NST 15/10/2025 MS/11

18TH ANNUAL DIALYSIS CONFERENCE

Experts unite to drive kidney care innovation

PETALING JAYA: The National Kidney Foundation of Malaysia (NKF) convened leading experts at the 18th Annual Dialysis Conference (ADC 2025) recently to drive innovation, collaboration and policy alignment in the fight against chronic kidney disease (CKD).

The two-day conference held at a hotel here last Saturday gathered more than 500 nephrologists, doctors, nurses, dialysis centre managers and allied health professionals, making it one of the country's largest renal care platforms.

Themed "Innovate, Elevate, Transform", the event focused on future dialysis models, kidney transplantation, green nephrology, vascular access, vaccination and quality of life for patients.

Health Minister Datuk Seri Dr Dzulkefly Ahmad, who officiated at the event, reaffirmed the government's commitment to boosting early detection while expanding collaboration with partners such as NKF to deliver sustainable and patient-centred care.

"Chronic kidney disease is one of the most pressing health challenges of our time.

"In Malaysia, more than 50,000 patients are dependent on dialysis, and this number continues to rise each year. This reality calls on all of us to act with urgency and compassion," he said.

Present were NKF chairman Datuk Dr Zaki Morad Mohd Zaher, NKF board of directors vice-chairman Dr Thiruventhiran Thilaganathan and Health Ministry senior deputy director Dr Izzuna Mudla Ghazali.

Dr Dzulkefly said conferences such as ADC 2025 were invaluable for the prevention and early detection of CKD.

"This event provides a critical platform for sharing knowledge, advancing innovation in dialysis and transplantation, and exploring holistic approaches to patient care, from clinical excellence to the emotional, spiritual and social well-being of patients," he added.

A major highlight of the conference was the HIV and CKD Symposium, which explored treatment, stigma and dialysis access for HIV-positive patients, alongside sessions on the physical, spiritual and emotional adjustment of dialysis patients, reflecting a holistic approach to healthcare.

Dr Dzulkefly commended NKF for its leadership in advancing dialysis care, supporting patients, and driving advocacy and education.

"NKF's dedication, alongside the tireless work of nephrologists, doctors, nurses, dialysis centre managers and allied health professionals, is central to our progress."

Health Minister Datuk Seri Dr Dzulkefly Ahmad (fourth from left) officiating at the 18th Annual Dialysis Conference in Petaling Jaya on Saturday. With him are National Kidney Foundation of Malaysia (NKF) chairman Datuk Dr Zaki Morad Mohd Zaher (third from right), NKF board of directors vice-chairman Dr Thiruventhiran Thilaganathan (third from left) and Health Ministry senior deputy director Dr Izzuna Mudla Ghazali (fourth from right). NSTP PIC BY EIZAIRI SHAMSUDIN

Looking ahead to 2026, he said the Health Ministry planned to prioritise early action through public education on diabetes and hypertension, boost early detection and screening — primarily in primary care settings — strengthen equitable access to quality dialysis and transplantation services, and support research and innovation in renal care.

ADC 2025 came at a pivotal moment, following the historic adoption of the World Health Assembly Resolution 78, which placed kidney disease on the World Health Organisation's Non-Communicable Disease agenda for the first time.

Harian Metro 15/10/2025 MS/12

lokal

Pakai pelitup muka!

Individu berisiko perlu berhati-hati jika berurusan orang ramai

Oleh Redzuan Muharam
redzuan.muharam
@hmetro.com.my

Kuala Lumpur

Kanak-kanak, warga emas, ibu hamil, orang kurang upaya (OKU), individu mempunyai masalah kesihatan dan perokok perlu lebih berwaspada kerana berisiko tinggi untuk diserang jangkitan influenza.

Pakar Perubatan Kesihatan Awam Fakulti Perubatan Universiti Kebangsaan Malaysia (UKM), Prof Dr Sharifa Ezat Wan Puteh berkata, ia kerana jangkitan influenza boleh membawa maut jika berlaku komplikasi teruk kesan simptom penyakit berkenaan.

Dr Sharifa yang juga Dekan Pusat Pengajian Citra UKM berkata, dalam masa sama, individu bukan dalam kategori berisiko juga perlu berhati-hati terutama jika bekerja atau kerap berurusan dengan orang ramai.

"Ia mudah merebak menerusi titisan pernafasan apabila seseorang bersin atau batuk," katanya.

Justeru, mereka yang mengalami simptom seperti demam dan batuk teruk yang berterusan dinasihatkan berjumpa doktor bagi menjalani pemeriksaan lanjut.

"Sebaiknya ke klinik atau hospital terdekat bagi mendapatkan pengesahan doktor.

"Mereka yang kerap keluar atau ada ahli keluarga berisiko dan terkena jangkitan pula disyorkan memakai pelitup muka.

"Sepatutnya, pesakit perlu menjalani kuarantin namun memandangkan ia bukan pandemik seperti Covid-19, maka ada kemungkinan mereka (pesakit) keluar rumah. Jadi, ia tanggungjawab kita sendiri memastikan jangkitan tidak merebak," katanya.

