

# UK government covers up PPE shortages leading to health care worker deaths

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Inquests into the deaths of National Health Service (NHS) workers from COVID-19 will be barred from addressing government failures in providing adequate personal protective equipment (PPE).

Mark Lucraft QC, the chief coroner for England and Wales, issued guidance at the end of April stating that “an inquest would not be a satisfactory means of deciding whether adequate general policies and arrangements were in place for provision of PPE to healthcare workers.”

An inquest into the death of an NHS medical worker for coronavirus may be held if there is “reason to suspect that some human failure contributed to the person being infected with the virus,” Lucraft stated. The coroner investigating the death “may need to consider whether any failures of precautions in a particular workplace caused the deceased to contract the virus and so contributed to death.”

But, “an inquest is not the right forum for addressing concerns about *high-level government or public policy*,” he said (emphasis added).

The official guidance indicates that the government is set on covering up its failure to properly equip NHS staff, even as deaths among health and social care workers continue to soar. As of 9 a.m. on May 7, at least 195 health and social care workers had died of COVID-19, according to *Nursing Notes*.

An investigation is already underway into the death of Dr. Peter Tun, a doctor specialising in brain conditions, who died of COVID-19 only weeks after asking hospital management to provide him and his team with PPE. His requests were ignored, as there were not currently any confirmed or suspected coronavirus cases in his unit. It is unclear whether the investigation will look into the availability of PPE at the time of Dr. Tun’s death.

While many medical personnel have consistently reported that they have been forced to work without suitable protective equipment, hospital management has attacked those who protest against their conditions, repeatedly insisting that there was sufficient PPE available.

After a frontline nurse at the Royal Bournemouth Hospital

wrote a letter to the *World Socialist Web Site* describing the appalling conditions they faced at work, hospital management and the Royal College of Nursing union attacked the nurse’s claims in the local newspaper. The *Bournemouth Daily Echo* quoted them stating there was no shortage of PPE and that existing guidelines on PPE were fit for purpose because they met Public Health England (PHE) guidelines.

The frontline nurse responded, “Current guidance from PHE is that full PPE for nurses and doctors is only necessary if you are treating COVID-19 patients in ICU and patients having Aerosol Generating Procedures (AGP). They state that full PPE is not necessary when we are treating COVID-19 patients elsewhere in the hospital. As I wrote, these instructions from the UK government are in breach of World Health Organisation (WHO) guidelines.”

One example cited was that “WHO recommends health workers wear a medical mask, gown, gloves and eye protection (goggles or face shield) when providing direct care to COVID-19 patients. But PHE guidelines replace the gown with a flimsy apron, and eye protection can be worn based on a risk assessment.”

The reality is that systematic underfunding, privatisation efforts and “efficiency savings” have left the NHS perilously ill-equipped to cope with the COVID-19 pandemic, with many hospitals lacking supplies of even the most basic PPE. Between 2013 and 2016, Tory cuts to the NHS reduced PPE stockpiles by 40 percent.

Widespread public anger at the government’s failure to provide protective equipment to health care workers grew after a BBC *Panorama* documentary at the end of April, “Has the Government Failed the NHS?,” exposed the criminal lack of preparedness to face the pandemic and the government’s attempts to cover this up. As the WSWs commented:

“Using documents from within the NHS supply chain, the investigation rips apart ministers’ claims to have provided 1 billion items of PPE in March and April. More than half of these items are surgical gloves, with each individual glove

counted as a separate piece of PPE in most cases. The second largest stock of items is for plastic aprons, described by one Accident and Emergency doctor as ‘What you’d expect a dinner lady to wear...it does nothing.’ Items like cleaning equipment, waste bags, detergent and paper towels are also counted as PPE in the official figures.”

A study by the British Medical Association (BMA) revealed that around half of medical professionals have had to source their own PPE for personal or departmental use. Fifty-seven percent of GPs (general practitioners) and 34 percent of hospital doctors have had to buy their own equipment to protect themselves at work, according to the survey of 16,000 doctors.

The BMA survey revealed that 65 percent of doctors felt only partly, or not at all, protected from COVID-19 in their workplaces. This has had a severe impact on the mental health of medical workers, with one in four reporting increased levels of mental distress, including depression, anxiety and burnout.

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication in epub format of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the *World Socialist Web Site's* coverage of this global crisis.

Deborah Coles, the director of the charity Inquest, condemned the chief coroner’s instructions not to look into PPE shortages, saying, “Bereaved families legitimately ask whether failures in the provision of safety equipment played a part in the deaths of their loved ones.

“It follows that coroners should, where appropriate, examine this question. In the absence of a public inquiry inquests will play a vital role in identifying systemic failings in the protection of frontline workers. This scrutiny is key to learning lessons and holding people to account in order to prevent future deaths.”

Confirming the government’s disregard for the lives of health care workers, lawyers advising the Department of Health and Social Care (DHSC) have recommended the inclusion of “no responsibility” clauses in the government’s compensation plan to the bereaved families of NHS workers.

At the end of April, Health Secretary Matt Hancock announced that a meagre £60,000 would be paid to the families of health care workers killed by COVID-19. This will do nothing to make up for the huge emotional and financial loss to their relatives. The inclusion of “no responsibility” clauses makes clear that this minimal payout is an attempt to buy the silence and compliance of families who have lost loved ones and to head off any future legal action against the authorities. Any payment would come with a legal warning that “the government accepts no

liability for the death.”

According to Paul Joseph, lecturer in Health Care Law and Ethics at Swansea University, writing in *The Conversation*, compensation claims will likely require the signing of a settlement agreement, which would be worded to settle any current claims, or which resolve all future claims that could be brought against the DHSC. These are typically included as a long addendum (often around 10 pages) at the end of the document signed by the payment claimant.

While the government has stated that their “no liability” clauses would not explicitly prevent those who receive the £60,000 payment from pursuing further legal action, the legal warning lays the groundwork to fight any negligence cases brought against the government for its handling of the coronavirus pandemic.

While these “death-in-service” payments will likely cost the government less than £10 million, payouts to families who win a negligence case against the government could run into the hundreds of millions. Legal experts told *openDemocracy* that just the costs of fighting liability claims could be as high as £100 million.

In a further vindictive move, the bereaved families of frontline NHS staff will not automatically receive the payment but will have to apply and undergo a “verification process” conducted by NHS Business Services Authority to assess if they meet eligibility criteria. According to the DHSC, an “occupational and situational” test will have to be passed, and families will need to be able to prove that their deceased relative had been working with coronavirus patients in the 14 days before their symptoms emerged and that coronavirus was the cause of death.



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