

AKHBAR : BERITA HARIAN  
MUKA SURAT : 14  
RUANGAN : NASIONAL

## Tak perlu pinda akta tangani isu doktor Parallel Pathway

**Kuala Lumpur:** Jurang antara Program Parallel Pathway (PPP) dan Program Sarjana Perubatan tempatan boleh diselesaikan tanpa perlu meminda Akta Perubatan 1971 (Akta 50).

Ketua Kumpulan Profesor Kesihatan dan Perubatan, Prof Dr Noor Hassim Ismail, berkata pihaknya tidak jelas dengan merit bagi meminda Akta 50 bagi menampung pendaftaran doktor di bawah program Parallel Pathway.

"Kami prihatin dengan keadaan pelatih dan graduan program Parallel Pathway yang dijalankan di Malaysia.

Mereka menyertai program latihan yang menganugerahkan kelayakan, namun tidak boleh didaftarkan ke dalam Daftar Pakar Perubatan Malaysia.

"Bagi membolehkan pendaftaran mereka sebagai doktor pakar, undang-undang semasa membolehkan mereka diserap ke dalam program tempatan melalui proses pemindahan kredit atau pemetaan kurikulum.

"Oleh itu, selepas menjalani latihan mereka akan dianugerahkan dengan kelayakan yang didaftarkan di bawah Daftar Kelayakan Malaysia (MQR), sekaligus layak didaftarkan sebagai Pakar dalam Daftar Pakar Majlis

Perubatan Malaysia.

"Bagi pelatih yang masih dalam sistem pengajian, mereka boleh dipindahkan ke program universiti tempatan melalui proses yang sama. Adalah jelas bahawa dilema yang dihadapi oleh graduan Parallel Pathway ini dapat diselesaikan tanpa perlu meminda Akta 50," katanya dalam kenyataan semalam.

### Tangani jurang dua program

Sebelum ini, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, memaklumkan Kementerian Kesihatan (KKM) bercadang untuk meminda Akta 50 yang secara tidak langsung mampu menangani jurang antara dua program berkaitan.

Dr Dzulkefly berkata, kementerianya berada pada peringkat akhir pindaan dan berharap usaha ini akan membantu kerajaan dalam memperkasa dan mengawal selia kedua-dua program berkenaan.

Dalam pada itu, Dr Noor Hassim berkata, pihaknya faham dengan keperluan negara terhadap doktor pakar tetapi setakat ini terdapat sembilan universiti tempatan yang menawarkan 106 program latihan Doktor Pakar Perubatan yang mampu menjamin kualiti.

Bagi pelatih yang masih dalam sistem pengajian, mereka boleh dipindahkan ke program universiti tempatan melalui proses yang sama.



**Dr Noor Hassim Ismail,**  
Ketua Kumpulan  
Profesor  
Kesihatan  
dan  
Perubatan

"Program latihan Pakar Perubatan tempatan ini sudah menjalari penambahbaikan berterusan dan jaminan kualiti selama lebih dari 40 tahun. Ini adalah usaha universiti tempatan untuk memartabatkan pendidikan Pakar Perubatan di negara kita.

"Program latihan pascasiswazah di Malaysia yang dijalankan melalui universiti ini terjamin kualitinya kerana ia tertakluk kepada penelitian dan kelulusan institusi dalaman (universiti).

"Selain itu, ia perlu mendapat kelulusan Kementerian Pengajian Tinggi (KPT). Dalam kes institusi pengajian tinggi swasta, ia juga mesti dilesenkan. Program itu juga mesti diiktiraf oleh Agensi Kelayakan Malaysia (MQA) serta program khusus pascasiswazah ini perlu diakreditasi secara berkala setiap tiga hingga lima tahun," katanya.

AKHBAR : SINAR HARIAN  
MUKA SURAT : 28  
RUANGAN : NEGERI

## 45 kes penyakit berkaitan haba, dua kematian dicatatkan

**KUALA LUMPUR** - Sebanyak 45 kes penyakit berkaitan haba dilaporkan di seluruh negara sehingga Sabtu dengan 33 kes kelesuan haba, strok haba (11) dan kejang haba (1).

Kementerian Kesihatan Malaysia (KKM) dalam satu kenyataan berkata, dari segi pecahan kes mengikut negeri, Kedah dan Perak mencatatkan bilangan tertinggi iaitu sebanyak lapan kes, Selangor (6), Johor (5), Negeri Sembilan (5), Pahang (5), Sabah (4), Perlis (2), Pulau Pinang (1) dan Kelantan (1).

