

LETTER | Who takes care of us while we treat Covid-19 patients?

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LETTER | “I can’t do this anymore,” she said

“Patients keep deteriorating whilst admissions simultaneously pour in. There is just not enough time and staff. We left work at 1am yesterday when our shift ended at 8pm. Again,” My colleague crumples, her eyes well up with tears.

She is not alone in feeling this way. None of us can constantly function at full capacity, but when we’re pressured to, what you get is burnout. A deadening of emotion, a feeling of detachment.

A majority of contract medical officers (MO) are placed in Covid-19 teams. Since early April 2021, the MOs nationwide have been stretched thin. The number of Covid-19 cases have been rising rapidly since March 29.

The current third wave, which started on Sept 8, 2020 dipped to its lowest on March 29. But due to failure to comply with SOPs, among other various reasons,

the number of cases steadily climbed back up and exceeded the previous peak at 4,571 new cases a day. To date, the record was 9,020 new cases and 76,218 active cases on May 29, 2021.

At Malaysia Agro Exposition Park Serdang (Maeps), the biggest Covid-19 quarantine centre in Malaysia currently, new halls have opened but with the same volume of workforce at our disposal since March. We recently received slightly more staff but our workload simultaneously increased exponentially with the rising number of Category 3-5 patients and the care/attention they require.

Our maximum available beds are approximately 6,000 and there is only an average of 55 MOs per shift. That makes for a ratio of 1 MO to 109 patients per day if we reach 100 percent capacity (which has happened many times).

On multiple occasions we have exceeded our maximum bed count and patients have had to sleep on canvas beds and even on the floor overnight. This has been happening in many hospitals in the Klang Valley, and yet, it is evident by the number of cars seen on the road daily despite the lockdown that the public does not understand the gravity of this dire situation.

I implore the public to stay home unless absolutely necessary. Otherwise, we will never flatten the curve. It is understandable that due to the rapid rise in Covid-19

cases in Malaysia, every healthcare facility is struggling to stay afloat. However, with this doctor-to-patient ratio, compromise in patient care and exposure to medical errors is inevitable. We have had some code blues in the last two months, when prior to May since opening in November we have had none.

No one can say for sure if it was due to lack of staff, resulting in less than ideal patient monitoring. However, one study demonstrates a 10 percent increase in doctors per 1,000 population could result in a 4 percent reduction in premature mortality in women and 3 percent in men.

Patient care also suffers in other ways when a doctor is exhausted, emotionally detached - there is a lack of connection, a sense of being cared for, of being heard. When patients tell us their concerns, we feel... nothing. When they collapse, there are no tears or heartbreak. When we have to gently explain the situation to their loved ones, we desperately hope they cannot detect the emptiness behind our words.

In addition to the above, we work up to 12 arduous hours in stuffy hot PPE wherein we cannot even have a sip of water or go to the toilet throughout the entire duration. Picture doing this on a daily basis, at least half the days in a month, and you get a peek into a contract MO's life. In contrast, the WHO recommends that N95 masks be worn for preferably only four hours, which is

approximately the median healthcare worker tolerance time.

However, this is not feasible with our current patient load. Increasing the number of times PPE has to be removed/doffed also significantly increases the chance for us to contaminate ourselves. At the time of writing, seven MOs at Maeps have become active Covid-19 cases, which undoubtedly may be due to our long hours of exposure to patients every single day.

On top of working long hours in the day and throughout the night for the past year, putting not only our own lives but also those of our loved ones at risk, all whilst having no job security and uncertainty for our future with no clear pathway to specialise, our on-call claims which amount to roughly RM1,000 a month that were previously promised to us have been unpaid since January 2021 up to now.

To some, this amount may be little but to sole breadwinners of their family this is a lifeline, especially during these trying times where businesses are grappling to make ends meet.

The heavily discussed but not amended issue of medical officers on contract burdens us daily. Many of us are nearing the end of our contract this year or next. All of this makes for very low morale on top of already being burnt out. The risk

of major depressive disorder is greater when the level of burnout is more severe. On a daily basis, many of our colleagues fall sick or cannot bring themselves to get out of bed and face yet another distressing day at work, leaving those present with an even more daunting workload.

Yet the answer, we were told, is resilience. Fix the doctors, get them to manage the workload. The fact that the workload is not manageable is not addressed. The management has provided counseling and psychology services, but unfortunately, that does little to nothing to solve the above issues.

Whilst everyone is focused on the Covid-19 pandemic, other departments such as orthopaedics, general surgery etc have been languishing with understaffed clinics and increased number of on-calls per month. A majority of these departments are also made up of contract MOs who have to sacrifice quality time spent on their own wellbeing and family.

Many say this is part and parcel of a doctor's life, that we signed up for this. It is a third-world mentality to think we should not strive for constant improvement and progression, to enable production of more specialists and consultants resulting in better work-life balance and greater patient outcomes.

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