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**Message from the Editors:**

We would like to welcome you to the 2nd Issue of the EyeNews. This special issue highlights the adverse impact of Covid-19 Pandemic on eye-care and how eye-care providers including our regional colleagues responded. The challenge is on eye care planning to adapt to the new normality whilst at the same time taking risks, as

eye care providers commit to providing the best eye-care possible. Covid-19 Pandemic also posed difficulties to patients in seeking treatment under adverse conditions. This limited newsletter contents feature some unique moments during this challenging time. We do hope that it can be used as a reminder to people who are directly/

indirectly involved in eye-care, from all walks of life that this hardship in eye-care can indeed be managed and overcome when we are united and persevere in our quest to improve eye-care and provide universal eye-health access to all.

—Editors

**INSIDE THIS ISSUE:**

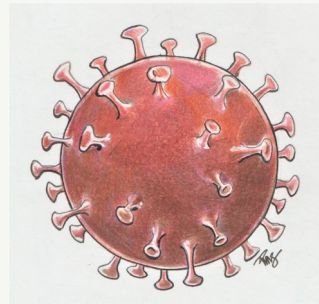
<i>Malaysian Eye-Care Response</i>	1
<i>Cataract Surgery Data</i>	2
<i>Community Highlights</i>	3-5
<i>Letters to the Editors—the Philippines</i>	6-8
<i>Eye Care Responses</i>	
<i>SICS training by Cicendo Eye Centre</i>	9
<i>Eye in the News</i>	10-11
<i>Patient's Journey in Seeking Eye-Care</i>	12-13
<i>Legal Issues in Eye-Care</i>	14-15
<i>Fast Facts</i>	16
<i>International Updates</i>	17

**Malaysian Eye-care Responses to COVID-19 Pandemic**

This pandemic was unprecedented. Eye-Care was badly hit at all levels of care and the world saw eye-care providers struggling to cope. Malaysia was not spared.

The Malaysian eye-care services, from Primary to Tertiary level stalled. The outreach services including community engagement and training were the first to give way as lockdown ensued by stages throughout the country. As the virus continued raging war, we found that we were even struggling to provide hospital basic eye-care services. Clinic appointments were postponed; only patients with sight threatening conditions were allowed in for consultation. Walk-in cataract referrals were only accepted if their visions were  $<3/60$ . The rest were advised to stay home to be called later when the pandemic “ends”. All patients and their relatives would be screened at the entrance before they could come into the deserted clinic.

Due to the closure of operating rooms and diversion of resources, all elective surgeries were postponed. Cataract surgeries were the only ophthalmic surgery which was allowed to resume after 2 months— at 1/3 capacity. The objective was not to delay surgeries of patients/ eyes with cataract blindness. Cataract surgeons then found themselves struggling to cope with



“abnormalities”. Instead of doing surgeries as daycare, all patients had to be admitted and tested for Covid-19 at the initial stage of service reopening. There were many heated arguments about risk exposure to health staff, how to avoid them and how to cope with the escalating running costs. All issues were not ideally resolved and some adaptations were made.

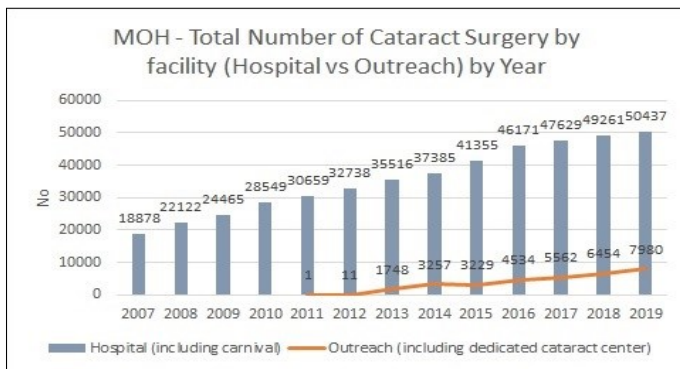
The RAAB and the sessions which were planned for Development and Validation of Questionnaire on utilization of eye-care were all postponed. Other meetings and trainings were all converted to online sessions, the outcome of which can only be evaluated years to come.

We have partially resumed all the services but there are still uncertainties ahead of us. Ground conditions and policy decisions are dynamic and changing as we write but we hope we would be able to continue giving services to the people no matter what awaits..

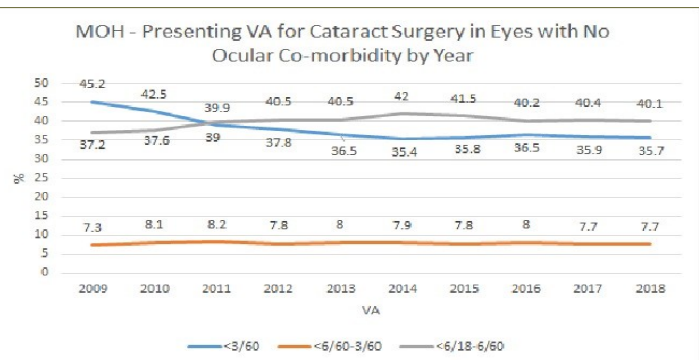
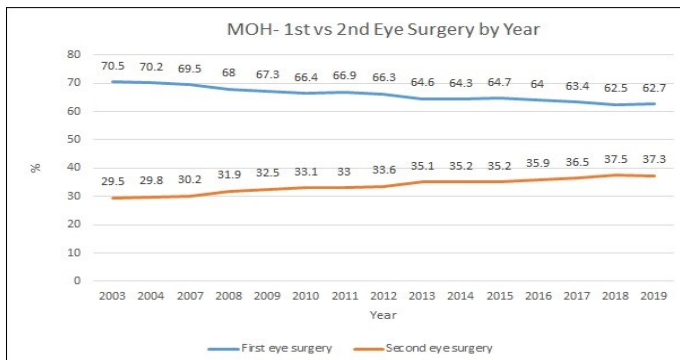


FEEDBACK

Malaysian Ministry of Health (MOH) has been collecting Cataract Surgery data since 2002. They are partially presented in these trending graphs. The favourable trends so far are the results of concerted efforts from all levels of care within and also from outside the country to provide the best eye-care to the population. It involves implementation, monitoring and evaluation involving the communities, Non Governmental Organizations (NGOs), corporate bodies/agencies, industries and multiple other stakeholders. This pandemic has indeed brought us to our knees. There is no available statistical method to project these graphs as yet. Due to uncertainties, by no means we can evaluate the magnitude of this pandemic on our services until the foreseeable years to come. We will produce these exact graphs in the coming Volumes and Issues to share with the readers the colossal impact of Covid-19 pandemic on the Malaysian Cataract Surgical Services.