Menurut kenyataan itu, secara

kumulatif, dua kes kematian akibat strok haba telah dilaporkan.

"Kes kematian pertama adalah seorang lelaki berumur 22 tahun dan kes kematian kedua adalah seorang kanak-kanak lelaki berumur tiga tahun di Kelantan.

"Pada masa ini, terdapat empat kes masih mendapat rawatan di hospital iaitu satu kes strok haba dirawat di Unit Rawatan Rapi (ICU) manakala tiga lagi dirawat di wad biasa, yang terdiri daripada dua kes strok haba dan satu kes kelesuan haba.

"Kes-kes lain telah sembuh

dan dibenarkan keluar. Kes yang dirawat di Unit Rawatan Rapi melibatkan seorang lelaki berumur 24 tahun telah dimasukkan ke ICU Hospital Port Dickson semenjak 10 Mac dan telah dipindahkan ke ICU Hospital Tuanku Jaafar, Seremban, Negeri Sembilan pada 5 April," kata kenyataan itu pada Ahad.

Sebelum ini, Jabatan Meteorologi Malaysia (MetMalaysia) mengeluarkan amaran panas tahap kedua iaitu gelombang haba di Pokok Sena, Kedah dan 22 kawasan lain berada di tahap berjaga-jaga.

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

## Semakin ramai jururawat tinggalkan kerjaya

Oleh **JUANI MUNIR**

**ABU BAKAR**

juani.bakar@mediamula.com.my

**PETALING JAYA:** Kekosongan jururawat di Kementerian Kesihatan meningkat 10 hingga 40 peratus dalam tempoh empat tahun bermula negara dilanda pandemik Covid-19.

Antara faktor kekosongan tersebut adalah tekanan persekitaran tempat kerja dan gaji rendah sehingga ramai petugas mengambil keputusan berhenti kerja sekali gus menyumbang kepada kekosongan jawatan jururawat sejak 2020 hingga 2023.

Bersambung di muka 3

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

## Semakin ramai jururawat tinggalkan kerjaya

### Dari muka 1

Berdasarkan jawapan Kementerian Kesihatan di Dewan Rakyat pada bulan lalu, terdapat 2,106 kekosongan jururawat pada 2020 dan angka itu meningkat kepada 2,224 (2021) dan 4,420 (2022) dan terkini, 6,896 pada 2023.

Presiden Persatuan Perubatan Malaysia (MMA), Dr. Azizan Abdul Aziz berkata, pihaknya mengakui wujud penghijrahan petugas kesihatan termasuk jururawat daripada Kementerian Kesihatan dengan mencari peluang kerja di luar negara.

Menurut beliau, tawaran gaji dan imbuhan berganda di negara lain menarik rakyat Malaysia sehingga mereka melepaskan tanggungjawab menabur bakti di tanah air sendiri.

"Ramai yang telah pergi bekerja di Singapura, Australia dan Asia Barat. Seorang juru-

rawat penjagaan kesihatan awam gred U29 baharu di Malaysia memperoleh gaji permulaan bulanan sekitar RM1,800 manakala seorang jururawat lepasan baharu di Singapura boleh memperoleh hampir lima kali ganda jumlah itu.

"Gaji yang rendah dalam penjagaan kesihatan awam adalah salah satu sebab utama jururawat mencari 'padang rumput yang lebih hijau' dalam penjagaan kesihatan swasta dan di luar negara," katanya kepada *Utusan Malaysia*.

Isu kekosongan jururawat bukan hanya berlaku di klinik dan hospital kerajaan, sebaliknya membabitkan fasiliti swasta apabila Persatuan Hospital Swasta Malaysia (APHM) memaklumkan kira-kira 9,224 jururawat tambahan pada 2023 hingga 2025.

Perkara itu menyebabkan APHM membangkitkan cadangan berhubung keperluan

pengambilan jururawat luar negara untuk membantu sektor swasta mengatasi masalah berkenaan.

Mengulas lanjut, Dr. Azizan berkata, tekanan dan persekitaran tempat kerja merupakan antara penyumbang peningkatan penghijrahan jururawat Kementerian Kesihatan ke luar negara dan klinik serta hospital swasta.

"*Burnout* juga mungkin berlaku kepada mereka kerana mereka sentiasa bekerja terlalu banyak," katanya.

Justeru, katanya, kerajaan perlu menitikberatkan soal kebajikan semua petugas kesihatan termasuk para jururawat untuk memastikan kualiti sektor kesihatan dapat dipertingkatkan bagi menampung peningkatan kehadiran pesakit di klinik dan hospital kerajaan pada setiap hari.

