

UK: Migrant nurses speak out against the dreadful conditions patients face in Sri Lanka

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Workers and farmers in Sri Lanka are being forced into destitution, hunger and social degradation as a result of the dire economic, social and political conditions created by Gotabaya Rajapaksa's government and its predecessors over the last 74 years.

The COVID-19 pandemic and the US-NATO led proxy war against Russia in Ukraine has intensified the crisis. Opposition to the ruling establishment has taken an insurrectionary character over the last couple of months.

The working class and the masses face a daily desperate battle to find fuel, cooking gas and other essentials. One of the catastrophic problems is lack of medicines and medical equipment as the government cannot afford to pay for them due to foreign revenues drying up. Some hospitals have run out of the most basic lifesaving medication. Many pathological laboratories are suffering a shortage of chemicals necessary to carry out patient investigations.

According to the Ministry of Health there is a shortage of 14 essential medicines and 185 other types of medicine across the country.

It was reported early this month that Dinuth Devanath, a 16-year-old boy from Anuradhapura, died following a viper bite as the anti-venom was not available in Anuradhapura General Hospital.

The WSWS spoke to two nurses who recently migrated to the UK. They spoke about the lack of medicines and equipment in Sri Lanka as well as the terrible consequences for patients.

Vishaka, a nurse who worked in Lady Ridgeway Hospital (LRH), the main children's hospital in Sri Lanka, for 14 years said, "The economic crisis in Sri Lanka has created enormous problems regarding the shortages of essential medical equipment and medicines for vulnerable children.

"IV Levetiracetam injections were among many things we didn't have in our unit. This is a critical medication to avoid continuous seizures in children. When it was not available, we managed to receive some through the local purchase system for a while. Then we could not find it at all. We only had an oral form of that medication. But they take much

longer to respond and children have to suffer. There can be severe consequences as a result.

"You will not be able to imagine this, but many parents cannot afford to buy pampers for their children. They are very expensive anyway. So, we had to make our own makeshift pampers using wadding and gauze. This had to be done on top of our other nursing work. Even wadding was scarce by the time I left.

"Shortages were not confined to our unit. Surgical operation units were also struggling due to lack of medicines and the necessary equipment. I heard from colleagues working in the Cardio Thoracic ICU that they did not have a number of essential items. There were incidents when there weren't stents and artificial valves to treat heart conditions."

"During the recent anti-government protests we demanded they immediately provide the necessary equipment and medicines. Without these essential drugs we cannot treat children properly. Many children who come to LRH are from very poor backgrounds. They can't afford to bring medication from outside pharmacies. There were some funds available for them before, but they have dried up.

"We had a money collection till in every ward for the people who could not afford to buy medicines from outside pharmacies."

The Rajapaksa government like their counterparts across the world have been callously indifferent to the lives of the working people during the COVID-19 pandemic.

Vishaka commented, "During the first wave of the pandemic we did not have necessary Personal Protective Equipment [PPE]. So, we used garbage bags to make aprons. We sewed our own mask using clothes at the beginning. Later on we received PPE mainly as donations. As ours is the main children hospital, many children with COVID and its complications were transferred from all over the country. Patients and staff faced unimaginable difficulties during that period."

Malintha is a nurse with 11 years' experience. Before migrating to the UK, she had been working for one year in the divisional hospital in Kithulgala, which was utilized as a

treatment hub for COVID patients.

Previously she had worked in the Surgical Intensive Care Unit of the National Hospital of Sri Lanka (NHS). Kithulgala divisional hospital is a very small treatment centre more than 75 kilometres from Colombo. It has an Emergency Treatment Unit (ETU), an Out Patients Department (OPD) and three wards.

Malintha described the chilling situation during the pandemic and current situation with dire shortages. At the height of the pandemic in August last year, they had around 200 patients with COVID in this small rural hospital. To look after these patients they had only 10 nurses, six doctors and a few auxiliary staff. At one point, six nurses including Malintha became ill with COVID. The remaining four nurses had to stay in the hospital, day and night, with short breaks in between, checking the vital signs and medication of the patients. Patients whose conditions deteriorated were sent to the nearby Karawanella Base Hospital (KBH).

Malintha said, “Sadly we could only do the bare minimum for patients. When they were seen by the doctors, we gave them all the medication labelled for 10 days. Then we went inside the wards only during emergencies and to check vital signs and to document them. Some patients collapsed inside due to diabetes, dehydration and other medical conditions. Then we had to wear PPE and go inside to start intravenous infusions and other treatment. The rest of the time patients had to look after themselves.

“Luckily the patients we had were not that symptomatic. But one of the main issues was that we did not have enough oxygen cylinders. There were instances when we had to administer oxygen for patients who became deoxygenated or short of breath. We had only one or two cylinders in the hospital. We were instructed to transfer patients who needed oxygen therapy. On some occasions transfer was not an option because there were no beds in the base hospital.

“One day we had a patient who came to the ETU. We did a rapid antigen test and he was positive. Then he was taken to the ward on a wheelchair. Before he was transferred onto the bed he collapsed and fell over. We had to go inside without any PPE. Another day a patient had fits so we had to rush in wearing only masks and gloves. We had to suck out his secretions to avoid aspiration. The suction set did not work. We borrowed one from another ward and it didn’t function either. These were among the major problems we faced during that time.

“We did not have any deaths in our hospital because we transferred patients to KBH when their conditions got worse. Unfortunately, we heard from our colleagues that some of the patients we transferred died at KBH.”

Speaking about the current situation Malintha said, “We have around 500 patients coming here for treatment, but for

the wards we get only two elastic plaster rolls a week. They are highly inadequate to put pressure dressings for some wounds. As we do not have proper IV cannula dressings, we have to use them for securing the cannulas too.

“We did not have enough normal saline and other IV infusions. We were compelled to use the same saline bottle to administer nebulization for months in ETU, OPD and on the wards. When I worked in the SICU [Surgical Intensive Care Unit] of the NHS, we used to change it every day. We received around five bottles of saline for the OPD, but they were not enough at all. We use them to cleanse wounds, dilute medicines and ear irrigation. How can you do all these with five bottles of saline a week?

“One of the major problems we have is the non-availability of the anti-rabies vaccine ARV. We have at least three/four patients a day who have bitten by a dog, monkey, cat or a squirrel. They should have the ARV. If it is a major bite, we send them to the KBH to have the anti-rabies serum. Serum injection is a very expensive treatment and it should be given in a facility with intensive care units. Patients do not get these critical treatments now.

“We do not have family care equipment and medicines. We do not have Depo-Provera [a contraceptive injection that contains the hormone progestin], loop contraceptives or Jadelle [a reversible long-acting contraceptive implant]. Before I left this month we only had oral contraceptive pills (OCP). Some people who can afford it buy Depo-Provera from outside and get injected at our hospital. Many people do not have money for their other essentials. Some people who live in very remote hill areas come here by hiring three wheelers [a small taxi]. When they come here they do not have treatment.

“We were short of antibiotics. I remember once we had only Flagyl [Metronidazole] in our hospital. We did not have oral Augmentin [Co-Amoxiclav]. These can have severe consequences for patients. We had to transfer patients to KBH sometimes because we did not have basic antibiotics to treat conditions.

“Some patients do not like to be discharged because they have nothing to eat at home. Some desperately try to exaggerate their conditions or pretend collapsing when they are discharged to extend their stay in the hospital. At least they get some food to eat in the hospital.”



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