



The HEALTH



SHATTERING THE IMPOSSIBLE

Once among the most stubborn challenges in cardiology, heavily calcified arteries are no longer a dead end. At Institut Jantung Negara, intravascular lithotripsy is transforming complex interventions - turning surgical cases into minimally invasive successes and redefining precision in cardiac care.

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Modernising vaccine tracking

Enhanced digital tracking ensures migrant and undocumented children are not missed and improves follow-up.

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Silent kidney threat

CKD is a "quiet" disease; it often progresses without symptoms until advanced.

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When your hips hurt

In young athletes, pain may also come from muscles, tendons, the lower back, sacroiliac joint, or growth plates.

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Hardened, calcified plaque makes heart artery disease significantly harder to treat than softer blockages.

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Various types of contact lenses are available, tailored to the severity of astigmatism.

SMART PARTNERSHIP



MALAYSIAN SEPSIS ALLIANCE
PERSATUAN SEPSIS MALAYSIA
(MySepsis)





The HEALTH says...

Clinics must be held accountable

REPORTS that more than four million Malaysian workers may have faked sickness and bought medical certificates (MCs) are worrying. Still, the spotlight needs to fall where the problem often originates: clinics and how they issue MCs.

Many accounts describe MCs being sold for as little as RM20-RM30. That is not just individual dishonesty; it signals systemic failures in parts of the private health sector. Some clinics appear to treat certification as a low-risk revenue stream: busy, under-regulated practices may prioritise throughput over careful assessment, and the financial incentive to supply quick MCs can be strong.

Where clinics accept cash payments for certificates with little or no clinical evaluation, they corrode professional standards, harm patients, and undermine employers and honest staff.

Weak oversight makes the problem worse. Inspections are infrequent, penalties are too light, and coordination among health regulators, law enforcement, and labour authorities is limited.

Without tougher supervision, bad actors face little immediate consequence for selling fraudulent MCs. That emboldens dishonest providers and enables wider misuse of sick leave.

The current paper-based MC system compounds the issue. Physical certificates are easy to forge or alter and hard for employers to verify reliably. That creates a market for counterfeit and casually issued MCs: if a clinic will sign a form for RM20, demand will follow.

A practical response must start with clinics:

- **Strengthen regulation and enforcement:** Health authorities should prioritise inspections of clinics that issue many quick MCs. Give real punishments, including licence suspension for repeat offenders.
- **Hold doctors to account:** Medical bodies must investigate misconduct quickly and punish those who put profit before standards.
- **Remove bad incentives:** Don't reward speed or cash payments that skip proper checks.
- **Keep clinical standards:** Require a minimum medical assessment before issuing an MC and make clinics record it.

At the same time, technology can reduce opportunities for abuse without replacing clinical judgment. Malaysia already uses secure digital signing for prescriptions under the Poisons (Amendment) Act 2022.

A comparable digital MC system, where doctors apply certified digital signatures to attestations tied to a clinic's identity and an audit trail, would make it far harder for rogue clinics to supply fake certificates.

But digitalisation must be paired with enforcement: clinics that issue signed MCs irresponsibly should face investigation and sanction, not simply gain easier ways to certify absence.

Other supportive measures matter too: securing paper forms during the transition to digital, educating employers on checking certificates responsibly, and giving patients clear routes to complain about clinics that act improperly.

Fixing this problem demands action focused on clinics and the incentives that shape their behaviour, backed by stronger oversight and careful digital tools. Doing so will protect clinical standards, restore trust between employers and staff, and remove a ready source of fraudulent MCs from the system.

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Optometrists play a crucial role in educating patients about vision care options, empowering them to make informed decisions.

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Adding life to years
Living longer is valuable only if those extra years are lived in good physical, mental, and social health.



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The hidden strain behind the flex
The long head of the biceps works across both the shoulder and elbow, making it highly functional - but also more prone to wear, irritation, and injury.

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The hidden cost of vaccine hesitancy
Even small declines in vaccination rates can reopen the door to diseases once under control, putting entire communities - especially the vulnerable - at risk.



