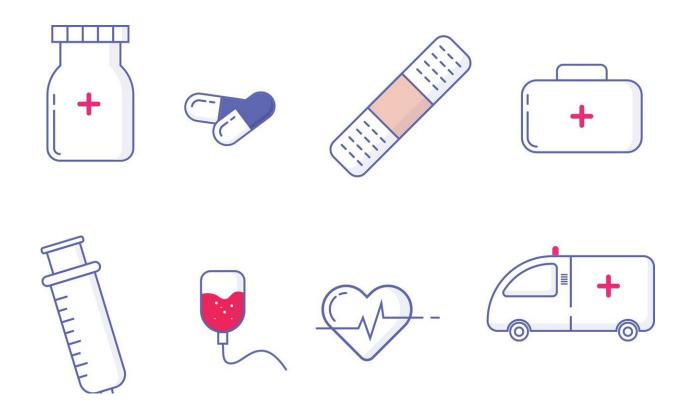


We can't (and shouldn't) expect clinicians without PPE to treat COVID-19 patients

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We can't, and shouldn't, expect healthcare professionals without adequate personal protective equipment (PPE) to risk their lives to care for patients with COVID-19 infection, contends an expert in a stinging rebuke, published in the *Journal of Medical Ethics*.



Governments in the developed world knew full well what they were doing when they chose to underfund health service infrastructure and ignore repeated warnings about the advent of a pandemic, such as SARS-CoV2, the coronavirus responsible for COVID-19 infection.

And so did we, by voting for them, claims Dr. Udo Schuklenk, of Queen's University, Kingston, Ontario, Canada. We've only got ourselves to blame.

Many healthcare workers across the globe have resigned, staged protests, or gone on strike over the lack of PPE. Hundreds have already lost their lives while on the frontline of COVID-19 care.

And "there can be no doubt that the <u>death toll</u> among <u>healthcare</u> <u>professionals</u> caring for COVID-19 patients all over the world will be significant," warns the author.

Amid rising concerns about the human cost of inadequate PPE supplies, some governments have considered introducing a compulsory service obligation for healthcare professionals as they grapple with the issue of whether clinicians have a professional duty of care "under the circumstances," points out Dr. Schuklenk.

"During the early days of the HIV pandemic, when an infection with that virus meant certain death, <u>regulatory bodies</u> in most countries eventually decreed that healthcare professionals had an obligation to treat," he explains.

The risk of death from COVID-19 is lower, but what makes it different is that the regulatory response was predicated on the availability of PPE. "With SARS-CoV2, we are, in most countries, in a very different situation," he insists.



Taxpayers in many countries in the global north that have some form of publicly funded healthcare have voted for governments that favoured low tax regimes and austerity measures, effectively crippling services, he says.

"The endpoint was the same: democratically elected governments across the global north have left hospitals woefully unprepared for the onslaught of patients, not only in terms of ICU beds and ventilators, but also in terms of PPE," he writes.

"The unavailability of PPE to efficiently maintain universal precautions while on the job was a foreseeable consequence of the race to the public services bottom that globalisation motivates," he contends.

"It's not as if governments and their experts did not know that the occurrence of an agent like SARS-CoV2 or worse was likely," he points out, adding that there's no excuse for the shortage of PPE.

"[It] does not constitute hi-tech expensive equipment; all of it can be produced relatively cheaply, and it can be stored in large quantities without taxing a given healthcare system unreasonably financially," he writes.

Except that now, of course, it is much more expensive, because no one prepared properly and invested in it when it was readily available.

"We live in democracies, and we elected politicians who promised us time and again that we could have our cake and eat it. It turns out, unsurprisingly, we cannot have that," he points out.

"There is no reason why doctors, nurses, and other healthcare workers should be seen to be professionally obliged to risk their wellbeing during pandemic outbreaks in the global north, because we chose governments



that starved the <u>healthcare</u> delivery infrastructure sufficiently of resources to permit them to do their job safely or with minimal increases to their average on-the-job risk," he concludes. "Elections have consequences."

More information: What healthcare professionals owe us: why their duty to treat during a pandemic is contingent on personal protective equipment (PPE), *Journal of Medical Ethics* (2020). jme.bmj.com/lookup/doi/10.1136 ... edethics-2020-106278

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