

Following S'pore on vapes

Drug-style penalties could curb usage, say experts

By RAHIMY RAHIM
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PETALING JAYA: Malaysia should look to Singapore's model of treating vaping as a drug offence and consider imposing tougher penalties to curb its rising use, particularly among teenagers, say health experts and activists.

Consumers Association of Penang (CAP) senior education officer NV Subbarow said the country should look at the issue similar to how Singapore is handling it.

● "In our country, most vapes contain addictive and dangerous ingredients, including the dangerous etomidate.

"We should not treat these problems as very light," he said when contacted yesterday.

On Aug 17, Singapore said it will toughen its stance on vaping, treating it as a drug issue with harsher penalties, including jail for sellers of vapes with harmful substances.

Vaping has been banned in Singapore since 2018 and under current laws, possession, using or buying vapes carries a maximum fine of S\$2,000 (RM6,574).

Etomidate, currently under Singapore's Poisons Act, will soon be listed as a Class C drug, subjecting vape users to rehabilitation programmes, similar to drug abusers.

Doctors typically inject etomidate to induce sedation, but misusing it can cause hallucinations

and permanent organ failure.

On July 30, Health Minister Datuk Seri Dr Dzulkefly Ahmad said a thorough study will be conducted before any decision is made to list etomidate as a dangerous drug under the law.

The Health Minister said that the ministry took heed of the recent proposal to list the substance under the Dangerous Drugs Act 1952, but would not make a hasty decision without proper evidence.

Subbarow revealed that according to a survey conducted by CAP, it shows that the number of cigarette smokers is decreasing and use of vape and e-cigarettes among students and youths is increasing day by day.

"This includes young females who are taking up vaping. They do this without any fear. They reply it's their choice and equality rights," said Subbarow.

He added that it's time for lawmakers to voice out the dangers of drugs in vape liquids and take stern action on it.

Ikram Health Malaysia president Dr Mohd Afiq Mohd Nor also agreed, saying that Singapore has a strong and consistent stance on this issue.

He suggested that, while waiting for the government to make a decision on banning the substance, the authorities should fully enforce the Control of Smoking Products for Public Health Act 2024 (Act 852).

"Consistency is key before the problem gets worse," he said.



Firm stance: Vaping has been banned in Singapore since 2018 and under current laws, possession, using or buying vapes carries a maximum fine of S\$2,000 (RM6,574).

Malaysian Pharmacists Society (MPS) president Prof Amrahi Buang said his organisation has raised this concern since 2015.

"MPS has made a stand on zero tolerance on vape in our National Pharmacists Convention 2025 held recently on July 25.

"We need to protect the rakyat and the nation from this menace. The threats are really harmful," he said.

Public health medicine specialist Prof Dr Sharifa Ezat Wan Puteh pointed out that there are a lot of countries that banned vape but do not deem vape users as drug users.

These include Thailand, Hong Kong, Brunei and India, but with different standardisation.

Samsul Kamal Ariffin, president of the Malaysian Vape Entities Organisation, said any move to follow Singapore must be done based on scientific facts and

not perception.

Senior lawyer Mohamed Haniff Khatiri Abdulla said there are a lot of steps that needed to be done if Malaysia wants to follow the same steps as Singapore on this issue.

"There must be various studies to be done first, to ascertain all type of vapes and whether the substances used by vape contained drug substances or otherwise," he said.

The relevant authorities must also carry out various tests to determine the legal substances that can or cannot be used as well as controlled, he said.

Health Parliament Special Select Committee chairman Suhaizan Kayat said one of the possible ways was to introduce certain amendments to the Control of Smoking Products for Public Health Act 2024 (Act 852) in order to ban vaping.

Program advokasi kesihatan reproduktif diperluas

Usaha meningkatkan kesedaran kesihatan reproduktif dalam kalangan remaja dipergiatkan dengan pelaksanaan program advokasi 'I Am in Control' oleh Yayasan OrphanCare, yang kini diperluas ke seluruh negara.