Adding life to years

- Living longer is valuable only if those extra years are lived in good physical, mental, and social health.
- Nutrition, exercise, sleep, stress management, and social engagement play a crucial role in maintaining quality of life as we age.
- Healthcare systems, policymakers, and individuals must aim to extend life while preserving independence, cognitive health, and meaningful living.



**NEURO
NUGGETS**

BY DR MOHD WAEL

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THE concept of longevity traditionally refers to the length of a person's life. For centuries, increasing longevity has been a central goal of medicine, public health, and scientific research.

Improvements in sanitation, nutrition, vaccines, and medical technologies have dramatically increased human life expectancy worldwide. In many countries, people now live decades longer than their ancestors did. However, a longer life does not necessarily mean a healthier or more fulfilling life.

This is where the concept of wellgevity emerges. Wellgevity combines the words wellness and longevity, emphasising living not only longer but also healthier, more functional, and more meaningful lives.

The focus shifts from simply extending the number of years lived to improving the quality of those years. Wellgevity prioritises physical health, mental well-being, cognitive function, social engagement, and independence in later life.

While longevity has been a traditional goal, many experts now believe that wellgevity is a more meaningful and acceptable objective. Living longer without maintaining health may lead to prolonged periods of chronic disease, disability, and dependency.

For example, conditions such as dementia, cardiovascular diseases, diabetes, and neurodegenerative disorders can significantly reduce quality of life even if life expectancy increases. In contrast, wellgev-

ity focuses on health span - the number of years a person lives in good health - rather than simply lifespan.

The increasing popularity of wellgevity reflects a broader shift in healthcare philosophy toward preventive medicine and holistic well-being. Lifestyle factors such as nutrition, physical activity, stress management, sleep quality, and social connections play critical roles in achieving wellgevity.

Advances in personalised medicine, genomics, and digital health technologies also support this approach by helping individuals maintain optimal health throughout life.

Cultural and religious perspectives also influence how societies perceive longevity and wellgevity. In many cultures, longevity is highly valued and associated with wisdom, respect, and family continuity.

For example, several East Asian traditions celebrate long life as a blessing and a sign of harmony with nature. In contrast, some philosophical and religious traditions emphasise the quality and purpose of life rather than its duration.

Islamic teachings, for instance, often highlight the importance of a "good life" characterised by health, balance, and meaningful action, rather than simply prolonging life without purpose. Similarly, many spiritual traditions emphasise balance, moderation, and well-being as key aspects of a fulfilling life.

Balancing longevity and wellgevity requires a multidimensional approach.

First, healthcare systems should prioritise preventive strategies that reduce the burden of chronic diseases.

Second, individuals should adopt healthier lifestyles that support both physical and mental well-being throughout life.

Third, policymakers and researchers should focus not only on extending life expectancy but also on improving functional independence, cognitive health, and social participation in older age.

Ultimately, the goal should not be to choose between longevity and wellgevity, but to integrate both concepts. A truly successful approach to ageing would allow people to live longer while remaining healthy, active, and socially engaged.

By focusing on wellgevity, society can ensure that added years of life become valuable, productive, and fulfilling years, rather than simply extending the duration of life without improving its quality.

In conclusion, everyone talks about longevity these days...but nobody mentions the terms and conditions. Living longer is great — but if it comes with a pharmacy drawer, three specialists on speed dial, and a permanent relationship with the couch...that's just an extended warranty, not quality life.

Maybe the real goal isn't longevity. Maybe it's wellgevity - more steps than pills, more laughter than lab tests, and more adventures than appointments.

The aim isn't simply to add years to life, but to add life to years. - **The HEALTH**

The top 10 main advantages of pre-planning for a worry-free life

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Prevent family disputes over the choice of religious funeral rites and ideas



Ease the financial burden of your family



Opportunity and time to compare and choose the best bereavement care service providers



Avoid hasty decisions during critical moment of bereavement



Allows you to live life in a more open-minded manner without worries



Avoid the trouble of unfinished affairs



Avoid the need to make an immediate full payment and be caught off guard



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