Dr Sharifa berkata, influenza umumnya terbahagi kepada dua kategori klinikal iaitu Influenza-Like Illness (ILI) yang biasanya dirawat sebagai pesakit luar saja.

Yang kedua ialah Jangkitan Pernafasan Akut Teruk (SARI) iaitu kes jangkitan boleh menyebabkan pesakit dimasukkan ke wad akibat berterusan mengalami demam tinggi lebih tiga hari dan batuk teruk.

"Secara umumnya, penyakit itu agak ringan (self limiting). Buat mereka yang sihat dan golongan muda tidak perlu sampai ditahan di wad.

"Tapi yang bahayanya kepada golongan berisiko tinggi seperti warga emas berumur lebih 50 tahun kerana mungkin tak boleh nak sembuh jika ada komplikasi seperti radang paru paru, jangkitan telinga juga otak dan sepsis iaitu satu badan kena jangkitan. Jika terkena, ada kemungkinan tinggi, pesakit meninggal dunia," katanya ketika dihubungi Harian Metro.

Dr Sharifa berkata, influenza tidak boleh pulih dengan antibiotik biasa kerana bukan bakteria namun sejenis virus.

Khamis lalu, Kementerian Kesihatan (KKM) dalam satu kenyataan melaporkan terdapat 97 kluster jangkitan influenza A dan B pada Minggu Epidemiologi (ME) 40/2025, berbanding 14 kluster minggu sebelumnya, dengan majoriti membabitkan institusi pendidikan.

Semua negeri melaporkan peningkatan, dengan lima negeri tertinggi ialah Selangor sebanyak 43 kluster, Kuala Lumpur dan Putrajaya (15 kluster), Pulau Pinang (10 kluster), Johor (sembilan kluster) dan Kedah (lima kluster).

Majoriti kluster dilaporkan berlaku di sekolah menengah iaitu 32 kluster, sekolah rendah (26), tadika (15) dan sekolah swasta (sembilan).

Gesa segera lapor penularan influenza

Johor Bahru: Jabatan Kesihatan Negeri Johor (JKNJ) meminta institusi jagaan dan pendidikan agar melaporkan sebarang penularan influenza kepada Pejabat Kesihatan Daerah (PKD) dengan segera.

Pengarahnya Dr Mohtar Pungut@Ahmad berkata, menerusi laporan awal, tindakan pencegahan sewajarnya dapat diambil dengan lebih proaktif.

Katanya, golongan dewasa perlu peka dengan sebarang simptom atau gejala yang mungkin ditunjukkan anak jagaan mereka.

"Influenza ini sebenarnya penyakit biasa, tetapi sekiranya ada bergejala seperti demam dan selesema, segeralah dapatkan rawatan.

"Sekiranya ia melibatkan sebarang institusi seperti sekolah dan lain-lain, mereka laporkan segera kepada PKD terdekat untuk kita ambil tindakan kawalan segera," katanya ketika ditemui selepas merasmikan Sambutan Hari Kesihatan Mental Sedunia 2025 dan Perasmian Mentari Johor Bahru di UTC Johor Bahru, di sini, semalam.

Minggu lalu, Pengerusi Jawatankuasa Kesihatan dan Alam Sekitar negeri, Ling Tian Soon dilaporkan berkata, penularan influenza di Johor terkawal dengan hanya sembilan kluster dikesan sejak wabak itu dilaporkan merebak di seluruh negara.

Katanya, hanya sebuah kelas iaitu Kelas Pendidikan Khas Integrasi (PPKI) di Sekolah Kebangsaan Taman Permas Jaya 2 ditutup sehingga 17 Oktober ini sebagai langkah pencegahan.

DR Mohtar menyerahkan replika cek serta sijil dan hadiah kepada pemenang Johan Pertandingan Video Kesihatan Mental, Mohd Ruzaini Rosli pada Sambutan Hari Kesihatan Mental Sedunia Tahun 2025 dan Perasmian Mentari Johor Bahru di UTC Galleria Kotaraya.

Harian Metro 15/10/2025 MS/12

Menurun kepada 1,290 kes

"Antara langkah dilaksanakan termasuk memberikan rawatan segera kepada pelajar yang mempunyai simptom"

Dr Asyraf Wajdi

Kuala Lumpur: Kes jangkitan influenza dalam kalangan pelajar di Maktab Rendah Sains MARA (MRSM) menunjukkan penurunan daripada 2,724 kes kepada 1,290 kes di seluruh negara.

Pengerusi MARA Datuk Dr Asyraf Wajdi Dusuki memaklumkan perkembangan itu menerusi hantaran di Facebooknya semalam.

"Alhamdulillah, nampak 'trend' penurunan kes jangkitan influenza dari 2,724 kepada 1,290 pelajar MRSM seluruh Malaysia.

"Pembelajaran dan pengajaran dalam talian (PDPR) akan terus dilaksanakan di 34 MRSM sehingga diputuskan rantaian jangkitan. Tolong doakan ya!," katanya.

Sebelum ini, Asyraf memberitahu BH bahawa 34 MRSM diarah tutup dan melaksanakan PDPR susulan penularan jangkitan influenza dalam kalangan pelajarnya.

