NEGERI

## Hanya 0.2 peratus penuhi ikrar derma organ

### Dari muka 1

"Negara masih bergelut dengan isu kekurangan penderma organ apabila statistik menunjukkan hanya 1.2 penderma organ selepas kematian dicatatkan bagi setiap sejuta penduduk.

"Ini jauh dari mencukupi untuk memenuhi keperluan pesakit yang memerlukan pemindahan organ. Jumlah yang sedang menunggu organ baharu adalah seramai 10,297 orang, majoritinya adalah pesakit yang sedang menunggu buah pinggang baharu.

"Angka pesakit menunggu pemindahan organ melibatkan pesakit buah pinggang dewasa seramai 9,954 orang dan diikuti oleh 305 kanak-kanak," katanya kepada *Utusan Malaysia*.

Selain itu, tambah Dr. Hasdy, senarai menunggu turut meli-

batkan 19 pesakit jantung, tujuh kanak-kanak serta lima dewasa yang memerlukan pemindahan hati dan enam pesakit memerlukan pemindahan jantung serta paru-paru secara serentak.

Katanya, situasi itu menyebabkan ramai pesakit terpaksa menunggu dalam tempoh yang sangat lama sehingga 10 tahun untuk mendapatkan organ baharu, sekali gus menambah cabaran dalam sistem penjagaan kesihatan negara.

Terdahulu, Pengerusi Institut Jantung Negara (IJN), Tan Sri Dr. Noor Hisham Abdullah berkata, setakat ini sebanyak 382,020 telah berikrar untuk menderma organ membabitkan jantung, hati dan paru-paru.

Bagaimanapun katanya, daripada jumlah tersebut, hanya 0.02 peratus yang berakhir dengan pendermaan.

"Walaupun ramai yang berikrar untuk menderma organ tetapi apabila tiba masanya, ada keluarga yang tidak bersetuju dan sebagainya.

"Justeru, kerjasama padu antara semua pihak perlu ada bagi memastikan kejayaan pemindahan organ," katanya.

Mengulas lanjut, Dr. Hasdy berkata, pesakit akan meninggal dunia sementara menunggu jika tiada transplan.

"Kita adakan program pendermaan organ ini, tujuannya untuk memberi peluang pesakit meneruskan kehidupan lebih baik.

"Polisi transplan kebangsaan secara dasarnya menyatakan bahawa setiap pesakit di Malaysia berhak mendapat peluang untuk transplan. Macam mana nak dapat peluang kalau tiada organ. Jadi orang perlu menderma.

"Pentingnya, sebab kita nak selamatkan nyawa orang. Kita nak beri mereka peluang kedua untuk hidup," katanya.

Tambahnya, kadar kejayaan pindahan organ untuk kategori kadaverik (penderma meninggal dunia) sangat tinggi.

"Contohnya, buah pinggang sahaja mencatatkan lebih 90 peratus untuk tahun pertama survival manakala penderma masih hidup dalam 97 ke 98 peratus.

"Prinsip pembedahan pemindahan organ ini lagi cepat kita pindahkan atau transplan lagi bagus, ini kita panggil tempoh iskemik.

"Ketahanan organ jantung dan paru-paru paling singkat iaitu selama empat hingga enam jam. Hati pula lapan hingga 12 jam manakala buah pinggang 12 hingga 24 jam," katanya.



AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 6  
RUANGAN : NEWS/ NATION



*Sepi Studio in Bangsar, Kuala Lumpur, offers evidence-based art therapy sessions, including individual and group workshops. PIC COURTESY OF SEPI STUDIO*

AT NO COST

## USING ART TO COPE WITH MENTAL HEALTH ISSUES

Sepi Studio offers creative outlet for people to explore their emotional challenges

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**M**ENTAL health challenges among marginalised youth remain a growing concern in Malaysia, with many young people from disadvantaged backgrounds facing barriers to accessing conventional mental healthcare.

The Health Ministry's 2023 National Health and Morbidity Survey revealed that 14.2 per cent of adolescents aged 13 to 17 suffer from mental health disorders, especially depression and anxiety.