Program setahun yang bermula Disember lalu itu memfokuskan pendidikan tepat dan bersesuaian usia mengenai identiti jantina, keizinan, gangguan seksual, penyakit jangkitan seksual (STD) dan pencegahan kehamilan tidak dirancang, sekali gus memperkasa remaja membuat keputusan bijak mengenai kesihatan diri.

Koordinator Projek, Noor Halimahton Sa'adiah Talib, berkata pendekatan interaktif bersama sekolah, komuniti, agensi kerajaan dan institusi pengajian tinggi membolehkan mesej penting ini sampai secara berkesan kepada kumpulan sasar.

Katanya, setakat ini program berkenaan sudah memberi manfaat kepada 1,700 pelajar di Johor, Terengganu, Pulau Pinang, Kedah dan Negeri Sembilan



Baby Hatch yang disediakan di pejabat Yayasan OrphanCare. (Foto Hairul Amzar Rahim/BH)

dengan sasaran 2,500 pelajar menjelang hujung tahun ini.

Noor Halimahton berkata, pihaknya mendapati masih ramai pelajar tidak mengetahui makna sebenar rogol atau gangguan seksual.

"Ada pelajar mengaku dirogol bapa tiri, tetapi tidak sedar ia adalah rogol kerana menyangka ia hanya dilakukan

oleh orang luar. Ada juga yang baru sedar mereka menjadi mangsa gangguan seksual selepas mengikuti program ini," katanya kepada BH.

Menurut beliau, pendedahan ini amat penting bagi membantu remaja menjaga keselamatan diri, mengelakkan hubungan seksual berisiko dan memahami hak mereka.



Sejak 2008, Yayasan OrphanCare yang mengendalikan kemudahan Baby Hatch berjaya menyelamatkan 690 bayi, termasuk 38 kes setakat tahun ini.

Daripada jumlah itu, 22 bayi ditinggalkan di dalam peti khas Baby Hatch di sembilan lokasi, manakala selebihnya diserahkan secara terus kepada pihak yayasan.

"Pada 2024, kita merekodkan 94 bayi diselamatkan iaitu jumlah tertinggi sejak penubuhan. Perbezaan ketara berbanding 2023 yang mencatatkan 55 bayi membuktikan kesedaran masyarakat untuk meninggalkan bayi di tempat selamat semakin meningkat," katanya.

Selain pendidikan, Yayasan OrphanCare turut menyalurkan bantuan kepada ibu yang mendapatkan perlindungan melalui Program Sokongan Ibu dengan dana zakat Bank Pembangunan Malaysia Berhad (BPMB).

Seramai 17 ibu daripada golongan B40 beragama Islam menerima sokongan, termasuk sesi kaunseling, lampin pakai buang dan susu bayi, dengan syarat mereka menjaga sendiri anak serta memenuhi kriteria kelayakan.

"Matlamat kami bukan hanya menyelamatkan nyawa bayi, tetapi membina generasi remaja yang celik kesihatan reproduktif, mampu membuat keputusan bijak dan melindungi diri daripada risiko," kata Noor Halimahton.

It's too costly to relocate, say docs

PETALING JAYA: Financial concerns, including the high cost of relocating and expensive travel, are deterring doctors from the peninsula from accepting placements in Sabah and Sarawak.

They said these challenges are among the reasons some chose to turn down permanent offers.

Health Minister Datuk Seri Dr Dzulkefly Ahmad revealed earlier this month that 414 contract medical officers had rejected permanent appointments and resigned between 2023 and June this year.

He said among the reasons given was that they were not ready to relocate and serve in Sabah, Sarawak or Labuan.

Dr Karan (name changed) shared his experience, saying that he spent RM3,000 to ship his car from Seremban to Sarawak, with overall moving expenses amounting to around RM10,000.

"I couldn't afford the cost and had to borrow money from friends and relatives, even selling valuables like jewellery," he said.

"I rarely fly home due to expensive air tickets. A posting in the peninsula would have been more

cost-effective, as I would be able to drive back."

