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Long Lellang crash: Medical association wants independent safety review, national task force on Flying Doctor Service

By Churchill Edward on September 10, 2026, Thursday at 1:05 PM

Datuk Dr Thirunavukarasu Rajoo

KUCHING (Sept 10): The Malaysian Medical Association (MMA) has called for immediate independent safety verification of all aircraft, ambulances, boats, and other vehicles used for healthcare workers.

This follows the fatal Flying Doctor Service (FDS) helicopter crash in Long Lellang, Baram.

MMA president Datuk Dr Thirunavukarasu Rajoo said only transportation independently verified as safe, airworthy, roadworthy, seaworthy, and fit for the intended mission should be used for healthcare operations.

"No aircraft, ambulance, boat, or other vehicle should be deployed merely because it is available or because a contractual arrangement is already in place," he said in a statement.

He pointed out the four healthcare workers in the Long Lellang crash died while carrying out their duties to bring essential healthcare to communities in the interior.

He said the tragedy should not be treated as an isolated incident, pointing to the FDS helicopter crash in Cameron Highlands, Pahang in 2022, which seriously injured personnel, as well as

emergency landings involving FDS operations in Sabah in 2024 and Sarawak in 2025.

“These incidents must no longer be treated separately and forgotten after the headlines fade,” he stressed.

Dr Thirunavukarasu said the age, maintenance history, safety certification, emergency equipment, and suitability of each vehicle for the terrain and weather conditions must be properly assessed.

He also called for a multidisciplinary national task force to review the entire FDS, Medevac, ambulance, and medical-boat system.

The task force should include frontline clinicians experienced in FDS and Medevac operations, nurses, assistant medical officers, emergency physicians, aviation and transport-safety experts, regulators, and representatives from Sabah and Sarawak, he said.

Among the areas that should be examined include service models, asset suitability, maintenance, contractor selection, weather protocols, staff fatigue, emergency equipment, clinical configuration, safety training, and incident reporting, he said.

Dr Thirunavukarasu said MMA wants the findings, corrective actions, and implementation timeline to be made public.

He pointed out MMA is not calling for the abandonment of FDS, stressing that rural communities depend on the service but healthcare aviation should be treated primarily as a clinical service rather than simply an aviation contract carrying healthcare workers.

MMA also called for healthcare transportation contracts not to be awarded principally on the lowest price, but for safety record, asset suitability, maintenance capability, operational experience, emergency preparedness, and clinical requirements to carry decisive weight.

The association further called for a phased national aeromedical service framework covering scheduled rural healthcare services, emergency Medevac and patient retrieval, inter-hospital transfers, disaster response, as well as integration with ground ambulances and receiving hospitals.

Separately, the association also called for mandatory government-funded personal accident and travel insurance for all personnel deployed on official healthcare duties by air, land, or sea.

He said the protection should cover disaster response, humanitarian assistance and mercy missions, regardless of whether personnel are permanent, contract, or employed through an appointed operator.

Dr Thirunavukarasu said the RM30 Air Health Service incentive introduced in 1978 and still unchanged was not insurance and could not compensate for death or permanent disability.

MMA also wants the government to review existing allowances and protection schemes, including the Ex-Gratia Bencana Kerja scheme, to determine whether they provide adequate and equitable protection for hazardous duties and different employment categories.

On compensation, Dr Thirunavukarasu welcomed the Sarawak government’s RM100,000 assistance to each of the five families and its commitment to support the education of their school-going children.

He said federal compensation and employment benefits should be provided separately, promptly, and without requiring grieving families to navigate complicated claims processes.

MMA also called for any existing indemnity or liability-waiver forms to be reviewed immediately.

“No waiver should protect any government agency, contractor or operator from accountability where negligence or failure of duty is established,” he said.

Dr Thirunavukarasu said the five deaths at Long Lellang must mark a turning point.

“Compassion after a tragedy is important. Prevention before the next tragedy is a duty. No healthcare worker should again be sent by air, land or sea without proper training, transparent safety assurance and protection for the family waiting for them to return.”

The five victims were medical officer Dr Ainul Baraah Kamaruddin, 33; medical assistant Alexson Adit Henry, 31; nurses Debra Moset, 40, as well as Jessie Paya Jok, 44; as well as pilot Zainol Afiq Bee Sham, 30.