

# Prevention is key as dialysis waitlist grows in M'sia

**PETALING JAYA:** Malaysia's long waiting list for dialysis highlights a deeper challenge in kidney care with prevention and early detection falling short and resources struggling to meet rising demand, say health professionals.

National Kidney Foundation Malaysia (NKF) chairman Datuk Dr Zaki Morad said that more time and effort should be spent on preventing kidney failure.

"This means early detection through screening, especially those with diabetes, hypertension and family members of kidney patients.

"NKF has been doing screening for many years, but there should be a coordinated nationwide effort involving the ministry, NGOs and others," he said.

Today is World Kidney Day.

According to the International Society of Nephrology, this year's theme is "Kidney Health for All – Caring for People, Protecting the Planet".

NKF says chronic kidney disease (CKD) is a growing health challenge, affecting one in 10 people worldwide.

Health Minister Datuk Seri Dr Dzulkefly Ahmad told Dewan Rakyat in January that about five million Malaysians have CKD.

A total of 9,473 new stage five patients needed dialysis in 2024, bringing the total to 55,237 nationwide.

Furthermore, patients suffering from kidney failure may have to wait more than two years to secure a haemodialysis slot at a government facility, depending on the patient's condition, hospital capacity and vascular access readiness.

Dr Zaki said that NKF has long advocated for a centrally managed national fund to support dialysis and transplantation.

"The fund should cover all patients and centres that meet certain standards, and it should also be used to raise the quality of care.

The ministry should lobby agencies like the Treasury and the Economic Planning Unit (EPU) to adopt this proposal. It can be an example of public-private partnership, where the fund purchases treatment from private providers to reduce waiting times," he said.

He noted that NKF has already set up several welfare funds to ease access, including subsidies for vascular access treatment at private centres, a RM3mil annual fund for peritoneal dialysis (PD).

PD is an alternative to the more common haemodialysis which can be done at home and offers more flexibility.

NKF chief executive officer Choo Kok Ming said tackling dialysis shortages requires a whole-system approach, not just expanding capacity.

"Government facilities focus on acute care, so haemodialysis capacity is limited. The 'PD First' policy aims to increase treatment options alongside haemodialysis,"

he said.

Choo warned that delayed treatment can worsen patients' kidney disease, increase medical complications, financial strain and logistical challenges. Without support, private dialysis can cost up to RM40,000 a year, with availability depending on location.

"Cutting dialysis queues isn't just about adding machines," Choo said. "It requires fair funding, stronger partnerships and ensuring rural patients aren't left behind."

Malaysian Medical Association president Datuk Dr Thirunavukarasu Rajoo said patients having to wait years to secure a government haemodialysis slot is "simply not acceptable" for those with end-stage kidney failure.

He said the situation reflected the growing strain on Malaysia's healthcare system, which was originally designed for a smaller and younger population.

"With rising rates of diabetes,

hypertension and other non-communicable diseases, we are seeing more patients progressing to kidney failure and requiring long-term dialysis," he said.

Dr Thirunavukarasu suggested the government expand dialysis capacity through a combination of strengthening public facilities and contracting services from accredited private and NGO dialysis centres.

He said there must be transparent, needs-based waiting lists to prioritise high-risk and socio-economically vulnerable patients.

"Malaysia must also strengthen manpower planning by training and hiring more nephrologists, dialysis nurses and technicians," he said.

"Dialysis is a life-saving treatment that should not depend on charity or chance. Malaysia needs a serious, data-driven plan with adequate funding to ensure patients can access the care they need," he said.