AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : NATION

Making sure no child falls behind

Education Ministry to expand School-in-Hospital programme to Gombak

KUALA LUMPUR: The Education Ministry plans to expand the School-in-Hospital (SDH) programme to Hospital Orang Asli Gombak by the end of this year, says minister Fadhlina Sidek.

She said the Education Ministry and the Health Ministry are currently making thorough preparations to ensure Orang Asli children do not fall behind in their education while receiving treatment in hospital.

"To date, more than 50,000 students have benefited from the SDH programme, which is implemented in 15 healthcare facilities and has produced several success stories.

"For instance, for the 2024 Sijil Pelajaran Malaysia examination, 91% of the students passed and qualified for a certificate," she told reporters yesterday, Bernama reported.

Fadhlina said this after the signing of the Memorandum of Cooperation between the Education Ministry and the Health Ministry for the implementation of the programme, as well as its launch at the Cheras Rehabilitation Hospital (HRC).

Also present was Health Minister Datuk Seri Dr Dzulkefly Ahmad.

Currently, there are 19 SDH centres nationwide – 16 located in healthcare facilities under the Health Ministry, while the remaining centres are based in teaching hospitals managed by universities.

The SDH programme is a specialised, formal and structured educational service designed to cater to the readiness and capabilities of students undergoing treatment in hospitals.

The teaching and learning process is flexible, with a focus on fun and engaging activities conducted in a comfortable and conducive environment.

Dzulkefly said the HRC is the 16th facility under the ministry to adopt the SDH programme, following its initial implementation at Hospital Tunku Azizah in July 2011.

"At HRC alone, 138 students have been registered, with total attendance exceeding 1,300.

"These are not just numbers – they represent stories of hope, resilience and an unwavering spirit to continue learning despite serious health challenges," he said.

Hello there: Fadhlina and Dzulkefly chatting with the pupils after the launch of the SDH programme at the Cheras Rehabilitation Hospital. — Bernama

AKHBAR : SINAR HARIAN
MUKA SURAT : 10
RUANGAN : NASIONAL

Sinar Harian m/s 10 Nasional 7/5/2025 (Rabu)

Sekolah Dalam Hospital diperluas di Hospital Orang Asli – Fadhlina

KUALA LUMPUR - Kementerian Pendidikan Malaysia (KPM) merancang untuk memperluas Program Sekolah Dalam Hospital (SDH) di Hospital Orang Asli, Gombak menjelang penghujung tahun ini, kata Menteri Pendidikan, Fadhlina Sidek.

Beliau berkata, ketika ini KPM dan Kementerian Kesihatan Malaysia (KKM) sedang membuat persiapan rapi untuk tujuan berkenaan sebagai usaha bagi memastikan anak Orang Asli turut tidak ketinggalan dalam pendidikan ketika mendapatkan rawatan di hospital.

"Setakat ini 50,000 pelajar dapat manfaat menerusi program SDH di 19 fasiliti kesihatan yang juga sudah mencatat beberapa kisah kejayaan.

"Misalnya untuk SDH tahun ini khususnya bagi peperiksaan Sijil Pelajaran Malaysia (SPM) 2024, 91 peratus pelajar mencapai lulus dan layak mendapat sijil," katanya kepada pemberita di sini pada Selasa.

Beliau berkata demikian selepas menghadiri Majlis Pemeteraian Nota Kerjasama antara KPM dan KKM Dalam Pelaksanaan Program SDH dan Majlis Perasmian Program SDH di Hospital Rehabilitasi Cheras (HRC).

Turut hadir Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad.

Setakat ini, terdapat 19 SDH di seluruh negara melibatkan 16 fasiliti kesihatan di bawah KKM dan selebihnya hospital mengajar seliaan universiti.

Fadhlina bersama Dr Dzulkefly beramah mesra dengan murid-murid di Hospital Rehabulitasi Cheras pada Selasa.

Program SDH ialah perkhidmatan pendidikan khusus yang formal dan berstruktur berfokuskan kepada kesediaan dan keupayaan murid di hospital dengan proses pengajaran dan pembelajaran (PdP) bersifat fleksibel dan menekankan secara didik hibur di tempat yang selesa serta kondusif.

Sementara itu, Dr Dzulkefly berkata, HRC menjadi fasiliti ke-16 di bawah seliaan KKM yang melaksanakan program SDH dengan yang pertama bermula di Hospital Tunku Azizah pada Julai 2011.

"Di HRC sahaja, 118 murid telah didaftarkan, jumlah kehadiran melebihi 1,300 kali.

"Ini bukan sekadar angka, tetapi pelbagai kisah dipenuhi harapan, ketabahan dan semangat tak pernah luntur untuk terus belajar biarpun berdepan ujian berat dari segi kesihatan mereka," katanya. - *Bernama*

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

Program Sekolah Dalam Hospital diperluas ke Hospital Orang Asli

KPM, KKM buat persiapan rapi elak keciciran pelajar

Kuala Lumpur: Kementerian Pendidikan (KPM) merancang memperluas Program Sekolah Dalam Hospital (SDH) di Hospital Orang Asli, Gombak, menjelang penghujung tahun ini.

Menteri Pendidikan, Fadhlina Sidek, berkata ketika ini KPM dan Kementerian Kesihatan (KKM) sedang membuat persiapan rapi untuk tujuan itu sebagai usaha memastikan anak Orang Asli turut tidak ketinggalan dalam pendidikan ketika mendapat rawatan di hospital.

"Setakat ini, sudah 50,000 pelajar mendapat manfaat menerusi program SDH di 19 fasiliti kesihatan yang juga sudah mencatat beberapa kisah kejayaan.

"Misalnya untuk SDH tahun ini, ahuasanya bagi pemeriksaan Sijil Pelajaran Malaysia (SPM) 2024, sebanyak 91 peratus pelajar lulus dan layak mendapat sijil," katanya selepas menghadiri Majlis Penandatanganan Nota Kerjasama antara KPM dan KKM Dalam Pelaksanaan Program SDH dan Majlis Perasmian Program SDH di Hospital Rehabilitasi Cheras (HRC) di sini, semalam.

Yang turut hadir Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad.

