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Equality and Survivability: COVID-19 and Persons with Disability in Malaysia

Kesaksamaan dan Keberlangsungan Hidup: COVID-19 dan Orang Kurang Upaya di Malaysia

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Many have become victims of the COVID-19 pandemic, and the virus has changed how we live our lives significantly. In order to mitigate the spread of the virus, various countries have implemented non-pharmaceutical approaches such as spatial distancing and partial lockdown. Be that as it may, the strong countermeasure applied poses several issues towards persons with disabilities (PWDs) due to their limitations in mobility, as well as a country's poor policy planning. This paper sought to discuss some of the issues experienced by PWDs in Malaysia during the COVID-19 pandemic as well as some relevant suggestions.

Keywords: COVID-19, persons with disabilities, issues, challenges, suggestions

Ramai individu telah menjadi mangsa kepada pandemik COVID-19, dan virus ini telah memberi kesan signifikan terhadap cara hidup individu. Dalam usaha menghalang penularan virus, pelbagai negara telah melaksanakan pendekatan bukan farmaseutikal seperti penjarakkan sosial dan kawalan pergerakan. Walaupun demikian, tindakan tegas yang dikenakan menimbulkan beberapa isu terhadap Orang Kurang Upaya (OKU) disebabkan oleh had kebolehan mobiliti mereka, serta perancangan dasar yang lemah oleh negara. Kertas ini bertujuan untuk membincangkan beberapa isu yang dihadapi oleh OKU di Malaysia semasa pandemik COVID-19 serta beberapa cadangan yang relevan demi meningkatkan kesejahteraan hidup golongan OKU sekiranya pendemik sebegini berulang.

Kata kunci: COVID-19, orang kurang upaya, isu, cabaran, cadangan

The severe acute respiratory syndrome coronavirus 2 (SARS-COV-2), a novel coronavirus, commonly known as COVID-19, that originated in Wuhan, Hubei province, China (Li et al, 2020), has been declared a pandemic (World Health Organization, 2020). As of 1 June 2020, Malaysia reported a total of 7857 confirmed cases, with 6404 cases recovered, and 115 deaths (COVID-19 outbreaks, 2020). The COVID-19 mainly targets the lungs, causing major damage to the human respiratory system (Lee, Hu, & Gu, 2020). The situation is intensified for people who possess existing cardiovascular conditions. Research has indicated that individuals with hypertension and heart issues have a higher risk of mortality from COVID-19 (Yang et al, 2020). It has also been known that the COVID-19 is transmitted mainly through respiratory droplets such as from the act of coughing and sneezing, as well as through touch such as handshakes (Cascella, Rajnic, Cuomo, Dulebohn, & Napoli 2020; Li et al., 2020). Other than that, the COVID-19 is also able to spread through various surfaces when being touched. In an experiment conducted by van Doremalen et al. (2020), it has been discovered that the virus was observed in aerosols for up to three hours, with an estimated average life of 66 minutes. Additionally, the virus was spotted on surfaces for several days, with active SARS-CoV-2 determined on plastic and stainless steel up to 72 hours.

While most individuals infected with COVID-19 display respiratory complications (Del Rio & Malani, 2020), others may display gastrointestinal, cardiovascular, or neurological symptoms (Avula et al., 2020; Mao et al., 2020; Schmulson, Dávalos, & Berumen, 2020). In some cases, infected individuals might have no signs of respiratory symptoms at all (Lee et al., 2020), thus, having a higher chance of

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transmitting the virus to others unintentionally. With this being the case, early identification through proper health screening is essential. It has also been discovered that the incubation period of the covid-19 is around 2 to 14 days, and the transmission of the virus can occur prior to the manifestation of symptoms in infected individuals (Li et al., 2020; Wu & McGoogan, 2020). Screening for COVID-19 infection is mainly carried out by performing swab tests. An individual is pronounced clear of the virus when two or more negative swabs are confirmed. However, it should be made clear that even though individuals tested negative through cavity sampling between the nose and the mouth, samples from anal swabs and blood cultures may remain positive (Liu, Chen, Tang, & Guo, 2020). This further supports the notion that the main methods of spread of the virus include respiratory droplets, bodily fluids, fecal or oral substances, direct contact, and through environmental surfaces (Wang, Wang, Chen, & Qin, 2020).

A preventive measure (Cascella et al., 2020) labelled as social distancing or some may debate that spatial distancing is a more accurate terminology (Able & McQueen, 2020) has been implemented globally as a non-pharmaceutical strategy to dwindle the spread of the COVID-19 virus. The strategy of spatial distancing consists of cancellation of mass gatherings or events, desistance of educational asylums and enterprises, quarantine of persons who have been in contact with confirmed cases, segregation of suspected or confirmed cases, work-from-home or stay-at-home recommendations, etc. ("Q & A on COVID-19", 2020). Although isolation from society which is apparent in the spatial distancing response is pretty much a common phenomenon for persons with disabilities, COVID-19 has also posed several issues toward such a population. The Subsequent section will highlight the issues experienced by persons with disabilities (PWDs) in Malaysia, as well as relevant suggestions during the COVID-19 pandemic.