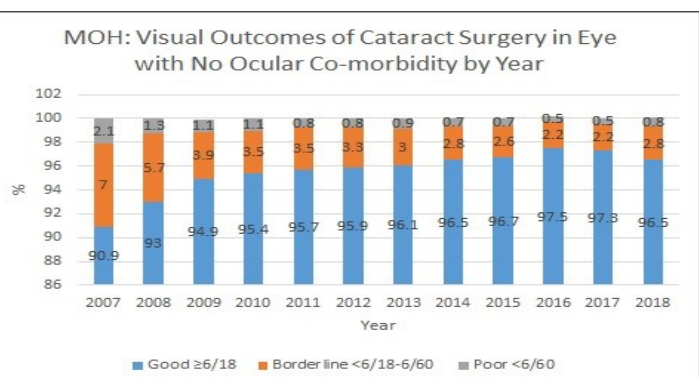
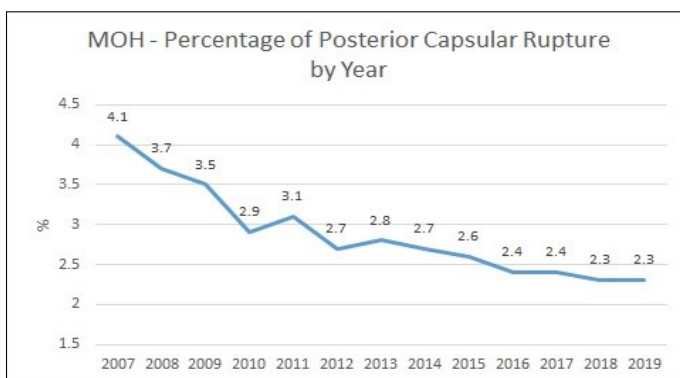


The number of cataract surgery in both hospital-based and outreach-based is expected to be severely reduced. This would be due to combined effect of total-partial closure of services and refusal of patients to come forward for surgery due to fear and financial difficulties. Hospital-based cataract surgeries were totally discontinued in March and resumed at 1/3 capacity in June. Outreach-based services too were stopped at end of February and will only resume 1/3 service capacity in August.



2nd eye surgery is a proxy indicator for access to treatment. Due to closure of services, more patients are anticipated to come for treatment of the 1st eye.

Many more patients are anticipated to present late as far as visual acuity is concern.

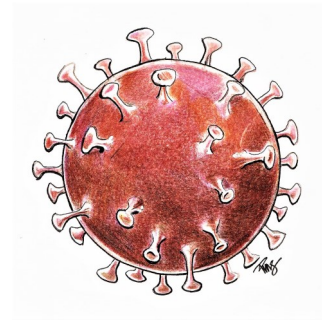


Percentage of intra-operative complication will increase and visual outcome will reduce. This will probably be due to late presentation and with possible attended complications.

## Community Spotlight



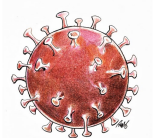
### MALAYSIANS RESPONDING IN TIME OF NEED



LEFT: The Rotary Club of Damansara-West donated RM40,000 of PPE materials face masks, Face shield to all Eye Clinic Government Hospital throughout Peninsular Malaysia I March 2020



ABOVE: The Rotary Club of Teluk Intan donated PPE materials and 8 single mothers sewed 736 sets of PPE for Hospital KL. Earlier, Rotary Club Teluk Intan also donated 2000 face masks, 5 stand fans and 48 bottles of hand sanitisers to Hospital Teluk Intan.





## *Community Spotlight*

### **COVID 19 PANDEMIC – STRONGER TOGETHER**

The year 2020 was ushered in by the Covid 19 pandemic that shook the masses and nations worldwide. The scourge not only destabilised economies but more significantly exerted tremendous stress on healthcare systems calling for unprecedented measures to be taken. The outbreak was first identified in Wuhan, China in December 2019. Following that, WHO declared the outbreak a *public health emergency of international concern* on January 30<sup>th</sup>, and a *pandemic* on March 11<sup>th</sup> 2020.

The first COVID-19 case in Malaysia was confirmed on January 25<sup>th</sup> 2020, affecting a traveller entering the country via the southern border. The Ministry of Health, lead by the Director General of Health, Datuk Dr Noor Hisham Abdullah,

worked tirelessly around the clock since January 2020, making sure screening was done adequately, infected cases isolated, admitted and treated, and not forgetting contact tracing for each cases identified. Local clusters emerged in early March and within a few weeks, Malaysia recorded the highest cumulative number of COVID-19 infection in South East Asia. Measures to fight the outbreak were announced by the Prime Minister by March 13<sup>th</sup>, and a nationwide “*Movement Control Order*” was activated by March 18<sup>th</sup> 2020. Monitoring and surveillance were coordinated throughout the country. Health care facilities gathered to prepare the country with adequate number of screening tools, beds, intensive care facilities and ventilators. In these trying times, private services and university hospitals also came forward to join the public services in providing the best possible

care for all.

COVID-19 has also observed national unity at its best in combatting the pandemic. All related government bodies, private sectors, NGOs, community groups and individuals came forward towards one goal – ***Kita Jaga Kita*** and ***Kita Mesti Menang***. Generous donations and contributions in term of monetary funds, healthcare facilities, PPE, food and drinks for volunteers were received. Malaysia has shown the world an outstanding performance in managing the pandemic in this country. We have somehow controlled the spread of the disease, and the number of new cases has reduced to between single and double digits. Yes, we have yet to win the battle, but we are definitely on the right track. Stay strong Malaysia, Stay Safe!



