



EDITOR'S CHOICE

Protect our healthcare workers

Fiona Godlee *editor in chief*

The BMJ

For healthcare staff at the front line of the covid-19 pandemic, work has suddenly become a frightening place. Impossible decisions threaten long term psychological damage from moral injury, say Neil Greenberg and colleagues (doi:10.1136/bmj.m1211). And there is real and justified fear about personal safety, fuelled by a scandalous and widespread lack of personal protective equipment (PPE). Doctors have been reduced to sourcing improvised eye protection, making public appeals for respirator masks, and fundraising for supplies (doi:10.1136/bmj.m1286). Their families (my own included) are parcelling up masks and scrubs and sending them by post, reminiscent of the parcels fondly sent to soldiers in the trenches in the first world war. With the UK's first reports of deaths among doctors (doi:10.1136/bmj.m1288), the BMA's warnings (doi:10.1136/bmj.m1316) ring horribly true. Reports from the US and elsewhere are no less worrying.

Things are made worse by a profound loss of trust in authority. Repeated assurances that supplies are on their way have not yet matched the reality on the ground, and small variations in guidance from different bodies have fuelled fears that policy is being led by scarcity rather than science. As one example, Public Health England's decision to class chest compressions during resuscitation as not aerosol generating, against international consensus and the UK's Resuscitation Council guidance, has caused real concern (doi:10.1136/bmj.m1282). Anna Sayburn's summary of PPE guidance from the World Health Organization, Public Health England, and specialist societies highlights the confusing variation (doi:10.1136/bmj.m1297), which in some cases is leading to inappropriate overuse and wastage. PHE has promised more consistent guidance in the next few days.

It's not only on protective equipment that the UK has diverged from international norms. Against WHO recommendations, the UK stopped contact tracing early in the epidemic. The reasons for this have not been published, say Allyson Pollock and colleagues (doi:10.1136/bmj.m1284), but lack of testing facilities seems to be one. Contact tracing must be urgently restarted, they say, not least so that systems are ready for a second and third wave of this epidemic.

Lack of testing and PPE are redolent of the Ebola outbreak, say Megan Diamond and Liana Woskie on BMJ Opinion (<https://bit.ly/2UOMSQS>), showing that vital lessons have not been learnt. Without widespread community testing, healthcare workers can't know whether the patient they are treating has covid-19. As infection rates increase, staff are surely justified in assuming that all patients may be infected.

Things are moving fast and there are extraordinary achievements to celebrate, not least the almost overnight conversion of conference centres into thousand bed Nightingale hospitals (doi:10.1136/bmj.m1290; doi:10.1136/bmj.m1298). So it's possible that by the time you read this you will have the necessary kit to make you feel safe. If not, please let us and the BMA know at newsdesk@bmj.com so that we can push governments to act, and share your experience using the hashtag #properPPE. Doctors should not have to risk their lives.

Correction: On 14 April we amended the email address for newsdesk@bmj.com.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>