

Long wait for a cure to healthcare system

BURSTING at the seams and held together by a mere "bandage strip", it has been a tumultuous and challenging decade for the public healthcare sector that was teetering on the brink of collapse.

And the heart of the problem is the contract system that was introduced in 2016.

« The system that saw new healthcare workers hired under contract was announced in Budget 2017. The rationale for the contract system was to address the glut in medical graduates.

It was meant to be a temporary stopgap solution to clear the backlog of medical graduates waiting too long for placements in the government service. It began with over 2,000 medical, dental and pharmacy graduates serving the government on a contractual basis and the numbers have grown to some 30,000 now.

Then health minister Tan Sri S. Subramaniam said that the contract system would provide flexibility in recruitment in the future, as the number of contracts could be increased based on need.

"So with this move, waiting period for doctors to get the placements will also be reduced," he said back then.

Also, the contract system was meant to serve as an evaluation tool to gauge the performances of

under-performing healthcare workers.

On top of that, in 2011 there was a five-year freeze on new medical courses in the country to address the glut of future doctors graduating from 32 local institutions, and more than 360 medical programmes in 36 countries.

In 2016, the freeze was extended. At the time, the rationale seemed to make sense.

In fact, this writer recalls that in 2016, a whistleblower provided documented evidence of the poor quality of some medical students, including those with subpar science results who had nonetheless been accepted into medical schools, raising concerns about whether entry was a matter of money over merit for such a highly specialised field.

What no one foresaw then, however, was that less than five years later, the healthcare system would face its most severe test in a century – the Covid-19 pandemic.

Covid-19 exposed the cracks in the contract system, reminding the nation that the temporary solution was never meant to be long term.

Hospitals did not have enough manpower. Healthcare workers were worked to the bone due to the rising number of patients and

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Comment

fatalities, that many of the biggest and reputable government hospitals in the country looked like 'war zones', unable to cope with the patient load.

The manpower shortage and the cries of exhausted healthcare workers became a constant fixture in news reports during the pandemic.

Such SOS calls for help came from hospitals, ironically the very place where lives are saved.

Contract doctors who wanted to serve the government could not continue to do so as they were not offered permanent positions. Some quit as the contract system did not offer job security.

In fact, contract healthcare workers also reached their boiling point when they launched two separate movements to protest the unfair contract system in July 2021. The Code Black social media campaign which culminated in the 'Black Monday' on July

12 and the Hartal Doktor Kontrak strike on July 26 the same year.

Some of my own schoolmates who were first batch contract healthcare workers had left the country.

A commentator once told this writer that there will come a time where there will be jobless doctors and the situation would be dire as patients would not get timely care.

And that has rang true, with many of the contract doctors who had exhausted the seven-year maximum extension being rendered jobless and having to find other fields of work.

And now, "brain drain" has become a term we hear all too often with the migration of doctors overseas being spoken about over and over again.

The public is paying the price. The waiting times at hospitals have become longer. That means a six-hour wait at the Emergency Department or one doctor seeing up to 100 patients a day at some Klinik Kesihatan.

It has taken a toll on the quality of patient care. In fact, there have been claims of cases of death and accidents due to exhaustion and micro-sleep among healthcare workers.

Many doctors have questioned whether the system for place-

ment and permanent positions was actually done on meritocracy or first-come, first-served basis.

Dr Sean Thum, who is a long-time advocate for junior doctor rights and a doctor who had been in the contract system himself, said he would only believe it when the Health Ministry can provide in black and white that it is working to end the contract system.

"It is less about a new achievement and more about righting a long-standing wrong," he said.

Like Dr Thum, many doctors are sceptical about the announcement by Health Minister Datuk Seri Dr Dzulkefly Ahmad that the government is working to abolish the contract system.

They have waited too long and heard too many unfulfilled promises and about-turns in policies.

This matter has been unresolved and has spanned over five governments. It remains to be seen whether Dzulkefly will be able to resolve this and find a cure to the biggest problem plaguing the healthcare system.

It is in the best interest of the nation to abolish the contract system.

We can never have enough healthcare workers. We cannot afford a 'sick' public healthcare system.

MOH working to end medical doctor contract system

By GERARD GIMINO
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KUALA LUMPUR: Efforts to abolish the contract system for government doctors are being looked into, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said the system was initially introduced as an interim measure at a time when there was a supposed influx of medical graduates.

"It began in 2016 as an interim measure, meaning that there is a start date and an end date.

"From 2016 to 2025, it's been more than nine years and this interim system is still around.

"I have proposed working towards ending the contract era.

"God willing, we are hoping to

resolve the issue comprehensively and promptly," he told a press conference after launching the National Organ Donation Awareness Week here yesterday.

Dzulkefly said the Health director-general has begun looking into this.

The minister's comments come after the issue was raised in the Dewan Rakyat recently.

Bandar Kuching MP Dr Kelvin Yii proposed that the government abolish the contract system among doctors to address the issue of health worker shortages in health facilities.

He also called for a review of the on-call allowances for health-care staff and the creation of clearer career pathways to specialisation.

Dzulkefly had earlier hinted at making a strong push to resolve the long-standing issue.

"To all our doctors. We hear you, we value you, we are with you, always. Together, we will endeavour to end the era of contract doctors (from what was supposedly an interim arrangement in 2016)," he said in an online post.

In July, Dzulkefly also said the ministry was expediting the transition of contract doctors to permanent positions.

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VIDEO
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Public praise: Dzulkefly giving the thumbs up to healthcare workers during the National Organ Donation Awareness Week event in Kuala Lumpur. — Bernama

A timely boost to doctors' morale

Stakeholders: Doing away with contract system will provide job security

By MARTIN CARVALHO
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PETALING JAYA: The move to do away with contract doctors will provide a better sense of job security for young doctors serving in government hospitals, ending years of anxiety, say stakeholders.