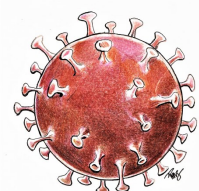
Much awaited press conference  
Malaysian Director General of Health,  
Datuk Dr Noor Hisham Abdullah delivering  
daily updates on COVID19



Distressing Moments  
Healthcare front-liners supporting  
one another



Mass Covid19 screening  
at Masjid Seri Petaling, one of the biggest  
Covid19 cluster in Malaysia



## Community Spotlight - The Malaysian Response in pictures



Front-liners helping the elderly and the disabled for Covid-19 screening at "Covid-19 red zone" areas



Emergency Department, Hospital Putrajaya receiving donation of surgical face masks



Volunteers helped transform the National Leprosy Centre into additional ward for Covid-19 patients



Hospital Sg Buloh (the main Covid-19 Hospital) receiving donation of PPE



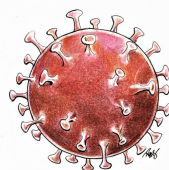
The "Stay at Home" campaign during the Movement Control Order to break the chain of infection.



Volunteers helped sewing the PPE for healthcare front-liners



Front-liners being disinfected upon disembarking from a flight evacuating Malaysians from Wuhan, the epicentre of Covid-19 pandemic in February 2020



The Health Minister receiving donation of medical equipments



*Letters to the Editors*

*THE PSPHOO AND THE PHILIPPINE EYE CARE SECTOR RESPOND TO COVID-19*



By Dr Mildred Pre  
Chairperson  
THE PHILIPPINE  
SOCIETY OF  
PUBLIC HEALTH  
AND  
OCCUPATIONAL  
OPTOMETRY



Intramuros, Manila—  
August 2019

Challenges in life are inevitable. How we respond to them make either make us better or destroy us. When this year began, it held the promise of a thriving economy, more growth in our practices, and a special year for our profession. It was 2020 after all. Then in an instant, it was'nt. What happens when everything you expected is suddenly different? What if that difference threatens everything you consider important? Definitely, COVID-19 changed everything in our industry. It closed both private and corporate practices all across the country.

Overnight, revenues fell by almost 80 percent. To this, Optometry practices will change how we provide support and how our providers will deliver care in the future. We had to figure out how to best support them and provide resources to help them navigate this unprecedented challenge.

On the continued escalation of covid-19, the Philippine Society of Public Health and Occupational Optometry (Pspahoo ) role serving our members , their patients and the eye care industry during this time is critical. We continue to monitor the impact of

the covid 19 situation in our clinic operation and how this health threat is affecting the optometrists practice. Now is the time to be supportive, creative and solution-oriented. That's where we are focused. There is no doubt we need each other right now and that we are better together

At no cost to members and colleagues, PSPHOO introduced the resources and initiative to support optometrists during this difficult time. We created and produced an online activity for Optometrists. Each month we will feature and tackle various

vision care topics via FB live series or webinars that will focus on services, product, learning solutions intended to help the optometrists optimize their practice and better serve their patients both now and in the future.

The current situation is likely to have a negative impact on eye care and the quality of care in general. These challenges may provide opportunities for eye organi-

zation and experts in eye health to provide support and integrate covid-19 awareness in their future work. The ongoing pandemic will shift how eye health services are provided, particularly given the close connection between eyes and the spread of the virus. We see change in what we are doing... having those infection prevention practices as an integral part of the work. Last June 8, 2020, The Philippine Society of

Public Health and Occupational Optometry (PSPHOO) hosted and aired our online learning via FB live on the 2<sup>nd</sup> series of Optometry care on the new normal.

Along with this. PSPHOO invited the Philippine eye care experts and leaders to participate in a virtual interview segment and asked them to submit a statement on behalf of the Philippine eye care sector in relation to covid-19 pandemic response.

We ask them this question: How will covid-19 impact the Philippine Eye care and what can we do to set for success the "day after" the pandemic? ...

The response has created an opportunity to see different that Eye health can add value to people's lives.

Herein the responses;

*Letters to the Editors*

“The Integrated Philippine Association of Optometrists (IPAO) issued to all its members the guidelines and clinical protocols for optometric and optical practice in accordance to WHO action for covid-19 cri and requiring all practicing optometrists to proactively enforce the said guidelines. As optometry practices and optical shops under the new normal, IPAO will continuously working on the delivery of vision care services nationwide and will constantly educate our members on accurate safety measures to limit the patient exposure. I truly believe that with this crisis our optometric services is indispensable. As any people at any age, anytime will be needing spectacles and contact lenses. On the reopening of our clinic will find patient again and let’s just focus on the positive aspect to what we are thankful for. Yes, we will get through this, just be confident. “

BY : DR ELIZABETH VALCONCHA, OD  
Optometrist  
President - Integrated Philippine Association of Optometrists Inc.



BY ; DR CHARLIE HO  
Chairman - Integrated  
Philippine Association of  
Optometrists Inc  
President –  
Vision Science Institute

“We need to keep a positive but conservative mindset and feel confident to return to free covid life. The first objective is to target break even and survive. Try to win your loyal patients and get them to take a first visit in your clinic. Get them to feel your personalize service is a better option than those online. Profitability will come after our economy will recover and unemployment rate will decline. As early as now joined your financial, marketing and human resource plan together with your managing team to get them on board. In terms of finance, keep overhead expenses to the minimum and maximize your current inventory. Do not loan to bank or loan sharks to pay your daily expenses. For marketing, I advise you to communicate with your patients and let them feel your present excitement to eye care requirements and offer products on emphasis to value and keep your prices at reasonable level. In human resource, limit your personal to essentials and start with the minimum workforce. Your practice is about you and the service you provide. So be in the forefront and be visible in managing your enterprise. My final message is this, after the pandemic it will be all about adapting to a change mindset , how fast we respond or adjust will determine how successful will be in the new normal. “