Asyraf dilaporkan berkata, langkah proaktif berkenaan diambil pengurusan MARA selepas setiap MRSM berkenaan mencatatkan jangkitan influenza melebihi 50 kes.

"Sejak penularan kes berlaku, pengurusan MARA sudah mengarahkan semua pengetua MRSM mengambil langkah segera bagi memastikan keselamatan dan kebajikan pelajar sentiasa terjamin.

"Antara langkah yang dilaksanakan termasuk memberikan rawatan segera kepada pelajar yang mempunyai simptom influenza di klinik kesihatan atau hospital, mengasingkan pelajar yang sakit daripada yang sihat serta memastikan pemakaian pelitup muka," katanya.

19 kes dicatat lima sekolah di Perlis

Kangar: Jabatan Pendidikan Negeri (JPN) Perlis mengesahkan terdapat 19 kes dipercayai penularan jangkitan Influenza A di lima sekolah di negeri itu.

Bagaimanapun tiada sekolah yang ditutup sehingga kini disebabkan keadaan masih terkawal.

Pengarah Pendidikan Perlis, Rose Aza Che Arifin berkata, berdasarkan data diperoleh dari 1 Oktober hingga kelmarin, satu kes dilaporkan berlaku di sebuah sekolah menengah manakala 18 kes lagi di empat sekolah rendah.

"Perlu diambil maklum bahawa data ini adalah berdasarkan laporan diterima daripada pihak sekolah, hasil makluman ibu bapa atau Kementerian Kesihatan (KKM).

"Statistik ini mungkin berbeza daripada data rasmi KKM yang dikemaskini secara berpusat.

"Sebagai langkah pencegahan awal, kita sudah mengeluarkan surat pemakluman dan peringatan kepada semua sekolah melalui saluran rasmi dan kumpulan komunikasi digital.

"Selain itu, kita turut menyebarkan bahan kesedaran seperti e-poster kawalan dan pencegahan yang diedarkan KKM melalui platform media sosial dan saluran rasmi JPN," katanya ketika dihubungi, semalam.

Beliau berkata, JPN Perlis akan terus memantau perkembangan situasi secara berterusan dan bekerjasama rapat dengan KKM serta sekolah bagi memastikan keselamatan dan kesihatan murid serta warga sekolah sentiasa terpelihara.

Harian Metro 15/10/2025 MS/12

Oleh Hafiz Ithnin
hafizithnin@mediaprima.com.my

PENINGKATAN PENULARAN INFLUENZA

Puncak perubahan iklim

Kuala Lumpur

Peningkatan penularan influenza ketika ini disebabkan beberapa faktor utama antaranya pola bermusim, penularan dalam populasi tertutup atau pergerakan manusia yang tinggi.

Koordinator Klinikal Unit Pencegahan dan Kawalan Infeksi merangkap Pakar Penyakit Berjangkit Pusat Perubatan Sultan Ahmad Shah, Prof Madya Dr Wan Nurliyana Wan Ramli berkata, musim influenza di kawasan tropika seperti Malaysia boleh berlaku sepanjang tahun.

Katanya, peningkatan kes akan berlaku ketika musim puncak apabila perubahan iklim seperti musim hujan dan cuaca lembap seperti kebelakangan ini.

"Manakala penularan dalam populasi tertutup seperti kluster di sekolah, tadika dan institusi pendidikan berlaku kerana mereka berkumpul di dalam ruang tertutup dan berinteraksi rapat. Ia akan memudahkan penyebaran virus influenza yang dapat menjangkiti ramai orang dalam tempoh masa singkat.

"Faktor ketiga pula ialah pergerakan manusia iaitu perantaraan antara keluarga, perjalanan harian di dalam dan antara negeri, aktiviti-aktiviti luar, serta pertemuan sosial memudahkan virus bergerak antara komuniti," katanya.

Dr Wan Nurliyana berkata, orang ramai perlu berhati-hari mengenai penularan virus ini terutama musim perayaan kerana akan ada perhimpunan besar dan interaksi ramai orang di ruang tertutup, sama ada di dalam dewan atau rumah dengan ruang pengudaraan yang kurang baik.

"Perjalanan jarak jauh untuk berkumpul di rumah keluarga, lebih-lebih lagi menggunakan pengangkutan awam yang sesak dengan ramai penumpang turut meningkatkan risiko penularan.

"Selain itu, risiko boleh berlaku jika tidak memakai pelitup muka atau menjaga etika batuk ketika berinteraksi dengan keluarga dan sahabat handai ketika perayaan. Kanak-kanak dan warga emas juga berisiko tinggi untuk dijangkiti virus influenza ketika perhimpunan keluarga yang ramai," katanya.

Menurutnya, virus influenza boleh merebak dengan cepat melalui titisan pernafasan apabila pesakit batuk, bersin atau bercakap.

"Juga menerusi sentuhan permukaan tercemar seperti tombol pintu atau meja diikuti sentuhan muka, hidung atau mulut," katanya.

Menurutnya, rawatan utama influenza ialah oseltamivir (Tamiflu) iaitu ubat antiviral jenis 'neuroaminidase inhibitor'.