Despite the financial burden, Dr Karan chose to take on the challenge, motivated by his duty and lifelong ambition to be a doctor.

Dr Nari (name changed) from Keningau, Sabah, who was posted to the peninsula, also cited the difficulty of travelling home, particularly during emergencies.

"Flight tickets are expensive. I have elderly parents, and my husband is caring for them. Travelling back and forth costs thousands," she said.

The cost also prevents her husband from visiting her often.

"I would prefer to be based in my home state, as this situation isn't sustainable," she said.

Aliya (name changed), from Kuala Lumpur, was one of the contract doctors who declined a permanent appointment after being given a placement in Sabah.

She said she was unprepared for the environmental change that serving there would entail.

"I'm not sure if I could cope," she admitted.

In June, the Health Ministry



Heavy toll: Doctors say relocation costs and expensive travel are burdensome.
— File photo

mandated that contract medical officers appointed to permanent positions must select at least one placement option in Sabah or Sarawak through the e-Placement 2.0 system.

The move aims to address the uneven distribution of healthcare personnel between Peninsular Malaysia and the Borneo states, which are currently facing a manpower shortage.

Dzulkefly recently informed the Dewan Rakyat that 650 posts were allocated to Sarawak and 310 to Sabah among the 2,248

UD10 medical officers participating in the e-Placement 2.0 session.

However, there are doctors who have embraced their postings in Sabah and Sarawak.

Dr Rajesh (name changed), who served in Sarawak for two years as a house officer, considered the state his second home.

"It was a new experience and environment. I quickly adapted to the local food and culture and have grown to love it. I've met some of the best people here and explored the state during my days off," he said.

Now stationed in Negri Sembilan, he still returns to Sarawak for short breaks.

Similarly, Dr S (name changed) has become so accustomed to Sabah that she eagerly anticipates her return even when visiting family in Penang.

"There is a lot to do in Sabah. And there is always something new to learn about the culture."

"It is not that diverse in Penang and the rest of the peninsula. Also, it is less hectic there, and I have gotten used to the relaxed lifestyle," she said.

'Let Borneo docs serve locally'

Stakeholders say local placements could fix critical manpower shortage

By **RAGANANTHINI VETHASALAM**
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PETALING JAYA: Prioritising the placement of doctors from Sabah and Sarawak to their home states may help address the critical manpower shortage in their healthcare system, say stakeholders.

Additionally, improved incentives for doctors from the peninsula could mitigate the shortfall of medical personnel in these two states.

Retired Health Ministry director Datuk Dr Zainal Ariffin Omar said doctors from Sabah and Sarawak should be given precedence before opening slots to those from the peninsula.

This approach enables doctors

to remain closer to their homes and families, which in turn enhances their understanding of the local environment and culture, he said.

"Furthermore, the relocation costs are lower compared to sending personnel from the peninsula. These doctors can also pursue further studies at local universities," he said.

In response to the uneven distribution of healthcare staff, the Health Ministry in June mandated that contract medical officers transitioning to permanent roles must select at least one placement option in Sabah or Sarawak via the e-Placement 2.0 system. According to Health Ministry data from April 2025, Sabah has only 4,708 doctors but requires 9,356.

In Sarawak, Deputy Premier Datuk Dr Sim Kui Hian reported that there are just 4,000 doctors, half of whom are from Peninsular Malaysia, against a needed 6,000 by 2025.

Independent health advocate Dr Sean Thum insisted that doctors should have a choice in their postings. He argued that requests from Sabahan and Sarawakian doctors to work in their home states should receive consideration.

He also noted that many medical officers are concerned that relocation allowances are not provided, causing a financial burden for medical officers forced to move from the peninsula to Sabah and Sarawak, and vice versa.

Hartal Doktor Kontrak spokesperson Dr Muhammad Yassin

agreed that the manpower issue is a nationwide problem but particularly acute in Sabah and Sarawak.

"While we agree that placement of local doctors in Sabah and Sarawak should be prioritised, the numbers alone won't resolve the shortages. We are still dependent on doctors from the peninsula," he said.