Malaysian Medical Association (MMA) president Datuk Dr Kalwinder Singh Khaira said hiring doctors on a permanent scheme would also pave the way for more students to take up medicine.

"We are happy that steps are underway to resolve the contract doctor system.

"The employment of doctors under the permanent scheme will provide job security and planned career progression for the new doctors.

"This will in turn also help encourage students to take up medicine as a profession and also will be key to improving retention of doctors within the healthcare system," he said when contacted yesterday.

He said there is a need for more doctors and specialists to address the shortage in the public healthcare workforce.

He said the retention of doctors under a permanent scheme

would also help the nation meet the growing challenges posed by non-communicable diseases (NCDs) and an ageing population.

The MMA had earlier called for the contract doctor system to be abolished.

The medical body had also raised the matter during its previous interactions with Prime Minister Datuk Seri Anwar Ibrahim.

Dr Kalwinder was responding to Health Minister Datuk Seri Dr Dzulkefly Ahmad's comment that efforts to abolish the contract system for government doctors are being looked into.

Public health expert Datuk Dr Zainal Ariffin said the abolishment of the contract system is long overdue.

"This move addresses a critical, years-long grievance within the healthcare workforce.

"The creation of permanent positions will finally provide thousands of junior doctors with the needed job security and career stability which they have desperately lacked since 2016.

"This will put an end to years of anxiety faced by the affected doctors with regard to the renewal of their of contracts," he said.

Dr Zainal added that offering

permanent posts is the most effective way to retain skilled Malaysian doctors within the public system.

"This significantly curbs the brain drain of frustrated contract doctors seeking better prospects overseas or in the private sector," he said.

Converting contract doctors to permanent staff, he added, will also improve the morale and commitment of doctors serving with the government.

"A stable, valued workforce is fundamental to building a more

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Ending contract system only tip of the iceberg, say stakeholders

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resilient and sustainable public healthcare system for the long term," he added.

Dr Zainal cautioned that the success of introducing permanent employment of doctor lies with its

execution of the scheme.

"Concerns remain about whether enough permanent posts will be created promptly and allocated fairly based on merit, avoiding further delays or perceived bias," he said.

He noted that the move to do

away with the contract system will not automatically solve the severe lack of specialist training posts, which the ministry must also urgently address.

When contacted, Hartal Doktor Kontrak spokesman Dr Muhammad Yassin hoped that the assur-

ance given by Dzulkefly would not be merely "lip service".

"It has to be backed by real intentions and determination by those in power to solve this longstanding issue, which had contributed to the bleeding healthcare services that the country is

facing right now," Dr Muhammad said.

Parliament's Special Select Committee on Health chairman Suhaizan Kaiat said the government's proposal to end the contract doctor system will improve the national healthcare system.

Disapproving families contribute to longer wait for transplants, says Dzulkefly

KUALA LUMPUR: Objections from the next-of-kin of deceased organ donors are among the reasons behind the long waiting list for those who need organ transplants in Malaysia, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said there were more than 10,000 kidney patients on the waiting list for transplants as of July 31 this year.

He said those with liver, heart and lung conditions were also on the waiting list.

"The reasons behind (such) are multifactorial, but in general, objections from a donor's next-of-kin present a challenge.

"If we can overcome this, I'm confident we can improve the percentage of our organ transplants," he told reporters after launching the National Organ Donation Awareness Week here yesterday.

Dzulkefly said this year's campaign is focused on getting the next-of-kin to respect a deceased donor's pledge.

"We have always urged the public to pledge as organ donors, but now, we need to step up and have a call for action.

"It's no longer about talk."

For 2024, he said the organ donor rate from cadavers was still low with only 46 cases or 1.33 donors for one million people.

On the number of organ transplants, he said 3,359 had been carried out between 1997 and July 31 this year.

This comprised 1,121 cadavers while 2,238 were from live donors.

"We have always urged the public to pledge as organ donors, but now, we need to step up and have a call for action."

Datuk Seri Dr Dzulkefly Ahmad

A total of 404,925 Malaysians pledged to donate their organs during the same period.

Almost 200 tissue transplant procedures were carried out last year, with 74% on cornea transplants involving donations from Malaysians.

"The figures are hopeful but also a reminder that the journey is still long.

"In reality, we are still facing challenges. Kidney, liver and heart (transplants) are among the most needed.

"The same goes for tissue and bones," Dzulkefly added.

He said the rate of organ transplants in Malaysia is still low compared with countries like Spain, Turkey and China.

The Health Minister said he will raise the matter at the Asean Health Ministers' Meeting next year, with the aim to strengthen governance, improve the capacity and speed up innovative processes in donor and transplant services.

Meanwhile, Dzulkefly said efforts to reform the National Transplant Resource Centre are underway.

This, he said, will see a shift towards setting up a National Transplant Centre.

"The purpose is to empower governance, increase capacity and hasten innovation in organ donations and transplants," Dzulkefly said, adding that engagements are also on the agenda.

Lifesavers, timesavers: Healthcare personnel escorted by members of the Malaysian Fire and Rescue Department at the launch of Organ Donation Awareness Week. The event featured a 'gimmick' arrival via helicopter, symbolising the urgent nature of organ donation. — RAJA FAISAL HISHAM/The Star



Sharing burdens – and organs

Kidney donors have no regrets

PETALING JAYA: They went through nail-biting times. But these kidney donors are now thriving together with the recipients of their selfless acts.

It has been 15 years since Siti Aesahah Mohd Nor donated her kidney to her nephew Abdullah Bukhari Abdul Rahim, who is now 50.