Moreover, a growing number of youths, especially those from lower-income backgrounds, are facing serious mental health challenges, with the B40 community experiencing very high rates of anxiety, depression and stress.

One initiative aimed at address this gap is Sepi, a youth-run art therapy studio based in Bangsar here, which offers free mental health support through creative therapy.

Founded by mental health advocates Nayli Bisnu, 27, and Farihin Ufiya, 28, Sepi is designed to provide a space where young peo-

ple, especially from underserved communities, can explore their emotions and cope with mental health challenges.

The studio is operated under the Nyawa Mental Health Aid Organisation (Nyawa), a youth-led non-profit dedicated to mental health reform.

"Art therapy offers an alternative for those who may struggle with traditional talk therapy.

"For many, especially those from marginalised groups, expressing themselves through art can be a powerful tool for understanding and managing emotions that might be difficult to verbalise," said Nayli, a health psychology master's degree student.

Nayli previously led mental health initiatives with a focus on empowering Orang Asli and Orang Asai youths.

Sepi's focus is on making art therapy more accessible, particularly to marginalised communities like B40 youths, indigenous groups and other at-risk populations who often face socioeconomic and cultural barriers to more traditional mental health services.

"We want to ensure that these communities have the same opportunities for healing and growth," said Nayli.

The studio offers evidence-based art therapy sessions, including individual and group workshops.

The sessions are facilitated by licensed therapists and are aimed at helping participants understand their emotions, thoughts and behaviours through creative

expression, such as painting, clay work, yoga and journaling.

In one session, Nayli said two sisters, grieving the death of their father, found solace through art.

She said the sisters shared how the studio offered a safe and supportive environment to express their emotions together.

"They described the experience as more freeing than traditional talk therapy. This experience not only helped them navigate their grief, but also deepened their bond.

"Hearing how our work offered them even a small sense of relief and peace during such a challenging time reinforced just how meaningful and transformative this work can be on a deeply personal level," she added.

Both Nayli and Farihin emphasised the importance of holistic mental healthcare, which nurtured emotional, social and spiritual wellbeing through mindful engagement with art.

The art therapy sessions are provided with the support of the Kindness in Community Fund, an initiative by Lady Gaga's Born This Way Foundation and Cotton On Foundation.

Farihin said: "We believe that mental healthcare should be available to everyone, regardless of their background."

Farihin holds a master's degree in neuroscience from University College London.

"People in marginalised communities often experience unique stressors and challenges, and art therapy offers a non-judgmental space for them to heal and process their experiences."



AKHBAR : THE STAR  
MUKA SURAT : 4  
RUANGAN : NATION

# Premiums face scrutiny

## Hike comes amid record profits by private hospitals, insurers

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**PETALING JAYA:** Insurance players, Bank Negara Malaysia and the Health Ministry are set to appear before the Parliamentary Special Select Committee (PSSC) for Health tomorrow for a hearing on the issue of rising insurance premiums.

According to the PSSC's chairman Suhaizan Kaiat, the Life Insurance Association of Malaysia, Malaysian Takaful Association and General Insurance Association of Malaysia have been summoned for the first session.

Officials from the ministry and Bank Negara are slated to appear in the second session on the same day.

"We want an explanation from all parties involved and will propose the best resolution to the government," the Pulau MP said when contacted.

Suhaizan said the committee will then compile a report based on the hearing.

The hearing will be held in Parliament.

Another PSSC member, Bentong MP Young Syefura Odman, said the committee is also cognisant of the need to hold engagements with private hospitals to



**Insurance crisis:** Rising insurance costs in Malaysia have led to policy cancellations and financial difficulties.

investigate the hike in medical costs.

It was earlier reported that medical insurance premiums are expected to rise by between 40% and 70% next year, based on notices sent by insurance providers to policyholders.

The rising cost of medical care in private hospitals was cited as the primary reason for the hike.

On Nov 28, Bank Negara said insurers and takaful operators (ITOs) should review their current repricing strategies to ensure

a more reasonable implementation.