He suggested that the placement system should allow doctors from Sabah and Sarawak to choose their home states as their primary option.

"However, exceptions should be made for peninsula doctors with family or health issues to be placed closer to home," he said.

Dr Muhammad also said more incentives are needed for doctors

to serve in the Borneo states.

"More allowances, more perks like free or discounted flight tickets back to the peninsula and more points for those serving in Sabah and Sarawak if they are applying for specialist courses," he added.

Health Minister Datuk Seri Dr Dzulkefly Ahmad recently revealed that about 20% of the 600 medical officers who had applied to be transferred out from Sabah and Sarawak would have to "bite the bullet" and stay put for now.

He said the ministry was reviewing the transfer requests but could not accommodate every application without affecting health services in the two states, which are facing a critical manpower crunch.

Healthcare Reset programme gaining traction

By **DOREENN LEONG**
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KUALA LUMPUR: The government's push to overhaul Malaysia's healthcare financing framework via the Reset programme is gaining traction, with the rollout of a Universal base medical and health insurance/takaful (MHIT) product expected in the second half of 2026.

Spearheaded by Bank Negara Malaysia (BNM) in collaboration with the Health and Finance Ministries – and supported by the World Bank – the Reset strategy aims to slow rising medical costs and introduce a more sustainable funding model.

"The base product has a deadline, which

is that we're going to finalise the design (and conceptualisation of base MHIT product) this year," said a spokesperson at a media workshop on the Reset Strategy by BNM and the Health Ministry yesterday.

"We're going to pilot it sometime towards the middle of next year. And then, we're ready for rollout by the end of next year. And the diagnosis-related group (DRG) system is a feature that will be incorporated within the base product design," the spokesperson said.

The DRG framework – widely used in private healthcare systems globally – assigns a fixed, bundled payment for treatment based on diagnosis, rather than billing each service separately.

According to the spokesperson, it will be introduced in stages to gradually supplant the fee-for-service model currently driving medical inflation.

On intended outcomes, the spokesperson pointed to medical cost inflation as a critical barometer of success.

"We expect some stabilisation in that rather than just continual, or steeper increases over time. So we should see that stabilised. That would be a key outcome measure.

"We are also concerned about policy as well. So we are looking at things like how we can also capture data like re-admission based on that to measure quality of care as well," the spokesperson added.

From dentistry to health informatics

AFTER enrolling in the credit transfer programme for the Bachelor of Dental Surgery at International Medical University (IMU) Malaysia, Darrshini Parthibhan completed her first phase of study at the institution and successfully graduated from the University of Adelaide in 2022.

With the ever-growing emphasis on data-driven decisions, Darrshini developed a keen interest in the field of data analytics, while also wishing to maintain her healthcare background.

While exploring academic pathways that merged these two fields, she discovered the Master in Health Informatics and Analytics (MHIA) programme at IMU.

As an IMU alumna, she was already familiar with the institution's reputation for academic excellence and innovation.

After speaking with the programme director and reviewing the curriculum, Darrshini was convinced that it aligned perfectly with her aspirations.

Having a purely scientific background, embarking on data analytics was not an easy choice. However, the one-year programme is exceptionally well structured, encompassing comprehensive modules.

It provides a solid and practical foundation for students of various backgrounds. The thoughtful pace of instruction, depth of expertise among faculty and hands-on assignments and projects greatly facilitated Darrshini's learning.

She was also fortunate to be part of a diverse cohort of peers from various professional fields, which enriched the overall learning experience through collaborative knowledge sharing.

Although challenging at first, the unwavering support and guidance from the faculty and lecturers empowered her to follow her interests with confidence.

Beyond technical competencies, the programme also emphasises essential soft skills that are highly sought after in today's job market.

Darrshini was pleased to secure a position approximately one month after graduating. Her current role allows her to apply the knowledge gained during her studies in a practical setting.

While the specific tools and software used in industry may vary, the strong foundational training provided by the programme enabled her to adapt quickly and effectively.

