



## Don't panic: five minutes with . . . Kai Zacharowski

The president of the European Society of Anaesthesiology advises doctors on getting through the covid-19 pandemic

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“Don't panic. That's the most important thing.

“The second thing is hygiene. Keep a distance [from people] of at least a metre and avoid handshaking. Of course, doctors have to look after patients, but if a patient has symptoms, such as flu-like symptoms, it makes sense not to be extremely close to them. And obviously wash your hands and do not touch your face.

“Eventually, probably 60% or 70% of the UK population will be infected—and this will include doctors—but the question is how fast [will they be infected]? We have learnt that quite a large number of people won't have any symptoms. So if you start testing everyone, you could induce a panic.

“Obviously we would all like to know if we are positive or negative, but does it really help? We also have a shortage of tests, so I think tests should only be used under certain criteria, such as if the patient has had direct contact with someone who is proven to be infected and if they have symptoms.

“If you have a doctor who is infected but has no symptoms, and you have patients who are in need of help, then I'm not sure it's the right decision to tell that doctor not to come to the hospital. The doctor with no symptoms could work as long as they protect their patients from getting infected. That is possible if you have certain measures in place like nose and mouth protection and good hand hygiene.

“We all have to learn from the situation in Europe, especially in Italy but also in France, Spain, and Germany. And from the numbers we see in China and South Korea.

“Each country has to do their own calculation in terms of the infection rate and predicted infection rate. On top of that there is a percentage of people who will need treatment in an intensive care unit. It's hard to say but probably every 10th patient will have respiratory failure and need treatment in intensive care.

“Therefore, I think the most important thing is to have a controlled infection rate. We cannot avoid it; there will be infection, but if you can flatten the curve of infection that will help the NHS. If the infection rate is high, the intensive care beds in the NHS won't be sufficient.

“That's what we saw in Italy, and it is one of the worst things—having so many patients who need treatment in intensive care but being unable to provide it. You have to suddenly make decisions. You have to triage and say, ‘I will treat this patient, but I can't treat the other one.’ It's awful for doctors who want to help.

“The other thing that I find really dreadful is that to treat patients under these conditions you need to have resources such as ventilators, certain devices and medications, and protective clothing. Obviously, there is a shortage of these but there is no common effort to centralise them in Europe and to help individual countries according to their needs.

“To be fairly honest, if you look at the many, many people who died in Italy, it's heartbreaking. And why did they die? Because they didn't have enough resources—enough ventilators and so on. Europe is extremely rich, so why couldn't we have shifted things from other countries to help?

“My opinion is that we should have had a joint effort in Italy. If we talk about Europe, and I still consider the UK as part of that, we should have taken measures to move resources to follow the pandemic.

“But there is always hope. A lot of the intensive care units in the UK are being run by anaesthetists who are well trained doctors who know what they are doing.

“But there are probably not enough intensive care beds in the UK. This pandemic might be a signal to reconsider whether this is appropriate for 2020 and the conditions we are now experiencing.”