The central bank said these include managing increases in premiums or contributions over time by taking into account the impact on policy owners or takaful participants.

In addition, it said ITOs are required to offer viable options for policy owners or takaful participants who are significantly affected by the higher premiums or contributions to continue having insurance or takaful coverage.

Consumers' Association of Penang senior education officer NV Subbarow proposed that the PSSC recommends setting up a task force to look into issues faced by patients due to high medical bills.

"The (rising) insurance cost has caused Malaysians to run into difficulties. Some have decided not to continue with their policies."

"Private hospitals must show proof to justify the increase. The PSSC must request the reason," he said.

Subbarow also said if the rise in premium cannot be justified, then patients must be reimbursed the excess payment they were charged.

Independent health advocate Dr Sean Thum felt that the hikes were unreasonable and needed to be revised downwards.

"When a hike comes along with news of record profits from both private hospitals and private insurers, it becomes bad optics."

"There must be some measures of control over the inflation of private hospital charges and insurers."

"Otherwise, many will not be able to pay for higher premiums, resulting in them flooding public service (healthcare), which is already at full capacity," he said.

## Group ready to meet PSSC on rising medical costs and insurance premiums

**PETALING JAYA:** The Association of Private Hospitals Malaysia (APHM) is ready to explain to the Parliamentary Special Select Committee (PSSC) for Health on the issue of rising medical costs and health insurance premiums.

"We are prepared to appear before the PSSC. We have already presented to Bank Negara Malaysia and the Health Ministry on this issue," APHM president Datuk Dr Kuljit Singh said.

"We are transparent, and all details of our income and expenses are clear, as most of the (private healthcare) groups are public-listed," he said when contacted.

However, the association has yet to be called up by the PSSC on the matter.

Dr Kuljit said private hospitals reinvest a huge portion of their income to maintain standards and upkeep.

"The average net profit is 10%. How much lower can we get?" he added.

He also said the rising medical cost is attributable to high equipment costs, medication, higher nursing salaries, and the increasing cost of maintaining buildings to meet medical standards and medico-legal costs.

According to the APHM fact book, the average cost per inpatient last year increased by 11% from the past three years, while outpatient costs increased by 9%.

Private hospitals have also mitigated medical inflation through cost containment measures, the fact book noted.

"Global macroeconomic challenges have created upward inflationary pressures across the economy."

"Consequently, private hospitals have implemented cost-containment measures, such as procurement excellence, prudence in medical practices, cross-subsidisation efforts, and leveraging technology to streamline operational redundancies, to mitigate the impact of healthcare costs on patients."

"These cost-containment measures have allowed overall healthcare costs (to patients) to be mitigated to about 4% compound annual growth rate (CAGR) (about 10% overall increase) between 2020 and 2023, which would have otherwise been about 12% CAGR (about 40% overall increase) if entirely subjected to the full impact of medical inflation," it stated.

On Nov 14, Health Minister Datuk Seri Dr Dzulkefly Ahmad urged private healthcare facilities to take more decisive action to control the escalating cost of medical treatment, which has risen sharply in recent years.

He also expressed concern over Malaysia's medical inflation rate, currently at 12.5%, which was more than double the global average.

## Diagnosis-related model must show it can lower costs

**PETALING JAYA:** Private hospitals would agree to the Diagnosis-Related Groups (DRGs) model if there is evidence to show its actual benefit in bringing down medical inflation, says the Association of Private Hospitals Malaysia.

"It's only workable if the treatment in a private setting is funded by the government as in many countries."

"We are happy to do DRG, but we have to study a successful model that has benefited sole private healthcare (without government funding) and has brought costs down," said its president Datuk Dr Kuljit Singh when contacted.

DRG is a payment system that involves paying an amount that is predetermined by the DRG, instead of paying for each service received.

Dr Kuljit said DRGs have positively impacted public and private healthcare costs by standardising reimbursement rates for inpatient services, promoting efficiency and reducing unnecessary procedures.