Transitioning into this new

field never meant leaving dentistry behind. The knowledge gained over the course of her undergraduate studies is what has brought Darrshini here, and she is deeply grateful for that journey.

She remains passionate about pursuing a career in data analytics, particularly one that integrates healthcare and technology – especially those in the field of dentistry.

At IMU, the MHIA programme offers students a comprehensive understanding of the rapidly evolving fields of health informatics and data analytics.

Students will gain the skills to design, conduct and optimise analyses using appropriate methodologies and technologies to address real-world medical and clinical challenges.

The programme benefits from the multidisciplinary expertise of IMU's faculty, which includes areas

of computer science, informatics, biomedical sciences, clinical practice and public health.

In addition, collaborations with industry partners enrich the learning experience with practical insights and real-world applications.

Covering key areas such as health informatics, epidemiology, clinical systems and bioinformatics, the MHIA curriculum is designed to equip students from diverse backgrounds with both the technical and analytical skills needed to thrive in diverse healthcare environments.

The next commencement of this programme is in September. If you are interested in joining it, make an online application today.

■ For more information, go to www.imu.edu.my, email start@imu.edu.my or call IMU at 03-2731 7272.



While exploring fields that merge dentistry with data analytics, Darrshini discovered the MHIA programme at IMU.



Gateway to global medical excellence

THIS September, a new cohort of students from RUMC – the Royal College of Surgeons in Ireland (RCSI) and University of Dublin (UCD) Malaysia Campus – will begin their medical journey in Dublin, where they will spend the first two-and-a-half years of their studies.

The programme's unique structure allows students to experience world-class medical education at RCSI or UCD, two of Ireland's most prestigious institutions, before returning to Malaysia to complete their clinical years.

The Foundation in Science programme is now accepting final applications for its August intake, while the Undergraduate Medicine programme is making its last call for the September intake.

While some students prepare for Dublin, others will explore RUMC's revolutionary Bachelor of Science in Medical Informatics programme, set to be launched in September.

Unlike traditional digital health or biomedical informatics programmes, RUMC's Medical Informatics addresses the growing demand for professionals who can navigate both clinical environments and technological innovation.

This programme combines clinical



RUMC prepares future doctors with a transnational medical experience that blends global learning and local clinical excellence.

cal knowledge with advanced data analytics, artificial intelligence (AI) and healthcare system design.

Students not only explore cutting-edge medical devices and innovations but also learn to design, develop and optimise technologies that play a vital role in accurate diagnosis and effective treatment.

The interdisciplinary curriculum blends computer science, biology, engineering and healthcare, equipping students with skills to harness emerging technologies like AI and 5G to address medical and operational challenges.

With RUMC's strong connections to the medical device manufacturing sectors in both Penang and Dublin, students benefit from industry collaborations and the guidance of expert faculty members.

Graduates can build careers in

hospitals, research institutions, medical device companies, and healthcare IT firms, taking on roles such as chief technology officer, medical informatics specialist, hospital technology manager, biomedical engineer, medical researcher or precision medicine analyst.

B40 scholarship support

RUMC has established support mechanisms for B40 families pursuing the Medical Informatics programme. B40 families can now apply for the National Higher Education Fund Corporation (PTPTN) education funding, allowing qualified students to access the education they deserve.

■ For details, visit www.rumc.edu.my, email enquiry@rumc.edu.my or call +604-217 1999.



BUAH delima ialah sejenis buah yang berasal dari Asia Tengah. Ia bukan sahaja enak dimakan, malah mengandungi pelbagai khasiat yang memberi manfaat besar kepada kesihatan tubuh badan manusia.

Buah ini dikenali dengan warna merah yang menarik serta biji-bijinya yang manis dan manis yang menyegarkan. Sejak zaman dahulu, buah delima telah digunakan dalam perubatan tradisional dan masih popular dalam kalangan masyarakat pada hari ini kerana kebanyakannya yang pelbagai.

