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ACUTE PERSPECTIVE

David Oliver: Should we allow filming in covid filled hospitals?

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Simon Stevens, NHS chief executive, has publicly condemned undercover filming on camera phones inside NHS hospitals.¹ Footage has been posted online in a twisted attempt to show that covid-19 pressures are exaggerated, fake news.² Stevens, normally calm and unruffled, was visibly angry about the impact on NHS staff doing difficult jobs and the spread of disinformation. Many healthcare workers, whose morale is suffering at the hands of people who think covid is a hoax, were encouraged to hear him speak out so strongly. Since then the *Times* has published a story about organised groups of secret filmers claiming the pandemic to be a “hoax,”³ and Facebook has taken down one of their sites.⁴

In parallel, I’ve seen growing calls in social media to “let the cameras onto the wards so that the public can see what’s going on.” Those calls are not just self-interest. Professional journalists know that no amount of infographics and expert explainers, or interviews with NHS or college figures, will have the same visceral impact as footage of sick and dying patients attached to masks, drips, and tubes, with full wards and stressed staff in PPE. Many doctors find this kind of footage gratuitous, and it can only ever tell half the story.

Self-appointed citizen journalists with smartphones post from outpatient areas and corridors between wards, often late at night, or outside emergency departments where ambulances are handing over patients. They do so from hospitals with covid visiting restrictions and with outpatients modified for social distancing or remote consulting. But an absence of patients on beds in corridors does not show that hospitals aren’t full or under pressure. On a day when I’d seen 28 patients on my 28 bed ward, and every other ward in the block was full, not a patient was in sight as I walked down the ward corridors in the middle of the working day.⁵

These secret films are also deeply insulting and demoralising for staff who live with the daily reality of covid pressures, not to mention the families of patients who can’t get in to visit. It’s a reprehensible, nasty attempt to undermine public confidence in health protection measures, by suggesting that the pandemic is a hoax or grossly exaggerated and that the NHS is no busier than usual.

As for professional TV crews who report carefully and responsibly, they’ve made several reports since Stevens’s comments. I’m still not sure that filming on hospital wards is necessarily a good idea. If you take away the heavy PPE and the greater use of oxygen and ventilation than in a normal NHS winter, a full and buzzing emergency department or ICU looks the same as ever.

There certainly is real impact from interviewing sick patients still suffering with covid. Sadly, this seems more impactful if they’re young and previously fit, as we’re too ready to write off frail older people as doomed anyway (although researchers at Glasgow University have found that covid-19 takes an average 10 years off life expectancy in the people it kills⁶). Staff looking clearly broken and tearful, speaking from the heart about their distress and feelings of being overwhelmed, can also be powerful.

But, if the purpose of “letting the cameras in” is to win over covid deniers, conspiracy theorists, and lockdown sceptics, it simply won’t. They routinely disbelieve information or stories from professionals or national agencies. They’ll tell us that there are empty beds just around the corner from the filming, that hospitals are no more pressurised than in any other January, or that the patients are actors. It also seems wrong that a camera crew can come in when patients’ families can’t.

Finally, wouldn’t we be better deployed doing our jobs—without the extra hindrance of camera crews and reporters, however professional and sensitive—than trying to combat disinformation among a vocal minority who routinely refuse to believe experts?

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- 3 Parker C, Yeomans E. It’s a hoax, say infected covid conspiracy theorists. *Times* 2021 Jan 9. <https://www.thetimes.co.uk/article/its-a-hoax-say-infected-covid-conspiracy-theorists-3hp0cxc6v>.
- 4 Moore A. Facebook closes “empty hospitals” video group. *Health Serv J* 2021 Jan 11. <https://www.hsj.co.uk/coronavirus/facebook-closes-empty-hospitals-video-group/7029278.article>.
- 5 Oliver D (@mancunianmedic). Twitter. 29 Dec 2020. <https://twitter.com/mancunianmedic/status/1343901535181418498/photo/1>.
- 6 Hanlon P, Chadwick F, Shah A, et al. Covid-19—exploring the implications of long-term condition type and extent of multimorbidity on years of life lost: a modelling study [version 1; peer review: 1 approved, 2 not approved]. *Wellcome Open Res* 2020. <https://wellcomeopenresearch.org/articles/5-75>.