University Hospital of Wales

mmorgan@bmj.com Follow Matt on

Twitter: @dr_mattmorgan

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CRITICAL THINKING

Matt Morgan: The hospital bed is broken

Matt Morgan *intensive care consultant*

As I am driving to work, the local radio headlines tell me that our hospital has over 30 empty beds in the intensive care unit. Strange, that—as it was a struggle for us to care for any new critically ill patients yesterday. Staff sickness, combined with covid-19, and on top of the usual demands of day-to-day life, meant that it was a tough shift. Still, something major must have happened in the 12 hours since I left, as we now apparently have more empty beds than funded beds. Soon, however, the illusion is shattered. In fact, that illusion was a delusion.

Since the first bed frame with a hinged head was introduced in London during the 1870s, the hospital bed has been a staple metric of healthcare delivery. Soon afterwards castors were added, and the heavy iron frame was switched to brass, to allow beds to be moved around the hospital. Yet the biggest development in the hospital bed has not been a technological one but a human one.

The hospital bed is simply a surrogate for the people, the skills, and the care that can be delivered to the passengers who ride through the health system. Neither the mattress nor the wheels can cure cancer, and not even the most sophisticated inbuilt electronics can prescribe or administer antibiotics. Campaigns such as #EndPjparalysis (“Get up, get dressed, get moving”)¹ serve to remind us that the hospital bed can be one of the most dangerous items in a modern hospital. We have standing desks for healthy people, but we still have sleeping beds for those who are trying to get stronger.

Overnight, with the scratch of a pen on government paper, more intensive care beds had been produced. And yet, just as we hear that the “magic money tree” doesn’t exist, neither does the magic bed tree. Money can be printed, and beds can be made, but care requires more than a pocket sprung mattress. Every intensive care “bed” needs a whole village of people, from the nurses, the doctors, and the pharmacists to the cleaners, the managers, and more. This inanimate bed needs water, power, heating and lighting, scanners, drugs, food, and toilets. If all you need in order to care for these patients is a bed, they could just stay in their bedroom or go to Ikea.

We need to move beyond misleading statistics that use fiscal policy to produce simple metrics for describing complex problems. Instead of asking how many beds we have, can we please ask instead how many patients we can care for?

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Matt Morgan is an honorary senior research fellow at Cardiff University, consultant in intensive care medicine, research and development lead in critical care at University Hospital of Wales, and an editor of *BMJ OnExamination*.

¹ EndPjparalysis. <https://endpjparalysis.org/>.