University Hospital of Wales

mmorgan@bmj.com Follow Matt on

Twitter: @dr_mattmorgan

Cite this as: *BMJ* 2021;372:n273

<http://dx.doi.org/10.1136/bmj.n273>

Published: 03 February 2021

CRITICAL THINKING

Matt Morgan: I'm a celebrity, get me remdesivir!

Matt Morgan *intensive care consultant*

Just as I hoped that public understanding of the current covid-19 crisis was improving, and I felt my faith in humanity being restored, I received an email asking how to arrange preferential medical treatment for celebrities.

I wrote several draft replies, some only a few words long. A former colleague suggested phrases such as "I'm a celebrity, get me remdesivir" or "Celebrity come pronging." As I've said before,¹ I strongly believe that there are few bad people in the world—just many bad ideas and incentives. I'm sure that many companies supporting high worth individuals have asked similar questions to that email request, and the company that contacted me on this occasion has since apologised and clarified any "misunderstanding." But it did lead me to wonder why it is that some people believe they deserve preferential treatment.

On an afternoon dog walk that day with my 8 year old daughter, I asked her what she thought of people with more money having better medical treatment. "That's not fair," she said. "They should have worse treatments, as they are fit and healthy. The poor people who are dying should get the best treatment."

A proud dad moment. When we're faced with a postcode lottery for health inequalities, and death rates from covid almost doubling in the most deprived communities, perhaps we should have an inverse postcode lottery for access to healthcare. The best and brightest centres of excellence should be built in Merthyr and Blackpool, not Cardiff and Oxford.

Yet my warm glow of altruism didn't last long. The World Health Organization reports that, of the countries that are rolling out covid-19 vaccines so far, the vast majority are high income countries, with just a few middle income countries—and no low income countries have yet started. When we view global health through the lens of poverty, we're all high net worth celebrities.

The cleaners in our NHS are richer than 95% of the world's population, the consultants richer than 99%. So, while I scoff at an outrageous email promoting special access for the rich, I really am blinded by my own privilege, living in a nation that's one of the safest, most secure, richest, and privileged in the world.

Just as we should collectively condemn the concept of "I'm a celebrity, get me remdesivir," we should equally rally against the global inequality for access to vaccination. A pandemic isn't over until it's over everywhere, rich and poor alike.

Competing interests: I have read and understood BMJ policy on declaration of interests and declare that I have no competing interests.

Provenance and peer review: Commissioned; not externally peer reviewed.

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*.

I thank Jill Gildersleve for the phrase "I'm a celebrity, get me remdesivir!"

¹ Morgan M. Matt Morgan: The two pandemics—covid and lies. *BMJ* 2020;371:m4516. doi: 10.1136/bmj.m4516 pmid: 33234561