Kata Dr. Azizan, imbuhan dan gaji jururawat perlu ditam-

bahbaik dan dilihat semula dengan mengambil kira tanggungjawab mereka sebagai tonggak utama bidang kesihatan awam di negara ini.

"Gaji jururawat perlu dinaikkan dengan ketara bersamasama dengan apa-apa elaun yang mereka layak terima, sebagai antara usaha untuk mengekalkan jururawat berkhidmat dalam sistem penjagaan kesihatan awam kita.

"Mungkin mereka tidak akan dapat bersaing dengan pakej gaji yang ditawarkan oleh swasta namun langkah boleh diambil untuk meningkatkan keseimbangan kehidupan kerja jururawat.

"MMA percaya kebanyakan jururawat Malaysia lebih suka tinggal di Malaysia jika diberi pilihan, tetapi mungkin mempunyai sedikit pilihan jika mereka bergelut untuk memenuhi keperluan hidup," katanya.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 7  
RUANGAN : DALAM NEGERI

## 45 kes penyakit berkaitan haba direkodkan - KKM

**PUTRAJAYA:** Sebanyak 45 kes penyakit berkaitan haba dilaporkan sehingga semalam hasil pemantauan dijalankan Kementerian Kesihatan Malaysia (KKM).

Ketua Pengarah Kesihatan, Datuk Muhammad Radzi Abu Hassan berkata, jumlah itu melibatkan 33 kes kelesuan haba, 11 kes strok haba dan satu kes kejang haba.

Katanya, kes-kes berkenaan direkodkan di Perak dan Kedah sebanyak lapan kes, Selangor (enam kes); masing-masing lima kes di Johor, Negeri Sembilan dan Pahang; empat kes di Sabah, dua kes di Perlis selain satu

kes di Pulau Pinang dan Kelantan.

"Secara kumulatif, dua kes kematian akibat strok haba dilaporkan melibatkan seorang lelaki berumur 22 tahun seorang kanak-kanak lelaki berumur tiga tahun di Kelantan.

"Pada masa ini, terdapat empat kes yang masih mendapat rawatan di hospital iaitu satu kes strok haba yang dirawat di unit rawatan rapi dan tiga kes dirawat di wad biasa iaitu dua kes strok haba dan satu kes kelesuan haba, manakala kes-kes lain telah sembuh dan didiscaj," katanya dalam kenyataan semalam.

Menurut beliau, kes yang dirawat di unit rawatan rapi melibatkan seorang lelaki berumur 24 tahun dimasukkan ke Unit Rawatan Rapi Hospital Port Dickson sejak 10 Mac lalu dan telah dipindahkan ke Unit Rawatan Rapi Hospital Tuanku Jaafar, Seremban, pada 5 April lalu.

Sehubungan itu, KKM menasihatkan agar semua pihak meneruskan langkah berjaga-jaga dengan memastikan tahap hidrasi yang mencukupi dan mengurangkan aktiviti fizikal lasak, serta aktiviti-aktiviti di luar rumah pada musim cuaca panas sekarang.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 10  
RUANGAN : DALAM NEGERI

## Tiada keperluan pinda Akta Perubatan - Dr. Noor Hassim

**PETALING JAYA:** Jurang antara Program Parallel Pathway (PPP) dan Program Sarjana Perubatan tempatan boleh diselesaikan tanpa perlu meminda Akta Perubatan 1971 (Akta 50).

Ketua Kumpulan Profesor Kesihatan dan Perubatan, Prof. Dr. Noor Hassim Ismail berkata, pihaknya tidak jelas dengan merit bagi meminda Akta 50 bagi menampung pendaftaran doktor program 'Parallel Pathway'.

"Kami prihatin dengan keadaan pelatih dan graduan program 'Parallel Pathway' yang dijalankan di Malaysia. Mereka menyertai program latihan yang menganugerahkan kelayakan namun tidak boleh didaftarkan ke dalam Daftar Pakar Perubatan Malaysia.

"Untuk membolehkan pendaftaran mereka sebagai doktor pakar, undang-undang semasa membolehkan mereka diserap ke dalam program tempatan melalui proses pemindahan kredit atau pemetaan kurikulum.

"Oleh itu, selepas menjalani latihan, mereka akan dianugerahkan dengan kelayakan yang didaftarkan di bawah Daftar Kelayakan Malaysia (MQR) dan layak didaftarkan sebagai pakar dalam Daftar Pakar Majlis Perubatan Malaysia.

