ACUTE PERSPECTIVE

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.

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
livelihoods 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.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.
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