COVID-19: Issues Towards Persons with Disabilities

In response to the global outbreak of the COVID-19 pandemic, the Malaysian administration has implemented a spatial distancing strategy: The Movement Control Order (MCO), beginning on 18 March 2020 until 9 June 2020 (Yi, 2020). The MCO prohibits any domestic and international travel, as well as the closure of educational institutions and insignificant enterprises. Citizens are also confined at home, with the exception towards medical treatment and rationing, in which restaurants are only allowed to perform takeaways. The MCO was eased on 4 May 2020 to combat the economic backlash of the pandemic hence, the Conditional Movement Control Order (CMCO) was implemented and will remain until 9 June 2020 (Hassan, 2020). The CMCO enables most businesses to resume operation as well as allow people to travel for employment Purposes (Hassan, 2020). Be that as it may, educational institutions remain closed and social events are still prohibited.

Despite the government's efforts in combatting the spread of the virus, several issues towards PWDs are often overlooked. Although several firms have implemented special services for PWDs such as the MyDin supermarket (Rahim, 2020) and Jaya Grocer (Aziz, 2020), these services are rather insignificant. Since more than 80% of PWDs reside in low- and middle-income countries such as Malaysia (The Lancet, 2020), challenges imposed by the COVID-19 pandemic, as well as negligence by society are intensified. PWDs are often less likely to access health services, due to their lack of mobility, and they are more likely to experience greater health needs (Preventing discrimination against people with disabilities in COVID-19 response, 2020). While most local businesses remain closed, transportation services (Jalali, Bagheri, Bagheri Lankarani, Kamali, & Mojgani, 2020) such as Grab are also scarce, further compounding the mobility challenges experienced by PWDs.

Additionally, persons with disabilities may not be able to adhere to general personal precaution care to the maximum extent (Jalali et al., 2020). For instance, individuals are advised to always keep their hands clean, either using hand sanitiser or washing, persons with physical disabilities such as those with prosthetics or amputees may not be able to perform such actions independently (Jalali et al., 2020). Moreover, since the COVID-19 virus could remain active on environmental surfaces for up to several days, persons with visual disability may possess a greater risk of being infected due to their heavy reliance on their sense of touch (Jalali et al., 2020).

Guidelines for COVID-19 management for PWDs in Malaysia are also non-existent. The Ministry of Health Malaysia has released 36 annexes about the management of the COVID-19 pandemic in Malaysia. However, these guidelines do not tackle the handling of persons with disability. This is indeed a serious issue as it reflects the values upheld by a country's administration. The situation further supports the notion that persons with disability are often discriminated against or sidelined in terms of policy development (Preventing discrimination against people with disabilities in COVID-19 response", 2020). Table 1 displays the annexes released by the ministry mentioned above.

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Table 1
Annexes of COVID-19 Management in Malaysia

Annex 1: Case Definition
Annex 2: Management of PUI and Confirmed Case
Annex 2a: Management of PUI Not Admitted
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Annex 2c: Screening And Triaging
Annex 2d: Work Process of Pre-Hospital Care and Emergency and Trauma Department
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Annex 2g: Surveillance of COVID-19
Annex 3: List of COVID Hospital and Screening Center
Annex 4a: Distribution of Laboratories Handling Clinical Samples Based on Delivery Facility
Annex 4b: List of officers to be contacted for delivery of samples out of office hours, weekends, and public holidays
Annex 5a: Guidelines on Laboratory Testing for Novel Coronavirus for Patients Under Investigation
Annex 5b: Laboratory Testing for Inpatient
Annex 5c: Triple Layer Packaging
Annex 6a: Health Alert Card
Annex 6b: Mental Health Alert Card
Annex 7: Notification Form
Annex 8: The Infection Prevention and Control (IPC) Measures in Managing PUI or Confirmed COVID-19
Annex 9: Management of COVID-19 at Point of Entry
Annex 10: Home Assessment Tool
Annex 11: Protocol for Ambulance Transfer for PUI or Confirmed COVID-19
Annex 12: Management of Close Contacts of Confirmed Case
Annex 13: Field Response Activity
Annex 14: Order for Supervision and Observation at Home
Annex 15: Daily monitoring form for close contacts of potential case infected by COVID-19
Annex 16: List of close contacts of confirmed COVID-19 case form
Annex 17: Release note from the commitment of supervision and observation at home
Annex 18: Monitoring form for person under surveillance
Annex 19: List of persons under surveillance form
Annex 20: Interim Guideline for Handling Dead Bodies of Suspected / Probable /Confirmed COVID-19 Death
Annex 21: Management of Healthcare Workers During COVID-19 Outbreak
Annex 21a: SOP for COVID-19 Sampling Procedure for Healthcare Workers
Annex 22: Guidelines on Management of Coronavirus Disease 2019 (COVID-19) in Surgery
Annex 23: Guideline on Management of Coronavirus Disease 2019 (COVID-19) in Pregnancy
Annex 24: SOP for Performing Radiological Procedures for PUI and Confirmed COVID-19 Patient
Annex 25: COVID guide for workplace
Annex 26: COVID guide for Social Distancing