“ As our National Committee for Sight Preservation (NCSP) organizations are on lockdown service delivery stopped all over the country. During the lockdown , action taken by some NCSP member, like the Lion’s group produced and provide face masks to the front liners and prepare food packs and distributed to them. Some ophthalmologists designed and produced eye protective shields for slit lamp and microscope, face masks with air flow and positive pressures for offices and operating room. Webinar , zoom meeting are organized by the Philippine Academy of Ophthalmologists , eye centers and medical centers regarding the prevention , care and treatment of covid patient and safety of health care workers. The priority for us , eye care professionals the optometrists and ophthalmologists is to understand and internalize the risks of starting a clinic even the best PPE is use. Only prior appointments for consultations are allowed on maximum of 12 patients a day. Doctors offices are open only 3 times a week “

BY: DR NOEL CHUA  
Ophthalmologist  
Chairperson – National  
Committee for Sight Preservation (NCSP)



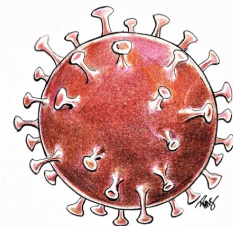
*Letters to the Editors*

BY : DR MARLA OFELLA  
ALCANTARA, MD  
Mayor , Municipality of Tolosa  
Leyte  
Consultant - Department Of  
Health

“We need to be protected in providing services. With this we have the first community vision center after Universal Health Care develop into this program. With the challenge of pandemic our services has been reduced. What did we do? We need to continue to provide the services even on the effect of the pandemic because the illness and the eye problem is continue to be there and we don’t want people to get blind and then how approach differ? Digital or go webinar and continue to communicate and provide capacity. The local government unit will do the work.”

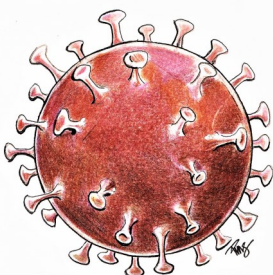
“First of all our work is in setting up community eye program working in poor provinces of the country , of course, this is badly affected . Actually as early as February we had to stopped the community and school vision screenings and the operations in the 4 government hospitals we supported because everyone is scared of getting infected and all our partners, nurses , health workers are called on the frontline. So, until now they were all lockdown and our activities need to stop in a while. As we are foreign funded and our fund came from Australia sadly, when economy is bad , there is no donations coming in to Non Government Organization (NGO) and we had to let go some of our programs and staffs , but here in the Philippines we will still continue”

BY : Ms MARDIE MAPA  
SUPLIDO  
Country Director – Fred Hol-  
lows Foundation



BY : DR LEO CUBIL-  
LAN Ophthalmologist  
Director – Philippine  
Eye Research Institute  
(PERI)

“The eye care services in the country has reduced dramatically and further decreased the already sub optimal health access of our fellow Filipino patients . Knowledge about covid-19 is still evolving up to now and we eye care practitioners are also part of this battle. We cannot over emphasize the use of protective goggles and face shields since as we know conjunctival mucosa is an alternative site for the transmission of corona viruses. Red eyes shown to be associated in this disease and seen 1 out of 100 positive patients and conjunctival congestion in 5 out of 100 covid positive patients. Hydroxychloroquine is currently being used for clinical investigation for treatment of covid-19. In the clinic we see reversible corneal deposits and irreversible retinal toxicity in 7 out of 1000 who are in long term use. So, physicians deciding to use this drug would like to potential lifesaving benefit over potential side effects . For us eye care practitioner, we just need to be cognizant on detecting ocular toxicity when patient is undergoing these treatments and referred to us. Philippine Eye Research Institute continue to support eye researches , gather data on the impact of this disease as well as researches that will help Department of Health in creating health policies to improve eye care services in this country and prevent avoidable blindness .





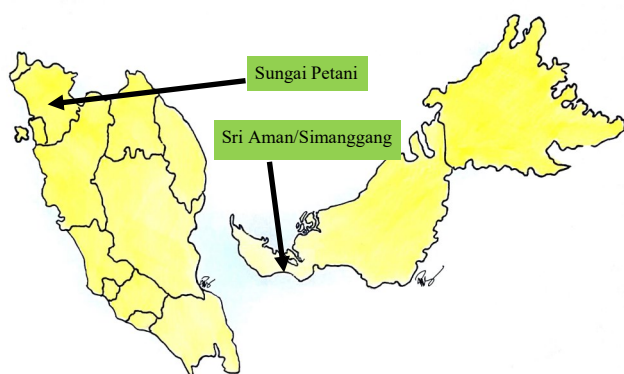
## *Pengalaman melakukan training Manual SICS pada ahli bedah phaco di Malaysia*

Telah dilakukan pelatihan manual SICS selama 1 minggu di 2 tempat yaitu di Hospital Sri Aman, Sarawak dan Hospital Sultan Abdul Hamid, Sungai Petani, Kedah pada tanggal 26 juli sampai 1 Agustus 2018. Program dilaksanakan masing masing selama 3 hari ,dengan jadwal lecture dan wetlab pada hari pertama, dilanjutkan tehnik operasi dibawah supervisi pada 2 hari berikutnya .Pelatihan diikuti oleh 16 dokter mata. Waktu 3 hari amatlah singkat namun dapat dilaksanakan dengan hasil yang cukup baik. Hari pertama dimulai dengan lecture dan wet lab. Hari kedua dilanjutkan dengan melakukan operasi manual SICS pada pasien. Teknik yang sedikit mengalami kesulitan adalah saat menaikan nucleus ke anterior chamber dan nucleus delivery. Setelah melakukan evaluasi dan diskusi ,semuanya bisa melakukan Teknik Manual SICS dengan sangat baik pada hari kedua operasi. Teknik operasi memang memerlukan latihan

yang terus menerus, namun learning curve nya jauh lebih singkat dari pada teknik phaco. Dalam 3 sampai 6 bulan , anda akan bisa membuktikan bahwa, kualitas hasil operasi Phaco dan Manual SICS sama baiknya. Congratulation, you are now a complete surgeon. You can do ECCE, Manual SICS and Phaco.

