



Malaysian Society of
Anaesthesiologists



College of
Anaesthesiologists, AMM

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PRESS STATEMENT

COVID-19 Crisis: To Win, Healthcare Providers Must Unite **#kitajagakita** **#kitamestimenang**

We refer to the recent call made by the Ministry of Health Malaysia to private hospitals and their doctors to help with the management of COVID-19 patients.

The Malaysian Society of Anaesthesiologists representing 1200 members, the College of Anaesthesiologists, Academy of Medicine of Malaysia representing 900 academicians in Anaesthesiology and Critical Care, and the Malaysian Society of Intensive Care representing 200 members are humbled by the call from the Ministry of Health for us to stand united as a team in the quest to care for the COVID-19 patients. As we write this, we understand that ongoing meetings are being held between stakeholders from the Ministry of Health and the Association of Private Hospitals Malaysia (APHM) to further outline strategies for the involvement of the private sector in handling COVID-19 patients in various stages of their illness.

While the details of the plan are being worked out and not yet definitive, there have been various statements and media releases made with regard to this matter. As anaesthesiologists, critical care physicians and intensivists, we are of the opinion that there needs to be a balanced view on the whole approach to this exercise. We would like to assure the public that as practitioners in the field of anaesthesiology, critical care and intensive care, we are expected at all times to manage critically ill patients irrespective of whether they are in public or private hospitals. Collectively, as a fraternity, it is our view that we will stand in close collaboration with the MOH and the APMH to the best of our intent and abilities taking into account the resources that are at our disposal within the hospitals that we are attached to.

Therefore, we strongly propose the following steps to be considered:

1. While we are focused on managing COVID-19 patients, the management of the critically ill non COVID-19 cases and semi urgent non COVID-19 cases are also affected and should not be sidelined. Many factors contribute to this, such as the diminishing ICU beds, ward beds and availability of resources to manage them. It is hoped that care for some of these groups of patients can be handled at the private hospitals so that the public hospitals will be able to concentrate on managing COVID-19 patients.
2. The reality is that no hospital will be shielded from managing COVID-19 patients. Private practitioners are already dealing with more patients who are presenting with Severe Acute Respiratory Illness (SARI) in the emergency department and requiring intubation. These patients are subsequently found to be positive for COVID-19 infection. Their medical care continues while ICU beds are sourced out in the public hospitals. The previous ease at which intensive care beds are made available is no longer a reality. As such, it is imperative for private hospitals to prepare for this eventuality with urgency.

3. Most private hospitals have established their COVID-19 task force team in anticipation of the upward trajectory of cases and the likelihood of private doctors and establishment's involvement. We applaud these initiatives and encourage hospitals to be in touch with our Societies and College for guidance if required. Support is available in the form of management protocols of the COVID-19 patient, webinars or standard operating procedures.
4. For the smaller private hospitals, cross-referrals between private hospitals for further management should also be considered as part of the strategies. The allowance is on the individual hospitals and physicians to establish their own plans, policies and standard operating procedures as part of their armamentarium.

Respective stakeholders from the MOH and the APHM will be discussing the financial and legal issues around these arrangements but rest assured that our academicians and members will rise to the occasion and serve the needs of the *rakyat* and fellow colleagues at the MOH. The most important aspect to this whole exercise is the holistic approach as one team. We in the Malaysian Society of Anaesthesiologists, College of Anaesthesiologists, and the Malaysian Society of Intensive Care will always be willing to lend our expertise in resource coordination, close monitoring practices, infection control procedures and the management of difficult intensive care patients.

We shall continue to support the distinguished leadership shown by the Ministry of Health Malaysia in overcoming the pandemic. We thank all our members who have been at the forefront of this pandemic throughout the last one year and also to our anaesthesiologist volunteers from the private sector who have served in designated COVID-19 hospitals of MOH.

These are unprecedented times. There are palpable concerns as we enter into uncharted terrains. It is in these times that we must rise to the calling and do what is needed with the expertise that we possess. We take pride as we stand guard to protect the wellbeing of our fellow citizens.

We wish our members and academicians all the best and to be safe at all times.

From:

- 1 President, Professor Dr Marzida Mansor, and Executive Committee of the Malaysian Society of Anaesthesiologists**
- 2 President, Dato Dr Jahizah Hassan, and Council of the College of Anaesthesiologists, Academy of Medicine of Malaysia**
- 3 President, Professor Dato' Dr Mohd Basri Mat Nor, and Executive Committee of the Malaysian Society of Intensive Care**