

All intensive care beds occupied in Switzerland after COVID-19 infections explode

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Last week, a press release from the Swiss Society for Intensive Care Medicine (SGI) caused a sensation. It announced that “All persons—especially those who are particularly at risk from the novel coronavirus—are asked to consider in a living will whether or not they would like to receive life-prolonging measures in the event of a serious illness.”

This request is tantamount to a declaration of bankruptcy of the much-vaunted Swiss health care system. Many elderly people or those with existing conditions rightly understand it as an appeal for them to give up one of the country’s scarce intensive care beds in favour of younger, healthier people and to voluntarily depart this life. The same circular also states that all 876 certified intensive care beds in Switzerland are “currently practically fully occupied.”

This development was “tragic since it was avoidable,” Geneva-based virologist Isabella Eckerle commented. A justified assessment. This latest turn in the pandemic is not a natural disaster, but the foreseeable result of deliberate political decisions. Under pressure from big business and the banks, the Swiss government has expressly refrained from imposing a lockdown to break the second wave of the pandemic. In mid-September, Finance Minister Ueli Maurer (Swiss Peoples Party, SVP), declared, “Switzerland cannot afford a second lockdown. We don’t have the money for that.”

The government’s maxim was clearly to do everything possible to get the economy running again and maintain corporate profits. Since then, not only have all businesses and also schools and day-care centres been kept open, but also bars, restaurants, theatres and museums. In October, a regulation meant

to ban events with more than 1,000 people was overturned.

Not surprisingly, the virus has spread throughout society and is now fully circulating among seniors and other at-risk groups. The consequences are outbreaks in old people’s and nursing homes, overcrowded intensive care units and rapidly rising death rates.

“In Switzerland, all intensive care beds are occupied”—Der Spiegel in Germany reported last Thursday. The official Swiss news portal nau.ch quickly protested and assured its readers that this was not true. “Fake news about Swiss intensive care units” was the headline of an article Thursday evening on the website. It claims that the intensive care units could be expanded at any time with “ad hoc” beds. It was just the “foreign media” who had claimed the opposite.

Despite these protests, the situation is increasingly catastrophic. Switzerland has become a COVID-19 hotspot in Europe. The country currently has a 14-day incidence per 100,000 inhabitants of 933 cases, putting it between the Czech Republic (1,002) and Slovenia (939), almost twice as high as Sweden (556).

The high figures are not due to extensive testing: In this respect, Switzerland is on a par with the United States. The positive rate of tests is 27.9 percent nationwide, compared with 8.5 percent in Sweden and 8.3 percent in the United States. According to WHO data, a positive rate of over five percent means the virus is running out of control.

With the second wave of the pandemic, the new infections have literally exploded, and they have also driven up the death rate. Of Switzerland’s more than 290,000 confirmed coronavirus cases, 3,962 have so far ended in death, according to Johns Hopkins University.

The number of unreported cases and deaths could be much higher, as the Federal Statistical Office shows by citing the excess mortality rate. According to this, in the first week of November—similar to the beginning of April—about 50 percent more people died than statistically expected. This is particularly the case in French-speaking Switzerland, and it affects almost exclusively the population over 65.

In a discussion on Swiss Radio SRF on the topic, “Who should be treated when space in hospitals is becoming scarce,” intensive care physician Miodrag Filipovic from St. Gallen confirmed on Thursday evening that the certified intensive care beds were already 95 percent occupied. It would be possible to create additional beds, but the crucial point was the lack of qualified personnel, he said.

To this end, one nurse working on a coronavirus ward reported working 12-hour shifts and having to cancel vacation days, and a COVID-19 nurse confirmed how exhausted the nursing staff already felt. “In March, they rolled out the red carpet for us, but now everything is expected of us as a matter of course,” the nurse remarked. She was not sure if her team would be able to last this winter.

Listeners posted many interesting comments in response to this SRF programme. They were extremely critical of the call for people to “self-triage” and give up occupying an intensive care bed. “In 2020, Switzerland is in second place among the richest countries in the world,” one listener comments, for example. “I find Social Darwinism in Switzerland unbearable. Clearly, in the coronavirus pandemic, Switzerland wants to defend its wealth at the expense of risk groups (1,605,800 people). Compared to many other countries, it would truly have different options.”



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