Sementara itu, Dr Dzulkefly berkata, HRC menjadi fasiliti ke-16 di bawah seliaan KKM yang melaksanakan program SDH dan Hospital Tuanku Azizah menjadi perintis program pada Julai 2011. BERNAMA

Fadhlina bersama Dr Dzulkefly beramah mesra dengan pelajar selepas Majlis Penandatanganan Nota Kerjasama antara KPM dan KKM di Hospital Rehabilitasi Cheras, semalam. BERNAMA

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

The Star m/s 3 National 7/5/2025 (Rabu)

Doctors oppose use of non-health related law on sector

PETALING JAYA: Hundreds of doctors from across the country gathered yesterday to submit a memorandum to the Prime Minister's Office (PMO) to show their opposition to the enforcement of the Price Control and Anti-Profiteering Act 2011 on the medical sector, which requires the display of medicine prices at private healthcare premises.

It was reported that the doctors gathered at 9am at Laman Perdana near the Perdana Putra Building and were holding placards that read "We will not be silenced", "Healthcare workers are undervalued" and "Unfair fees and policies keep current and future doctors away".

The group comprised doctors, private general practitioners and representatives of several NGOs related to medical practitioners.

The gathering was organised by the Malaysian Medical Association's (MMA) private general medical practitioners section.

MMA said it is not against price transparency for medicines but its implementation under a non-health related law.

On Sunday, MMA issued a statement explaining that its memorandum aims to highlight the concerns and challenges faced by private clinics in response to the government's recent decision.

It argued that applying the Act to the medical profession is inappropriate as the Act is not designed for healthcare, warning that doing so could negatively affect the delivery of primary healthcare services.

Previously, Health Minister Datuk Seri Dr Dzulkefly Ahmad and Domestic Trade and Cost of Living Minister Datuk Armizan Mohd Ali announced that mandatory price labelling would take effect on May 1.

In a joint statement, they said the move aims to ensure the public can make informed choices by knowing, comparing and selecting the best prices when managing their medication expenses.

"It will be enforced under the Price Control and Anti-Profiteering (Price Marking for Medicines) Order 2025, pursuant to the Act."

MMA argued that applying the Act to the medical profession could negatively affect the delivery of primary healthcare services. – ADIB RAMLY YAHYA/THESUN

The government's implementation of the Medicine Price Display Order has been hailed as a crucial step towards increasing transparency and strengthening consumer rights, enabling Malaysians to make more informed decisions on medications based on their financial means.

Malaysian Pharmacists Society (MPS) president Prof Amrahi Buang said the policy reflects the government's commitment to public wellbeing by promoting greater transparency within the national healthcare system.

"MPS views this policy as part of the government's initiative to educate and empower consumers, particularly regarding their right to know medicine prices and choose where to obtain their medications, whether from clinics or pharmacies.

"This is a positive step as it empowers consumers to make smarter, more affordable choices, which would ultimately benefit society as a whole.

"This policy would help raise public awareness and improve health literacy related to medication pricing," he told Bernama.

He said the operations of community pharmacies are outlined under the Community Pharmacy Benchmarking Guidelines and the practice of price display has long been in place for many products listed under the new order.

He added that while pharmacy chains may not face significant challenges, smaller independent community pharmacies may encounter some initial difficulties.

"With clear briefings through engagement sessions and a comprehensive FAQ document, the implementation of this order could proceed smoothly." – Bernama

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

New Straits Times . WEDNESDAY, MAY 7, 2025

LOPSIDED PROCUREMENT SYSTEM

INDEPENDENT PHARMACIES FEEL SQUEEZE

Shrinking margins, rising costs and pressure from big business see many struggling to cope

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TUCKED away in Jalan Tokuk Wan Jah, a modest independent pharmacy is weathering a quiet storm of rising costs, shrinking margins and a healthcare economy tilting heavily in favour of big business.

Run by Nur Hamimi Hamzah, 42, the pharmacy has served generations of locals.

With familiar faces behind the counter and advice freely given, it remains a cornerstone of the community.

"We're not just selling medicine, we're providing care.

"We know our customers by name, we explain dosages, we advise, we follow up.

"That's the kind of service people still come to us for," said Hamimi, seated behind a modest counter flanked by shelves of over-the-counter remedies.

Independent pharmacists like Hamimi are raising the alarm over what they describe as a lopsided procurement system that rewards large chains while slowly suffocating smaller players.

Bulk discounts of up to 30 per cent allow corporate outlets to undercut prices — sometimes selling medicines for less than what independents pay to stock them.

"With all the noise about overpriced medicine, people assume we're the ones profiteering but the issue starts upstream at the supplier level," said Hamimi.

On May 1, mandatory price labelling at private pharmacies and clinics came into effect, enforced by the Domestic Trade and Cost of Living Ministry.

While meant to boost transparency, pharmacists like Hamimi say it misses the mark by ignoring how prices are set further up the chain.

"Our records are already transparent. The real question is, who sets the prices, and why are we being asked to compete without fair access to stock?"

As proof, Hamimi pointed to a list of price comparisons for common medications like antihistamines.

For many independents, the situation is nearing a tipping point.

One possible lifeline being floated is the long-debated introduction of dispensary rights, a move that would separate the roles of prescribing and dispensing, granting pharmacists exclusive authority to supply medicine.

"In most developed countries, this separation exists to protect patients and empower pharmacists. We're trained for this. Dispensing isn't just handing over a bag, it's ensuring safe, effective use," said Hamimi.

But not everyone is optimistic.

One independent pharmacist, speaking anonymously, warned that without proper safeguards, dispensary rights could deepen the imbalance by giving even more control to large chains with marketing muscle and capital.

The pharmacist, operating in Jalan Sultanah, said the most pressing issue the government must address to ensure fair prices for consumers and protecting small businesses is the regulation of medicine prices at the supplier level.

Koperasi Farmasi Komuniti Kedah Bhd chairman Khairulnizam Ahmad echoed the concern, warning that policy moves must strengthen not dismantle independent healthcare players.

"In our context, implementation will take time and require significant adaptation. There are more clinics than pharmacies in Malaysia, and in some areas, pharmacies are still lacking.

"These are key factors to consider. However, the issue of dispensing rights is separate from that of medicine price transparency.

"Price transparency is beneficial to consumers, but it requires in-depth study and the development of structured guidelines, involving professionals from the field."

Khairulnizam proposed that price regulations be placed under the existing framework of the Health Ministry, similar to how product pricing is managed under the National Pharmaceutical Regulatory Agency.

This would ensure uniform parameters for pricing, as he argued that open price setting would only benefit capitalists who manipulate prices.

"We need to consider the broader implications on the sustainability of the healthcare system.

"The Domestic Trade and Cost of Living Ministry suggests that consumers should make decisions based on visible prices.

"However, this ignores the importance of quality control and professional fees. This approach could lead to a situation like chain grocery stores undermining sundry shops," he added.

Pharmacist Nur Hamimi Hamzah (centre) working behind the counter at an independent pharmacy in Alor Star yesterday.

AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

The Star, pg 7, Nation, 7/5/2025 (Rabu)

Pharmacists: Price display a win for public well-being

KUALA LUMPUR: The government's implementation of the law for displaying medicine prices has been hailed as a crucial step towards increasing transparency and strengthening consumer rights.

Malaysian Pharmacists Society (MPS) president Prof Amrahi Buang said the move will enable Malaysians to make more informed decisions about medications based on their financial means.

He said it reflects the government's commitment to public well-being by promoting greater transparency within the national healthcare system.

"MPS views it as part of the government's initiative to educate and empower consumers, particularly regarding their right to know medicine prices and to choose where to obtain their medications, whether from clinics or pharmacies.

"This is a very positive step as it empowers consumers to make smarter and more affordable choices, which will ultimately benefit society as a whole.

"It will also help raise public awareness and improve health literacy related to medication pricing," he told Bernama.

Amrahi said the operations of community pharmacies are already outlined under the Community Pharmacy Benchmarking Guidelines and that the practice of price display has long been in place for many products listed under the new Price Control and Anti-Profiteering (Price Marking for Drugs) order.

He said while pharmacy chains may not face significant challenges, smaller independent community pharmacies may encounter some initial difficulties.

"However, with clear briefings through engagement sessions and a comprehensive FAQ document, the implementation of this order can proceed smoothly," he added.

Amrahi also said the MPS held a town hall session on April 27 to allow private pharmacies to seek further clarification from the Health Ministry.

In discussing the importance of pharmacies in the successful implementation of this policy, he emphasised that community pharmacies must remain vigilant and sensitive to patients' rights.

"As service providers, community pharmacies must understand and meet the needs and rights of patients. This is in line with the 2018 Code of Ethics for Pharmacists, which prioritises patient and consumer welfare."

He also welcomed the government's decision to allow a three-month grace period for the implementation of the order, saying it gives small-scale pharmacies sufficient time to enhance their operations in line with the new order.

"MPS will also run a countdown via our communication channels to remind members of the order's enforcement timeline," he said.

Private GPs push back

Don't compare grocers with health services, say doctors in protest

By TARRENCE TAN
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PETRAJAYA: Mostly clad in black, hundreds of doctors gathered here to protest a new rule requiring private healthcare facilities to display the prices of medicine.

They were seen holding placards that read "We will not be silenced", "Healthcare workers are undervalued", and "Unfair fees and policies keep current and future doctors away".

The doctors, some of whom had even travelled from Perak, gathered here from 9am and intended to march from the Health Ministry to the Prime Minister's Office.

However, it was changed to a gathering behind the PMO at the last minute.

The protest ended at about noon.

The doctors have said they are not against the new price display mechanism but do not want the Price Control and Anti-Profiteering Act 2011 (Act 723) used on the medical profession.

This was because private clinics are already strictly regulated under the Private Healthcare Facilities and Services Act 1998 (Act 586).

Act 723 is typically applied to retailers and grocers, and doctors, as professionals, ought not to be subjected to it, stated Malaysian Medical Association (MMA) president-elect Datuk Dr Thirunavukarasu Raiss.

"Don't compare grocery stores with professional services," he said.

Dr Thirunavukarasu said MMA supports transparency in the healthcare sector and was seeking support from the Cabinet and the Prime Minister.

He said general practitioner fees have been stagnant for many years and they are seeking the government's intervention on the matter.

"We know the fee is a political issue. That is why we are seeking support from the entire Cabinet.

"They are talking about inflation, and they must make sure primary care, delivered through over 12,000 clinics in Malaysia, is sustainable," he said.

Meanwhile, Health Minister Datuk Seri Dr Dzulkefly Ahmad assured that every demand outlined in the memorandum would be thoroughly reviewed.

"I will certainly get their memorandum. I will study every one of their requests," he told reporters at an event yesterday, Bernama reported.

Among the 15 medical associations that joined the protest were MMA, the Federation of Private Medical Associations Malaysia, Interdisciplinary Medicine and the Malaysian Private Dental Practitioners Association.

The Price Control and Anti-Profiteering (Price Marking for Drugs) order, which mandates that private healthcare providers display medicine prices, has been gazetted.

The order was signed by Domestic Trade and Cost of Living Minister Datuk Armizan Ali.

Individual healthcare providers who fail to comply face a fine of up to RM50,000. Corporate bodies are liable to a fine of up to RM100,000.

According to the order, drugs that are visible to customers and kept on display must have a price tag.

For those that are kept behind the counter or not visible to customers, a price list must be prepared.

The price list should contain information such as the generic name or active ingredient of the drug, strength, trade name and the selling price per unit, per-unit weight or the measure of the drug.

The price list would have to be displayed in a physical form, such as through electronic media, electronic screens and any suitable tools and devices customers can access.

The doctors' demands

- The Price Control and Anti-Profiteering Act 2011 (Act 723), used on retailers and grocers, should not be applied on the medical profession.
- Private GP fees, which have remained unchanged over the last 35 years, need to be revised.
- Third-Party Administrators (TPA) must be regulated as these entities, which act as intermediaries between insurers and GPs, often charge high administration fees on claims, delay claims and provide low consultation fees.
- The government must look into the rise of foreign equity in the healthcare sector.

Source: Malaysian Medical Association

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 7
RUANGAN : NATION

NST pg 7 Nation 7/5/2025 (Rabu)

PRICE CONTROL AND ANTI-PROFITEERING ACT 2011

DOCTORS SUBMIT MEMORANDUM

They support new price display rule, but object to use of separate law for enforcement

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HUNDREDS of doctors gathered yesterday to submit a memorandum to the Prime Minister's Office, protesting against the application of the Price Control and Anti-Profiteering Act 2011 on the medical profession.

While the doctors support the new price display mechanism, they object to using a separate law for enforcement, saying private clinics are already strictly regulated under the Private Healthcare Facilities and Services Act 1998.

"We support transparency in the health sector. But we cannot compare professional services with sales. That said, it's not about the price of the medicine.

"It is the patients' right to know all the prices. It has been there since 2006. It's not new," said Malaysian Medical Association (MMA) president-elect Datuk Dr Thirunavukarasu Rajoo.

He said it was inappropriate to use the Price Control and Anti-Profiteering Act 2011 to govern healthcare facilities as clinics were not retail businesses.

The memorandum stated that MMA was not allowed to discuss the matter with the government despite repeated requests for stakeholder engagement and a separate request to meet the Domestic Trade and Cost of Living Ministry.