"Bagi pelatih yang masih dalam sistem pengajian, mereka boleh dipindahkan ke program universiti tempatan melalui proses yang sama. Adalah jelas bahawa dilema yang dihadapi oleh graduan 'Parallel Pathway' ini dapat diselesaikan tanpa perlu meminda Akta 50," katanya dalam kenyataan semalam.

Terdahulu, Menteri Kesihatan Datuk Seri Dr. Dzulkefly Ahmad berkata, Kementerian Kesihatan Malaysia (KKM) berdedikasi dalam memastikan individu yang berjaya menamatkan latihan di bawah program 'Parallel Pathway' akan layak didaftarkan sebagai pakar di bawah Akta 50.

Tambah Noor Hisham, tidak ada percubaan oleh penganjur

'Parallel Pathway' untuk mematuhi undang-undang apabila Akta Perubatan (dipinda) 2012 berkuat kuasa pada 1 Julai 2017.

"Kami mengambil maklum bahawa sebelum Akta 50 dipinda melalui Akta Perubatan (Pindaan) 2012 yang berkuat kuasa 1 Julai 2017, tiada peruntukan undang-undang untuk Majlis Perubatan Malaysia MMC mendaftarkan Pakar Perubatan (Specialist).

"Oleh itu, selepas 1 Julai 2017, dalam menjalankan tugas pendaftaran pakar, MMC mesti berdasarkan peraturan dan undang-undang sedia ada.

"Ini bermakna semua kelayakan pakar, tempatan dan antarabangsa mesti diiktiraf mengikut proses yang sewajarnya seperti ditetapkan oleh Akta 50.

"Selain itu, katanya, universiti tempatan mesti terus memainkan peranan penting sebagai pemimpin dalam pengajaran dan pembelajaran, penyelidikan dan teknologi," katanya.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 16  
RUANGAN : RENCANA



MUHAMMAD  
AKMAL IKRAM

**S**UDAH menjadi satu rahsia umum bahawa wad kelas tiga di hospital-hospital seluruh Malaysia menghadapi masalah kesesakan, kekurangan kemudahan dan keadaan yang tidak selesa seperti hawa bilik yang panas dan perkongsian bilik air yang kurang selesa bagi pesakit yang dirawat.

Salah satu masalah utama yang dihadapi oleh wad kelas tiga adalah kesesakan yang kronik. Pesakit seringkali terpaksa diletakkan di ruang terbuka yang sempit malah ada yang kadangkala terpaksa ditempatkan di ruang koridor yang boleh meningkatkan risiko penularan penyakit.

Kekurangan kemudahan seperti bilik mandi yang bersih, ruang rehat yang selesa serta akses yang mudah kepada peralatan perubatan dan ubat-ubatan juga merupakan cabaran yang perlu ditangani dengan segera untuk meningkatkan kesejahteraan mereka semasa berada di hospital.

Pengurusan perolehan, ubat-ubatan dan peralatan perubatan juga perlu ditingkatkan untuk mengelakkan pembaziran dan memastikan kecukupan bekalan. Penggunaan teknologi lebih meluas pula akan membantu meningkatkan kecekapan dalam pengurusan inventori perubatan.

Krisis di wad kelas tiga ini memerlukan tindakan segera daripada pihak berkuasa untuk memastikan keselamatan dan kesejahteraan pesakit. Masalah yang ada ini diharap dapat diselesaikan dengan berkesan dan membawa perubahan positif dalam sistem kesihatan negara.

Walaupun masalah-masalah ini banyak diperkatakan dan memerlukan tindakan segera untuk memastikan keselamatan dan keberkesanan perkhidmatan kesihatan, tetapi ia hanya mendapat liputan meluas apabila Perdana Menteri, Datuk Seri Anwar Ibrahim menyuarakannya.

Dalam langkah yang jarang-jarang dibuat oleh mana-mana Perdana Menteri, Anwar menziarahi pesakit-pesakit wad kelas tiga di di Hospital Kuala Lumpur (HKL) selain staf dan kakitangan yang berkhidmat pada musim lebaran pada hari kedua hari raya Aidilfitri.

Anwar berkata, kerajaan bakal menegerakan penyediaan segala kemudahan dan kelengkapan yang diperlukan di wad kelas tiga



WAD kelas tiga hospital kerajaan memerlukan tindakan segera daripada pihak berkuasa untuk memastikan keselesaan dan keselamatan pesakit. - GAMBAR ANWAR IBRAHIM

## Ke arah wajah baharu wad kelas tiga

**“Pesakit seringkali terpaksa diletakkan di ruang yang sempit malah ada yang terpaksa ditempatkan di ruang koridor yang boleh meningkatkan risiko penularan penyakit.”**

HKL, tetapi juga di kawasan pedalaman di seluruh negara seperti klinik di Kapit, Sarawak dan Manek Urai, Kelantan, bagi menjamin kesejahteraan pesakit.