"Ia berfungsi untuk mengurangkan tempoh dan keterukan penyakit jika dimulakan dalam 48 jam pertama selepas simptom bermula.

"Namun, tidak semua pesakit influenza memerlukan ubat antiviral dan ia biasanya diberikan kepada yang berisiko tinggi atau mereka yang mengalami simptom teruk," katanya.

Pastikan persekitaran sekolah terpelihara

Kuala Lumpur: Peningkatan kes influenza dalam kalangan murid adalah isu kesihatan sekolah yang perlu dipandang serius.

Presiden Kongres Kesatuan Guru-Guru Dalam Perkhidmatan Pelajaran Malaysia (Kongres), Mohamad Zapawi Mamat berkata, dalam ruang lingkup pendidikan, langkah utama yang wajar diambil ialah memperkukuh pendidikan kesihatan di sekolah.

"Guru boleh menyalurkan maklumat tepat mengenai simptom, cara jangkitan dan langkah pencegahan influenza melalui sesi bimbingan, perhimpunan atau aktiviti kelab kesihatan.

"Selain itu, pihak sekolah perlu memastikan kebersihan persekitaran sentiasa terpelihara serta menggalakkan amalan mencuci tangan, memakai pelitup muka dan berehat di rumah bagi murid yang bergejala," katanya.

Menurutnya, langkah itu perlu bagi membendung penularan jangkitan yang kini dilaporkan semakin membimbangkan terutama di peringkat sekolah rendah dan menengah.

"Dalam hal ini, kerjasama antara pihak sekolah, ibu bapa dan Pejabat Kesihatan Daerah amat penting bagi mengawal penularan dan memastikan proses pembelajaran tidak terganggu, " katanya.

Beliau berkata, Kementerian Kesihatan juga menyarankan agar murid yang tergolong dalam kumpulan berisiko tinggi seperti mereka yang mempunyai masalah kesihatan kronik, mendapatkan vaksin influenza sebagai langkah perlindungan.

"Pihak sekolah disarankan menjalankan saringan kesihatan secara berkala serta mewujudkan bilik isolasi sementara bagi murid yang bergejala.

"Kesedaran dan pendidikan kesihatan kepada murid, guru dan ibu bapa juga harus diperhebatkan bagi membendung penularan wabak ini dengan lebih berkesan," katamya.

Harian Metro sebelum ini melaporkan, kira-kira 6,000 murid dan pelajar sekolah dikesan dijangkiti virus influenza setakat ini.

Ketua Pengarah Pendidikan, Dr Mohd Azam Ahmad dilaporkan berkata, susulan itu, beberapa sekolah melaksanakan arahan penutupan sementara atas nasihat Pejabat Kesihatan Daerah masing-masing.

Katanya, Kementerian Pendidikan (KPM) sentiasa berhubung rapat dengan Kementerian Kesihatan bagi memantau perkembangan jangkitan selain akur jika ada sekolah perlu ditutup demi keselamatan pelajar dan warga sekolah.

"Guru boleh menyalurkan maklumat tepat mengenai simptom, cara jangkitan dan langkah pencegahan influenza melalui sesi bimbingan, perhimpunan atau aktiviti kelab kesihatan"

Mohamad Zapawi Mamat

PASUKAN Khas Bahan Kimia Berbahaya (Hazmat) daripada Jabatan Bomba dan Penyelamat Malaysia dalam simulasi situasi kebocoran bahan kimia berbahaya dalam latihan amal berskala penuh Pelan Kontingensi Lapangan Terbang (Airport Contingency Plan) yang dikenali sebagai 'Ex Gasak' di Lapangan Terbang Subang (SZB).

Ubat antiviral influenza di farmasi kehabisan stok

Kuala Lumpur: Ubat antiviral influenza di beberapa farmasi di Lembah Klang kehabisan stok sejak beberapa hari lalu berikutan peningkatan kes influenza di Malaysia terutama dalam kalangan kanak-kanak.

Seorang juru farmasi ketika ditemui berkata, ubat antiviral, oseltamivir (Tamiflu) jenis sirap yang biasa diberikan untuk kanak-kanak kehabisan stok sejak dua hingga lima hari lalu.

Katanya, ubat antiviral jenis tablet biasanya diberikan kepada orang dewasa yang dijangkiti virus berkenaan.

"Bagi kanak-kanak kita akan berikan oseltamivir jenis sirap. Bagaimanapun, jenis tablet itu boleh saja diberikan kepada kanak-kanak cuma perlu dibancuh dahulu dan mengikut sukatan yang betul.

"Namun, pembeli dalam kalangan ibu bapa atau penjaga memilih untuk membeli jenis sirap kerana ia lebih mudah diberikan kepada kanak-kanak. Mereka juga khuatir jika dibancuh sendiri sukatannya tidak tepat," katanya.

Seorang lagi juru farmasi berkata, permintaan kali ini lebih tinggi sehingga mereka kehabisan stok.

"Memang setiap tahun kes influenza ada musimnya. Namun, kali ini lebih tinggi permintaannya sehinggakan kami kehabisan stok. Setiap hari ada saja pelanggan yang datang bertanyakan mengenai ubat antiviral jenis sirap.