Antara manfaat utama buah delima ialah kaya dengan antioksidan seperti polifenol, tanin, dan antosianin. Antioksidan berfungsi untuk melawan radikal bebas dalam badan yang boleh merosakkan sel dan menyebabkan pelbagai penyakit kronik. Kandungan antioksidan yang tinggi dalam buah delima membantu melambatkan proses penuaan dan mengurangkan risiko penyakit seperti kanser dan masalah jantung. Selain itu, kandungan antioksidan juga meningkatkan kesuburan dengan membantu melindungi sel sperma dan ovum daripada kerosakan akibat radikal bebas.

Buah delima juga baik untuk kesihatan jantung. Kajian menunjukkan bahawa pengambilan jus delima secara berkala, sekurang-kurangnya 200 ml, tanpa gula tambahan setiap hari dapat membantu menurunkan tekanan darah tinggi dan meningkatkan aliran darah ke jantung. Ini seterusnya dapat mengurangkan risiko serangan jantung

Rahsia Kesihatan daripada BUAH DELIMA

dan strok.

Buah delima juga membantu dalam meningkatkan sistem imun badan. Ini kerana ia mengandungi vitamin C yang tinggi, iaitu vitamin penting yang membantu melindungi tubuh daripada serangan penyakit. Pengambilan buah delima secara kerap boleh membantu tubuh melawan jangkitan dan mempercepatkan proses penyembuhan apabila sakit.

Di samping itu, buah delima turut memberikan manfaat kepada kesihatan kulit. Antioksidan dan vitamin yang terdapat dalam buah ini membantu mengikalkan kelembapan kulit, mengurangkan jerawat, serta menjadikan kulit kelihatan lebih sihat, lembap, dan berseri. Tidak hairanlah jika buah delima sering dijadikan bahan utama dalam produk kecantikan dan penjagaan kulit.

Buah delima juga bagus untuk pencernaan. Ia mengandungi serat yang tinggi, yang membantu melancarkan sistem penghadaman dan

mengehadkan sembelit. Bagi mereka yang mengamalkan gaya hidup sihat, buah delima sesuai dijadikan sebahagian daripada diet harian.

Buah delima boleh dinikmati dalam pelbagai cara seperti dimakan secara langsung, dijadikan jus, atau digunakan sebagai suplemen berpena delima. Banyak pasaran masa kini mengeluarkan pelbagai jenama yang mengandungi jus delima dan suplemen-suplemen yang bermanfaat untuk kesihatan tubuh dalaman atau luaran.

Kesimpulannya, buah delima merupakan buah yang kaya dengan khasiat dan wajar diamilkan dalam pemakanan seharian. Selain memberi manfaat kepada kesihatan dalaman, ia juga membantu dalam penjagaan luaran seperti kulit. Oleh itu, kita seharusnya menghargai anugerah alam semesta jadi ini dengan mengamalkan pemakanan sihat, termasuk mengambil buah delima secara berkala untuk kesejahteraan hidup.



Doctor loses RM460,000 to online scam

KUANTAN: A 55-year-old female doctor lost RM468,000 after falling victim to an online investment scam advertised on Facebook in May.

Pahang police chief Datuk Seri Yahaya Othman said the victim was attracted by the advertisement and was later contacted by an individual posing as a representative of Nikko Asset Management, allegedly based in Singapore.

"The suspect promised returns of 80% to 128% within a month. Convinced by the offer, the victim made 14 transfers into four different accounts between June 17 and Aug 6, using her Employees Provident Fund savings," he said in a statement.

He said the victim was then shown falsified profit statements through pictures sent by the suspect, indicating that her investment had grown to RM800,000, including the capital.

"The victim was subsequently asked to pay another RM152,725, supposedly for tax purposes, before she could withdraw the profits. She became suspicious and refused to comply."

He added that checks revealed that Nikko Asset Management is a legitimate investment management company headquartered in Tokyo, Japan, with branches worldwide, but its name had been misused by scammers in this case.

The victim lodged a report at the Kuantan police headquarters on Tuesday and the case is being investigated under Section 420 of the Penal Code. – Bernama