"It's precious to be able to donate such a gift to someone. By doing so, God will return our deeds tenfold," she said.

It has been a long journey, though. Blood tests in 2009 confirmed the "compatibility", thus enabling the kidney transplant to take place.

But other hurdles came their way. That year, there was the H1N1 flu outbreak. And when an operation was finally scheduled in July 2010, the doctor suffered from exhaustion as a result of performing emergency transplant surgeries the night before.

The operation eventually took place a month later on Aug 5, 2010, at Hospital Selayang. All this was done with Siti Aesahah having to travel back and forth from Kelantan where she was a teacher.

"Transplant operation is not like what you see on TV. There are many steps, starting from thorough health checks over several months including MRI and cross-check blood tests, which had to be done again and again due to the delays," said the single mother of two children and two grandchildren.

These days, Siti Aesahah and her nephew are grateful because both are in good health without any complications.

"There had been sceptics. But both of us have been surviving with one kidney and this is a testament to the (importance of) organ donation," she said.

She said Abdullah, a religious teacher who is married with four children, had often been an active person.

"So being able to donate a kidney has allowed him to continue his work," said Siti Aesahah, 65.

In the case of communications manager Melissa Ananthuraj, the pain of seeing her husband Manvir Victor tied to a machine, going through dialysis each day, prompted her to act out of love.

"Although dialysis kept him alive, he

wasn't living a life," she said of Manvir, a healthcare portal director who is now 58.

"My husband was already on dialysis for 10 years before I knew him. When I met him, I saw what kidney failure and dialysis was doing to him," said Melissa, 49.

"So, for me, there was no question (about donating to him)."

The couple had married in July 2011. The transplant took place in June 2012.

"From the beginning, my family knew this wasn't a conventional path, but they saw how deep our bond was."

"Once they understood the situation, the realities of kidney disease and the strength of our bond, they supported me wholeheartedly," she said.

Melissa said her family did not even try to discourage her from doing so.

"They simply asked thoughtful questions and made sure I had all the information to make the decision safely."

"Their support gave me even more confidence in the life I was choosing," she said.

She also spoke to the transplant unit at Hospital Kuala Lumpur (HKL) to find out more.

"There were many tests, tissue matching and scans because the doctors need to make sure it's safe for both the donor and recipient."

"Mentally, it wasn't always easy. Sometimes, I asked myself, what if something goes wrong? But I had the best doctors and they guided me every step of the way," Melissa said.

In fact, the HKL team provided a psychiatrist to speak about their mental health before the transplant.

"The surgery went well. The recovery was painful at first, but when I saw him doing better and life coming back to his face, everything was worth it," she said.

Post-transplant, Melissa said her life is completely normal as she could work and travel. But she goes for regular check-ups.

The organ transplant has made the couple appreciate life more.

"Today, my husband and I are both active in organ donation awareness. We share our story because we know that many people are still unsure."

"We want to show them that donation is not only possible – it changes lives."

Organs and tissues that can be donated



Organs	Tissues
Heart	Eyes/cornea
Lungs	Heart valve
Liver	Bones
Kidney	Skin

Organ donor pledges
(Jan 1997 to July 31, 2023)

404,975

Transplants (As of July 31, 2023)

Cadaver donors

1,121

Living donors

2,238

Waiting list for organs
(As of July 31, 2023)

Kidneys	Liver	Heart	Lungs	Heart and lungs
10,776	5	12	3	9

Source: Health Ministry

The Star graphics

NEED TO INCREASE RATE

Dzulkefly: 10,800 awaiting organ transplants

KUALA LUMPUR: Some 10,800 people are waiting for organ transplants in Malaysia, an increase of 5.4 per cent from last year, said the health minister.

Datuk Seri Dr Dzulkefly Ahmad said the figure highlighted the urgent need to increase Malaysia's organ donation rate, which was significantly lower compared with other countries such as Muslim-majority Turkiye and Iran.

"In Malaysia, the ratio stands at only 1.33 donors per one million people, while Turkiye has reached 7.5, the United States 36.9, and Spain at the top with 50.26 per million," he said after launching the National Organ Donation Awareness Week at Taman Tasik Titiwangsa here yesterday.

Dzulkefly said family refusal was one of the main barriers to the harvesting of organs despite more than 400,000 Malaysians pledging to donate since 1997.

"This is the main hurdle we need to overcome.

"That is why this year's campaign theme is 'Warisku, Hormati Ikrarku' (to my family, respect my pledge), which seeks to ensure that the wishes of pledged donors are honoured by their families."

As of July this year, 404,975 Malaysians have pledged their organs.

However, only 3,359 transplants have been carried out since records began, comprising 1,121 cadaveric and 2,238 living donations.

Dzulkefly said Malaysia planned to discuss organ donation at the Asean level.

"I have asked for proposals to be prepared so that the issue can be tabled at the Asean health ministers' meeting later this year."

He added that Malaysia's low organ donation rate must be addressed through governance reforms, better coordination at the National Transplant Resource Centre and public campaigns.

Organ donation pledges, he said, had been rising steadily — with 29,960 new pledges in 2022, 31,058 in 2023, and 7,802 so far this year.

Actual donations, however, remained low, with 43 cadaveric and 145 living transplants performed in 2022, compared with 82 cadaveric and 165 living transplants in 2023.

Last year, there were 79 cadaveric and 135 living transplants

Kerjasama universiti, MAM tangani stigma isu HIV

Kuala Lumpur: Kerjasama lima universiti awam dengan Majlis AIDS Malaysia (MAM) mengenal pasti dan membantu mahasiswa dijangkiti HIV/AIDS adalah pendekatan menyeluruh yang boleh mengurangkan stigma masyarakat.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata langkah itu turut memberi perhatian kepada aspek pendidikan, kesedaran dan kaunseling.