Terang Anwar selepas lawatan ini, “Seperti yang kita dapat lihat sendiri, wad kelas tiga selalunya panas dan sesak. Menteri Kesihatan, Datuk Seri Dr. Zulkifly Ahmad, bakal bawa perkara ini ke pengetahuan Jemaah Menteri supaya boleh diselesaikan apa yang perlu.”

Komitmen kerajaan untuk menegerakan penyediaan kemudahan yang diperlukan bagi memastikan kesejahteraan pesakit yang dirawat yang dibuat sendiri oleh Anwar ini pastilah akan mendatangkan kelegaan kepada golongan bawahan yang menghuni wad kelas tiga ini.

Sewaktu Khairy Jamaluddin menjadi Menteri Kesihatan, beliau pernah mengumumkan pada 12 September 2022 bahawa semua wad kelas tiga bagi setiap projek pembinaan hospital baharu selepas ini akan dilengkapi pendingin hawa untuk memastikan kesejahteraan semua pesakit.

Beliau berkata demikian pada Majlis Pecah Tanah Projek Bangunan Tambahan Hospital Sultanah Maliha (HSM), Langkawi, sambil menambah bahawa HSM bakal menjadi hospital awam pertama dengan wad kelas ketiganya dilengkapi pendingin hawa pada 2025.

Ini adalah satu langkah baik yang diperkenalkan oleh kerajaan terdahulu. Walaupun begitu kerajaan sekarang ternyata lebih baik dengan akan turut memperkenalkan usaha untuk mengatasi

masalah kepanasan dan ketidakselesaan di wad kelas ketiga sedia ada.

Pengumuman Anwar ini sebenarnya tidaklah mengejutkan. Ini kerana sebelum ini pun beliau turut pernah membuat beberapa pengumuman hampir sama bagi menyelesaikan isu-isu berbangkit yang ditimbulkan melalui lawatan beliau ke beberapa buah hospital lain.

Dalam lawatan beliau ke Hospital Sultanah Aminah (HSA), Johor Bahru, pada 3 September 2023, Anwar mengumumkan bahawa Kerajaan Persekutuan meluluskan peruntukan sebanyak RM500 juta bagi menegerakan projek-projek naik taraf fasa pertama di HSA.

Jelas Anwar, beliau lihat kesesakan di HSA tidak dapat ditampung lagi, oleh itu proses tender untuk projek RM500 juta ini akan dilakukan secara *fast track* dan dilaksanakan dalam masa terdekat. Ini termasuk pembinaan parkir bertingkat bagi mengatasi masalah kesesakan.

Lebih mutakhir, pada 9 Mac lalu Anwar dalam perjalanan ke Sungai Petani singgah sekejap memantau keadaan-

keadaan yang mendesak yang diperlukan selain projek pembinaan bangunan tambahan yang terlambat disiapkan di Hospital Seberang Jaya (HSJ), Pulau Pinang.

Beliau mengumumkan bahawa Kerajaan Persekutuan meluluskan peruntukan RM1 juta untuk memenuhi keperluan yang mendesak di HSJ, termasuklah mesin ventilator, tangki air, kemudahan ultrasound dan bilik susuan selain berjanji projek akan siap sebelum akhir tahun.

Tindakan ini melambangkan keprihatinan Anwar yang walaupun sibuk dengan pelbagai tugas sebagai Perdana Menteri dan Menteri Kewangan tetapi masih sanggup meluangkan masa sejam dua dari jadual beliau yang ketat untuk membuat lawatan sekali gus menyelesaikan masalah.

Penekanan Anwar ke atas perkhidmatan kesihatan kepada rakyat ini malah jelas dapat dilihat melalui peningkatan terbesarnya daripada kalangan kementerian yang diberi kepada Kementerian Kesihatan dalam Bajet 2024, iaitu RM41.2 bilion, berbanding RM36.3 bilion sebelumnya.

Daripada dana tersebut, sebahagiannya membabitkan beberapa projek pembangunan baharu seperti pembinaan Kompleks Hospital Pengajar Universiti Sains Islam Malaysia (USIM) Fasa 1 di Kota Tinggi, Johor, dengan kos RM938 juta serta lima buah klinik kesihatan baharu.

Dalam Bajet 2024 ini, Anwar mengumumkan, bagi mengawal kesesakan di hospital awam, kerajaan akan terus mempertingkatkan kerjasama dengan menyumber luar pesakit ke hospital lain termasuklah hospital tentera, universiti dan swasta dengan peruntukan RM200 juta.