"For example, hospitals can optimise resource allocation by focusing on cost-effective treatment protocols where streamlined processes have cut down lengths of stay and improved patient throughput," he said.

Additionally, Dr Kuljit said DRGs encourage hospitals to enhance quality of care because reimbursement is linked to patient outcomes, as evidenced by improved care in procedures.

"Overall, DRGs promote fiscal responsibility while maintaining care standards, benefiting both healthcare providers and patients

in private settings," he added.

He said one successful example is that of Germany, which standardised payments for inpatient care and incentivises hospitals to enhance efficiency and manage costs effectively.

This model, said Dr Kuljit, has fostered competition among providers, leading to better patient outcomes and overall cost containment in the system.

Other countries that have implemented this are Sweden, Canada and Australia.

The Australian National Health Reform Agreement uses DRGs for funding, enhancing value and efficiency in care delivery.

"It's challenging to provide an exact number of private healthcare systems globally that have benefited from DRGs due to variations in reporting and healthcare infrastructure."

"Although some countries have successfully implemented DRG systems, we must first understand these countries do not have a dichotomy of healthcare systems like Malaysia; hence its applicability will not be the same," he said.

"Many private hospitals across these countries report improvements in cost management and patient care outcomes, indicating a widespread beneficial impact of DRG systems."

"But most of them are government funded, unlike private hospitals in Malaysia that are 100% privately run by private investors or GLC, which have a private fund," he added.

Recently, Health Minister Datuk Seri Dr Dzulkefly Ahmad said the government is mulling the DRG

system to regulate private hospital bills.

Former deputy health minister Datuk Dr Lee Boon Chye said DRG involves putting an average charge for a specific disease condition.

"For the operation of acute appendicitis or coronary artery bypass, the payee pays a fixed amount based on historical average cost," he said, adding that this could be done in Malaysia.

However, Dr Lee said there are some caveats.

"The provider may choose to do only the low-risk and uncomplicated cases, which will ensure that the hospital will not end up being burdened by higher costs due to prolonged hospital stays and complications."

"The high-risk cases will end up in government facilities," he said.

Those who argue for DRG may state that the cases can be further stratified based on risk profile, where higher-risk cases will command higher payment.

Even with this mechanism, the assessment of the risk profile is still subjected to discretionary evaluation by the providers, such as in emergency cases.

"DRG will eventually encourage multiple specialists involved in treating one patient."

"For example, a patient who requires coronary artery bypass grafting also has diabetes and hypertension."

"The DRG will have a separate item for each medical condition, so it may increase costs rather than reduce them," he said.

Dr Lee said other issues include the failure to take into account the containment of costs for "end-of-life care", which constitutes at

least 30% of an individual lifetime health expenses.

"How does DRG take into account differences in cost structure between different locations?"

"For example, medical charges in the Klang Valley are about 20% to 30% higher than in other states, even for the same operation," he said.

The DRG proposal, Dr Lee said, may also see some pushback from healthcare professionals, as there is no uniformity in the level of expertise and experience of a specialist, as well as the use of different technology for the same operation.

"The current fee-for-service structure also has major flaws as it encourages providers to offer services that may not be necessary," he said.

Dr Lee also said DRG may not be desirable on a short-term basis as it will increase costs and burden government hospitals with more complicated cases.

"DRG can be implemented only when there is a national health insurance policy," he said.

He said it is also good for insurance players to make public the average cost of treatment in private hospitals, as this will encourage competition and cost containment.

"I also feel that co-payment of medical insurance should be made mandatory for all new policies, but this must also be accompanied by a reduction in insurance premiums."

"The Health Ministry should improve its efficiency and increase its capacity to act as a counterbalance against the unchecked escalation of healthcare costs," he said.



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# Indemnity insurance going up

Doctors performing high-risk procedures need to pay higher premiums

By CHARLES RAMENDRAN  
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**PETALING JAYA:** Specialists who perform complicated and high-risk procedures are paying more for their medical indemnity insurance premiums, which are increasing due to a rise in malpractice lawsuits, says the Malaysian Medical Association (MMA).

