Why Lockdown Cannot be the Preferred Response to Coronavirus - The View of a Frontline GP

ConcernedGP ***With Thanks to Lockdown Sceptics and a wonderful GP.***

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I realise that you will all have heard much of this before, but I could no longer sit idly by and watch my country and the quality of life of all those who live here being ruined in order to protect a health service which is not currently fit for purpose. In the current climate, I couldn't imagine this article being published anywhere else.

I am a GP and have been working in the out-of-hours service, in addition to my weekday clinical role, throughout the pandemic – meeting and treating patients with covid 19 on a regular basis.

I am not a 'covid denier' – I know the virus exists – I have seen it in action. I have had several colleagues who have acquired the virus and, on the whole recovered following a few days or weeks of fairly typical viral symptoms.

I am not an 'anti-vaxxer' – as the government and their advisers have decided that vaccination is the 'only way out' of our present situation, I say let's get on with it.

I am not resistant to taking appropriate measures to protect fellow-citizens such as hand-washing, mask wearing and not invading personal space – these measures make sense and should have always been considered part of 'normal' behaviour in my opinion. Having been coughed over many times whilst treating sick patients over the years, without any acknowledgement or apology from those who have done it, I have long been an advocate of the Japanese model of mask-wearing by those affected by any upper respiratory infection.

On the subject of 'lockdown' being the right way to manage this pandemic – I have to disagree and here are my reasons.....
We are advised that the primary reasons for the lockdown are to save lives and

protect the NHS. This argument does not really hold water.
On the subject of saving lives, a recent study published in the BMJ in November 2020 showed that the mortality rate amongst patients infected with covid 19 is somewhere around 1-2% which is not entirely dissimilar to the mortality rate attributed to seasonal flu, though we have never felt the need to lock the entire population in their homes to protect our most vulnerable citizens from seasonal flu.

It is true, that covid 19 seems to be more transmissible than seasonal flu and, initially, there was no effective vaccine, meaning that peaks of infection and, therefore, peaks in admissions and deaths had the potential to be higher, though it is still not clear why 'lockdown' was considered to be the most appropriate response to these factors.

Bearing in mind that the main **risk factors** for a poor outcome from covid 19 infection can be reasonably easily identified (advancing age, chronic lung conditions, diabetes, obesity to name a few), surely it would make more sense for these people to stay at home with appropriate physical and financial support, whilst the rest of the fit and healthy population live their lives, go about their business and keep the economy afloat. Bearing in mind that a very large proportion of the at-risk group are already beyond retirement age, the removal of the remainder from the standing workforce could be anticipated to have a minimal effect on the overall economy.

Looking at a specific area of society, **schools,** raises even more questions about the appropriateness of 'lockdown'. It is widely accepted that children and young adults are extremely unlikely to suffer significant morbidity or mortality from covid 19 without significant underlying medical conditions, in fact, recent statements by the Chief Medical Officer (CMO) suggest that **children are not affected by the new variant of covid at all** - schools are full of children and, on the whole young adult teachers, the parents of these pupils will generally also be young adults – so how can we justify closing all the schools and cancelling all exams? This makes no sense whatsoever.

Whilst we consider the subject of 'saving lives', the current 'lockdown' response to the covid 19 threat **is entirely at odds** with the government's usual response to circumstances and conditions which are known to cause significant morbidity and mortality amongst the UK population.

Data published by the NHS tells us that in 2019, 78000 deaths and 490000 hospital admissions were related to smoking, the ONS have published data which identifies alcohol consumption as the cause of 7500 deaths in 2018 and

the Diabetes UK website informs us that diabetes (the major cause of type 2 diabetes in the UK being obesity) treatment uses 10% of the annual NHS budget and is responsible for 24000 early deaths every year. This being the case, why are the government not banning smoking, excessive alcohol consumption and over-eating? I imagine that to do so would be considered an infringement of human rights and an attack on personal freedom (which it would). This being the case, how can we now justify effective house-arrest for the entire population of the UK with no right of appeal, fines for those who disobey, no right to protest and no clear end-point in sight?