Dr Thirunavukarasu said coupled with fears of over-regulation, the Private Healthcare Facilities and Services Act 1998 was already in place to regulate clinical governance, patient safety and fair pricing.

The requirement to display the prices of medicines was enforced on May 1 under the Price Control and Anti-Profiteering Act 2011.

Yesterday's gathering, the first of its kind by MMA, addressed four core issues plaguing the medical industry.

The group highlighted that general practitioners' fees, set out in the Private Healthcare Facilities and Services Act 1998, had been stagnant for 33 years.

Dr Thirunavukarasu said the rates did not reflect the realities of rising operational costs, inflation, rising salaries, technology adoption, regulatory requirements and the growing expectation for documentation and digitalisation.

The group urged the government to regulate third-party administrators (TPA) that act as the intermediary between insurers and general practitioners.

The group claimed that TPAs had arbitrarily imposed high administrative fees on clinics, fixed low consultation rates of RM10to RM35, caused delays in payment of claims and had begun outsourcing long-term prescription medicines to third-party pharmacies via e-prescriptions, bypassing the attending doctors.

"It is not aligned with evidence-based clinical management and therefore, patient safety by removing continuity and exposure patients to increased rates of complications of non-communicable diseases," the memorandum read.

The group urged the government to oversee the use of foreign equity in the healthcare sector, as many foreign-owned private healthcare facilities were targeting medical tourists and high-income patients, and diverting resources from the local population and inflating healthcare costs.

Among the 15 medical associations that participated in the gathering were MMA, Academy of Family Physicians of Malaysia, Federation of Private Medical Practitioners' Associations Malaysia, Malaysian Association for Advancement of Functional and Interdisciplinary Medicine and Malaysian Private Dental Practitioners Association.

Doctors participating in a gathering to submit a memorandum to the Prime Minister's Office in Putrajaya yesterday. NSTP/FZ ISHAM SAID

Page 1 pic: Some of the placards carried by doctors at the protest in Putrajaya yesterday.

KERATAN AKHBAR

UNIT KOMUNIKASI KORPORAT
KEMENTERIAN KESIHATAN MALAYSIA

7 MEI 2025
(RABU)

AKHBAR : BERITA HARIAN
MUKA SURAT : 8
RUANGAN : NASIONAL

Kerajaan kaji pembiayaan kesihatan lebih mampan

Kuala Lumpur: Kerajaan sedang meneliti keperluan untuk menstruktur semula sistem pembiayaan kesihatan sedia ada supaya lebih mampan, terangkum dan berkesan untuk jangka panjang seperti yang digariskan dalam Kertas Putih Kesihatan.

Perdana Menteri, Datuk Seri Anwar Ibrahim, berkata perkara itu juga menekankan pentingnya tadbir urus, perolehan dan pelaksanaan yang berkesan serta peranan pelbagai kementerian, khususnya Kementerian Ekonomi dan Kementerian Kewangan dalam memacu pelaksanaan reformasinya.

Perdana Menteri menerusi hantaran di Facebooknya semalam, berkata perkara itu dibincangkan ketika beliau mempengerusikan Mesyuarat Majlis Perlindungan Sosial Malaysia (MySPC) ke-8 2025 yang turut dihadiri enam menteri Kabinet dan pegawai tertinggi perkhidmatan awam, semalam.

"Mesyuarat ini memberi tumpuan kepada pembentangan mengenai Hala Tuju dan Inisiatif Transformasi Sistem Pembiayaan Kesihatan secara berfasa serta cadangan penubuhan Dana Kesihatan Nasional.

"Mesyuarat turut meneliti Rangka Tindakan Penuaan Kebangsaan 2025-2045 yang dibentangkan Kementerian Ekonomi.

"Saya mengambil maklum langkah awal sedang diambil bersama untuk menghadapi cabaran populasi menua, termasuk mekanisme tadbir urus rentas kementerian yang lebih menyeluruh dan bersepadu," kata beliau. BERNAMA

Pamer harga ubat

'Tetapkan harga ikut Akta 586 bukan 723'

MMA gesa kerajaan kaji semula arahan kepada klinik swasta berkuat kuasa 1 Mei lalu

Oleh Muhd Iskandar Ibrahim
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Putrajaya: Kerajaan digesa mengkaji semula penggunaan Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723) terhadap bidang perubatan, khususnya berkaitan peraturan mewajibkan klinik swasta dan farmasi mempamerkan harga ubat-ubatan berkuat kuasa 1 Mei lalu.

Presiden, Persatuan Perubatan Malaysia (MMA), Datuk Dr R Thirunavukarasu, berkata pihaknya menyokong penuh prinsip ketelusan dalam penetapan harga ubat, namun harus dibuat mengikut Akta Kemudahan dan Perkhidmatan Penjagaan Kesihatan Swasta 1998 (Akta 586).

"Ketelusan dalam sektor kesihatan sudah memang sedia ada melalui Akta 586 dan kita memohon supaya kerajaan semak semula keputusan dalam isu ini, kami tidak setuju guna Akta 723.

"Mengapa kami tolak? Kerana kami perkhidmatan profesional. Kalau lihat kedai runcit, mereka jual barang.

"Kami menawarkan perkhidmatan profesional, bukan kedai runcit," katanya selepas menyerahkan memorandum kepada wakil Pejabat Perdana Menteri di Bangunan Perdana Putra di sini, semalam.

Terdahulu, beliau bersama kira-kira 200 pengamal perubatan berhimpun di Laman Perdana bagi membantah penggunaan Akta 723 berkaitan mewajibkan klinik swasta dan farmasi mempamerkan harga ubat-ubatan berkuat kuasa 1 Mei lalu.

Dr Thirunavukarasu berkata, persatuan perubatan membantah penggunaan Akta 723 yang dikuatkuasakan tanpa perbincangan dan penglibatan pengamal perubatan yang sebenar.

Katanya, dasar berkaitan perkara itu dilaksanakan pada 1 Mei lalu dengan pengumuman dalam warta kerajaan hanya sehari sebelumnya, namun tiada sesi dialog diadakan walaupun permintaan untuk penglibatan pihak berkepentingan dibuat beberapa kali, termasuk permintaan khas untuk bertemu dengan pegawai Kementerian Perdagangan Dalam Negeri dan Kos Sara Hidup.

"Doktor, klinik dan persatuan perubatan berpendapat, peraturan berkaitan ketelusan dan paparan harga ubat di klinik swasta sepatutnya tertakluk di bawah Akta 586, bukan di bawah Akta 723 yang tidak sesuai untuk mengawal selia persekitaran perkhidmatan klinikal.