- Salam dari sahabatmu Syumarti, Nina Ratnaningsih dan Andika Prahasta dari Bandung, Indonesia.

*Dr Andika Prahasta Gandasubrata MD  
Head of Glaucoma Division , Padjadjaran  
University / Cicendo Eye Hospital  
Bandung, INDONESIA*



*Hospital Sultan Abdul Halim  
29 July-1 August 2018*



*Hospital Sri Aman,  
26-29 July 2018*



## Eye in the News—prior to COVID-19 Pandemic



### Utusan Sarawak 30th November 2019

Sarawak Eye Care Services receiving donation from Lions Club of Kuching Metro in collaboration with Deputy Chief Minister Sarawak, YB Datuk Amar Douglas Uggah Embas.

These donations are meaningful and beneficial for the people of Sarawak as they are mainly placed to be used at the remote facilities to support outreach services.

YB has also been donating IOL to be used for cataract surgeries in the District of Betong during KK-KKM (outreach) project since 2013





## 大馬災難救援隊及扶輪社 1.2萬防疫用品捐醫院



万达镇扶轮社及白沙罗西区扶轮社移交防疫用品给士拉央医院。左起为严浚晖和莫丽素医生；右一为陈清水。

大馬灾难救援队移交防疫用品给沙亚南医院。左一和左三为严浚晖和医院代表玛丽雅；右起为陈清水和张兴萍。

(八打灵再也13日讯) 万达镇扶轮社、白沙罗西区扶轮社及大馬灾难救援队日前联合捐献价值1万2000令吉的面罩、消毒搓手液、防疫服等防疫用品给沙亚南医院、士拉央医院、国民大学医院及巴生班达马兰诊所。

万达镇扶轮社社长陈美露代表国际扶轮社3300区，感谢上述医院及诊所前线医护人员在对抗新冠疫情无私奉献，并向一线医务工作者致敬。

大馬灾难救援队发起人兼万达镇扶轮社前社长陈清水

指出，大馬灾难救援队多次参与国内外灾难救援工作，包括2014年吉兰丹州大水灾、印尼巴路市(Palu City)地震救灾，发扬慈善无国界精神。

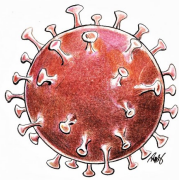
他感谢医院医生及护士等前线人员，展现杰出领导及全体医护人员的团队精神，协助我国对抗疫情，使疫情受控制，以及热心人士的捐献。

出席者包括万达镇扶轮社前社长张兴萍、白沙罗西区扶轮社前助理总监督严浚晖、沙亚南医院副总监督诺法丽莎医生和士拉央医院莫丽素医生等。



### Sin Chew newspaper 14th June 2020

Rotary Club of Bandar Utama, Rotary Club of Damansara-West together with Disaster Aids Malaysia (DAM) donated face shields, hand sanitisers and PPE worth Rm12,000 to Hospital Shah Alam, Hospital Selayang,



## 安順扶輪社裁縫班學員 單親媽媽助醫院縫防護服

(安順10日讯) 8名单亲妈妈缝制了736套防护衣给吉隆坡中央医院，减轻该院防护衣不足问题。

安順扶轮社社长纪炜民和前社长方萧凯传说，吉隆坡中央医院通过安順扶轮社发出防护衣材料，再由安順扶轮社安排该社的单亲妈妈裁缝班学员进行制作。

“安順玉兰制衣有限公司免费帮助裁剪防护衣材料，并将单亲妈妈们完成的防护衣送到吉隆坡中央医院。”