Far from saving lives, it is reasonable to believe that the significant curtailments to 'normal life' in the UK is storing up a great deal of trouble for the future. We already know that patients with signs and symptoms of cancer are not presenting to their GP surgeries at anything like the predicted rates, often due to fear of exposure to covid 19 or the belief that normal GP services are not available – these patients still have cancer and will, eventually, present to the NHS but probably too late to be effectively treated resulting in early and potentially preventable deaths.

Poverty is on the increase due to growing unemployment – poverty leads to poorer health and poor health outcomes – in brief, a poorer society is more unhealthy than a rich society, with more chronically unwell citizens and more early deaths – a greater burden on the NHS.

Every week I meet patients with known mental health problems who are declining due to lack of contact with their usual social supports, lack of access to mental health services and anxiety caused by scare-mongering reports in the media – eventually these patients will present to mental health services and threaten to overwhelm them due to the sheer number of cases.

Every week I meet elderly people who were previously active and independent, now too scared to leave their homes, many of whom will never join mainstream society ever again – these people will need care at home, a further unnecessary burden on their families and the social care budget.

What of the NHS which we are trying to protect? It seems to me that we would not need to be going to the extraordinary lengths discussed above to 'protect' our health service, **if the health service had been properly managed and properly funded prior to covid 19 arriving in the UK.** Every year whilst I have worked for the NHS, I have received emails in October warning me of upcoming 'winter-pressures' and how we must all take care with referrals to hospitals and how services may be negatively impacted in the coming 6 months.

These so-called ‘winter-pressures’ are entirely predictable well in advance, so why do they occur at all? **The obvious answer is that the NHS does not, and in recent history has never had, enough clinical capacity to deal with predictable peaks in infection rates.** If we recognise this fact, it was obvious that the NHS was always going to struggle with a new virus which blind-sided us as covid 19 appears to have done. Surely, when designing a health service, we should plan for the peaks and not the troughs, **we should build in flexibility**, we should stock more of every medicine and piece of equipment than we will need in the next few days. If we had had an NHS which was already equipped to deal with ‘winter-pressures’, we would have been very well placed, strategically, to take covid 19 in our stride.

This may sound like wishful thinking but actually there are a few simple steps which I have been keen to see implemented in the NHS for many years which, I believe, would transform our ability to respond to threats such as that posed by covid 19 – here are a few examples:-

• When building hospitals and primary care centres, build them 10% bigger than necessary for the predicted foreseeable demand. For example, when building a hospital with 10 wards, build an extra ward which is fully fitted out and equipped but NOT needed and NOT used routinely. This is immediately available extra capacity for use in times of need.

• All clinical staff who move to management positions should be required to continue in their clinical role for 20% of their contracted hours (one day per week if working a five day week). This maintains the skills and knowledge of senior clinicians, which are often lost when they move to management roles, can be called upon in times of crisis.

• All non-clinical staff to receive 2 weeks training every year in skills allied to medicine such as infection control, taking note of routine observations, providing personal care for inpatients, portering skills, resuscitation skills etc. etc. This would quickly generate a large pool of ancillary staff who could be called upon when needed.

• Aim to have all medical equipment and drugs (where possible) to be manufactured within the UK.

For what it’s worth, I do not believe that the NHS is chronically underfunded, though I do question whether the budget has always been spent in the most appropriate way and have grave concerns about the strategic ‘vision’ of those in charge. The NHS is worthy of protection but it seems unreasonable to have a service which is currently so unfit for purpose that the entire UK population have to relinquish basic freedoms to prevent it being crushed by (predictable) clinical demand.