Selain itu, sejumlah RM300 juta disediakan untuk membaik pulih 400 buah klinik uzur manakala sejumlah RM766 juta turut disediakan untuk perolehan peralatan perubatan di hospital awam bagi menggantikan peralatan yang mencecah *Beyond Economic Repair* (BER).

Seterusnya ialah perluasan ke seluruh negara Skim Perubatan MADANI dengan peruntukan RM100 juta yang memanfaatkan 700 ribu rakyat sekali gus menggalakkan penyertaan lebih ramai pegawai perubatan am swasta seterusnya mengurangkan kesesakan di hospital awam.

PENULIS ialah Pegawai Tadbir di Unit Penyelidikan Lonjakan Prestasi (PACU).

AKHBAR : THE STAR  
MUKA SURAT : 6  
RUANGAN : NATION

Reports by BENJAMIN LEE, ELISHA MARY EASTER, LO TERN CHERN and RSN MURALI

## Plan to improve third-class ward at HKL lauded

**PETALING JAYA:** The plan to upgrade the third-class ward at Hospital Kuala Lumpur (HKL) is good news for all, say former patients of public health facilities.

These patients said that the services from the staff members were good but they had to deal with run-down or makeshift equipment.

"The hospital gowns are insufficient and often not well maintained," said Nesamany Maselamani, 58.

At times, when there are too many patients, she said she would have to share the space or the drawer with others.

"Other amenities, such as the fan, would only function properly sometimes," said Nesamany, who was admitted to the Tuanku Jaafar Hospital in Seremban years ago for chemotherapy and post-surgery treatment.

However, she said that she was satisfied with the service at the hospital, saying that she was given proper care.

Factory worker Annie Maselamani, 51, who was warded at the Raja Permaisuri Bainun Hospital in Ipoh last year, said her only complaint was the state of the toilet.

"There was no proper cleaning. And there was always a pipe

or a toilet that would be under maintenance. Some of the toilets were not repaired even until the day I was discharged," she said.

However, Annie stressed that the staff were gentle with her and regularly checked in on her.

Prime Minister Datuk Seri Anwar Ibrahim, who visited the HKL's third-class ward last week, said the government would look into the need to upgrade it as it was often crowded and stuffy.

The wife of a former patient, who only wanted to be known as Chan, recounted the experience her husband went through when he was hospitalised at the third-class ward at Sultanah Aminah

Hospital in Johor Baru in 2019

"It was very crowded at that time," she said.

Once, she said she asked for a urinal bowl and was given a makeshift one that was cut out from a mineral water bottle.

Chan, who is a senior citizen, said the ward was lacking in facilities and manpower with no one to help her push her wheelchair-bound husband to the X-ray room.

In September last year, Anwar visited the Sultanah Aminah Hospital in Johor Baru and announced an immediate allocation of RM500mil for the first phase of an infrastructure devel-

opment project which would include the construction of a multi-storey carpark as well as several new high-rise blocks.

Health sciences student Lina Syafiqah Amin, who has undergone training at such a public facility, said that public hospitals required much improvement in terms of amenities and equipment in the wards.

"Some wards have only one or two machines that can be used to monitor a patient's blood pressure," said Lina, 23, who will be a nurse soon.

"Inadequate equipment would mean that the nurses would have to borrow it from other wards."

## Wards urgently need repair

Experts: Vital to address facility upgrades, changes in policy

**PETALING JAYA:** Both facility upgrades and holistic policy changes must go hand-in-hand in addressing overcrowding at public hospital's third-class wards, say health services experts.

Malaysian Medical Association president Dr Azizan Abdul Aziz said years of neglect had left these wards across the country in a state of disrepair.

"Our public healthcare colleagues had shared about ceilings that were in need of refurbishing such as leaking ceilings with fungus forming on some of the walls.

"Proper plumbing is also needed as many of the water pipes are rusting and need upgrading," she said.

She also highlighted the lack of amenities and ventilation at these wards.

"Some of the bed panels are outdated and in need of an upgrade while there are also plenty of beds with the hydraulics not working," she said.

Dr Azizan also said the lack of air conditioning in most of the old third-class wards are a concern "as patients are left exposed to the outside air as the doors and windows are usually left wide open".

She said the government should look into reducing the red tape involved in the process to request for maintenance and upgrades of public hospital wards.