方萧凯传说，他们设立这个裁缝班，为了协助单亲妈妈学习一门手艺，而能通过缝制衣服而在生活上自立，如今更可发挥所长，协助缝制防护衣。

她也欢迎安順及附近地区的华裔单亲妈妈报名参加这项免费的裁缝课程，有意者联络她，电话:019-575 6288。

另一方面，纪炜民和方萧凯也披露，安順扶轮社在日前共捐献2000片口罩、5台站立式风扇、48瓶消毒搓手液给安順医院。

星洲日報 大霹靂 社區報

11. 6. 2020

星期四

安順扶輪社理事將防護衣制作材料分发给单亲妈妈，协助吉隆坡中央医院制作防护衣。

▼ 纪炜民 (左一) 和方萧凯 (右一) 移交安順扶轮社捐赠的物资给安順医院医务人员。

### Sin Chew newspaper 11th June 2020

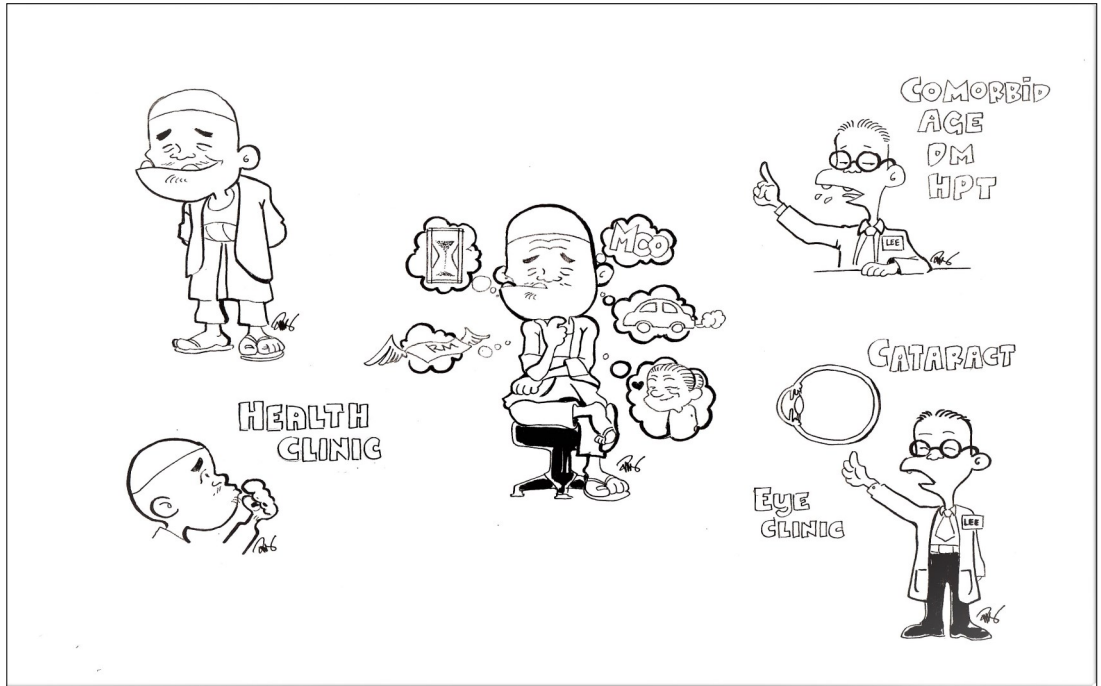
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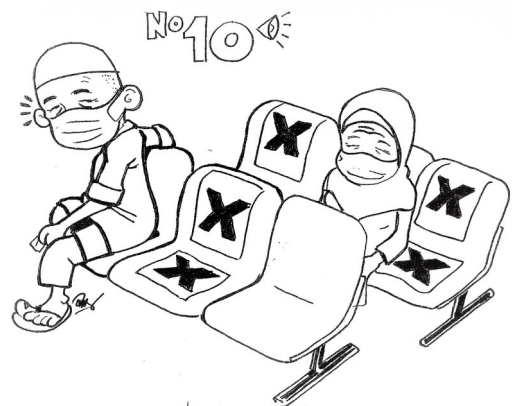
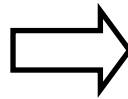
# Patient's Journey in Seeking Eye-care During Covid-19 Pandemic

This was a journey for sight for TOK KI (a typical Malay character) from Hulu Terengganu, a remote district in the state of Terengganu. TOK KI had blurry vision until he had difficulty doing his daily chores. It was difficult for him to even go to the nearest Health Clinic due to many reasons.

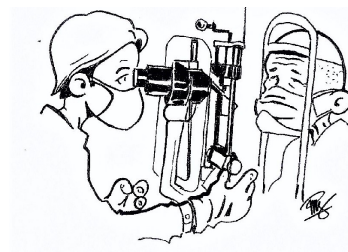
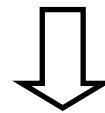
When he finally able to have his eyes checked, the doctor told him he had **Cataract**. TOK KI was scared because the doctor told him that it can only be removed by surgery and he had to go the hospital in the city for treatment.



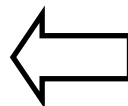
He went to the hospital a few days later using chartered taxi. He paid RM160 for a return trip. During the *Movement Control Order (MCO)* he had to travel alone. All his children were staying far away thus unable to accompany him. On arrival he was screened at the clinic entrance.



Clinic waiting area appeared empty due to social distancing order. Patients' appointments were also either postponed or cancelled to avoid crowd in the clinic. Many patients also did not come due to fear. TOK KI felt anxious and scared.



During examination, the eye doctor insisted that he wore mask. The doctor himself also wore mask. The slit-lamp machine had breath shield installed. It was so difficult for TOK KI to talk and listen to what the doctor was saying.



TOK KI needed surgery to remove cataract. But he had to be admitted to the ward a few days before surgery!

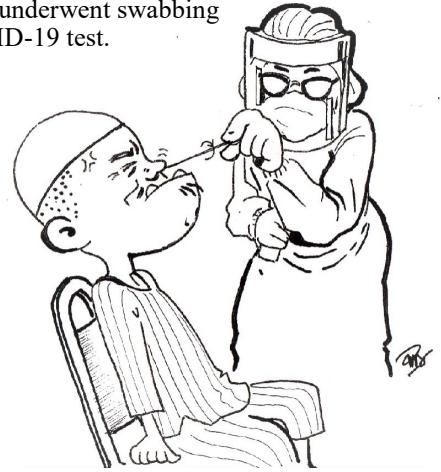
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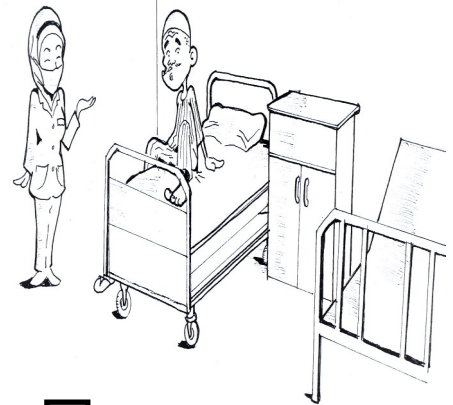


TOK KI went back to Hulu Terengganu and returned to the hospital a week later. He paid RM80 for a one way trip using chartered taxi. He had to go through multiple roadblocks on the way. At the hospital, he had to bear long queues and had to pass through multiple screening points before he could eventually arrive at the registration counter.

TOK KI underwent swabbing for COVID-19 test.



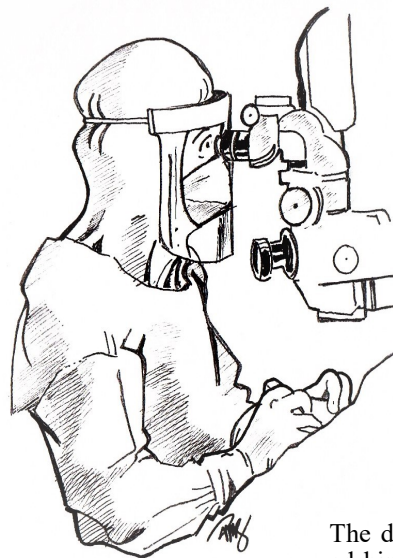
There were only a few patients in the ward. TOK KI's surgery would only be scheduled in 2 days time. TOK KI felt anxious . His movement was already limited by his age. Vision problem and unfamiliar surrounding added to his anxiety and fear.