"Langkah proaktif kedua-dua pihak itu penting dalam mendekati golongan muda khususnya mahasiswa terdedah kepada risiko HIV/AIDS.

"Saya menyambut baik inisiatif kerjasama antara universiti awam dan MAM mendekati golongan muda khususnya mahasiswa.

"Dengan cara ini, kita dapat memastikan mereka yang dijangkiti tidak terpinggir, sebaliknya dibantu untuk meneruskan kehidupan dan pembelajaran dengan sokongan sosial tanpa stigma atau diskriminasi," katanya pada Majlis Perasmian Minggu Kesedaran Pendermaan Organ dan Tisu (MKPO) peringkat kebangsaan 2025, bertemakan 'Derma Organ: Warisku, Hormati Ikrarku', di sini semalam.

Hadir sama, Ketua Pengarah Kesihatan, Datuk Dr Mahathir Abd Wahab.

Lima universiti awam iaitu

5 universiti, Majlis AIDS bantu siswa dijangkiti HIV

Lima universiti awam iaitu UPM, UTM, UTMK, UTM dan UTM akan bekerjasama dengan Majlis AIDS Malaysia (MAM) untuk mengenal pasti dan membantu mahasiswa dijangkiti HIV/AIDS dengan memberi pendidikan, kesedaran dan kaunseling.

Keratan akhbar BH, semalam.

Universiti Malaya (UM), Universiti Putra Malaysia (UPM), Universiti Pertahanan Nasional Malaysia (UPNM), Universiti Kebangsaan Malaysia (UKM) dan Universiti Teknologi MARA (UiTM) dilapor menjalin kerjasama dengan MAM untuk mengenal pasti dan membantu mahasiswa dijangkiti HIV/AIDS.

Naib Presiden MAM, Dr Nurafiqah Mohd Salleh, dilaporkan berkata, kerjasama menerusi Kelab Kesihatan Anak Muda IPTA (KAMI) itu usaha terkini pihaknya untuk mengenal pasti dan membantu mahasiswa dijangkiti HIV/AIDS.

Dalam perkembangan lain, Dr Dzulkefly berkata, kira-kira 10,800 pesakit di negara ini sedang menunggu mendapatkan organ daripada penderma khususnya pesakit buah pinggang, hati, jantung dan paru-paru.

Jumlah direkodkan sehingga Julai lalu itu menunjukkan pe-



Dr Dzulkefly bersama petugas untuk melakukan penerbangan membawa organ yang didermakan sebagai simbolik sempena Majlis Perasmian Minggu Kesedaran Pendermaan Organ di Kuala Lumpur, semalam. (Foto BERNAMA)

ningkatan 5.4 peratus berbanding pada tahun lalu.

Beliau bagaimanapun berkata, jumlah penderma selepas kematian masih kecil, iaitu hanya 46 kes atau 1.33 penderma per sejuta penduduk berdasarkan data Pendaftaran Antarabangsa dalam Pendermaan Organ dan Pemin-dahan (IRODAT) 2024.

"Faktor utama jumlah penderma organ masih kecil disebabkan waris tidak membenarkan organ penderma diambil walaupun sebelum ini sudah berikrar... KKM (Kementerian Kesihatan) menghormati keputusan itu," katanya.

Beliau berkata, perkembangan positif dilihat berdasarkan rekod sejak 1997 hingga Julai 2025 apabila lebih 400,000 rakyat negara ini sudah berikrar sebagai penderma organ.

"Ini termasuk lebih 16,000 pengikrar baharu tahun ini melalui modul 'Organ Donor Pledge' melalui platform MySejahtera. Hasilnya, lebih 3,300 pemindahan berjaya dilaksanakan setakat ini, iaitu 1,121 daripada mereka sudah meninggal dunia dan 2,238 daripada penderma hidup.

"Bagi pendermaan tisu ia semakin baik apabila hampir 200 kes pendermaan tisu dilaksana-

kan pada 2024, membabitkan kornea, in-jap jantung dan lain-lain.

"Sebanyak 74 peratus daripada transplan kornea kini menggunakan tisu yang didermakan warga negara sendiri... bermakna kita tidak lagi bergantung sepenuhnya kepada sumber luar," katanya.

Sebagai persediaan menjelang Kepengerusan Malaysia dalam ASEAN Health Ministers' Meeting (AHMM) 2026, agenda pendermaan organ dan transplan akan dijadikan sebahagian kerjasama kesihatan ASEAN, sekali gus menonjolkan kepimpinan Malaysia dalam kesihatan global bermula dari ASEAN.

'Potong usus' ada risikoancam nyawajika takdiurus rapi

Pesakit tak patuh nasihat kesihatan berdepan penambahan berat badan

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Kuala Lumpur: Pembedahan bariatrik atau pembedahan pintasan gastrik yang sering dirujuk sebagai 'potong usus' bukan perkara baharu, sebaliknya semakin mendapat perhatian sebagai kaedah pantas mengatasi masalah obesiti.

Prosedur itu, walaupun boleh membantu individu mengekalkan berat badan ideal dan berkesan dalam menangani pelbagai penyakit kronik berkaitan obesiti, tetap mempunyai risiko dan komplikasi yang boleh mengancam nyawa sekiranya tidak diuruskan dengan rapi.

Antara risiko atau komplikasi awal, termasuk pendarahan dalaman, kebocoran pada sambungan perut atau usus dan jangkitan teruk serta pembekuan darah yang masih boleh berlaku dan berpotensi mengancam nyawa, terutama jika prosedur pembedahan dikendalikan pakar tidak bertauliah.