"Namun, bagi pembelian ubat antiviral itu perlu mendapatkan preskripsi daripada doktor memandangkan ubat jenis terkawal," katanya.

Dalam pada itu, satu lagi farmasi yang dikunjungi turut kehabisan stok oseltamivir jenis sirap sejak lima hari lalu.

Katanya, yang ada hanya jenis tablet saja yang biasa diambil pesakit dewasa.

Harian Metro 15/10/2025 MS/13

Penang reports 36 influenza clusters since beginning of year

Thesun 15/10/2025 MS/5

GEORGE TOWN: A total of 36 influenza clusters have been reported in Penang as of the 41st epidemiological week (ME), involving educational institutions such as kindergartens, primary and secondary schools, as well as institutions of higher learning.

Chief Minister Chow Kon Yeow said no deaths or new virus mutations have been detected, and all identified clusters are currently under control.

"Based on the report from the state Health Department, a total of nine influenza clusters were recorded between ME 1 and ME 39. For ME 40, from Sept 28 to Oct 4, 10 clusters involving 418 cumulative cases were reported.

"For ME 41, covering the period from Oct 5 to Oct 11, 17 clusters were recorded, bringing the total number of clusters reported since the beginning of the year to 36," he told reporters after officiating at the State Disaster Command Centre at Komtar yesterday.

Also present was the National Disaster Management Agency deputy director-general (Post-Disaster Division) Hussain Moh.

Meanwhile, Selangor Menteri Besar Datuk Seri Amirudin Shari said the latest developments and measures to curb the spread of influenza would be discussed in detail at the state Executive Council meeting this Friday.

He said the meeting would also review the latest situation report from the Selangor Health Department and deliberate on the possible procurement of influenza vaccines.

"Under the Selangor Sihat initiative, we have allocations that could be utilised for the purchase of vaccines, including for influenza.

"We will discuss this in the meeting to determine whether additional support is required, either through existing funds or the allocation of new resources for the programme."

He was speaking after officiating at the two-day Shah Alam Urban Forum 2025 at the Shah Alam City Council Convention Centre yesterday.

Education director-general Dr Mohd Azam Ahmad recently said 6,000 school students nationwide have been infected with influenza, leading to several schools being temporarily closed on the advice of their respective district health offices.

He said the closures were carried out in accordance with procedures and guidelines set by the Health Ministry to safeguard the wellbeing of students, teachers and school staff.

The ministry announced last Thursday that 97 clusters of influenza A and B infections were reported in ME 40, compared to only 14 clusters the previous week, with the majority involving educational institutions.

It also said all states recorded an increase, with the highest number of clusters reported in Selangor (43), followed by Kuala Lumpur and Putrajaya (15), Penang (10), Johor (9) and Kedah (5). – Bernama

The Star 15/10/2025 MS/15

Nurturing empathy and good values through education

AS a psychologist, I have pondered on some questions pertaining to the recent gang rape case allegedly involving a group of secondary school students in Melaka.

Why did the 17-year-olds decide one day to gang-rape a 15-year old in school? Why did they act as a group and not alone? Why did they film the entire crime and then upload the video on social media? And why did they do it with the SPM exams looming for them?

From my work at the Prevention Research Centre at Penn State in the United States, I found that if we are able to identify risk factors quick enough and put in place evidence-based interventions, we would be able to prevent many social and emotional problems that young people face today.

Let's take the gang question: As a gang, there is power in numbers. Alone, a boy would either not have enough confidence or not be strong enough to assault another person. There is also kinship in being involved in an event together. Both point to the need in teens to belong, which involves confidence, acceptance, connections and challenges.

In a healthy harnessing of these needs, teens can be a powerhouse for good. But in a dysfunctional addressing of such needs, this power becomes destructive and even deadly.

Schools are set up as structured places where teens come together for education, providing both productive and unintentional opportunities. For example, it is a great place for hard-working children to learn from each other.

But it is also a place where dysfunctional children can exchange "dysfunctions". There are sufficient spaces that are unsupervised for teens to do unsupervised acts, too.

But why film the act and upload it? The quick answer: access to adult porn can create the thrill to act out what is seen and then share what is acted out with others either as an accomplishment, a prize won or as a shared experience.

The biggest influence on Malaysian teens now is social media. It plays the role of educator, entertainer, caretaker, stimulation booster, friend, counsellor and more. Without parental safeguards, social media feeds into their basic needs, which they are unable to get from a society too busy chasing whatever they are chasing.

Thus far, we have three categories of risk factors: lack of healthy belonging, unsupervised spaces, and unproductive social media. In short, many teens lack positive people, positive places and positive opportunities in their lives – the 3Ps in positive youth development.

One final element is age. At 16 and 17, teens are now heading into young adulthood. If development progresses correctly, they should have the right moral compass and be planning their future as productive citizens.

Teen years is also a time of rapid cognitive growth, exploration and risk-taking, and the realisation of their sexuality. However, healthy development can only take place with the right tools and nurturing from their social surroundings, including school, parents, peers and social media.

Failure in any of these social systems is not an option. Similar to a computer, the more number of system failures, the harder the impact on the operating system, and the more errors.

