

An Open Letter to the Prime Minister of Malaysia

LETTERS 

Thursday, 09 Apr 2020 8:30 PM MYT



Pandemic Covid-19 has become the greatest challenge and socioeconomic crisis in this country, as it has in almost every country in the world. To Malaysia's credit, the measures taken by the government, guided by professionals and the best available knowledge, have so far managed to prevent the sort of runaway increase in cases and deaths that we have seen in some other countries.

This is partly due to the movement control order (MCO) that is now due for review. In deciding what to do now, we hope the government will be guided by certain facts.

**Your Digital Access membership expires in 5 days.
Renew now to enjoy uninterrupted access.**

Renew Now**X**

vaccination, the disease will continue to spread.

But does this mean that all of us have to cower at home until the “all clear” is declared? This might be a long time coming yet, going by epidemiological projections by health experts.

It is useful to consider that even before this unprecedented pandemic emerged, every time we stepped out of our homes, we were exposed to a sea of microbes. Fortunately, for many or most of us, we have acquired built-in defences against these microbes. Many of these we have come to take for granted because of our mass vaccination successes, e.g. TB, smallpox, measles, whooping cough, even hepatitis B. However, some (like dengue and influenza) still have that potential to kill in some of us, when exposed.

Why, then, are we treating Covid-19 so differently? Partly from ignorance, of course. This is an entirely novel mutation of the common coronavirus. Scientists do not yet fully understand

the virus or the disease it causes, although we are getting floods of new knowledge every day into this devastating outbreak. Importantly, effective treatments for this Covid-19 infection

have not yet been established.

Another reason is the frightening speed with which this disease spreads. We're now convinced that this virus is airborne and remains potentially infective on exposed surfaces for possibly days. We're also informed that early infected people without symptoms could be shedding this virus as early as within the first two to three days, and thus have been "silent" sources of spread in the community.

Although most (70-80%) infected persons may have mild symptoms and do not become very sick, they may be serious spreaders of this coronavirus! Unfortunately, some older people especially those with underlying health conditions have become very ill and require intensive treatment in hospitals and ICUs. A good number perish, especially the oldest.

If ten thousand people are infected in a week, then possibly a projected 2,000 may need hospitalizations! This will severely strain and overwhelm our hospital resources, as has happened in Italy, Iran, Spain, even UK and now USA. That is why health scientists call for a flattening of the curve. If we can space out the number getting infected, the numbers requiring intensive therapies will be reduced to more manageable proportions.

Besides this, lesser numbers of very sick patients presenting all at once, would allow for better utilisation of resources including properly trained healthcare workers and the very crucial PPE, or personal protection equipment, which is in short supply worldwide. Thus, health care personnel taking care of such patients are also less likely to get infected, even if

protective equipment is not so readily available.

Globally, hundreds of doctors and nurses have already died looking after Covid-19 patients. This should not be allowed to happen here. If doctors and nurses get sick, it places even greater strains on the healthcare system. Worse, this will seriously undermine the morale and confidence of frontline healthcare workers, here.

Like many other countries, Malaysia has therefore chosen to try and limit the spread of the disease by limiting contact between people. This is the rationale for the movement control order currently in place.

However, there can be no doubt that such measures severely damage the economies of nations adopting them. The longer they are in force, the worse the socioeconomic damage will be. The authorities will have to find a balance between controlling the spread of the disease and avoiding irreparable economic damage.

The WHO has suggested that “all public health measures to stop disease spread can be balanced with adaptive strategies to encourage community resilience and social connection, protect incomes and secure the food supply. Countries should balance the possible benefits and negative consequences of each intervention and deploy strategies to encourage community engagement, gain trust and limit social or economic harm.

“There are many strategies that can support community resilience and mental health, protect access to essential goods and services, and limit the economic impact of stay-at-home measures where these are deemed necessary. For example, organising work-sites to ensure physical distance between persons, such as staggering shifts over time, or converting on-site service to home delivery may help to keep more businesses open. Tele-working and tele-schooling strategies in different contexts demonstrate innovation and the role of technology in supporting business continuity and sustaining social connection within families and communities.

“In general, implementation of distancing measures should also aim to sustain personal and professional community connections by virtual means and technology, including widely accessible means such as radio and mobile phones.”

Therefore, disruption of social activities, gainful employment, job losses and bankruptcies will have to be tempered with strong tangible ground level people to people, as well as small

enterprise/small business support. No jobs mean no income; many would be hard-pressed to survive prolonged MCOs or long term lockdowns. Thus, it is extremely critical to plan longterm easing of these movement control and social distancing efforts.

It is likely that a stepwise relaxation of movement control will be the way forward. For instance, businesses may be allowed to operate with strict guidelines on how many people can be on the premises. Public transport may have to operate with limited loads, with frequent disinfection. Solitary public exercise will have to be permitted, to allow for mental and physical health issues. In all cases, strict hand hygiene and physical distancing must be observed, with masks if necessary. Interstate travel may need to be restricted but will have to be prioritised for economic needs rather than personal.

Large group congregations for places of worship, celebrations (e.g. weddings) unfortunately will have to be restricted still, until the likelihood of community viral spread comes down consistently. This might take upwards of months to years.

All such measures will need enforcement, and enforcers must be given very clear guidelines so they do not exceed the limits of the regulations or their powers. The public likewise must be well informed about the practical effects of such regulations – what is and is not permissible.

While relaxing movement control, we cannot afford to let up on diagnosis, isolation and treatment of Covid-19 patients. We will need to get point of care rapid tests such as we have for dengue and influenza, which we hope will be evaluated and available within a few weeks.

We will need to look into those who have been cured or who have protective antibodies so that perhaps these convalescent people might get 'certificates of infection and cure', and therefore, be allowed to return quickly to society: to work, to pursue business, to study etc. This is being explored in Germany and northern European nations right now.

We hope that there will not be any sort of monopoly on the manufacture, import, distribution and sale of such tests or economic incentives. These should benefit all our rakyat equitably and fairly without losses from leakages and unnecessary bureaucracy.

The government must exercise financial prudence, power restraint as well as great transparency, so that the rakyat can have confidence in the government's management and control of this Covid-19 pandemic. In the meantime, there must be careful regular reevaluation of the scientific advances made globally, so that we can work in tandem with world experts to contain and finally to eradicate this pandemic.

If we all stick together, help each other and act rationally, we will come out of this stronger and more united.

Thank you.

Yours sincerely,

1. Past presidents of MMA:

- Dr Ashok Philip
- Dr David Quek Kwang Leng
- Dr H. Krishna Kumar
- Datuk Dr A. Krishnamoorthy
- Datuk Dr N. Arumugam
- Dr Milton Lum Siew Wah
- Tan Sri Datuk Dr R. P. Lingam
- Dr John Chew Chee Ming
- Dr Ravindran Naidu

- Datuk Dr Subramaniam Nadarajan

- Datuk Dr Abdul Hamid

2. Immediate past president of MMA – Dr Mohamed Namazie Ibrahim

Dr N. Ganabaskaran

Malaysian Medical Association president

Did you find this article insightful?

Yes

No

79% readers found this article insightful

Copyright © 1995-2020 Star Media Group Berhad (10894D)
Best viewed on Chrome browsers.