Hundreds of UK elderly and disabled people subjected to blanket “do not attempt resuscitation” without consultation

Ben Trent
2 April 2021

Around 508 people since March last year were likely denied their human rights in Britain, with the known application of “do not attempt resuscitation” (DNAR) orders without consultation with the individual, or family members.

The revelation by the Care Quality Commission (CQC) comes as Boris Johnson’s government ends the “last lockdown”, with the Covid pandemic continuing to spiral out of control in Europe.

The CQC, established in 2009 to regulate and inspect health and social care services in England, was asked by the Department of Health and Social Care to investigate the misuse of DNARs during the first months of the pandemic. Initial findings released in December highlighted concerns by the CQC that the use of DNARs were done on a blanket-basis at the beginning of the pandemic. The CQC acknowledged that the inappropriate placing of these notices had caused potentially unnecessary deaths.

The CQC collated data from various sources, including seven Clinical Commissioning Groups (CCGs), a survey, various voluntary organisations and social care providers. The data revealed that 508 DNARs were made since March 17, 2020, without any agreement from the person, relatives or carers. Almost a third of these were still in place in December 2020.

Of the 2,048 social care providers who responded, 119 stated that blanket DNAR decisions affected people in their care since March 2020. The likelihood is that such blanket DNAR decisions are in breach of the Equality Act 2010.

While the DNARs are not official policy of the National Health Service, or social care providers, various instances became public knowledge during the first few months of the pandemic. In April of last year, under conditions of a lack of ventilators in hospitals nationally, evidence mounted of doctors signing DNARs for those infected over 70, even if they had no known underlying health conditions. The same article highlighted a letter from a Welsh GP, that had gone viral due to its callous attitude towards those with underlying health conditions, and the blanket claim that DNARs would be signed for such patients.

The *Financial Times* drew attention to a report by the British Institute for Human Rights (BIHR), which identified that disabled people accounted for over 60 percent of Covid-related deaths between January and November 2020.

Those with learning difficulties accounted for an even higher percentage. BIHR director Sanchita Hosali stated that the inappropriate use of DNARs were not isolated to the Covid pandemic, but that there was a worrying increase of their use during the pandemic.

One care worker told the BIHR, according to the FT, that the issue was beyond the misuse of DNARs, but to “adverse triage: decisions not to take people to hospital, decisions not to escalate treatment which are equally, if not more, worrying for the people we support”.

According to the BIHR research, in only just over one in four cases of DNARs being imposed were capacity assessments conducted. The capacity assessment, a legal requirement, is to determine a person’s ability to participate in such decisions.

Martin Sheppard of Welwyn Garden City is one example where a DNAR was inappropriately applied. The *Daily Mirror* details how the 75-year-old man, who did have an existing heart condition, had been in hospital in December. The day he died he had managed to walk to get his breakfast. When he went into cardiac arrest there was no attempt to resuscitate. This was despite claims by

© World Socialist Web Site

his daughter, Amy, that he had declined a request for a DNAR.

In relation to the CQC investigation, various charities spoke out against the blanket use of DNARs. Caroline Abrahams, director at Age UK, stated, “It’s clear we need a complete overhaul in our approach to ‘advance care planning’ and DNACPR [Do not attempt cardiopulmonary resuscitation] decisions if we’re to restore public confidence”. She called for “a review to ensure that any hasty, ill-informed decisions are removed from older people’s records if they exist.”

Ben McCay of Learning Disability England, stated, “All people with learning disabilities have the right to make decisions about their own health, and what treatment they have.”

The Covid pandemic has had a preventable adverse effect on the elderly, the infirm and the disabled. The Conservative government’s policy of “herd immunity” was openly embraced as a eugenicist conception. *Telegraph* journalist Jeremy Warner, spoke in favour of Covid-19, compared to Spanish Flu, due to the fact that it would “disproportionately [cull] elderly dependents”.

Last March, the *Times* reported that Johnson’s then main advisor, Dominic Cummings, explained the government’s coronavirus policy at a closed doors event held in London at the end of February. Those present, reported the newspaper, summarised Cummings’ position as “herd immunity, protect the economy, and if that means some pensioners die, too bad.”

As the BMJ described it, coining the words from one of Friedrich Engels, the lifelong collaborator of Karl Marx, the policy is one of “social murder”.

According to Office of National Statistics (ONS) of the 89,242 deaths related to Covid during 2020:

· 37,497 (42.01 percent) were of those aged 85 and above

· 42,771 (47.92 percent) of the deaths were in the aged 65-84

· 8,974 (10.05 percent) were between the ages of under one and 64.

The ONS found that almost 60 percent of deaths due to Covid between March and July of 2020 were of people registered disabled. More recent data continues to corroborate this finding.

Last October, Age UK published research on the impact of the pandemic on the elderly within the first six months. The charity found that “many older people are enduring increased and sometimes devastating levels of anxiety, in part because they know they are at serious risk from the virus—an invisible deadly enemy. Even during the summer [of 2020], when restrictions were eased, many were too afraid to go out.”

The research found that among the elderly there were issues of deconditioning (muscle weakness, related to the lack of use); reduced balance; as well as new and emerging cognitive decline. Other issues were related to mental wellbeing, lack of support for meals, and other symptoms of deteriorating physical health.

4.2 million (34 percent) of those who responded to Age UK’s survey felt more anxious since the start of the pandemic. 7.9 million (64 percent) felt less confident using public transport and 5.3 million (43 percent) felt less confident going to the shops. Age UK also corroborated their data with stats provided by ONS.

After ONS figures, released in November 2020, revealed that disabled people accounted for 59 percent of Covid-deaths in the UK, the Health Foundation carried out research on health inequalities for the disabled, and its social impact.

In many cases disabled people were almost twice as likely to have difficulties, such as an impact of relationships (ratio of 3:2) or feeling unsafe leaving home (43 percent of disabled respondents, against 23 percent non-disabled respondents). In the case of access to shops and access to health care, this was considerably over twice as likely to impact disabled people.

Under the heading of “Mental health and wellbeing,” the report states: “examples of blanket application of Do Not Attempt Resuscitation notices on disabled people’s medical notes, and early draft NICE [National Institute for Health and Care Excellence] guidance (subsequently withdrawn) implying lesser treatment priority for people who required daily assistance, led some disabled people to feel their lives were simply being accorded lesser value.”

A survey referenced, conducted by the Greater Manchester Disabled People’s Panel, highlighted that 83 percent of those who had responded to the survey were concerned about how they would be treated if they were hospitalised.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site