Prime Minister Datuk Seri Anwar Ibrahim is right: we need to nurture empathy and good values through our schools and communities. Social-emotional learning (SEL) must be integrated at every level of schooling alongside structured mentoring from positive role models and opportunities for teens to be active contributors of positive action in their communities.

This will require a re-look at how we as a nation do education, parenting and community engagement.

DR BRENDAN J. GOMEZ
Consulting psychologist & associate professor
Faculty of Education & Humanities
UNITAR International University

The Star 15/10/2025 MS8

Heart-crushing act by docs

Surgeons sent to train abroad taking up jobs there instead

By RAGANANTHINI VETHASALAM
raga@thestar.com.my

PETALING JAYA: Efforts to overcome the severe shortage of government cardiothoracic surgeons have been hit with a severe blow, with several doctors pursuing the sponsored parallel pathway training programme abroad taking up jobs there instead.

The doctors, who received the Hadiah Latihan Perselutuan (HLP) scholarships, were supposed to return and serve the Health Ministry upon completion of their cardiothoracic specialist training.

Sources revealed that there were at least three such resignations in recent months, with some doctors undergoing training in the United Kingdom.

Sources said they tendered their resignations via email after finding jobs abroad, mainly in the UK and United States, thereby breaching the contractual obligations of their scholarships.

A ministry source said with only 13 cardiothoracic surgeons left in government service, the resignations have worsened the already critical shortage.

Despite the historic amendments in Parliament to the Medical Act which paved the way for the recognition of the parallel pathway specialist training programme, the matter was not resolved, the source said.

"Is this how our doctors repay Malaysia, the ministry and the rakyat?" questioned the source.

The source lamented that there were times when the government could not even serve notices to the defaulters abroad "as we do not know their addresses".

The source said although the ministry had gone to great lengths to recognise the parallel pathway programme, some doctors could not care less.

The parallel pathway is a national initiative that provides an alternative route for medical specialty recognition in Malaysia.

It is designed for doctors who pursue recognised overseas training programmes outside the mainstream local postgraduate systems.

The amendment to the Medical Act recognised the parallel pathway as a specialist training programme, in addition to the Masters programme conducted by universities.

Bond and penalty

Training	Training period	Bond/repayment
Local and abroad	Over 48 months	Six years of service or RM700,000
Local and abroad	Minimum six months	Six years of service or RM500,00
Abroad	Minimum 36 months	Four years of service or RM500,000

Source: KKM

Under HLP, the bond for training conducted both in Malaysia and overseas for a period of over 48 months is six years of service with the penalty amount set at RM700,000.

For training done overseas for a minimum of 36 months, the bond is four years of service and RM500,000 penalty.

For those trained locally, the bond period is four years of service with a RM500,000 penalty.

However, sources said doctors who quit would rather pay the penalty in installments which is said to be just a several hundred ringgit a month.

The Star reported last year that the shortage of cardiothoracic surgeons in the country left some 1,500 heart and lung disease patients in government hospitals in dire straits.

At the time, Malaysian graduates sent by the government to study cardiothoracic surgery at the Royal College of Surgeons of Edinburgh (RCSEd) were unable to practise in Malaysia as their qualifications were not accepted by the Malaysian Medical Council, barring them from the National Specialist Register (NSR).

This set the motion for the eventual amendment to the Medical Act last year.

'Need to curb doctors breaking contracts'

PETALING JAYA: Stricter measures are needed to curb cases of doctors defaulting contractual obligations after being awarded government scholarships, say stakeholders.

Malaysian Medical Association (MMA) president Datuk Dr Thirunavukarasu Rajoo said doctors who received government sponsorship for specialist training have a clear obligation to serve their bond.

"Walking away before completing it is a serious breach of trust and misuse of public funds. These scholarships are taxpayer-funded investments to strengthen our healthcare system – not personal grants for career advancement abroad.

"We call on the government to enforce stricter measures to ensure accountability, including recovery of costs and tighter monitoring mechanisms.

"Every ringgit spent must serve its purpose – to build and retain Malaysia's medical expertise," he added.

On whether a travel ban should be placed on those who defaulted their bonds, independent health advocate Dr Sean Thum said this could be considered in principle, similar to how PTPTN handled loan defaulters in the past.

"However, it should be implemented carefully. Our goal is not to punish, but to uphold professional integrity and public trust.

"Those who breach their service bonds should face the appropriate consequences whether through financial penalties, restricted registration or other mechanisms," he said.

Dr Thum said public training opportunities especially in highly specialised fields like cardiothoracic surgery were a national investment.

"These doctors were trained at significant public expense with the understanding that they will serve the rakyat upon completion.

"When individuals choose to leave before fulfilling that obligation, it creates real consequences not just for the system but for patients waiting for life-saving procedures," he pointed out.

Dr Thum said while there must be accountability, there was also a need to ensure fairness.

"Medicine is a global profession and Malaysian doctors are among the most sought after internationally.

"We should not begrudge anyone the right to pursue their career aspirations but they must do so responsibly, within the terms they agreed to," he added.

Dr Thum said such resignations would have a serious immediate impact on manpower, as cardiothoracic surgery was an area with a critical shortage.

