David Oliver: Covid-19—recriminations and political point scoring must wait

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Now is surely not the time for premature post mortems on our response to covid-19, for party political point scoring, or for reheating of historical resentments. Nor is it the time for attacks on officials and managers trying to solve problems as best they can.

In the war on the global covid-19 pandemic, responses in the NHS and wider public policy are changing at a pace more like time lapse photography than our usual peacetime decision and communications cycle.

The virus threatens our health and will hospitalise or kill many. The repurposing of health services to deal with it will marginalise many people with other important, life limiting needs. For months, it will transform the jobs of people in frontline healthcare and other key public services. It will leave millions of self-employed, contract, or salaried workers in a whole range of industries with serious financial problems and will devastate many sectors.

Beyond national boundaries, governments of every political shade, of every degree of experience or competence around the world, face a similar set of wicked problems.

The UK’s response

I’m a frontline NHS doctor working in acute care on the wards and on the acute medical intake. I and many colleagues have cared for patients with covid-19. We’ve watched some of them become critically ill and die. We’ve been frustrated by supply line problems and by conflicting advice on personal protective equipment and the risks to our own health or our families. We’ve shared similar concerns about access to covid-19 testing and advice on self-isolation or returning to work.

We’ve wondered out loud why the response from the UK government and the national leadership organisations overseeing the NHS seemed so at odds with the World Health Organization’s guidance—or with that in South East Asian nations that are already flattening the curve. Maybe our national response should have been cranked up a few weeks earlier and been more assertive.

Perhaps that response was too influenced by a flawed predictive model or by behavioural insights based on less virulent or less fatal pandemics. We’ve sought reassurance, information, and action from authorities that might make us feel safer and more confident, and we’ve wondered to what extent independent advice from experts such as the chief medical and scientific officers have been compromised by bigger politics, with our current government seemingly distracted by Brexit or by attacks on the civil service it now relies on. The BBC is now providing unparalleled public service broadcasting: we’d seriously miss it if it was gone.

Many of us have pointed out that years of poor government policy have left the NHS and social care with too few staff, beds, and resources—structural flaws now cruelly exposed by the crisis.

Reflection and blame

For all these concerns, the coronavirus pandemic is probably the nearest thing we’ve seen in peacetime to the radical societal changes and restrictions, repurposing of workers, and risks to people in key public services since the end of the second world war. Back then we had a cross party government of national interest, and few Western nations were immune to the challenges and radical changes the war footing posed. In the present case, “neutrality” isn’t an option, as the virus recognises no borders.

There will certainly be a time, once we’re through this national emergency, when we do need to reflect, analyse, and learn from our decision making and leadership, to assess the legacy of decisions made well before 2020. There may be some room for blame.

In the meantime, we have clinicians, health service managers, government officials, expert advisers, academic communications teams, and yes, politicians, dealing with challenges unprecedented in their own careers or lifetimes and all working flat out to provide solutions.

It’s an especially frightening time for many of us in daily direct contact with patients. But it’s also scary for those whose...
livelhoods will be ruined or whose loved ones get sick or die, as well as those who will end up carrying the blame and fielding criticism when things go wrong.

We should keep asking tricky questions and demanding solutions. But can we leave the point scoring, media outbursts, resentments, and reheated arguments until we’re out of the tunnel? There will be plenty of time then. And it’s too soon to know how right or wrong we’ve got things just now.

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