As a doctor with long covid, I feel abandoned by the NHS

NHS workers with long covid should be given adequate sick pay and the support to work if they can

The covid-19 pandemic has thrown a spotlight on the treatment of NHS staff and their perceived value to their employers. As a recent episode of the BBC’s Panorama programme showed, many NHS staff now find themselves abandoned and in a precarious financial position after being infected with covid-19—most likely at work. The episode, “ Forgotten Heroes of the Covid Front Line,” interviewed NHS staff struggling with the ongoing health effects of covid-19 infection, uncovering the stories of people who, despite being too sick to work, are facing reduced sick pay or losing their jobs. For some staff, this has already happened.

An estimated two million people in the UK have long covid,1 including many thousands of NHS workers, so why do we hear so little about it? As a doctor in the NHS who is one of those affected, I’m disappointed by the collective silence and the lack of protections and support mechanisms in place. NHS workers had to put their health and lives on the line when the virus broke out, with only a weekly clap to bolster them. Yet the public’s support hid underlying questions about the inadequacy of the personal protective equipment given to frontline workers in the UK and troubling attitudes to the risks we’d expose these people to.

UK guidance told healthcare workers that flimsy plastic aprons and masks we could see through were enough to protect us when clearly they weren’t. NHS staff had no choice but to continue working and caring for patients, so we carried on. I will never forget the fear in the eyes of those I cared for, and the daunting reality of the virus we were facing as cases continued to climb and more people were admitted to hospital.

I was relatively young, fit, and healthy when the pandemic began. I didn’t take any medications or have a pre-existing illness. I had nothing to worry about, I was told. But I was worried and wanted to protect my family. After coming home from a shift in the community covid hub, I’d strip off in the front porch, put my clothes straight in the washing machine, and shower. Of course, now that we understand more about the transmission of covid-19, I know why this wasn’t enough. Within a few weeks of working during the first wave of the pandemic, I was sick and stuck in bed, my oxygen levels dropping whenever I stood or walked.

Initially, I carried on working, struggling to manage a few hours here and there. One key feature of everyone I know with long covid is that we “pushed through” the initial stages of our illness, believing that we could get better by carrying on and ignoring our bodies. As a doctor, the system I worked in and the martyr complex instilled by medical culture enabled that view. In medicine, being ill, being human, and looking after ourselves is still often seen as a kind of failure or weakness.

Being a doctor was how I defined my life, but eventually I was unable to carry on working. Now I’m in constant pain. I struggle to sit, walk, or play with my children. Like thousands of other people, I face the stark reality of being left behind—thrown away because I am now disabled.

The contrast in the way that healthcare workers have been treated is stark: from being lauded as heroes when needed by the system and government to being abandoned if they can now no longer work in the way they once did. Where is the leadership from the top, insisting that we care for those who were harmed by covid while working?

NHS workers—from doctors to porters, cleaners to nurses—have held the service together with their goodwill for years. But the personal costs of this are often too great. Even before the pandemic, I frequently neglected my needs or personal life for work. I miscarried at work, and continued with my clinic, not even giving myself time for a brief cry in the toilet. I missed a friend’s funeral because they were not a “first degree relative.” The covid-19 pandemic, and the swell of recognition it prompted for the value of healthcare workers, should have helped us reset these priorities and provide more support for staff. Yet this opportunity hasn’t been taken up by the government or NHS employers and is typified in the response to staff with long covid.

Like many people with long covid, I struggle living in a world where covid-19 has been declared “over” even though I still have not recovered my former health and more people are falling ill all the time. NHS staff, especially those with long covid or other covid-19 sequelae, should be protected from further infections and not have to fear for our lives going to work nearly three years on. Research has shown that FFP3 masks reduce the risk of covid-19 infection2: those who wish to wear them should be given them and supported.

Staff with long covid still have a lot to contribute to the NHS, which is beset by workforce shortages, but they need compassion and understanding. Many workers with long covid are desperately trying to return to work, but they must be met with flexibility and support. Instead of setting rigid time frames, NHS trusts should work with us to use our skills. This will mean making reasonable adjustments where they can, such as offering reduced duties, shorter hours, or the opportunity to work from home where possible.

The NHS has needed to challenge the organisational attitude of “work first, person second” for a long time.
It can make a start by providing workers with long covid with adequate sick pay or compensation and the support to work if they are able to. Many of these people are ill because they were trying to save other people’s lives, without looking after their own. To neglect them now because they can no longer provide the same level of productivity is shameful.

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