"The government worked hard to amend the Medical Act to recognise the parallel pathway so that we could expand training and accreditation more efficiently.

"It is therefore disappointing that after these efforts, some are choosing to leave prematurely," he said.

Moving forward, he said the government should review how bond management and service obligations were monitored, and if enforcement mechanisms needed to be strengthened.

Retired Health Ministry director Datuk Dr Zainal Ariffin Omar said it was unfortunate that there were doctors who defaulted but said a travel ban should not be implemented if one funded his or her own specialist training.

"The government should think and offer better incentives for doctors and specialists to stay. Better pay, working environment and other perks. Maybe similar to MPs," he suggested.

KERJASAMA SPRM, TLDM

Kongsi kepakaran forensik digital

Putrajaya: Suruhanjaya Pencegahan Rasuah Malaysia (SPRM) dan Tentera Laut Diraja Malaysia (TLDM) memperkukuh kerjasama strategik dalam menghadapi ancaman siber masa depan melalui perkongsian kepakaran forensik digital dan keselamatan maklumat.

Pengarah Bahagian Forensik Teknologi (BFT) SPRM, Wan Zulkifli Wan Jusoh berkata, inisiatif itu penting bagi memastikan perlindungan bukan saja terhadap aset fizikal, tetapi juga kedaulatan data dan maklumat negara.

"Dengan integrasi kepakaran forensik digital SPRM dan operasi TLDM, negara dilengkapkan dengan kemampuan pertahanan siber holistik dan berdaya tahan bagi menghadapi cabaran abad ke-21.

"Kerjasama ini bertujuan memperkukuh kerjasama forensik digital dalam konteks pertahanan negara khususnya dalam era pertempuran siber," katanya.

Beliau berkata demikian ketika mengetuai lawatan BFT dan Pentadbiran Siasatan SPRM ke Markas Angkatan Kapal Selam (MAKS) di Sepanggar, Sabah, baru-baru ini.

Wan Zulkifli berkata, kerjasama itu menumpukan tiga aspek utama iaitu pencegahan ancaman dalaman, tindak balas insiden siber dan pemulihan data pasca-insiden, seiring keperluan operasi keselamatan negara yang semakin kompleks.

"Lawatan itu turut merangkumi tinjauan ke dua kapal selam negara, Kapal Diraja (KD) Tunku Abdul Rahman dan KD Tun Razak, bagi memberi pendedahan langsung kepada sistem digital dan pertahanan siber yang digunakan dalam pengoperasian kapal selam," katanya.

Bisnes

BELANJAWAN 2026 memastikan sistem pendidikan dan kesihatan negara bergerak seiring dengan transformasi digital global.

Belanjawan 2026 MALAYSIA MADANI

Oleh Sri Ayu kartika Amri
kartika@hmetro.com.my

Kuala Lumpur

AI, PENDIDIKAN, KESIHATAN

LONJAK EKONOMI NEGARA

Peruntukan besar Belanjawan 2026 terhadap sektor pendidikan dan kesihatan menjadi tunjang utama strategi jangka panjang kerajaan dalam melahirkan tenaga kerja berkualiti, kompeten serta sejahtera dalam pasaran buruh.

Pensyarah Kanan Ekonomi dan Perbankan, Fakulti Ekonomi dan Muamalat, Universiti Sains Islam Malaysia (USIM), Dr Mohd Faisol Ibrahim berkata, Belanjawan 2026 dilihat sebagai satu lagi manifestasi komitmen dan keberanian kerajaan dalam melonjakkan ekonomi negara ke arah mencapai status negara maju, meskipun berdepan cabaran geopolitik dan ketidaktentuan geo-ekonomi global.

"Bajet yang banyak diperuntukkan kepada sektor pendidikan dan kesihatan adalah teras kejayaan kepada strategi jangka panjang negara," katanya.

Menurutnya, kedua-dua sektor penting itu turut dipacu oleh penerapan teknologi kecerdasan buatan (AI) yang turut mendapat perhatian utama kerajaan dalam Belanjawan 2026.

Beliau berkata, langkah ini bukan sahaja memperkukuh daya saing negara, tetapi juga memastikan sistem pendidikan dan kesihatan negara bergerak seiring dengan transformasi digital global.

Katanya, pelaksanaan peningkatan kadar upah gaji bagi kakitangan kerajaan pada awal 2026 serta penambahbaikan beberapa skim bantuan sedia ada kepada rakyat akan menjadi faktor pemboleh ubah penting yang mampu merancakkan ekonomi domestik.

"Langkah ini akan mengukuhkan permintaan dalam pasaran tempatan, seterusnya menyumbang kepada pertumbuhan Keluaran Dalam Negara Kasar (KDNK) sekitar 4 hingga 4.5 peratus tahun depan.

"Dengan pendekatan ini, ketidaktentuan ekonomi global dijangka tidak memberi kesan besar kepada ekonomi negara," katanya.

Namun katanya, kerajaan juga dijangka berdepan cabaran besar dalam pengurusan fiskal apabila Belanjawan 2026 menjadi bajet terbesar dalam sejarah negara berjumlah RM470 bilion, dengan sumbangan Petronas kepada kerajaan menurun kepada RM20 bilion berbanding RM32 bilion sebelum ini.