MMA president Datuk Dr Kalwinder Singh Khaira said these lawsuits and the huge court awards are deterring doctors at private hospitals from carrying out complex procedures.

As a result, he said public hospitals, which are already grappling with a high volume of patients, end up having to accept such patients.

He said specialists involved in advanced healthcare would pay premiums of up to RM100,000 yearly.

"While medical indemnity insurance premiums have generally remained static over the past seven years, doctors who conduct high-risk medical procedures – such as those in the field of neurosurgery, obstetrics and gynaecology – are seeing an increase in premiums, which can largely be attributed to rising medical compensations awarded in lawsuits.

"This also contributes to medical inflation and higher costs to patients," he said when contacted.

Dr Kalwinder said the Medical Act stipulates the need for doctors in private practice to obtain medical indemnity coverage for the application and renewal of their annual practising certificate.

The MMA, he said, would facilitate the application and renewal of medical indemnity insurance for its members under two insurers – Medefend and the Medical Protection Society.

He added that the MMA also regularly evaluates the terms and conditions of these policies and makes recommendations for improvement.

Asked if the MMA is taking steps to address the rise in insurance premiums for doctors amid concerns over escalating court awards in medical negligence lawsuits, he said MMA had dis-



**Legal threat:**  
Potential malpractice lawsuits are deterring doctors at private hospitals from carrying out complex procedures.

cussed this with stakeholders such as the Bar Council, the Attorney General's Chambers, Bank Negara Malaysia and the Health Ministry.

"The MMA and other like-minded groups have agreed to form a working group to raise proposals and solutions that will be submitted to the government," he said.

Federation of Private Medical Practitioners' Associations of Malaysia president Dr Shanmuganathan Ganesan also shared the view that multimillion-ringgit court awards have led to certain doctors refraining from performing high-risk procedures.

"Certain disciplines have become too risky. A good example is obstetrics. Cases are not complex, but anything can go wrong either with the mother or the baby.

"Many private obstetricians-cum-gynaecologists are dropping the practice of the former and just focusing on gynaecology," he added.

Dr Shanmuganathan said he believes that in the coming years, the quantum paid out can become a serious concern even for the government.

"Every time the government loses a medical lawsuit, the payout

comes from taxpayers," he said.

However, he said that when a medical practitioner takes on a complex case, he will see it to the end and the question of "abandoning" a patient does not arise.

"On the other hand, if a doctor feels that a case is too risky, he can or would inform the patient or next of kin that he would rather refer the patient to a public or academic institution.

"This would be done before any admission.

"Complex cases where risk is very high, like neurosurgical interventions, are generally rare. The neurosurgeons would make it known that they handle such cases and would accept referrals," he said.

Dr Shanmuganathan said the medical indemnity insurance for general practitioners (GPs) costs between RM2,000 and RM10,000 annually depending on the medical services they offer, while doctors in high-risk disciplines like obstetrics, neonatology, neurosurgery and orthopaedics fork out higher premiums of between RM3,000 and RM8,000 monthly.

Association of Private Hospitals of Malaysia president Datuk Dr Kuljit Singh said medical indemn-

ity insurance has increased across all specialities, particularly those in high-risk areas such as obstetrics and certain fields of neurology and orthopaedics.

"The surge in costs directly impacts physicians whose fees are regulated and cannot be passed on to patients.

"As a result, there is a possibility many doctors may resort to defensive medicine, opting to take up cases with lower risks with lower chances of a medicolegal battle with the current climate of medical lawsuit cases and increasing premiums of medical insurance," he said.

Insurance agent Kumaran Sinnappan said the purpose of such coverage was to deal with compensation in the event of medical negligence lawsuits.

He said GPs who do not conduct surgical procedures in their clinics usually take up policies with a coverage of about RM1ml.

"The coverage can be as low as RM250,000 but a majority of my clients opt for RM1ml. The annual premium is about RM1,000.

"The insurance company offers coverage of up to RM1ml and any amount awarded beyond that will have to be borne by the doc-

tor involved," he added.