Kegagalan mematuhi nasihat kesihatan meletakkan mereka yang melakukan pembedahan bariatrik juga berisiko menambah semula kira-kira 30 peratus daripada berat badan yang sudah berjaya dikurangkan dalam tempoh 10 tahun selepas prosedur berkenaan.

Mengulas risiko dihadapi

pesakit, Pakar Perunding Pembedahan Am dan Bariatrik Hospital Al-Sultan Abdullah Universiti Teknologi MARA (UiTM), Dr K Theevashini, berkata penambahan semula berat badan sudah lama dikenal pasti berlaku dalam kalangan pesakit di seluruh dunia.

"Berdasarkan pelbagai kajian, kadar penambahan berat badan dalam kalangan pesakit bariatrik dianggarkan antara 10 hingga 63 peratus, bergantung kepada tempoh rawatan susulan serta kepatuhan pesakit terhadap perubahan gaya hidup.

"Pengalaman klinikal juga menunjukkan pesakit tidak berdisiplin dengan amalan pemakanan sihat berisiko tinggi menambah semula berat badan," katanya menjelaskan beberapa

faktor mempengaruhi situasi itu, antaranya pengembangan kantung perut dan stoma yang boleh meregang dari semasa ke semasa.

Apabila kantung perut dan stoma mengembang, beliau berkata, pesakit boleh mengambil bahagian makanan lebih besar daripada yang sepatutnya, sekaligus menyebabkan kalori berlebihan terkumpul dan akhirnya membawa kepada penambahan berat badan.

"Perubahan tabiat pemakanan seperti kembali mengambil makanan berkalori tinggi

dan minuman manis, ditambah pula dengan tahap aktiviti fizikal yang rendah turut menjadi penyumbang utama.

"Perubahan hormon dan metabolisme badan selepas pembedahan juga boleh beri kesan dalam jangka panjang.

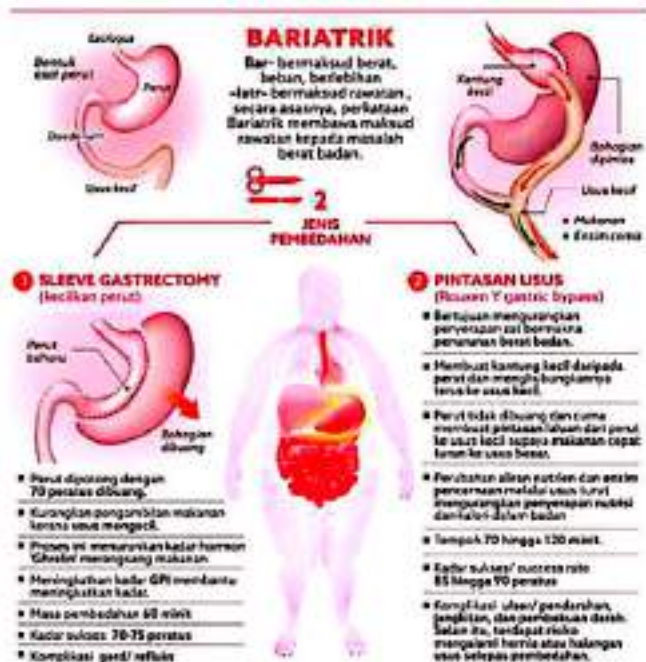
"Beberapa kajian menunjukkan perubahan hormon tertentu selepas pembedahan mampu mempengaruhi keupayaan tubuh untuk mengekalkan penurunan berat badan.

"Faktor psikologi seperti tekanan emosi, konarungan atau tabiat makan untuk menenangkan diri juga tidak boleh dipandang ringan," katanya.

Jelasnya, pembedahan berkenaan juga mempunyai risiko tersendiri, antaranya kekurangan vitamin dan mineral, ketidakserasian terhadap makanan serta komplikasi seperti hernia dalaman, ulser dan refluks, terutama dalam prosedur tertentu seperti pintasan gastrik dan *sleeve gastrectomy*.

Sentiasa patuhi jadual

Sehubungan itu, Dr Theevashini menasihatkan pesakit bariatrik sentiasa mematuhi jadual rawatan susulan dengan pakar, selain mengamalkan gaya hidup sihat secara konsisten kerana prosedur pembedahan itu bukan penyelesaian segera untuk masalah obesiti, sebaliknya seka-



dar 'alat' bantu.

"Kejayaan mengekalkan berat badan ideal bergantung disiplin pesakit jaga pemakanan, tahap aktiviti fizikal dan sokongan psikologi berterusan.

"Dapatkan bimbingan pakar pemakanan dan kaunselor jika

perlu, jangan sekali-kali segan berkongsi cabaran dihadapi kerana sokongan yang betul boleh membantu mencegah penambahan semula berat badan," katanya.

Sementara itu, laporan Mayo Clinic dan Perkhidmatan Kesihatan Kebangsaan United Kingdom (NHS UK) mengenal pasti komplikasi awal seperti pendarahan dalaman, kebocoran pada sambungan perut atau usus, jangkitan teruk serta pembekuan darah masih boleh berlaku dan berpotensi mengancam nyawa selepas pembedahan bariatrik.

Pakar juga memberi peringatan bahawa risiko kekurangan nutrien jangka panjang kekal sebagai keimbangan utama dengan pesakit dilaporkan mudah mengalami kekurangan vitamin B12, zat besi, kalsium dan vitamin D yang boleh menyebabkan anemia, osteoporosis dan kerosakan saraf jika tidak dirawat.

Pesakit juga berisiko mengalami sindrom *dumping*, iaitu

kondisi makanan bergerak terlalu cepat ke usus sehingga menimbulkan gejala seperti loya, cirit-birit, sakit perut dan berdebar selepas makan, selain kemurungan, gangguan makan atau kemalangan semula berat badan selepas beberapa tahun.