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Annex 27: COVID guide for special settings
Annex 28: Dialysis and Nephrology Units
Annex 29: Intensive Care Preparedness and Management For COVID-19
Annex 30: COVID-19 ORL Services
Annex 31: Management COVID-19 in Neonates
Annex 32: Quarantine Center
Annex 33: Mental Health and Psychosocial Support
Annex 34: Guidelines on the Pediatric Intensive Care Unit Management of Children with COVID-19
Annex 35: Guidelines of Infection Control and Clinical Management of Sari & Pneumonia Tro Covid-19
Annex 36: Guidelines on the Cleaning and disinfection of public places

*Source. http://covid-19.moh.gov.my/garis-panduan/garis-panduan-kkm

To provide a broader perspective regarding this matter, there is an ongoing debate regarding the COVID-19 treatment, specifically the allocation of ventilators and intensive care unit (ICU). There is a huge argument that persons with higher instrumental value such as healthcare workers should be given priority in COVID-19 treatment (Kirkpatrick, Hull, Fedson, Mullen, & Goodin, 2020; White & Lo, 2020). This raises concern that persons with disabilities might have lower instrumental value as compared to the non-disabled population, thus, being treated as disposable casualties (Thelwall & Levitt, 2020). Additionally, allocating treatment based on individuals' instrumental value poses a dilemma. not all healthcare workers are equal. For example, those with expertise in emergency medicine, infectious disease, and critical care could be more useful compared to general cardiologists. Some non-medical workers are crucial in maintaining a functioning society such as law enforcers, soldiers, delivery workers, etc. (Kirkpatrick et al., 2020). Although the debates with regard to social versus instrumental value are endless, decision-making should be balanced, and free from discrimination and bias.

Suggestions

The COVID-19 pandemic has impacted lives in many ways. The fact that viruses are invisible, has already caused various psychological distress in the population (Papas, Kiriaze, Giannakis, & Falagas, 2009). Further compounding the problem is that the COVID-19 virus has changed how we live our lives, from interaction to isolation and from employment to unemployment, which has also intensified the negative impact on individual psychological well-being (Lyall et al., 2018; Rubin & Wessely, 2020). With this being the case, mental health support like counselling should be readily available. This is an urgent need in Malaysia as counsellors are scarce (Malaysia is still short of psychologists to provide counselling - Health DG (Astro Awani, 2020). According to a media statement released by the Malaysian Health Director General on 3 June 2020, citizens have expressed various concerns such as fear of the COVID-19 pandemic, insufficient access to daily necessities, financial challenges due to unemployment, as well as domestic abuse.

Despite mental health workers being a critical need during the COVID-19 crisis, proper communication with patients and parents regarding healthcare related to exposure to COVID-19 is also important. This includes honest disclosure regarding symptoms and prognosis, instructions on containment strategies, emotional support, as well as assisting for individuals to access resources that they need to adhere to such as face masks and hand sanitizers ((Sivashanker et al., 2020). For persons with disabilities, public health information must be accessible (Armitage & Nellums, 2020; "Towards a disability-inclusive COVID-19 response", 2020). All information distributed must be in plain or simple language to aid those with a learning disability. As for persons with a visual disability, printed documents should have larger texts, available in high contrast, and alternative formats such as braille. As for digital documents, images should be avoided at all costs and documents should be in the ".docx" format to allow ease of access for those who are blind. Communication on the mass media should also include captions, national sign language, and interpreters with transparent masks to enable lip-reading for those with hearing impairment (Armitage & Nellums, 2020, "Towards a disability inclusive COVID-19 response", 2020).

Awareness with regard to persons with disabilities is also essential. Government officials and healthcare workers should be aware of the rights and needs of persons with disabilities ("Towards a disability-inclusive COVID-19 response", 2020). Most persons with disabilities may have difficulties accessing healthcare needs due to their challenges in mobility. Some may need a caretaker or assistance (i.e. a support system for persons with disability to function) when they are accessing health services. Their caretaker or assistant should not be separated. For instance, a blind person going for a COVID-19 test should have his or her guide tagging along. Despite the COVID-testing area only allowing the person taking the test to enter as a precautionary measure, exceptions should be given to those who need a caretaker or a guide beside them. In any case such a condition cannot be fulfilled, personnel with adequate training in assisting persons with disabilities should be made

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available. Accordingly, training programs such as "disability equality training (DET)" and "Disability Awareness Training" should be implemented on a large scale in Malaysia since awareness regarding the rights and needs of persons with disabilities remains poor (Islam, 2015).

Conclusion

In conclusion, although the COVID-19 virus has taken many lives and many countries struggle to combat such a phenomenon, persons with disabilities are often overlooked in terms of healthcare needs and discriminatory policies. Even though the world is striving for survival, the approaches taken should not be based on the survival of the fittest principle but should be based on equality, morality, and inclusivity.

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