Regarding ‘scare-mongering’ in the media which I touched upon previously, I would include the government’s own briefings and published data in this category. Publishing the number of deaths ‘with covid 19’ is utterly meaningless to the majority of people reading the figures. I say this because they are not placed in context. **Every week of every year in the UK, around 10000 people die – the majority of the population are unaware and uninterested in these figures – and there is nothing wrong with this.** But to suddenly expose the general population to a daily figure of deaths caused by covid 19, without this background understanding of the normal death rate in the UK is causing panic.

Two days ago I was contacted by a friend who is a perfectly sensible and intelligent chap in his thirties – he has two children and runs his own plumbing business. He had a couple of queries regarding a positive covid 19 test in a relative. During the course of the conversation, it became clear that in his mind, having covid 19 was as good as a death sentence – somewhat akin to having bubonic plague! He was quite surprised when I explained that the chance of dying of covid 19 was around 1-2 in a hundred and that the vast majority of deaths had been in the elderly and chronically ill. **If we must publish a daily death figure then it is important that this is published alongside all-cause mortality figures and predicted, seasonally adjusted figures to give context.**

It is also essential that it is made clear that dying WITH covid 19 does not guarantee that covid 19 was the cause of death – this is like saying that the patient died with a cold (another very common viral infection at this time of year) and assuming that having a cold was the cause of death.

Last night the CMO advised the nation that in the previous week in the UK, one million people were infected with covid 19. To this I say, so what? If those one million people were all under 20, they are probably now all alive and feeling well. If they were all in their nineties with underlying medical conditions, they may all now be deceased..... **it’s all about the context.**

So let’s talk about freedom. Occasionally, when dealing with (usually) very elderly or mentally unwell patients, we have to consider using a deprivation of liberty safeguard (DoLS) order under the 2005 Mental Capacity Act. This is a legal process where a patient’s liberty to roam can be restricted if this is considered to be in the best interests of the patient (to avoid injury by wandering on to the road for example). This can be a fairly long process involving health care professionals and social services, underpinned by legal statute. These

patients must have been proven to lack ‘capacity’ – that is the ability to listen, understand, weigh up information and make decisions (whether we consider these decisions to be appropriate or not). It is quite right that this is a long and carefully considered process, depriving someone of their liberty should not be undertaken lightly.

There are also many safeguards in place such as – the arrangements must be in the patient’s best interests, the patient has a legal right of appeal and the arrangements must not be in place for longer than necessary.

The current ‘lockdown’ is not entirely dissimilar to a DoLS in effect, but the current restriction of the freedoms of most of the population of the UK has not been done with our individual consent, we have no right of appeal or protest, there has been no specified end-date and, for the majority, it has not even been done in our own interest but, rather, in the interests of a vulnerable minority.

In summary, therefore, I believe that the current lockdown is disproportionate to the threat from covid 19 and only necessary due to the unpreparedness of the NHS. The negative effects upon the UK economy, individual wealth, health and mental wellbeing will be with us for decades and will almost certainly outweigh the short term ‘benefit’ of ‘lockdown’. The liberty of the majority has been removed to protect a vulnerable few, without our consent or right of appeal.

Taking the pragmatic approach that ‘we are where we are’, I would suggest that the vaccination programme must now be carried out 24/7 until everyone who wants the vaccine has had it. Vulnerable people should be advised to take whatever precautions they see fit to avoid infection until they are vaccinated. Everyone else and every other business apart from those which pose excessive risk of viral spread (night clubs, pubs, gyms etc.) should re-open immediately whilst taking reasonable precautions (hand-washing, masks indoors, protected personal space). Summer examinations should not be cancelled. Anyone travelling in or out of the UK should be permitted to do so following either vaccination or a negative covid 19 test.

In the medium term we MUST get the NHS into a fit state to deal with any future viral threat without the need for a national ‘lockdown’ as, I suspect, the UK population may not be so compliant in future.

Using ‘lockdown’ as the usual response to any future perceived viral threat is not, in my opinion, acceptable which makes the CMO’s comments about ‘restrictions’ in the winter of 2021/22 all the more concerning.