

UK children with disabilities asked about “do not resuscitate” notices during COVID pandemic

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Families in the UK were offered “do not resuscitate” notices for their children with learning-disabilities during the pandemic, amid the extreme pressures on the National Health Service (NHS) caused by the government’s policy of herd immunity.

The *Telegraph*’s Investigations team published interviews with two parents this Sunday whose teenage sons were asked about Do Not Attempt CPR (DNACPR)/Do Not Attempt Resuscitation (DNAR) notices.

Karen Woollard, the mother of a 16-year-old boy with Down’s syndrome, was asked by a healthcare assistant during a health check if her son should be given a DNACPR.

Debbie Corns’s 15-year-old son, with a learning disability and congenital classic autism, was directly asked the same, also during a health check. Corns told the paper he answered “yes” having not understood the question.

The *Telegraph* has seen a letter sent to Corns by the local NHS Clinical Commissioning Group (CCG) apologising for what happened. The CCG explained on social media that a “template” had been in circulation which “unintentionally [gave] GPs the impression that they must record the status as part of the annual health check,” adding, “this question is not mandatory and should not be asked for our young children”.

Such a horrifying situation, in which children with no serious health concerns beyond their disabilities are asked if they would want to be resuscitated, is the product of the medical catastrophe created by the Johnson government and the fascistic arguments it has embraced to justify mass death.

The details of “templates” giving guidance on how to ration care and apply DNACPR notices first emerged, and were greeted with widespread outrage, in the spring and summer of 2020.

In April, the *Financial Times* revealed a “COVID-19 Decision Support Tool” circulated in the NHS to help

medical workers decide which patients should receive life-saving intensive-care treatment if hospitals were overwhelmed. The scoring system, originally developed to help assess the wellbeing of elderly people, was entirely inappropriate for use with the disabled and would have unfairly discriminated against them.

A Clinical Frailty Scale issued by the National Institute for Health and Care Excellence had the same effect. A caveat that the scale was not suitable for patients “under 65, or [a] patient of any age with stable long-term disabilities (for example, cerebral palsy), learning disabilities or autism” was only added after the threat of legal action.

Multiple charities and rights organisations concerned with the elderly and the disabled were reporting the unlawful issuing of DNACPRs, including their blanket application in some care homes.

This was confirmed by a report from the Care Quality Commission in March 2021, which found that at least 508 DNACPR decisions were made between March 2020 and January 2021 without discussion with the person involved or their family. Of these, 180 were still in place in December 2020. In addition, 119 social care providers stated blanket DNACPR notices had affected people in their care.

The British Institute of Human Rights (BIHR) reported the same month that only just over one in four DNACPR orders followed a capacity assessment of an elderly or disabled patient—legally required to determine someone’s ability to participate in decisions.

The final decision on a DNACPR is a medical one and lies with the doctor. It should be based on a careful examination of the individual’s situation and following consultation with the patient. It is an important part of humane and dignified medical care.

However, the imposition of DNACPRs without an assessment or informing the patient, on a group of people, or on account of a learning disability, autism or dementia is a social crime. It is the most grotesque expression of a broader

policy choice made by the ruling class to leave whole sections of the population to be killed by the COVID-19 virus as the health system was overwhelmed. Under conditions in which hospitals were struggling for beds and staff, immense pressure was placed on health workers to ration care.

COVID-19 has taken an appalling toll on the disabled, who have not only been denied the increased support and protection they need in the pandemic, but also been left vulnerable by longstanding inequalities and disadvantages.

Between January 2020 and February 2021, 58 percent of deaths involving COVID in England were among disabled people, according to research carried out by the Office for National Statistics (ONS) and the London School of Hygiene and Tropical Medicine.

For the period January 2020 to November 2020, the ONS reports that the age-standardised COVID death rate for more-disabled women was 4.1 times higher than for non-disabled women. For more-disabled men, the figure was 3.2 times higher. For less-disabled women versus non-disabled women, it was 2 times higher and for less-disabled men versus non-disabled men, 1.8 times higher.

These figures reflect a wide range of factors and cannot be reduced to the misuse of DNACPR notices—with CPR a last resort that is by no means always successful in preserving life, even when considered applicable by doctors.

The ONS study adjusted for residence type (private household versus care home or another communal living arrangement); geographic, demographic and socio-economic conditions; and the presence of pre-existing health conditions. After these were considered, the increased risk close to disappeared for less-disabled men and was reduced substantially to 1.1 times greater for more-disabled men, 1.4 for more-disabled women and 1.2 for less-disabled women.

The authors note, “For both sexes and for both more-disabled and less-disabled people, the largest reduction in the hazard ratio was achieved by adding socio-economic and geographical circumstances to the model.”

Similar findings were reached for those with a learning disability. Learning-disabled men were at 3.5 times greater risk of dying of COVID and women at 4 times. Accounting for the same factors identified above, these increased rates were reduced to 1.7 for men and women.

According to the authors, in this case, “Much the largest effect was associated with place of residence, suggesting that living in a care home or other communal establishment was a major factor in the increased exposure of people with learning disabilities to COVID-19.” The government’s transformation of care homes into killing fields was a national scandal in 2020.

A large part of the suffering and death inflicted on the

disabled by COVID-19 has therefore been the product of sharp inequality and inadequate provision going back decades, pushing a disproportionate number of the disabled into the conditions which have seen the working class and poor as a whole bear the brunt of the pandemic.

The remaining increased risk indicates the existence of other, compounding factors which have not been meliorated by the government: relatively more difficult access to and pathways through the health system, restricted means of connecting with the community and possibly increased physical risk associated with certain conditions.

Politically, the devastating impact of the pandemic on the disabled reflects the far-advanced development of fascistic, eugenicist ideologies within the ruling class.

At the start of the pandemic, the *Telegraph*’s Jeremy Warner wrote that COVID might prove economically “beneficial” by “disproportionately culling elderly dependents.” Former government adviser Dominic Cummings is reported to have explained the herd immunity policy as “Protect the economy, and if that means some pensioners die, too bad.” His connections with the eugenics movement are known and he is now a key player in efforts to engineer a further step to the right in the Tory party by removing Boris Johnson as leader.

Johnson himself, infamous for his declaration, “No more fucking lockdowns—let the bodies pile high in their thousands”, penned an article in 2007 asserting “global overpopulation is the real issue”, referring to “a horrifying vision of habitations multiplying and replicating like bacilli in a Petri dish” and lamenting governments having “given up on population control”.

As both the death toll and the stock share prices of the pandemic profiteers continue to climb, and resistance in the working class grows, this ultra-reactionary ideology is becoming more prominent.



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