

# Challenges faced by Otorhinolaryngology (ORL) services, Malaysia, in the current pandemic

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The COVID-19 pandemic marked a turning point in almost all fields and in how we conduct, our otherwise, routine activities from the workplace and from our homes. It is not an exaggeration to say that the medical fraternity bore the brunt of carrying the additional burden of dealing directly with COVID-19 infected patients whilst maintaining high standards of service.

The first reported case of COVID-19 in Malaysia was on the 25th of January 2020.<sup>1</sup> As cases began increasing, the Malaysian government introduced a movement control order (MCO) for two weeks from 18 – 31st March 2020, when the total number of cases reached 790.<sup>1,2</sup> Patients with COVID-19 were managed in designated hospitals throughout Malaysia which had intensive care unit (ICU) facilities. Undeniably, a big challenge was the continued provision of the on-going care to non-COVID-19 patients with other medical conditions. In many instances elective surgical admissions had to give way for emergency and semi-urgent cases. As COVID-19 cases kept increasing, on the 2nd of October 2020, Hospital Sungai Buloh was declared a dedicated hospital to the care of COVID-19 patients.<sup>3</sup> Doctors and personnel from all clinical departments, including those from Otorhinolaryngology (ORL) services, were recruited to be part of the COVID-19 patient management teams. Other hospitals with specialty services, termed 'hybrid hospitals' provided dedicated COVID-19 care alongside other specialty services.<sup>4</sup> Guidelines were issued by the Ministry of Health, Malaysia on otorhinolaryngology (ORL) service provision during this period including specific guidelines for tracheostomy, which is an aerosol generating procedure.<sup>5,6</sup> New methods and approaches in providing patient care such as telemedicine was explored. Outpatient clinic services were restructured to comply with standard operating procedures (SOP). Travel restrictions made it difficult for patients to access certain centralised services, such as radiotherapy in the Ministry of Health, Malaysia. Outsourcing to private centres was opted for in areas where such services were available.

Although initially a quick solution to the pandemic was hoped for, it became evident that this battle with the unseen enemy would be a more protracted and challenging process. On the 11th of January 2021, the then Prime Minister of Malaysia, Tan Sri Muhyiddin Yasin announced the re-introduction of the MCO from 13 – 26th January for selected states.<sup>7</sup> The number of new COVID-19 cases surpassed 3000 cases per day during this period.<sup>8</sup>

On the 28th of May, the Prime Minister announced a stricter nationwide restrictions or total lockdown from 1st June to 14th June 2021 due to rising daily cases of COVID-19 above 8000 cases per day.<sup>9</sup> The third MCO has seen the highest surge of COVID-19 cases in Malaysia and pushed the healthcare capacity of the nation to its limits. The highest number of new cases recorded per day was on the 26th of August 2021 with 24599 cases.<sup>10</sup> The majority of cases were in the greater Klang Valley. More public government hospitals were converted to full COVID-19 hospitals.<sup>11</sup> Hospital Ampang and Hospital Selayang was also converted to full COVID-19 hospitals on the 23rd of June and 21st of July respectively.<sup>12,13</sup> Thus, routine ORL service and elective surgical care was affected in both these hospitals. Patients requiring specialist care were decanted to other government facilities, university hospitals or private hospitals.<sup>14</sup>

An additional problem that emerged was the training and teaching of junior doctors. Direct face to face teaching was often not practical due to need of safe social distancing, space and travel restrictions and minimising overcrowding. Online platforms such as zoom were and are being used extensively for teaching, webinars and even conferences.

The number and breadth of surgical cases were also reduced thus resulting in trainees not being able to achieve the required practical experience needed. To minimise the risks of virus transmission, operation theatres also restricted the number of personnel to the minimal need and necessity. Thus, even opportunities for trainees to observe surgical procedures was lost. The conduct of the Conjoint Master's in ORL examinations was another area of needing much adaptation and innovation. The first examination during the pandemic scheduled for May 2020 was postponed to November 2020. For the first time, the exam was decentralised. The written examination was held on the 2nd of November 2020 followed by the clinical exams at the respective universities. The clinical exams were conducted in a hybrid mode where the examiners were present in both physical and online mode. This was to reduce the number of persons within the confines of a clinic and to comply with the national SOP's. Examination candidates were required to wear full personal protective equipment during the clinical sessions. Two final exam diets have successfully been conducted thus far, in November 2020 and May 2021. The intake into the four-year Master's programme was also affected during the 3rd MCO as many medical officers were required to alleviate the manpower constraints faced by

medical teams managing the ever increasing Covid patients and to support the vaccination centres. The academic intake for the year 2021/22 for ORL was postponed from June 2021 to December 2021.<sup>15</sup>

The paucity of elective surgical cases also had repercussions on gazettelement of ORL specialists in the Ministry of Health of Malaysia. For specialists unable to fulfil logbook requirements in the stipulated six months, an extension period of three months was allowed.

Every challenge brings an opportunity to improve and innovate. This special issue of the Malaysian Medical Journal describes how the ORL fraternity in Malaysia and elsewhere, dealt with this pandemic thus far. The solutions advocated by the authors in these articles in this special issue are not final. Changes, evolution and innovation will continue to take place. And one day, as we emerge from this pandemic, perhaps, we will look back on our success, achievements and progress rather than our losses and temporary setbacks.

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