THE  
END



Surgery was over in 15 minutes. Finally, TOK KI could see again despite all the difficulties he faced earlier. It was worth all the efforts. He could then plan his journey home, happily to see his wife again.....



The doctor who operated him had to wear full protection. He was also instructed to put on his mask all the time.

## *Legal Issues in Eye-Care during Covid-19 Pandemic*

An outbreak of disease can change societal goals and allocation of resources in the healthcare sector, including eye care. During an epidemic of a disease, **the goal is to minimise death and disability.**

During a disease pandemic like the current COVID-19, the target may have shifted to preserving the basic functioning of society by devoting available resources to the maintenance of critical infrastructures, such as law enforcement, emergency medical services, and utilities. Fear of contagion, logistical, and transportation challenges, understaffing of staff in all sectors, and industries can impede the ability to deliver and receive goods and services.

During this pandemic, there may have been a significant change and reduction in access to local eye

care. Shortage of personnel fearing contracting illness during work and due to the government Movement Control Order or lockdown period gives rise to many dilemmas in managing eye care. The lack of adequate and precise scientific or legal indications for eye surgeons and patients, for example, could result in a reduction in the volume of surgical interventions. Continuous postponement of elective surgery like cataract also inevitably facilitates a progressive deterioration of visual function in the population<sup>1</sup>.

Although no scientific evidence to suggest an increased risk of contracting COVID-19 through contact lens wear, the contact lens wearer also has been reminded to minimise the risk of infection by wearing spectacle and glasses, thus reducing their need to seek care and leave isolation. This recommendation is, by the way, to minimise impact to

the broader overwhelmingly stretched healthcare services.

Eye care practitioner has a legal **“duty of care”** to treat the patient who seeks their advice which arises once they assume responsibility as the legally qualified and registered personnel which possess skill and competence beyond ordinary person acquired through training and experience.

However, the legal duties during a pandemic may be arguably insufficient or inadequate<sup>2</sup>. The issue as to whether the practitioner must treat people with fatal and infectious diseases could have a dire consequence during a pandemic. Eye care practitioners are in a unique position because of their ability to provide care, which may increase their obligation to do so.

*To what extent can it be reasonably expected that eye care practitioners are ready to sacrifice their lives and, in some instances, their family members, as well?*

Despite vaccination (still unavailable up to this date), anti-viral prophylaxis, and PPE, the risk of infection can be high. Therefore, social distancing and personal hygiene & regular hand-washing is the new norm. Trying to save lives during an extreme situation like the current pandemic will require more difficult choices. In contrast to intensive medical interventions like mechanical ventilators and anaesthesiologists for the patient in dire needs, eye care practitioners may not be obligated to treat unwarranted eye conditions and may delay treatment without legal ramification.

Yet, for those patients who require immediate and emergency eye

treatment, strict protocol as recommended by the relevant authority shall comply. Still, the final judgment in the urgency of care has to be decided solely by each practitioner<sup>3</sup>. These risk or benefit assessment of each surgical/treatment procedure, the doubtful indication of operation, the risk of contagion, and protection against the potential infection created difficulties in clinical judgment. **Overall, the benefits must outweigh its detriment.**

Since the risk of virus transmission during procedures and surgeries around the head and neck region is relatively higher, eye care practitioners have been reminded to take extra precautions with strict guidelines or SOP<sup>3</sup>.

*However, what are the legal consequences for practitioners who deny or delay treatment in eye care?*

***“Duty of care” is a legal duty to take reasonable care not to cause harm to another person that could be reasonably foreseen.***

When people are more aware of the current treatment and their rights to demand such treatment, it would be more likely that they will complain and require some form of redress or compensation if they feel that they have received inadequate care or sub-standard service. Although the claims of medical negligence in eye care are not unusual in Malaysia<sup>4</sup>, this does not necessarily mean the practitioners are becoming more careless, or the claim will succeed.

In general, the civil laws of the tort of negligence have few elements for the claimant to prove. Firstly, there must be a “duty of care” owed by the practitioners.



## Legal Issues in Eye-Care during Covid-19 Pandemic—continue

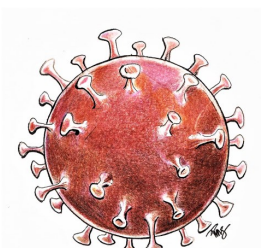
Secondly, the “duty of care has been breached”. Thirdly, harm has been suffered as a result of that breach (causation and remoteness). Since that the burden of proof in negligence is on the claimant, the first and the second element may be easier to prove. However, “**causation**” and “**remoteness**” are the most challenging element to prove, and many claims fail because of the failure to link the breach of duty of care with the harm or injury sustained.

The Federal Court’s judgment

in the case of the failure of an eye operation for retinal detachment reiterates the law in Malaysia concerning the “**standard of care**” for medical professionals. For diagnosis and treatment, the courts must accept the views of a responsible body of men skilled in the particular discipline (art)<sup>5</sup>. They cannot resolve differences of expert opinion on their own. However, the court must examine the specialist evidence to see if its capable of withstanding logical analysis<sup>6</sup>. As for the duty to advise of risks, it is the courts and not the body of

medical professionals that will decide for the standard of care expected<sup>6,7</sup>.

Nonetheless, SOP adapted in this pandemic era may help protect practitioners should anyone question the treatment decisions made during the pandemic. It could be argued that as long as the eye care practitioners follow the SOP, it may be challenging to prove that the practitioners have breached their “duty of care” by not attending the patient request for treatment. It may also be safe to conclude that the practitioners have reason-



ably acted as proper by a responsible body of medical men skilled in that particular art by following the “standard of care” as propounded by their peers from the SOP mentioned above. It would be more challenging to prove the third element of “causation” and “remoteness” during this pandemic where the practitioners may have reasonably made the correct clinical judgment by weighing the benefits of denying and delaying treatment has outweighed the detrimental consequences.

