

Victims of herd immunity: further evidence that UK care home residents were denied medical treatment

By Margot Miller
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A report, “The Experience of Care Home Staff During Covid-19,” published Monday by the Queen’s Nursing Institute, reveals that during the peak of the pandemic in the UK, the elderly and disabled were in many cases denied medical treatment.

Founded in 1887 to organise the supply and training of District Nurses, the Queen’s Nursing Institute (QNI) is the UK’s oldest charity. Alongside QNI Scotland, its mission is to improve the nursing care of people in the community.

In May and June, given grave concerns about the impact of the pandemic on nursing and residential homes, the institute launched a survey of the QNI’s Nurses’ network. Those surveyed included 114 registered nurses and 46 managers. Most respondents cared for the elderly, while a third worked with residents of mixed ages and needs.

The report reveals that hospitals were instructed by the authorities to empty wards of geriatric patients, who were then sent untested for COVID-19 into care homes.

Simultaneously, care homes were told there was a blanket ban on hospital admissions. National Health Service (NHS) managers instructed care homes that residents who became sick were to be covered with DNAR (do not attempt to resuscitate) orders.

Asked if this policy changed during the period sampled, 16 respondents, or 1 in 10 in the survey reported, said the QNI had “serious ethical and professional concerns.” For example, one respondent said, “GPs, Clinical Commissioning Groups and hospital trusts making resuscitation decisions without first speaking to residents, families and care home staff or trying to enact ‘blanket’ ‘do not resuscitate’ decisions for whole groups of people.”

Such a practice, amounting to involuntary euthanasia,

which is illegal, was in many instances ignored by staff.

One nurse in the survey said, “We were asked to change the status of all our residents to do not resuscitate and not for escalation to hospital. We refused.”

Another said, “All residents with suspected or confirmed COVID-19 were automatically made DNAR and given emergency health-care plans to stay in the home.”

Thirty-nine of those surveyed reported COVID-19 stimulated change of practice, such as involving residents and/or families in discussions about dying and residents’ wishes should they catch the virus.

Other failures included “lack of guidance on issues like personal protection and issues of poor access to pay if they [staff] became ill.” The report states, “Only 62 respondents stated that they could take time off with full pay, while some felt pressure not to take time off at all.”

Seventy or 43 percent of the 163 homes surveyed reported that in March or April they had admitted patients who had been turfed out of hospital without a coronavirus test. “The acute sector pushed us to take untested admissions,” said a nurse.

A fifth of homes had admitted a COVID-19 patient discharged from hospital.

A cross-party parliamentary committee found that a total of 25,000 patients were discharged into care homes in England between mid-March and mid-April; 6,435 geriatric patients were discharged from hospital between March 19 and April 15—of whom only 2,225 were tested. The 623 who tested positive were sent into a care homes, nevertheless.

Twenty-five percent of respondents said it was difficult or very difficult to get hospital treatment for residents, 32 and 33 percent, respectively, reported difficulty accessing general practitioners and district nurses to attend their

facilities. Twelve percent of respondents reported difficulty or great difficulty accessing end-of-life care or medication for those in their care.

Releasing untested patients into the care system ensured the spread of the pandemic into the community, as care home staff faced a shortage of personal protective equipment (PPE), which the government had failed to stockpile. Care staff, who were also untested at this point, becoming ill, took the virus home to their families.

The Tory government's herd immunity policy made it inevitable the elderly would die disproportionately. According to figures from the Office for National Statistics, 19,394 care home residents died between March 2 and June 12 of COVID-related illnesses—approximately a third of all deaths in care homes in that period.

In Scotland, the picture is even more horrific, with about a half of COVID-19 deaths in the country involving the elderly in care homes.

One of the study's authors, Professor Alison Leary, said, "It is clear from this survey that the care home workforce has faced very challenging issues. Many have felt unsupported and their wellbeing has suffered."

QNI Chief Executive Crystal Oldman said the survey's findings epitomised government neglect of the care home system. Emphasising the crucial though undervalued work performed in the care sector, she said, "The care being delivered in a home can at times be as intensive as in a hospital—in particular for end of life care—and it is hugely skilled work."

Care for the elderly was largely privatised beginning in the 1980s, and care workers are notoriously low-paid, with many employed on a temporary basis.

Oldman expressed concern that homes had struggled to access district nursing, GP and hospital services. "We were really surprised to see this," she continued. "These are universal health services. It is completely opposite to the protective ring around care homes that was being talked about at the time [by the government]."

Fifty-six percent of nurses and managers surveyed said their physical and mental health had suffered.

Anita Astle, managing director at the Wren Hall nursing home in Nottingham, and a nurse with 30 years' experience, told the *Independent* newspaper her staff were in "despair." Almost two dozen of the residents in the home died from the virus, causing lasting "emotional and physical strain. We were losing people we cared about, people who were part of our family. They were dying and there was nothing we could do about it." she continued,

"I was broken at the lowest point."

Astle explained how a COVID-19 patient with a tracheostomy was discharged from hospital to the home at the beginning of May, even though the home said they lacked the protective equipment to give him appropriate care. It was seven weeks later before staff had their masks and were being tested for safety.

Another respondent declared, "The two weeks of daily deaths during an outbreak were possibly the two worst weeks of my 35-year nursing career."

Care workers are still not adequately provided with PPE, and testing is inconsistent.

NHS Providers, on behalf of more than 200 NHS trusts in England, recently boasted that in April the NHS had freed up 33,000 beds in "record time." The situation in Scotland was similar. A recently leaked letter revealed Scottish Health Secretary Jeane Freeman congratulated health boards in April for discharging the elderly from hospital to care homes in "record time."

The report's findings are a devastating indictment of the Johnson government's homicidal policies putting business profits above workers' lives, which are continuing in the unfolding pandemic.

Medical treatment was withheld from the oldest and most vulnerable in society per government order, as part of a herd immunity policy in which the virus was allowed to rip through care homes. The predictable result was thousands of older people dying before their time, some losing many years of life, and families losing cherished loved ones to a highly contagious disease.

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