"A full audit needs to be carried out on all public healthcare facilities nationwide for a proper assessment so that funds can be allocated accordingly for repairs,



**Room for improvement:** Third-class wards in hospitals around the country are in dire need of repairs and upgrades, say health experts.

maintenance and upgrades," she added.

Former Johor Health Department director Dr Selahuddeen Abd Aziz said having a sufficient number of staff was key to tackling overcrowding in third-class wards.

"The number of staff employed to the beds needs to be proportionate to ensure medical services provided are efficient so that patients recover quickly," he said.

He said the government should also increase its health awareness campaigns.

"Preventive medicine through health awareness campaigns and education is key to reducing the

rate of non-communicable diseases among the public as these patients make up many of those in the third-class wards," he said.

Medical Practitioners Coalition Association of Malaysia president Dr Raj Kumar Maharajah called for the integration of modern technology into healthcare systems for public hospital wards.

"Patients facing lower risk should be allowed to be monitored from home through the use of virtual monitoring technology which the patient can be provided with.

"Not only will this reduce unnecessary hospital admissions, it will also empower and teach

patients how to monitor their own health.

"This opens up more beds for serious cases while also saving patients' time and money, providing them with the convenience, and avoiding the risk of catching a disease from other patients," he said, adding that mobile teams could also be sent for physical check-ups of patients at their homes.

Public health medicine specialist Dr Aidalina Mahmud said wards upgrades should also be centred on improving caregivers' welfare.

"The available space, furnishings and facilities like bathrooms must be improved while privacy for patients should be ensured with adequate screens or curtains around beds," she said.

"Staff welfare must also be addressed with provisions for a clean and adequate prayer space and a well-equipped pantry while safety measures in areas such as bathrooms and balconies are critical to prevent accidents."

Former MMA president Dr N.G. Baskaran said ward upgrades should also include facilities to reduce the risk of disease spreading.

"The bathrooms must be upgraded for easy usage by patients, and easy to clean for cleaning staff to ensure cleanliness is maintained at all times.

"Many of the simple medical apparatus for emergency treatment should also be modernised," he said.

## Melaka to give priority to a new hospital

**MELAKA:** The quest for a new Melaka Hospital to address the high patient load at third-class wards and other shortcomings will be prioritised by the state government, says health, human resources and unity committee chairman Ngwe Hee Sem.

He said the proposal for the new hospital would look into the aspect of providing more efficient hospital care, better facilities and to address the issue of overcrowding at the current facility.

"We need to have a balance between patients' requirement and the supply of beds, as well as sufficient medical staff," he said when contacted.

The state government had earlier proposed a 24ha site at Durian Tunggul for the new hospital, which is estimated to cost RM543mil.

It would replace the present one which was opened in 1934.

However, construction of the new hospital reportedly faced glitches due to land acquisition process.

Ngwe acknowledged yesterday that Melaka Hospital had to deal with congestion in the third-class ward.

But despite such problems, he said the hospital had been providing good healthcare to its patients.

He also said that a women and children's hospital with 476 beds would be set up in Melaka by 2030.

## A boost if Penang Hospital gets upgrade, says Gooi

**GEORGE TOWN:** Any upgrading of the Penang Hospital, one of the oldest government hospitals in the country, will be a boost to public healthcare not just for the state but also for the northern region.

State health committee chairman Daniel Gooi said Penang Hospital was the referral point for all cardiotoracic (heart and lung) cases in the northern region.

"All heart and lung disease patients with complexities from Penang, Kedah, Perlis, north Perak, and Kelantan are referred to Penang Hospital.

"Similarly, many other departments in Penang Hospital are referral points for serious cases in the northern region.

"From that perspective, any form of upgrading project at Penang Hospital will be welcome," he said yesterday.

First made a public hospital in 1886, many of the establishment's wings still retain their colonial structures.

Even before that, since 1854, it was a hospital for the poor founded by several local philanthropists.

For years, hospitals such as

Penang Hospital in Jalan Residensi were in desperate need of space for parking.

Motorists are often forced to park illegally along the road to make it to their appointments on time.

Beds are almost constantly in high demand with intensive care units reaching their critical limit during peak periods such as the Covid-19 pandemic.

Gooi said both at the level of the state and the Health Ministry, the long term focus was on increasing public health awareness.

This is because statistics prove

that the majority of the people needing public healthcare have lifestyle diseases, including diabetes and hypertension.

"Regardless of upgrades, if Malaysians are not conscious about the need for a healthy lifestyle, the number of beds in hospitals will never suffice.

"When people start taking better care of themselves, this directly cuts down the illnesses they may face and their need to be admitted into hospitals drops," he said.