Mengenal kadar kematian akibat prosedur itu, laporan International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) mendapati ia di bawah satu peratus, manakala komplikasi dalam tempoh 30 hari selepas pembedahan pula sekitar enam hingga lapan peratus.

Kajian tempatan terhadap 33 pesakit obesiti melampaui Indeks Jisim Badan (BMI) lebih 50 kg/m² yang menjalani pembedahan bariatrik di Malaysia antara 2012 hingga 2015, tidak merekodkan sebarang kes kematian kecuali dua kes jangkitan ringkas pada luka pembedahan yang kemudian berjaya dirawat.

Selain itu, satu kajian lebih besar membebaskan 1,000 pesakit di sebuah pusat pakar bariatrik swasta di ibu negara mendapati mereka menunjukkan penurunan BMI serta peningkatan ketara dalam kawalan tekanan darah dan paras gula selepas setahun menjalani prosedur berkenaan.



Pengalaman klinikal menunjukkan pesakit tidak berdisiplin amalan pemakanan sihat berisiko tinggi menambah semula berat badan

Dr K Theevashini,
Pakar Perunding Pembedahan Am dan Bariatrik
Hospital Al-Sultan Abdullah UiTM

‘Kos bedah bariatrik boleh cecah RM30,000’

Kuala Lumpur: Kos pembedahan bariatrik berbeza mengikut hospital dengan kadar lebih rendah dikenakan di hospital kerajaan, namun fasiliti kesihatan awam itu berdepan kekangan dewan bedah yang tidak mencukupi.

Pakar Perunding Pembedahan Am dan Bariatrik di Hospital Al-Sultan Abdullah, Universiti Teknologi MARA (UiTM), Dr K Theevashini, berkata hospital kerajaan biasanya

mengenakan caj antara RM5,000 hingga RM10,000, bergantung tahap prosedur.

“Kos di fasiliti swasta pula bergantung mengikut hospital, namun anggarannya boleh mencecah RM30,000,” katanya menambah sekitar 50 pesakit menjalani pembedahan bariatrik di Hospital Al-Sultan Abdullah UiTM sejak 2024 hingga kini.

Dr Theevashini berkata, jumlah pembedahan bariatrik di Hospital Al-Sultan Abdullah

UiTM boleh bertambah jika kemudahan dewan bedah mencukupi.

Sementara itu, data terkini Kementerian Kesihatan (KKM) menunjukkan sebanyak 635 pembedahan bariatrik dilaksanakan di tujuh hospital kerajaan di seluruh negara dalam tempoh tiga tahun, iaitu 2022 hingga 2024.

Antara hospital berkenaan ialah Institut Kanser Negara (IKN) dengan 263 pembedahan, diikuti Hospital Raja Permaisuri

Bainun (HRPB) Ipoh, Perak (158), Hospital Queen Elizabeth II, Kota Kinabalu, Sabah (136) dan Hospital Pulau Pinang (55).

Selain itu, Hospital Queen Elizabeth I, Kota Kinabalu (16), Hospital Umum Sarawak, Kuching (8) dan Hospital Sultanah Aminah (HSA), Johor Bahru (3).

Dalam perkembangan berkaitan, Dr Theevashini berkata, untuk prosedur *gastric bypass*, pesakit boleh hilang 60 hingga 70 peratus berat badan berlebihan

dalam tempoh dua tahun pertama, manakala bagi *sleeve gastrectomy* pula sekitar 50 hingga 59 peratus dengan kadar kegagalan jangka panjang rendah.

“Pembedahan bariatrik bukan jalan pintas, tetapi satu usaha bersepadu yang memerlukan komitmen jangka panjang terhadap perubahan gaya hidup. Jika dilakukan dengan betul, ia boleh mengubah kehidupan seseorang secara menyeluruh,” katanya.

Bedah bariatrik kerana masalah kesihatan makin meruncing

Individu obes juga sering dipandang hina kerana saiz badan

Essa Abu Yamin
bhnews@bh.com.mw

Kuala Lumpur: Kepuasan menjalani pembedahan bariatrik bukan sesuatu yang mudah, namun mereka yang pernah bergelut dengan masalah obesiti menyifatkannya sebagai titik perubahan menyelamatkan nyawa dan membuka laluan baharu dalam kehidupan.

Bagi Izzi, 35, yang berat badannya pernah mencapai 138 kilogram (kg), keputusan menjalani pembedahan bariatrik awal tahun lalu dibuat karena masalah kesehatan semakin meruncing, termasuk tekanan darah tinggi, sakit sendi dan pernafasan yang terganggu.

"Saya bukan sahaja sukar bergerak, malah sering dihina dan diperlekeh kerana saiz badan. Paling membimbangkan apabila doktor memaklumkan risiko serangan jantung dan kencing manis yang sudah mula menunakkan ta-

da," katanya kepada BH.

Kartanya, keputusan itu dibuat selepas melalui pelbagai kaedah diet dan senaman selama bertahun-tahun tanpa hasil yang konsisten.

"Saya pernah coba berbagai produk langsung badan, berulang kali mengikuti program keorganasan, tetapi berat badan hanya turun sekejap sebulan naik semula. Akhirnya, selepas sesi kaunseling dan penilaian doktor, saya memilih pembedahan bariatrik."

"Proses persediaan sebelum pembedahan itu bukan mudah, saya perlu menjalani pelbagai pemeriksaan kesihatan dan mengikuti program pemakanan khas selama beberapa minggu," katanya menamih hariatrik bukan jalan pintas, sebaliknya hanya membantu mencapai berat badan ideal.