Kumaran said the company he works for has not increased its medical indemnity insurance premiums in recent years.

Consumer groups are urging doctors to adhere to their fiduciary obligations and not turn away patients over concerns about malpractice lawsuits.

Malaysia Consumers Movement secretary-general Herby Dhillon said doctors or hospitals must ensure their patients receive adequate treatment on being admitted.

He said the choice to discharge themselves and seek treatment elsewhere should be up to the patient.

"Under no circumstances should a doctor or hospital decline to treat or force patients to discharge and be treated at another facility," Herby said.

Consumers Association of Penang president Mohideen Abdul Kader said private hospitals would be shirking their responsibilities as healthcare providers if they turned away patients over concerns of facing legal action.

"In case of lawsuits, private doctors and hospitals are covered by medical indemnity insurance. Government hospitals should not be further burdened with referrals from private hospitals," he said.

Galen Centre for Health and Social Policy chief executive officer Azrul Mohd Khalib said private hospitals are healthcare providers, but they are also business entities and their concerns on the outcome of recent court judgments in cases of malpractices was understandable.

He agreed that patients who seek treatment at private facilities should not be turned away and referred elsewhere.

"In ensuring the well-being of patients, there should be a standard code of conduct or a patient's Bill of rights that private hospitals should prescribe to, so that when a patient is admitted, there is an obligation on the part of the healthcare facility.

"Currently, each private healthcare centre has its own Bill of rights," he said.

## Health experts: No need to panic over 'Disease X'

By RAHIMY RAHIM  
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**PETALING JAYA:** There is no need to panic following the outbreak of a mysterious illness dubbed "Disease X" in the Democratic Republic of Congo (DRC), say health experts.

However, they say those who will be travelling to the region should be aware of the risk and take preventive measures.

Public health expert Datuk Dr Zainal Ariffin Omar said Malaysia does not have to worry as the country, through the Health Ministry, has extensive and frequent updates from the World Health Organisation (WHO) and other global health surveillance systems.

"We also have our own effective and efficient disease surveillance system.

"For now, it is best to wait for official statements from the WHO and our Health Ministry," he said when contacted yesterday.

Zainal Ariffin also noted that Congolese officials and the international team from Africa Centres for Disease Control and Prevention (Africa CDC), as well as the WHO, have begun to investigate the cases.

"They have yet to come out with an advisory statement. It is not yet a Public Health Emergency of International Concern (PHEIC)," he added.

A PHEIC is a formal designation, giving a special status for an emergency caused by an infec-

tious disease outbreak from the WHO.

Public health medicine expert Prof Dr Malina Osman said the DRC in general has inadequate facilities to support infectious diseases diagnosis, and control and prevention.

Citing an example, she said the DRC was previously hit by mpox cases.

The country recorded more than 47,000 suspected cases and over 1,000 suspected deaths from the disease in the Central African country, according to the WHO.

"I believe the condition (Disease X) is now closely being monitored globally, including by our Health Ministry.

"We are still not sure whether the situation is related to mpox

or it may be a newly-emerged infectious disease that may be precipitated by poor nutritional status.

"Those who will be travelling to the region should be aware of the risk and take preventive measures," she said.

Since late October, hundreds of people have fallen ill and at least 79 died from the outbreak, termed "Disease X".

Almost 200 of the 376 afflicted had flu-like symptoms and were younger than five years old, said Jean Kaseya, the director of the Africa CDC.

Cases of fever, headache, cough, difficulty breathing and anaemia were first reported on Oct 24 in the Panzi health zone in the southwestern province of

Kwango, with national authorities alerted on Dec 1.

The outbreak has renewed concerns of the emergence of a new pathogen with potential to spread across the world just a few years after Covid-19 forced countries to shut down borders and brought economic and social activities to a standstill.

Health authorities in Hong Kong said on Dec 5 that they will tighten screenings at the airport for visitors arriving from Johannesburg and Addis Ababa, the two African transit hubs that could ferry travellers from the DRC.

In Japan, its foreign ministry has advised people against unnecessary travel to the region affected by the outbreak.