An experienced doctor in forensic pathology contacted the World Socialist Web Site. He raised concerns about the Johnson government’s failures in combating the coronavirus pandemic, including a lack of personal protective equipment (PPE) and its impact on the safety and morale of National Health Service NHS workers in Britain.

WSWS: What do you think about the UK government’s response to the coronavirus outbreak?

Their belated efforts to curb the spread of the disease and their inadequacy comes from a flawed strategy. What the government said about “herd immunity” is not based on science. Normally herd immunity is achieved through vaccination. For instance, with polio vaccination or any other vaccination, if you can immunise around 80 percent of the population the rest of the population will also benefit. You do not let people get infected during a global pandemic which is causing a yet untold number of deaths and misery in order to achieve herd immunity. That is totally wrong and criminal.

As viruses are evolving and mutating, it is very difficult to find a vaccine. Also it is sometimes worthless to have herd immunity, as people can get infected from a different variant of the virus. The danger with the government’s strategy is that the most vulnerable people who have got underlying health conditions can die during the rapidly spreading pandemic. Some of them can survive and have immunity for Covid-19, but I have heard news from China that some have been re-infected. I think it can probably be the result of a mutation of the virus. A virus constantly changes its outer protein cover and RNA structure.

That is why the government should have taken measures to curb the spread of virus by testing, contact tracing and social distancing—and above all by preparing the NHS to face the challenges well before we came to this stage. It is too late for everything because of gross negligence and lack of preparation. Because of the policy of developing herd immunity, they exposed the whole country to this virus.

This is coming from their political agenda. America also followed the UK’s “herd immunity” strategy, although they did not use that phrase. Look at where they are at now!

In this country there are a lot of vulnerable people—those who are above 70 and 80 years old, pregnant women, people with multiple sclerosis, immunocompromised people, chronic obstructive pulmonary disease, asthma and heavy smokers. This virus can cause very severe pneumonia. That is why Covid-19 can kill tens of thousands of people and why the government’s approach is a massive crime against humanity. They did not and still are not doing enough testing and did not take the necessary measures to curtail the spread. Their strategy continues!

They first thought the virus will stay in China and Asia. Then they might have thought that it will stop in Iran. When it came to Italy, they might have thought only the expendable group of people will die of the virus and the rest survive here in the UK. But this virus does not care who’s who. It infects everyone. The most vulnerable people will die, but many others also.

WSWS: The NHS is facing massive challenges due to cuts in resources and staff shortages. Is it prepared for the influx of patients?

We have only around 4,100 ICU [intensive care unit] beds and I am sure most of them are already occupied. In Italy hospital workers are overwhelmed, even though they have more per capita ventilators than the UK. Their cases suddenly jumped and they couldn’t cope. When a patient is on a ventilator, they can occupy it for several days. So many patients who needed ventilators went without in Italy and died. That is exactly what is going to happen here. Even the thought of it is scary!

In Italy, many frontline staff fell ill with the virus and I
believe 46 doctors have died to date. Even if you have ventilators, without the staff with knowledge and expertise you cannot look after patients. There should be enough anaesthetists and other health workers with skills to intubate and ventilate patients. If these health workers get infected due to lack of personal protective equipment, that will be another disaster. This is a worldwide medical emergency and we shouldn’t put our frontline staff at risk.

In the south of England, anaesthetists have said that all the ventilators will be used up by early April. By mid-April, three out of four patients who need ventilators won’t have one. Presently, if you don’t have a ventilator you intubate patients and send them to hospitals where ICU and ventilator facilities are available. But where can you send them when all hospitals are overwhelmed? Patients are intubated when all the other options to treat respiratory failure are exhausted. So we will see patients collapse and die in front of our eyes.

In Italy, I have seen medical professionals compelled to make very difficult decisions on who should be intubated and ventilated and who shouldn’t. As well as the coronavirus crisis, patients will come with other surgical and medical emergencies like sepsis, post-partum haemorrhage, cardiac arrests and disseminated intravascular coagulation. So, they will still have to have ventilators.

WSWS: Do you think Personal Protective Equipment provision by the government is adequate?

There are dangerous consequences for staff as there is a lack of proper PPE. The [NHS] Trust ask you to wear minimal PPEs like a surgical mask, gloves and a thin plastic apron for suspected cases of Covid-19 and a proper FFP3 mask, gown, gloves and eye protection for confirmed cases of the virus. This is in total breach of World Health Organisation [WHO] guidelines and you can get infected by the time you have the results of suspected Covid-19 patients.

Even for a normal epidemic, which is confined to a single country, the WHO recommends full protection to prevent health-workers from getting infected. You cannot treat patients unless you look after your health staff. Workers should consider every suspected patient as a positive case until tests prove otherwise. NHS authorities and the government are responsible for exposing staff to this potentially fatal disease by not providing proper gear. If you take these health authorities to a criminal court, I am sure they will be found guilty of gross negligence manslaughter.

We are already terribly short of staff. You also must think about health workers’ mental health and well-being. They think about their families and loved ones. They think about having to be isolated. They see people die and they work in a situation where everyone is scared. Stress and anxiety levels are high.

One of my friends works in a London hospital as a consultant anaesthetist. They had a massive influx of patients one day. For the first patient he intubated, he had a set of proper protective gear and that was all he had. For the subsequent patients he had to carry out the job without proper protective gear. Several days later the trust provided proper PPEs, but my friend still can get infected. Who can replace professionals like him if he falls ill? Not many.

Another friend, an Ear, Nose and Throat surgeon, told me that he still carries out high risk examinations and procedures without proper PPEs.

The government should listen to the health professionals, health workers and health experts, not to so-called advisers who are indifferent to the lives of frontline staff, the elderly and sick. NHS staff are so stretched that they are exhausted, even before the tsunami of virus admissions starts.

We have known this from December last year. Even before that, since November last year, a doctor in Wuhan in China was trying to alert the public and the Chinese government about the virus. At first his efforts came to no avail and he also became a victim of the disease. Boris Johnson’s government has no excuses. This is a country with one of the biggest economies in the world and we have a lot of expertise and knowledge in the medical and health field. Some countries follow the UK’s scientific lead in these fields. But scientific advice and health experts’ warnings fell on deaf ears.

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