Jaga pemakanan

Mengikuti disiplin diri selepas pembedahan itu sangat penting. Izzati lebih menjaga pemakanan dan aktif bersenam demi mengekalkan berat badan ideal yang kini 82kg dan terus menunjukkan penerimaan.

Seorang lagi individu menjalani pembedahan sama. Azwan, 41, berkata beliau mengambil keputusan itu selaras berat ha-

danya mencecah 160kg dan mengalami komplikasi serius termasuk prediabetes serta masalah tidur atau "apnea" yang menyahkannya kerap terjaga malam

"Saya selalu ketelitian walaupun baru bangun tidur. Dokter kata paras gula sudah menghampiri tahap diabetes dan jantung bekerja terlalu keras. Ketika itu saya rasa sangat takut," kata bapa kepada tiga anak kecil ini.

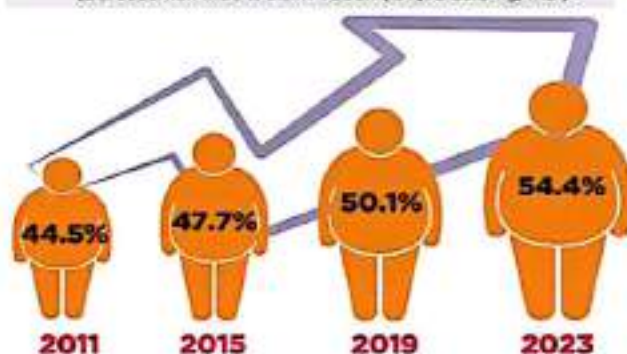
Tambahan, ia, tahap kesulitan yang merosot membuatkan beliau berasa seolah-olah gagal sebagai ketua keluarga, tidak mampu bermain dengan anak-anak, sering sakit belakang dan terpaksa mengambil cuti sakit lebih kerap daripada biasa.

"Ini memberi tekanan besar kepada saya dan keluarga. Selepas menjalani pembedahan pada Ogos tahun lalu, berat badan kini turun kepada 96kg dan saya tidak lagi bergantung kepada ubat darah tinggi serta berjaya mengawal paras gula dalam badan.

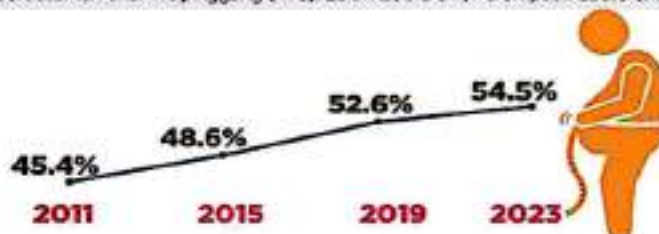
"Alhamdulillah, rasa seperti dilahirkan semula. Saya kini lebih aktif, tidur lebih lena dan paling penting dapat kembali melakukan aktiviti bersama keluarga tanpa rasa terbeban," katanya.

OBESITI DI MALAYSIA

Trend berlebihan berat badan & obesiti dalam kalangan dewasa di Malaysia dari 2011 hingga 2023
(Berdasarkan Indeks Jisim Tubuh (IUT): ≥ 25.0 kg/m²)



Trend obesiti abdomen dalam kalangan orang dewasa di Malaysia dari 2011 hingga 2023
(berdasarkan ukur silat pinggang (WC): Lelaki ≥ 90 cm, Perempuan ≥ 80 cm)



Sumber: Tinjauan Kebangsaan Kesehatan & Morbiditas 2023

Industrial 746 III

Parit Besar
PROJEK PERUMAHAN
BARU

LOT BUMIPUTERA UNTUK DUVAL
TERIMA SIHAT PELANGGI (LOT 3157 GA2034)



REKA BENTUK KONSEP PERINDUSTRIAN JENIS A
Rambah Teres Dua Tingkat - Jenis A (22')

Jumlah Raki Urut Barmiputera: 3 unit
Keluasan Tanah: 1.553 – 1.688 lpa
Salz Binaar: 2.260 lpa

HARGA BUNIPUTERA DARI PDA: RM435.00 - RM473.50



REKA BENTUK KONSEP PERINDUSTRIAN JEMIS DI
Rumah Teres Dua Tingkat - Jenis B (25')

Jumlah Baki Unit Ramipiruvat: 5 unit
Kebutuhan Tanah: 1,547 – 1,846 kpa
Salz Ringan: 2.051 kpa

HARGA BUMIPUTRA DARIPADA: RM492,870-RM664,095

HARGA KELEPAS EKSKALASI UNTUK RUMAHPUTERA



DUACO SDN. BHD. Co. No. 135475-L

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Small thumbnail images of the book cover and the first page of the manuscript are shown below the title.

Sering pesakit perlu melalui pemeriksaan kesihatan.

(Foto: hls.wat)

Govt moves to resolve long-standing contract doctor issue

KUALA LUMPUR: The Health Ministry has begun reviewing the long-standing contract system for government doctors, with Health Minister Datuk Seri Dr Dzulkefly Ahmad saying the government aims to resolve the issue promptly.

Speaking after launching the National Organ and Tissue Donation Awareness Week 2025 at Taman Tasik Titlwangsa yesterday, Dzulkefly said the contract scheme – introduced in 2016 to manage an oversupply of medical graduates – could no longer be allowed to drag on.

"After nine years, until 2025 and 2026, many doctors are still stuck in this system. This should not be happening," he said.

He stressed that action must be taken to ensure fair career progression and stability for the current generation of doctors.

"We do not want a repetition of what happened before. God willing, I am confident this issue will be resolved, at least in part. We must settle it properly," he said.

In July, Dzulkefly had also provided an assurance that efforts were

underway to expedite the absorption of contract doctors into permanent positions, reaffirming the government's commitment to address the matter.

