

# Lack of ventilators in UK means patients left to die

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A new narrative has emerged in Britain's capitalist media, with several articles questioning the efficacy of ventilator treatment for severe cases of COVID-19. These aim to cover over the Johnson government's criminal inaction and failure to mobilise all the resources necessary to tackle the outbreak—including the necessary stockpiling of ventilators before the pandemic broke out.

The *Sun* headlined an article April 6, "Coronavirus doctor reveals he has yet to get a patient off a ventilator alive." Once the seriously ill are put onto a ventilator, they may well be too ill to recover. But there can be no doubt that if many are not surviving being ventilated, then it is because they are receiving treatment too late. This is not the fault of National Health Service (NHS) workers but a result of the government allowing the pandemic to tear through the population for weeks as part of its "herd immunity" policy.

On April 4, the *Spectator* magazine ran a piece headlined: "Ventilators aren't a panacea for the coronavirus pandemic." The *Spectator* is a right-wing Conservative-supporting publication. Tory Prime Minister Boris Johnson, who is currently in intensive care undergoing oxygen treatment for COVID-19—and is near a ventilator should the need arise—is a former editor of the magazine.

The *Spectator* cites Matt Strauss, a former medical director of the critical care unit at Guelph General Hospital, Canada, and now assistant professor of medicine at Queen's University. He states, "[A]t least two-thirds of attempts to stave off death with their [ventilator] use will fail in the short term. Of the remaining third, we do not know how many will be successful in the medium or long term. This doesn't quite seem like a convincing rationale to shut down the British economy, [and] redirect previous manufacturing output towards ventilators ..."

On average, around 50 percent of ventilated patients survive. If treated early, the outcome improves, yet those

with coronavirus symptoms are being encouraged to remain at home in self-isolation and only report to hospital once they have become very ill.

The WSWWS spoke to an NHS haematology doctor from Wales, who challenged this acceptance of death over life and the playing down of the necessity for ventilators in tackling the pandemic.

The doctor explained that in his own hospital in Wales, "We have 10 COVID patients. One man on a ventilator, aged between 60 and 70 with COPD (chronic obstructive pulmonary disease), survived. Around 60 to 80 percent of patients on ventilators can be saved if proper ITU (intensive therapy unit) care is given. But these things cannot be done if the hospital is overwhelmed. Then only 30 percent survive."

The doctor exposed the dire hospital conditions facing colleagues and patients as the number of COVID-19 cases rises exponentially.

His friend, an Accident and Emergency (A&E) consultant at a hospital in the north of England, "has seen lots of COVID-19 admissions. He told me the hospital is partially overwhelmed, so they had to open a new A&E department because they can't cope with the flood of admissions."

Hospitals are implementing rationing because of the lack of ventilators for those with the most severe form of the disease. Speaking on the BBC's "Andrew Marr Show," Health Secretary Matt Hancock said there are 8,000–10,000 ventilators in the NHS, and the government target was to secure 18,000—far short of the original target of 30,000. Hancock evaded answering when these additional ventilators would materialize, despite the government's own prediction that the pandemic will peak around Easter, in a few days' time.

Doctors are being placed in the terrible predicament of denying elderly patients' medical intervention.

The doctor in Wales commented, "Doctors have to

explain to patients over 70, with no underlying health issues, that the doctor has to make a decision to sign a DNR [do-not-resuscitate] order, because there are no ventilators.”

The lack of personal protective equipment (PPE) is putting staff and patients in danger—three National Health Service nurses and two doctors have died recently.

“They only have surgical gowns and masks at the hospital,” explained the doctor, “Instead of the proper PPE. My friend got a fever and tested positive and is now self-isolating at home, at the time his service is essential to the hospital.

“Another dreadful story—one of my haematology colleagues at a Hospital in Birmingham said her hospital became overwhelmed a couple of weeks ago. The hospital has been turned into a mainly COVID hospital. Doctors in all departments, like my colleague, are asked to deal with COVID patients.

“Birmingham is at the epicentre of COVID outside of London. My friend is looking after patients who are recovering from COVID, who have been removed from ventilators. Up until last Friday, they only had a surgical mask and apron, used for other hospital procedures. Since then, intubation is done with some protective equipment, but not the full kit.

“Policy is changing day by day. No doctors can wear face masks when moving around the hospital, even on the medical ward for stroke and heart patients. A group of nurses wearing face masks while walking on the corridors were asked to remove them by a manager and a matron, saying you must follow hospital guidelines.”

“I could not believe this,” said the doctor, “No reason has been given.”

“Medical staff are still not being tested for COVID-19, even if they present with symptoms and are putting the staff and patients at risk. This will possibly make the available system collapse due to lack of trained staff.

“My friend got a sore throat and felt feverish. She asked the hospital administration what she should do, and could she have the test. They said we are not allowed to test you. If staff are not tested, they will give the virus to patients and other staff. It is criminal.”

As in the north of England hospital, doctors are forced to leave patients, who may have a life expectancy of another 10 or 20 years, without lifesaving treatment.

“At Birmingham hospital, patients who are 70 and older, even without underlying health problems, will not be put on a ventilator and the doctor signs a DNR, because the hospital cannot cope with the tsunami of

COVID patients admitted without the necessary number of ventilators.

“There’s a new Nightingale hospital planned in Birmingham with more than 1,000 beds. The plan is not to put ventilators in because there are no ventilators. To form a new hospital you need staff too, not just new instruments. It will be used for non-COVID stable patients, to free up space.”

The doctor compared the high fatalities in the UK with countries which have implemented rigorous testing for COVID-19 alongside contact tracing. “The Czech Republic followed the method taken by South Korea, and the number of patients is very low. It is well managed in New Zealand. They started testing a lot, and also because of early school closure and lockdown measures.”

A letter from a GP’s (General Practice) surgery in Maesteg, Wales telling patients with underlying health problems they would be denied treatment has gone viral. Dated March 27, it began: “This is a very difficult letter for the practice to write to you ... people with significant life-threatening illnesses, such as incurable cancer, neurological conditions such as motor neurone disease, and untreatable heart and lung conditions such as pulmonary fibrosis or severe heart failure ... are unlikely to be offered hospital admission if they become unwell and certainly will not be offered a ventilator bed ... We would like to complete a DNR form for you ... The emergency services will not be called and resuscitation attempts to restart your heart will not be attempted.” The letter ends with the cruelly ironic words, “We will not abandon you.”

One can only imagine the fear and bewilderment of the frail and elderly, promised care under the post-war welfare state “from the cradle to the grave,” seeing the fatalities increase daily at an exponential rate, now being abandoned to their fate.

The practice and health trust have since apologised for the letter due to the widespread disgust it elicited.



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