On April 5, Prime Minister Datuk Seri Anwar Ibrahim

announced that the Federal Government had approved an immediate RM11mil to enhance and repair a health clinic in Bayan Lepas.

On March 9, Anwar also announced an additional RM11mil towards the procurement of extra machines and facilities for the ongoing Hospital Seberang Jaya upgrading to double its 393 existing beds to 630 beds, which was reported to cost RM368mil.

This is in addition to a new parking complex, and improved bedding and intensive care unit facilities.



AKHBAR : THE STAR

MUKA SURAT : 9

RUANGAN : NATION

## Health DG: 45 cases of heat-related illnesses recorded

**PUTRAJAYA:** A total of 45 heat-related illness cases were reported nationwide until yesterday, involving 33 cases of heat exhaustion, 11 cases of heatstroke and one case of heat cramp.

Health director-general Datuk Dr Muhammad Radzi Abu Hassan said eight cases were reported each in Perak and Kedah, and six in Selangor.

He said there were five cases reported each in Johor, Negri Sembilan and Pahang, four cases in Sabah, two cases in Perlis and one each in Penang and Kelantan.

"Cumulatively, two deaths due to heatstroke were reported.

"The first death was a 22-year-old man and the second was a three-year-old boy in Kelantan," Dr Muhammad Radzi said in a

statement, Bernama reported.

He said there were currently four cases still receiving treatment in hospitals, including one heatstroke case treated in the Intensive Care Unit (ICU) and three cases treated in regular wards consisting of two heatstroke cases and one case of heat exhaustion.

"The other cases have recovered and been discharged.

"The case treated in the ICU involves a 24-year-old man who was admitted to Hospital Port Dickson on March 10 and was transferred to Hospital Tuanku Jaafar ICU in Seremban on April 5," he said, advising the public to continue to be cautious by ensuring adequate hydration and reducing strenuous physical acti-

vity, as well as outdoor activities during the current hot weather.

He also urged the public to avoid exposure to the hot weather and rest more frequently, opt for visits during cooler periods or at night, especially when visiting relatives and friends during the festive celebrations.

The ministry is monitoring heat-related illnesses following a warning issued by the Malaysian Meteorological Department (MET Malaysia) on Saturday, Dr Muhammad Radzi said.

Areas under Alert Level 1 with a daily maximum temperature of 35°C to 37°C for at least three consecutive days being monitored include Langkawi, Kubang Pasu, Kota Setar, Pendang, Yan,

Kuala Muda, Kulim, Bandar Baharu, Baling, Padang Terap, Sik in Kedah and the northeast district in Penang.

Other areas include Hulu Perak, Kuala Kangsar and Kinta in Perak; Gua Musang in Kelantan; Raub in Pahang; Limbang in Sarawak; as well as Tenom, Beaufort and Tuaran in Sabah.

Meanwhile, Pokok Sena in Kedah recorded an Alert Level 2, which indicates a maximum temperature exceeding 37°C to 40°C for at least three consecutive days.

METMalaysia also expects dry and hot weather with temperatures exceeding 35°C to persist in most places in the peninsula and Sabah until mid-April.

AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 8  
RUANGAN : NEWS / NATION

## PARALLEL PATHWAY PROGRAMME

Professors' group sees no need  
to amend Medical Act

**KUALA LUMPUR:** There is no need to amend the Medical Act 1971 to address the shortage of specialists, said the Group of Professors of Health and Medicine.

Its head, Professor Dr Noor Hassim Ismail, said the government should instead focus on helping parallel pathway programme (PPP) graduates register as specialists.

He said existing laws allowed them to be absorbed into the local programme through the credit transfer process or curriculum mapping.

After undergoing training, they would be registered with the Malaysian Qualification Registrar (MQR) and also be eligible to be registered as a specialist in the Malaysian Medical Council's (MMC) specialist register, he said.

"For trainees who are still in the study system, they can be transferred to a local university programme through the same process.

"It is apparent that the dilemma faced by these graduates of

parallel pathway can be resolved without the need to amending the act," he said in a statement.

The group, he said, was unclear about the merits of amending the act as existing laws and procedures could be used to resolve the issue.

"We are concerned with the predicament of trainees and graduates of parallel pathway programmes run here in Malaysia.

"They are the victims. They have joined a training programme that awards a qualification that does not allow them to be registered in the MMC's specialist register."

Health Minister Datuk Seri Dr Dzulkefly Ahmad was reported as saying that the proposed amendments sought to address the gap between the PPP and local Master in Medicine programmes.

This is to ensure that medical specialists who completed their training under the former programmes would be registered and recognised.