*On the other hand, what happens if the patient has not been truthful by concealing important facts regarding their status during a pandemic?*

Section 12 of the **Prevention**

**and Control of Infectious Diseases Act 1988** imposed a penalty to “*person who knows or has reason to believe that he is suffering from an infectious disease*” by exposing “*other persons to the risk of infection by his presence or conduct in any public place.....*” except “*...is necessary for obtaining medical treatment*”.

It would be argued that “obtaining medical treatment” here does not apply in eye care service, i.e., only applicable to obtain medical treatment for the infectious disease, which could harm public and practitioners alike.

Besides legal, ethical dilemmas do arise during pandemic concerning the provision of treatment and the allocation of resources in eye care. Eye care practitioners do have a moral duty not to harm and not to contaminate other healthcare personnel, patients, and their own family and friends. They must **protect public health while doing their best for individual patients**.

*What kind of risks and to what extent are the eye care practitioners expected (assumed) to take?*

Balanced against the principles of “the benefits must outweigh its detriment” and “the good of the public health as opposed to the benefit of an individual,” this final question is best left to our conscience.

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*“Standard of care” is determined by the standard that would be exercised by a reasonably prudent professional in that line of work.*

## *Fast Facts: Eye Manifestation of COVID-19*

Ocular manifestations are mild and rare 0.8%, only reported conjunctival congestion. It presumes to be self-limited and can be managed by symptomatic care.

Theory of ocular infection include direct inoculation of ocular tissue from respiratory droplets

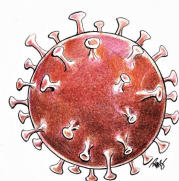
or aerosolized viral particles, migration from the nasopharynx via the nasolacrimal duct or hematogenous spread through the lacrimal gland.

American Academy of Ophthalmology had advice all ophthalmologists to provide only urgent and semi-urgent care to

reduce risk of Covid-19 transmission and interim guidance for triage of ophthalmology patients are provided as in the link: <https://www.aaao.org/headline/alert-important-coronavirus-context>

### *What should we do to protect against ocular transmission of the Covid-19 in daily practice?*

- Doctors should be wearing surgical mask, if possible N95, goggles or face shield
- A slit-lamp barrier or breath shield should be installed on each slit lamp
- Patients and their escorts should be instructed to wear face mask and wear it correctly during visit to clinic especially during examination at the slit-lamp.
- Slit lamp shields should be disinfected with 70% ethyl alcohol after each patient
- Goldman tonometer should be sterilized with a 10% diluted hypochloride solution after use
- Personal protective equipment (PPE) Such as mask and glove is a single used PPE. It should be disposed in the clinical waste bin.
- Face shield can be single used and reusable, in case of single use removal to be done with utmost care and dispose properly in the clinical waste bin.
- Reusable face shield it must be free from any sponges or sticking material or stapler pins to achieve good sterilization.
- Hand hygiene is essential infection control practise to protect patients and health personnel.
- It should be performed immediately after removing PPE even during PPE changes and removal if necessary and between patient contacts.
- Wash your hand thoroughly with soap and warm water or use a alcohol based hand rub.



Medical frontliners donning full PPE to collect nasal/ throat swab for Covid -19



Protect yourself and patient with faceshield, at least surgical mask and slit lamp breath shield



Body temperature measured for all patients before entering the clinic



Optometrist performing refraction with face shield and mask

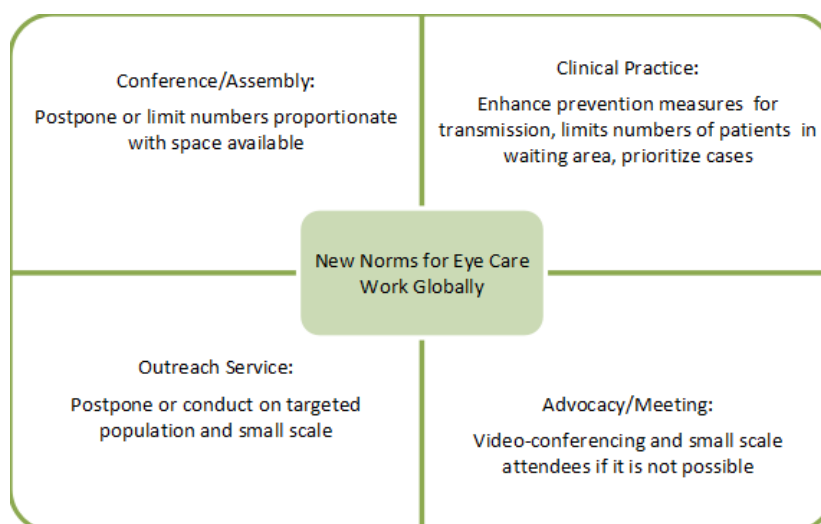
## International Updates

The World Health Organization (WHO) made firm recommendations to control COVID-19 transmission/pandemic particularly social capital empowerment in adhering to the new norms. Therefore modifications need to be made on eye care activities globally as well. Given the priority to ensure health, safety and well-being of everyone during this pandemic, the followings events/activities have been revised:

1. Conference: IAPB Global Assembly GA2020 was postponed to October 2021 with revision of core programmes and cross cutting themes in response to the needs and focus during the pandemic.
2. Clinical Practice: Advance/precaution measures are increased to prevent transmission at clinic settings and health facilities, with prioritizing cases and small number of patients at a time.
3. Outreach Service: Population screening activities should be postponed of can be conducted on targeted population in small scale.
4. Advocacy/Meetings: Face-to-face meeting is replaced with video-conference to limit travel and exposure. Should it is not possible; meeting can be conducted in small scale with strict adherence of established SOP.



WHO  
RECOMMENDATIONS



Optometry in Malaysia during COVID-19 article was included in the International Agency of Prevention of Blindness (IAPB) website on March 27<sup>th</sup>, 2020. You may read the full article here <https://www.iapb.org/news/optometry-in-malaysia-during-covid/>