"Akta 586 digubal khusus untuk mengawal kemudahan penjagaan kesihatan swasta bagi memastikan keseimbangan di antara tadbir urus klinikal, keselamatan pesakit dan penetapan harga yang adil.

"Penguatkuasaan paparan harga di bawah undang-undang komersial yang direka untuk kawalan harga oleh peniaga tidak sesuai dengan keperluan penjagaan pesakit yang lebih rumit dan boleh membawa kesan tidak diingini, seperti pesakit membuat keputusan berdasarkan harga semata-mata, bukannya berdasarkan nasihat perubatan profesional," katanya.

Dr Thirunavukarasu berkata, selain berkaitan Akta 723, pihaknya mengemukakan permintaan supaya kerajaan menyemak semula caj rundingan doktor yang sudah tertangguh sejak 33 tahun lalu.

"Kadar yuran ini ditetapkan RM30 hingga RM35 dan kadar ini tidak pernah disemak dan kekal tidak berubah lebih 33 tahun.

"Kadar ini tidak lagi mencerminkan realiti kos operasi yang meningkat, inflasi, kenaikan gaji kakitangan, penggunaan teknologi, keperluan kawal selia serta jangkaan tinggi terhadap dokumentasi dan pendigitalan," katanya.

Dr Thirunavukarasu (tengah) ketika penyerahan memorandum kepada wakil Pejabat Perdana Menteri di Bangunan Perdana Putra di Putrajaya, semalam.
(Foto Aizuddin Saad/BH)

Teliti setiap tuntutan

Sementara itu di Kuala Lumpur, *BERNAMA* melaporkan Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad memberi jaminan akan meneliti setiap tuntutan dalam memorandum yang dikemukakan oleh doktor yang menyertai himpunan membantah peraturan mewajibkan mempamer harga ubat semalam.

Dr Dzulkefly berkata, masalah baginya untuk memberi pertimbangan sewajarnya selepas meneliti memorandum berkenaan.

"Saya pastinya akan dapat menerima memorandum mereka. Saya akan teliti satu persatu permintaan mereka," katanya.

AKHBAR : THE STAR
MUKA SURAT : 1
RUANGAN : FRONT PAGE

Divided over meds price display rule

Hundreds of doctors protested in Putrajaya against a new rule requiring private healthcare facilities to display medicine prices. In contrast, the Malaysian Pharmacists Society backed the move, saying it promotes transparency and helps the public make informed decisions. **> See report on page 7 by TARRENCE TAN**

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 2
RUANGAN : DALAM NEGERI

Utusan Malaysia m/s 2 Dlm Negeri 7/5/2025 (Rabu)

Klinik kesihatan bukan kedai runcit

Dari muka 1

"Kalau sekarang, siapa-siapa boleh pun buka kedai runcit. Jadi, tak bolehlah samakan profesion doktor dengan penjual barang runcit," katanya dalam sidang akhbar selepas menyerahkan memorandum kepada Pejabat Perdana Menteri, pada perhimpunan aman yang turut disertai 200 GP di hadapan Bangunan Perdana Putra, bagi memohon kerajaan menyemak semula penggunaan Akta 723 dalam profession perubatan negara, semalam.

Dr. R Thirunavukarasu berkata, kenyataan berkenaan bukan hanya daripada suara 500 GP yang hadir pada himpunan berkenaan, sebaliknya 12,000 klinik swasta di seluruh negara.

Baru-baru ini kerajaan mengumumkan menguatkuasakan Akta 723 yang mewajibkan premis perubatan am memaparkan harga ubat mulai 1 Mei lalu sedangkan menurut Dr. R Thirunavukarasu, penguatkuasaan Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) yang sedia ada sudah memadai.

Menurutnya, Akta 586 turut merangkumi ketelusan yang memberi hak kepada pengguna untuk mengetahui harga ubat dan menteri kesihatan juga mempunyai kuasa untuk membuat sebarang perubahan dan ketelusan dari segi sektor kesihatan yang sudah ada dalam Akta berkenaan.

Sementara itu, memorandum diserahkan Dr. Thirunavukarasu kepada Setiausaha Sulit Kanan Kepada Perdana Menteri, Aznur Hafeez Kaswuri dan Pengarah Bahagian Pengurusan Pejabat Perdana Menteri, Mohd. Khalil Zaiyany Sumiran.

Terdahulu, lebih 200 kumpulan doktor dan pengamal perubatan mula berhimpun sekitar pukul 9.30 pagi sebelum bersurai secara berperingkat mulai pukul 11.30 pagi semalam.

Mereka bersurai sebaik sahaja 10 daripada wakil selesai bertemu dan menyerahkan memorandum berkaitan perkara itu kepada wakil Pejabat Perdana Menteri (PMO) di Bangunan Perdana Putra di sini.

KKM melaksanakan peraturan baharu bermula 1 Mei lalu, yang mewajibkan semua klinik dan farmasi swasta memaparkan harga ubat-ubatan, dengan tujuan meningkatkan ketelusan dan membantu pengguna membuat pilihan berdasarkan harga.

Langkah ini dilaksanakan mengikut Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723), dengan objektif meningkatkan ketelusan dalam urus niaga dan membolehkan pengguna membuat perbandingan harga.

Bagaimanapun, Persatuan Perubatan Malaysia (MMA) berkata arahan itu tidak praktikal kerana harga ubat bergantung pada kos pembekalan dan faktor pasaran.

Mereka bimbang maklumat harga dipaparkan boleh mengelirukan pesakit dan menimbulkan salah faham.

LEBIH 200 doktor dan pekerja kesihatan berkumpul di Laman Perdana berhampiran Bangunan Perdana Putra, Putrajaya, semalam bagi membantah pelaksanaan peraturan yang mewajibkan klinik swasta dan farmasi mempamerkan harga ubat-ubatan. - UTUSAN/FAIZ ALIF ZUBIR

AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

Sinar Harian m/s 6 Nasional 7/5/2025 (Rabu)
Harian

'Kami bukan kedai runcit'

Doktor swasta bantah penggunaan Akta 723, dakwa dilaksana tanpa rundingan

Oleh TUAN BUQHAIRAH TUAN MUHAMAD ADNAN
PUTRAJAYA

Kira-kira 200 pegawai perubatan swasta hadir ke bangunan Perdana Putrajaya bagi menyerahkan memorandum bantahan pelaksanaan Akta 723 pada Isnin.

Kumpulan doktor swasta mendesak kerajaan menyemak semula penggunaan Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723) terhadap profesion perubatan yang didakwa dilaksanakan tanpa rundingan dan libat urus.