His latest remarks come after Bandar Kuching MP Dr Kelvin L.W. Yii urged the Health Ministry to abolish the contract system altogether, calling it outdated and counterproductive.

Speaking in the Dewan Rakyat on Aug 12, Yii said the policy had "outlived its purpose".

"We are no longer facing an

oversupply of doctors. Instead, we lack both doctors and adequate medical facilities.

"For those who have served more than three years, especially in rural or remote areas, priority should be given for immediate, permanent placement," he said.

Medical groups and young doctors have long criticised the contract system for creating job insecurity and stifling career advancement, even as the public healthcare sector continues to struggle with shortages of doctors

and nurses.

On Aug 10, the ministry announced that 4,352 candidates for Grade UD10 medical officer positions would receive offer letters for permanent appointments by today.

Those who accept will begin reporting for duty in phases from Oct 2 at ministry facilities nationwide.

"Permanent appointments must be implemented in stages as they involve officers from various contract cohorts and take into account their seniority and welfare," the ministry said in a statement. – by **Harith Kamal**

Call for digital mental health support

THE recent incident at a secondary school in Kajang, Selangor involving a 14-year-old student who pleaded guilty to punching his teacher, sparks national concern over student behaviour and the emotional well-being of students, parents and educators.

While the legal proceedings continue, this case presents a deeper opportunity to reflect on the underlying issues contributing to such an outburst and, more importantly, how Malaysia's growing network of online mental health support can help prevent similar incidents in the future.

Rather than viewing this solely as a disciplinary issue, it may be more constructive to recognise it as a potential sign of deeper emotional and behavioural struggles that may be affecting the student in particular, and perhaps many others, in silence.

Adolescents often struggle with emotional regulation, identity formation and resolution mechanisms. When these challenges are compounded by academic stress or mental health concerns, the result can be explosive.

Malaysia has made significant strides in providing accessible mental health services, especially through online platforms.

In today's hyper-connected world, where smartphones dominate daily life, online mental health resources offer a vital lifeline for students, teachers and parents to manage stress, improve communication, foster emotional resilience and provide support for those in need.

These platforms provide coping strategies, stress management tools and direct connections to mental health professionals, often at low or no cost.

Here are some key platforms and services available:

Malaysian Mental Health Association (MMHA)

MMHA offers psychological support services, mental health education and training, caregiver and peer support. Their website also provides online screening tools, such as youth test, parent test, anxiety test, depression test,

postpartum test and others, where the public can take a screenshot of their mental health.

Contact: +603-27806803 / +6017-6133039

Website: www.mmha.org.my

Talian Kasih 15999

This 24-hour nationwide helpline provides emotional support and counselling services. It is especially useful for urgent situations where immediate help is needed. Students or parents can call or contact via WhatsApp the helpline to speak with counsellors.

Phone: 15999

WhatsApp: +6019-2615999

Website: www.kpwkm.gov.my

The Befrienders Malaysia

The Befrienders offer emotional support and suicide prevention services across multiple regions in Malaysia. Their helplines are staffed by trained volunteers who provide non-judgemental listening and guidance.

Klang Valley: +603-76272929 (24 hours)

Website: www.befrienders.org.my

The Help Talk

An online counselling platform where licensed and registered mental health professionals provide therapy services to clients in a convenient, affordable and confidential manner. Clients can consult on issues such as stress, depression, anxiety, relationship, family conflicts, loneliness, low self-esteem, trauma, anger, grief and others.

Website: www.thehelpstalk.com

PlusVibes

PlusVibes is a mental health mobile application designed to provide accessible and confidential support for emotional well-being. This app offers a range of features aimed at assisting individuals in managing stress, anxiety and other mental health challenges.

Website: www.plusvibes.com

Regular use of these digital services can foster trust and continuity, which are essential for long-term emotional well-being.

"By leveraging Malaysia's growing network of online support services, we can empower students, parents and teachers to navigate emotional challenges more effectively."



Students should be encouraged to speak up and seek help without fear of stigma, fostering a safe and inclusive environment. – **AMIRUL SYAFIQ/THESUN**

For teachers, online tools offer guidance in managing classroom stress and understanding adolescent behaviour.

Parents, who may silently struggle with communication or behavioural challenges at home, can benefit from online counselling that can strengthen parenting skills and family dynamics.

However, availability alone is not enough. Continuous advocacy is crucial to raise awareness and normalise the use of online mental health resources.

By integrating mental health support into the digital habits of everyday life, Malaysia can take a proactive step in curbing disciplinary issues and nurturing a more emotionally resilient generation.

This effort must also go beyond access. It requires creating a culture of support. Mental health education should be embedded into school curricula, whether delivered physically or online, to equip students with emotional literacy from an early age.

Students should be encouraged to speak up and seek help without fear of stigma, fostering a safe and inclusive environment.

Teachers must be trained to recognise signs of emotional distress, with webinars and digital modules

promoting awareness and accessibility.

Equally important, parents must be empowered with online resources and workshops focused on adolescent mental health, helping them navigate challenges at home.

When all stakeholders are supported through consistent digital engagement, Malaysia can build a sustainable framework for mental well-being that reaches every corner of society.

The Kajang incident is a wake-up call. It is not just about discipline but about the urgent need to address mental health in schools.

By leveraging Malaysia's growing network of online support services, we can empower students, parents and teachers to navigate emotional challenges more effectively.

Seeking help is not a sign of weakness but a step towards healing, understanding and building a safer, more compassionate learning environment for all.

Puteri Sofia Amiruddin is the acting head of Innovation and Learning Experience at Taylor's University, where she leads transformative initiatives in online learning for students.

Comments: letters@thesundaily.com