



VIEWS AND REVIEWS

CRITICAL THINKING

Matt Morgan: When the problem is urgent and important

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Eisenhower said that “what is important is seldom urgent and what is urgent is seldom important.” Breaching a waiting list target—urgent! Celebrity admission to hospital—urgent! But major future events that will almost certainly cause death and disruption, from the climate emergency to pandemic disease? Not urgent. Yet now we have a crisis that’s both urgent and important.

The health systems of many countries are about to face unprecedented demand, in systems that are already under pressure—like a cardiac arrest in a body that already carries the scars of chronic, untreated disease. We may soon face a situation where demand for intensive care exceeds capacity. For patients who are elderly and frail it must be very hard to listen to news reports ending with, “Don’t worry: this illness mainly affects the frail and the elderly.”

But it’s not only those with a famous virus who face urgent, important problems. An illness can’t live in isolation: it arrives, gets found, and gets fixed in the sea of healthcare surrounding it. A nasty broken leg outside a well functioning trauma centre—no problem. A twisted ankle on Ben Nevis in a night storm—big problem.

Being a doctor in the intensive care unit feels different now. The spotlight of concern has swung in our dark direction. No longer are we the wallpaper that quietly saves lives. We’re now the furniture in the rooms of government and the kitchens of the public. Can we ever be fully prepared? No. Are we nervous? Yes. Yet there have been cracks of light through this crumble into crisis. The hospital has a buzz of innovation and energy.

Difficult problems that have slept on in-trays for years are getting solved.

Telemedicine is suddenly here, inefficient reams of paper care plans have been slimmed down, and drive-through clinics pop up in convenient positions. The separate tribes of medicine are now one—talking together, solving problems together. The hidden whispers of healthcare rationing and advance care plans are being discussed loudly, by doctors, by leaders, and by the public. If war is the mother of invention, pandemic disease is a close second. Will it be OK? We think and hope so.

And so, female healthcare workers stand tall, male ones clean shaven, and all ready to give our all. We’ll pull as many patients out from the storm as our hands will carry. And, when they’re full, we’ll still shelter the elderly and the frail, providing any treatments that may work for them but, even if there are none, always the care they need. Then we’ll climb down from the mountain ourselves, hoping to get to the bottom safely, knowing that we’ve done our best.

I thank Tom Holmes and Hugh Montgomery for their inspiration.

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