Presiden bahuru Persatuan Perubatan Malaysia (MMA), Datuk Dr Ri Thirunavukkarasu berkata, banyak persoalan telah dibangkitkan mengenai skop penggunaan Akta 723 serta kaedah pelaksanaannya, namun sehingga kini tiada sebarang penjelasan diberikan.

"Walaupun peraturan perubatan menyokong prinsip ketelusan harga ubat, namun kami mempertahankan kerana Mekanisme Ketelusan Harga Ubat (MKHU) yang sedang dikuatkuasakan ke atas klinik swasta di bawah Akta 723 tanpa sebarang rundingan atau libat urus dengan warga perubatan yang terlibatkan.

"Kami tidak kerana kita adalah perkhidmatan profesional. Kalau di kedai runcit, mereka jual barang manakala kita menawarkan perkhidmatan profesional, kami bukan kedai runcit," katanya.

Beliau berkata demikian ketika ditemui selepas menyerahkan memorandum kepada pejabat Perdana Menteri di sini pada Selasa.

Ujarnya, penggunaan Akta 723 dilihat tidak sesuai digunakan untuk perkhidmatan klinikal.

"Pengawalseliaan ketelusan dan paparan harga ubat di klinik swasta sebenarnya terfaktuk di bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) dan bukannya Akta 723.

"Akta 586 digubal khusus untuk mengawal selia kemudahan kesihatan swasta dengan mengambil kira faktor unik klinikal, keselamatan pesakit dan kualiti harga," jelas beliau.

Menurut Dr Thirunavukkarasu, pelaksanaan peraturan paparan harga di bawah undang-undang perdagangan yang direka untuk kawalan harga peniaga adalah tidak bersesuaian.

"Ia boleh mengakibatkan kesan tidak dingini seperti pesakit membuat keputusan semata-mata berdasarkan harga dan bukannya nasihat profesional perubatan," katanya.

Beliau berkata, satu mesyuarat advokasi oleh Kementerian Kesihatan pada Februari 2025 secara jelas menyatakan bahawa pelaksanaan ketelusan harga ubat di klinik swasta hanya akan berlaku selepas semakan semula yuran konsultasi yang telah lama tergguh.

"Yuran konsultasi untuk doktor swasta telah dicadangkan MMA pada 1992 dan kemudian diterima pakai di bawah Akta 586 apabila digazetkan pada 2006.

"Yuran tersebut ditetapkan antara RM10 hingga RM35 di bawah Jadual Kelapan dan tidak pernah disemak lebih 33 tahun.

"Kadar ini tak lagi menggambarkan realiti kos operasi, inflasi, kenaikan gaji kakitangan, teknologi, keperluan kawal selia dan kepatuhan dokumentasi serta pendigitalan," katanya.

Dalam pada itu, beliau mendedahkan 30 peratus doktor di negara ini tergolong dalam B40.

Beliau berkata, dapatan itu diperoleh menerusi kajian yang dijalankan pada tahun 2018 membabitkan hampir 1,800 doktor.

"Hanya 10 peratus sahaja doktor yang benar-benar berada dari segi ekonomi.

"Mereka semua melihat doktor sebagai golongan kaya tetapi kajian menunjukkan hampir 30 peratus B40, manakala 30 peratus lagi cukup-cukup makan," katanya.

Menteri Kesihatan jamin teliti setiap tuntutan

KUALA LUMPUR - Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad memberi jaminan akan meneliti setiap tuntutan dalam memorandum yang dikemukakan oleh mereka yang menyertai himpunan membantah peraturan mewajibkan mempamer harga ubat pada Selasa.

"Saya akan teliti satu persatu permintaan itu," katanya.

AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

Bantu perkukuh hak pengguna – MPS

KUALA LUMPUR - Perintah Pemaparan Harga Ubat bermula 1 Mei lalu yang diperkenalkan kerajaan disifatkan sebagai langkah penting dalam meningkatkan ketelusan dan memperkukuhkan hak pengguna, sekali gus memberi ruang kepada mereka membuat pilihan ubat berdasarkan kemampuan kewangan masing-masing.

Presiden Persatuan Farmasi Malaysia (MPS), Profesor Amrahi Buang berkata, perintah itu juga mencerminkan komitmen kerajaan terhadap kesejahteraan rakyat dalam usaha meningkatkan ketelusan sistem kesihatan negara.

"MPS melihat dasar ini sebagai inisiatif Kerajaan Madani dalam mendidik dan memperkasakan pengguna, khususnya berkaitan hak mereka untuk mengetahui harga ubat serta memilih tempat mendapatkan ubat tersebut sama ada di klinik atau farmasi.

"Ini satu langkah yang sangat positif kerana ia memberikan ruang kepada pengguna buat pilihan yang lebih bijak, mengikut kemampuan mereka yang akhirnya akan memberi manfaat kepada masyarakat secara keseluruhan.

PAPAR HARGA UBAT

"Selain itu, pelaksanaan dasar ini juga dapat meningkatkan kesedaran serta kecelikan pengguna tentang harga ubat," katanya.

Amrahi berkata, operasi dan pengendalian farmasi komuniti telah diperincikan dalam Garis Panduan Penanda Aras Farmasi Komuniti, malah pemaparan harga ubat juga telah lama diamalkan bagi pelbagai jenis produk yang disenaraikan dalam perintah berkenaan.

Beliau berkata, bagi rantaian farmasi besar, sederhana atau kecil, perkara ini bukan satu cabaran besar namun bagi farmasi komuniti persendirian yang lebih kecil mereka mungkin menghadapi sedikit kesukaran.

"Bagaimanapun, selepas diberi taklimat menerusi sesi libat urus dan dokumen Soalan Lazim (FAQ) yang jelas, pelaksanaan perintah ini boleh dilaksanakan dengan baik," katanya.

Amrahi berkata, MPS juga telah mengadakan sesi dialog awam pada 27 April lepas untuk ahli farmasi persendirian mendapatkan pencerahan lanjut daripada Kementerian Kesihatan (KKM). - *Bernama*

AKHBAR : SINAR HARIAN
MUKA SURAT : 6
RUANGAN : NASIONAL

Sinar Harian m/s 6 Nasional 7/5/2025 (Rabu)

Ada ubat perlu preskripsi - Dr Maamor

SHAH ALAM - Kerajaan perlu memberi penjelasan lanjut berhubung keperluan dan kaedah pelaksanaan Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723) terhadap sektor perubatan.

Seorang doktor, Datuk Dr Maamor Osman berkata, ia kerana cadangan paparan harga ubat yang disediakan mengikut akta tersebut dilihat tidak menjelaskan fungsi kegunaan ubat secara menyeluruh dan dibimbangi menyebabkan kekeliruan kepada pesakit.