"Penstrukturan semula subsidi untuk mengelak kartel dan ketirisan, di samping peningkatan skim bantuan bersasar kepada rakyat, memerlukan kerajaan mengimbangi sumber pendapatan dan perbelanjaan bagi memastikan defisit fiskal dapat dikurangkan kepada 3.5 peratus tahun hadapan," katanya kepada Bisnes Metro.

Mengulas mengenai penekanan kepada bantuan bersasar dan digitalisasi dalam Belanjawan 2026, Mohd Faisol berkata langkah itu bukan sahaja mampu merangsang produktiviti jangka pendek, malah berupaya memperkukuh ekonomi negara dalam jangka panjang sekiranya pelaksanaan dilakukan dengan tatakelola yang baik.

Beliau turut menyambut baik peruntukan RM5.9 bilion bagi aktiviti penyelidikan, pembangunan, pengkomersialan dan inovasi (R&D&C&I) yang disifatkan sebagai platform penting untuk merealisasikan hasrat Malaysia mencapai status negara berasaskan AI menjelang 2030.

Industri pelancongan perubatan kekal kukuh

Kuala Lumpur: Industri pelancongan perubatan Malaysia dijangka kekalkan pertumbuhan yang kukuh dan disokong oleh inisiatif disasarkan serta kerjasama strategik, menurut BMI, sebuah syarikat di bawah Fitch Solutions.

BMI berkata, Majlis Pelancongan Penjagaan Kesihatan Malaysia (MHTC), sebuah agensi di bawah Kementerian Kesihatan melancarkan kempen Tahun Pelancongan Perubatan Malaysia 2026.

Katanya, kempen itu bagi mempromosikan kepupayaan penjagaan kesihatan negara serta menawarkan pengalaman menyeluruh kepada pelancong perubatan yang menggabungkan rawatan, kesihatan, dan pelancongan.

BMI memberitahu, selaras dengan matlamat pelancongan lebih luas di bawah Tahun Melawat Malaysia 2026, kempen ini bertujuan memperluaskan lagi industri pelancongan perubatan negara pada 2026 dan seterusnya selepas pencapaian hasil tertinggi pada 2024.

"Malaysia menjalin kerjasama penjagaan kesihatan global termasuk Malaysia Healthcare Week di Kuwait yang diadakan pada September 2025.

"Malaysia mempamerkan perkhidmatan penjagaan kesihatan berkualiti tinggi serta hospitaliti budaya serta mengukuhkan reputasi antarabangsa sebagai destinasi pelancongan perubatan pilihan," kata BMI.

The Star 15/10/2025 MS/15

Building a healthier healthcare system must begin with compassion

THE announcement of Budget 2026 has brought much-needed attention to Malaysia's healthcare system, which was allocated RM46.52bil to strengthen public health services. This increase of about 2.8% from the previous year focuses on much needed infrastructure upgrades, improved on-call allowances and system reform, which are timely and commendable.

However, while figures and facilities matter, it is the people behind the system who determine whether healthcare truly heals. Every national budget must ask a deeper question: How will these investments sustain compassion, morale and trust within our hospitals and clinics, whether public or private?

We are proud of Malaysia's dedicated healthcare workers – tireless dedicated professionals who continue to serve through fatigue, shortages and relentless patient demands. Yet, many feel stretched thin, overburdened and stressed.

The on-call allowance increase of up to 40% is a positive step, but it only scratches the surface of a much larger issue – how to sustain the energy and morale of the workforce while being empathic in a service system under heavy strain.

Already, there are questions about how this marked review of on-call pay would lead to astronomical improvements in productivity and quality – a demand for immediate quid pro quo, distracting away from the issues of the actual working conditions and unclear career prospects of healthcare professionals in national service.

Photo: Filepic, The Star

A budget is not the definitive health strategy; it is a commitment to address current priorities. At this point, the system needs to reset to a new baseline in spending, acknowledging the actual costs incurred to maintain a safe work environment and a reasonable, compassionate human capital ecosystem that is effective in ensuring the welfare of the workforce that sustains the service.

Going forward, the focus will eventually be on implementing actual reform: addressing issues of the supply chain, strengthening the fiscal structure for sustainability and future proofing the system.

But this more global focus must never sacrifice the welfare and rights of the very individuals who deliver the much needed care for the rakyat. A balanced health budget must always be sought every time, delicately towing the line to ensure that both fiscal responsibility and workers' welfare are always treated fairly in a time where the populous view runs supreme.

Budget 2026 reminds us that true healthcare investment must go beyond infrastructure; it must also empower the people who make healing possible.

Malaysia should lead with both excellence and empathy. The healthcare profession's true strength lies not just in our knowledge but also in our compassion – for our patients, our colleagues and our nation.

In an era of rapid change, the Academy of Medicine of Malaysia stands as the guardian of professionalism, the champion of training excellence, and the voice of integrity in Malaysian healthcare. Our specialists, doctors, nurses and trainees are the backbone of our health system. Strengthen them, and we strengthen the nation.

PROF DATUK DR HANAFIAH HARUNARASHID
Master
Academy of Medicine of Malaysia