Ujar beliau, terdapat kebimbangan pesakit mungkin membuat perbandingan harga untuk sesuatu ubat dan terus mendapatkannya di farmasi biasa tanpa khidmat nasihat doktor.

"Itu tindakan berbahaya kerana ada ubat yang memerlukan preskripsi. Ubat yang diberikan oleh doktor datang bersama diagnosis dan nasihat profesional.

"Ia berbeza daripada membeli sendiri di farmasi kerana doktor menilai keadaan pesakit terlebih dahulu.

"Terdapat nilai tambah dalam setiap preskripsi yang diberi termasuk pemantauan kesan sampingan dan keberkesanan rawatan," katanya kepada *Sinar Harian* pada Selasa.

Menurut Dr Maamor, meskipun terdapat ubat belian kaunter (OTC) seperti paracetamol yang boleh dibeli secara bebas, namun ramai pengguna tidak sepenuhnya faham perbezaan ubat biasa dan preskripsi.

"Contohnya, ubat seperti Panadol boleh dibeli di kedai biasa dengan harga murah, tetapi apabila dibandingkan dengan klinik swasta yang mungkin menggunakan ubat paten, harga pasti lebih tinggi.

"Itu tiada masalah kerana Panadol memang biasa di pasaran tetapi ia akan jadi isu apabila melibatkan ubat-ubatan sensitif yang perlu khidmat nasihat doktor," ujarnya.

AKHBAR : KOSMO
MUKA SURAT : 6
RUANGAN : NEGARA

Kosmo m/s 6 Negara 7/5/2025 (Rabu)

SEBAHAGIAN doktor dan petugas kesihatan berkumpul di luar Bangunan Perdana Putra, Putrajaya semalam. – FAIZ ALIF ZUBIR

'Sektor perubatan tak seperti kedai runcit'

- **Lebih 200 doktor berhimpun**
- **Bantah arahan pamer harga ubat**

Oleh MOHD. HUSNI MOHD. NOOR

PUTRAJAYA – Lebih 200 doktor dan petugas kesihatan berhimpun di luar Bangunan Perdana Putra di sini semalam, bagi membantah pelaksanaan peraturan yang mewajibkan klinik swasta dan farmasi mempamerkan harga ubat-ubatan.

Wakil kumpulan telah menyerahkan satu memorandum kepada wakil Pejabat Perdana Menteri (PMO) berhubung bantahan itu.

Tinjauan *Kosmo!* mendapati, kesemua peserta memakai baju dan pakaian serba hitam serta masing-masing membawa sepanduk, kain rentang dan plakad.

Presiden Persatuan Perubatan Malaysia (MMA), Datuk Dr. R. Tharumavukarasu berkata, pengamal perubatan am (GP) swasta menolak penggunaan Akta Kawalan Harga dan Antipencatutan 2011 (Akta 723) terhadap profesion perubatan kerana ia seperti menyamakan sektor perubatan seperti kedai runcit.

"Kita menawarkan perkhidmatan perubatan dan profesional kepada orang awam, malah untuk membuka sebuah klinik swasta ia perlukan pengalaman dan kepakaran lebih 10 tahun.

"Kalau nak buka klinik, kena ada A-Levels atau pendidikan tertinggi serta lima tahun dalam kolej perubatan sebelum berkhidmat selama beberapa tahun sebagai doktor perubatan.

"Lepas itu, baru boleh buka klinik. Kalau sekarang, siapa-siapa boleh pun buka kedai runcit. Jadi, tak bolehlah samakan profesion doktor dengan penjual barang runcit," katanya kepada pemberita semalam.

Bermula 1 Mei lalu, semua farmasi komuniti dan fasiliti kesihatan swasta di seluruh negara diwajibkan untuk memaparkan harga ubat-ubatan secara jelas dan telus kepada pengguna.

Bagaimanapun, MMA mengitarkan arahan itu sebagai tidak praktikal kerana harga ubat kerap berubah bergantung kepada kos pembekalan dan faktor pasaran.

AKHBAR : KOSMO
MUKA SURAT : 14
RUANGAN : NEGARA

Kosmo M/S 14 Negara 7/5/2025 (Rabu)

Penyakit berkaitan stres makin tinggi di Kelantan

TANAH MERAH – Penyakit hipertensi dan stres diklasifikasikan antara penyakit tidak berjangkit yang perlu diberikan perhatian serius oleh masyarakat pada masa kini.

Pengarah Jabatan Kesihatan Negeri Kelantan, Datuk Dr. Zaini Hussin berkata, Tinjauan Kesihatan dan Morbiditi Kebangsaan (NHMS) pada 2023 mendapati, anggaran setiap rakyat Malaysia atau 4.6 peratus yang berusia 16 tahun ke atas mengalami kemurungan.

Menurutnya, ia menunjukkan peningkatan sebanyak dua kali ganda berbanding 2019 dan sebanyak 3.9 peratus daripada jumlah tersebut merupakan prevalen kemurungan dalam kalangan individu bekerja.

"Data NHMS 2039 menunjukkan kadar prevalen kemurungan di Kelantan ialah 1.2 peratus. Bagaimanapun pengawalan stres tetap menjadi sesuatu yang perlu dilihat dan dikaji kerana turut menyumbang kepada peningkatan penyakit-penyakit tidak berjangkit di negeri ini.

"Kita lihat penyakit berkaitan stres dan hipertensi semakin menunjukkan peningkatan di Kelantan sehingga berlakunya kes-kes seperti cabaan buruh diri dan sebagainya," katanya.

Beliau berkata demikian selepas Program Ziarah Kasih di Kawasan Rukun Tetangga (KRT) Bukit Gading, di sini semalam.

Dalam perkembangan lain, Zaini berkata, Kelantan masih merekodkan peningkatan kes melibatkan diabetes, sekali gus masih menjadi antara negeri yang mempunyai bilangan pesakit kencing manis tertinggi di negara ini.

"Kes-kes diabetes menunjukkan trend penurunan tetapi apabila semakin ramai golongan muda berusia dalam lingkungan 40-an mengidap diabetes dan trend tersebut didapati semakin meningkat.

"Laporan NHMS mendapati kadar penyakit diabetes di Kelantan bagi golongan berusia 16 tahun ke atas meningkat sebanyak 10.5 peratus pada 2015, 19.5 peratus pada 2019 dan 15.3 peratus pada 2023," ujarnya.

AKHBAR : BERITA HARIAN
MUKA SURAT : 11
RUANGAN : KOMENTAR

Elak belakang rumah jadi titik mula wabak denggi

Oleh Prof Madya Dr [illegible]
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Denggi tidak menyerang dari jauh, sebaliknya bermula secara senyap di ruang paling hampir dengan kita, iaitu halaman rumah yang dibiarkan tidak terurus tanpa penjagaan.

Meskipun pelbagai langkah kawalan seperti semburan kabus, larvisid dan kempen kesedaran dilaksanakan berkala, penyakit bawaan nyamuk aedes ini terus menjadi ancaman kesihatan awam signifikan di negara ini.

Kes denggi masih dilaporkan hampir setiap minggu, menandakan punca sebenar penularan masih wujud dalam rutin harian dan persekitaran tempat tinggal kita sendiri.

Penyakit denggi berpunca daripada jangkitan virus disebarkan, terutama dua spesies, iaitu aedes aegypti dan aedes albopictus. Nyamuk ini aktif pada waktu siang dan sangat mudah membiak dalam air jernih yang bertakung walaupun dalam jumlah kecil.

Dalam konteks kehidupan moden, kediaman dengan halaman terbuka, sistem saliran kurang berfungsi dan amalan penyelenggaraan tidak konsisten secara tidak langsung menyediakan persekitaran ideal untuk nyamuk aedes membiak.

Malangnya, aspek ini sering diabaikan pemilik rumah yang menyangka kebersihan di dalam rumah sudah mencukupi untuk menghindari risiko denggi.

Infestasi [illegible] di kawasan belakang

Satu kajian tempatan dijalankan penyelidik daripada Fakulti Sains Kesihatan, Universiti Teknologi MARA (UiTM) menerusi kumpulan penyelidikan Integrated Mosquito Research Group (IMeRG) mendedahkan kawasan belakang rumah, khususnya halaman kurang dipantau dan tidak diselenggara dengan baik, mencatatkan kadar infestasi nyamuk aedes jauh lebih tinggi berbanding kawasan hadapan.

Penilaian menggunakan Indeks Keadaan Persekitaran (ECI) menunjukkan kawasan seperti pasu bunga, tong kosong, longkang kecil tersumbat, semak tidak dipangkas dan bekas plastik menjadi habitat pembiakan ideal bagi nyamuk aedes.

Lebih membimbangkan, rumah kelihatan bersih di bahagian depan turut berisiko tinggi sekiranya halaman belakang diabaikan, dengan data menunjukkan infestasi tertinggi direkodkan di bahagian ini.

Ini menjadikan halaman rumah sebagai lokasi kritikal yang memerlukan perhatian segera dalam usaha membendung penularan denggi.

Perubahan tingkah laku dan gaya hidup komuniti menjadi elemen paling penting dalam menangani wabak denggi secara mampan.

Usaha membanteras aedes tidak boleh disandarkan sepenuhnya kepada agensi kesihatan semata-mata, sebaliknya perlu bermula dari rumah sendiri.

Langkah mudah seperti membersihkan longkang, memangkas rumput, membuang bekas air bertakung dan memasang ovitrap perlu dijadikan rutin mingguan seisi keluarga.

Penglibatan aktif setiap ahli rumah bukan sahaja membantu dalam menurunkan risiko jangkitan denggi, malah mewujudkan suasana kediaman lebih selesa, bersih dan sihat.

Pendekatan ini jika diamalkan secara konsisten mampu menjadi benteng pertahanan awal sebelum jangkitan merebak lebih jauh dalam komuniti.

Setiap individu berperanan penting sebagai barisan hadapan dalam usaha mencegah wabak denggi. Kebersihan rumah bukan sekadar untuk keselesaan dan estetika, bahkan benteng pertahanan pertama dalam mengekang penularan penyakit.

AKHBAR : THE STAR
MUKA SURAT : 12
RUANGAN : YOUR OPINION

Expanding role of community pharmacists

All community pharmacists in Malaysia practising outside international norms and within Malaysian pharmacy laws? Amid the discussions prior to the enforcement of the mandatory price labelling for medicines, there were instances when pharmacy practice in the private sector was viewed inaccurately, with the focus being on the term "retail".

Registered pharmacists in Malaysia undergo five years of academic instruction and training before registration. Hence, they are well versed in all aspects of medicines as well as disease states. However, they do not diagnose, which is the sole responsibility of medical doctors.

In Malaysia, medicines are divided into controlled medicines and over-the-counter (OTC) medicines. OTC medicines are those that are freely available, for example paracetamol in supermarkets.

Controlled medicines are further categorised into those that require prescription from medical practitioners and those that community pharmacists can prescribe directly to patients.

For the latter, the relevant terminology used under the Poisons Act 1952 is "treatment" by the community pharmacist. Therefore, the professional role of community pharmacists involves handling prescriptions, management of symptoms and medicine for patients with conditions that have been diagnosed and prescribed with medication, oral contraception and health screening.

With the advancement of e-healthcare, patients can now go to a community pharmacy that has a link-up service with a medical doctor who can provide an e-prescription after e-consultation. The pharmacist can then dispense the prescription to the patient.

There are Health Ministry guidelines for the provision of consultation or counselling rooms to provide adequate privacy for patients in community pharmacies.

The International Pharmaceutical Federation (FIP), the recognised UN body for pharmacy practice, has identified four key practice areas for community pharmacists. These are to prescribe, dispense, administer vaccination and immunisation, and review medication (https://www.fip.org/community-pharmacy).

Most Malaysians – even healthcare professionals – are unaware of the philosophy of practice recognised by the UN for pharmacists, i.e. pharmaceutical care. It focuses on pharmacists managing medicines-related issues, ensuring the quality of life of patients, and also ensuring that patients achieve pharmacotherapeutic (drug therapy) outcomes.

Pharmacy practice has moved from being solely a provider of products to a provider of services. In England, for example, there has been increasing support for more clinical involvement by community pharmacists in diagnosing and treating illness, as reported in the "British Medical Journal" in 2000.

The current move by the authorities in Malaysia to enforce mandatory price labelling for medicines is lauded. However, prices of medicines, especially controlled essential medicines for long-term conditions, should not be such that patients have to "shop" around for the lowest price. This is because medicines are not commodities, unlike, for example, chocolates.

In addition, there is a professional service provided. Some countries have gone to the extent of fixing the prices of essential medicines so that competition is based on service provided and not on the prices of medicines.

For this, however, community pharmacists should be allowed to charge a professional fee since time, knowledge and skill are involved. Currently, our community pharmacists are probably the only professionals who do not charge a professional fee.

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