One of my fellow NHS Trust chairs last week raised the ethical dilemma involved in the six month postponement of a cancer operation for a patient in order to create intensive care capacity for Covid-19 patients. This operation offered the prospect of good outcome for the patient whereas, tragically, the survival rate currently of Covid-19 patients in the UK whose condition has deteriorated sufficiently for them to be treated in intensive care is only 49%. I advised my colleague that as public servants our job is to carry out the directions that come to us from those who commission our services (ultimately a government facing an unprecedented crisis and attempting to do its best for the country, representing its understanding of the will of the people). As leaders of NHS organisations, my colleagues and I can lobby for change to the policy if we think it is wrong, but while the policy is there, our job is to deliver it.

Governments take difficult decisions all the time. Calculating the worth of a life sounds very cold and inhuman. But we make these calculations in our own lives without being aware of it (when we have that extra glass of wine, succumb to the temptation of the donut we know shouldn’t eat, or “take our life in our own hands” by heading out on a bicycle on London roads). We certainly do it at the ballot box and, implicitly, we expect other to do it for us. In theory, decisions about allocating healthcare resources to one group of patients rather than another are no different from deciding whether we spend taxpayers’ money on a traffic calming scheme or on local authority staff in a local authority providing safeguarding for children and vulnerable adults. However, in circumstances such as the present emergency the difficult decisions are more obvious.

One of the really difficult things at the moment is that these decisions are being taken on the basis of incomplete information. We are not even sure about the numbers of people dying “of” Covid-19 (ie who would not have died if they had been infected) as opposed to “with” Covid-19 (who were already approaching death). There is a lot of what professional statisticians call “noise” in the data being gathered. For example, it is unclear at the moment whether some of the increase in the overall number of deaths reported in March this year compared to March last year may be a result of more prompt reporting. The data on the number of people who have been infected is even sketchier. The UK has been testing far fewer people for the infection than some other countries. But even in countries such as Germany that have been testing many more people, the tests only tell you whether someone is currently carrying the infection and consequently are incomplete and add little value. They may test negative one day and acquire the infection the following day, of they may be tested a couple of days following successful recovery from the infection. And symptoms are only a very approximate guide. For some people the experience is very severe or life-threatening, but for many the symptoms are very mild indeed. And the study by one of the epidemiologists from Imperial College of the residents of the Italian town of Vo, all of whom were repeatedly tested, showed that over 50% of people infected by the virus experience no symptoms at all. Looking at the data from China and Italy and deaths and hospitalisation in the UK, it is likely that between half a million and a million people in the UK have had Covid-19 by now, rather than the 55,432 cases confirmed by testing and consequently appearing in official statistics.

In the meantime, decisions have to be taken. One of the traditional Church of England prayers for the Queen extends to “all who are set in authority under her, that they may order all things in wisdom, righteousness, and peace”. I can’t think of a time when this prayer has been more appropriate, including during wars and other times of crisis. The impact of decisions taken is huge and so much is unknown. The dilemma faced in the acute hospitals regarding treatment of patients with other conditions versus the immediate and potentially explosive demands of treatment for Covid-19 patients is only one aspect of this. The lockdown we are all living through is manageable for those of us whose jobs can be done from home. For someone like me working in the NHS, my income and that of my colleagues is secure. But I also know that there are many people for whom, despite unprecedented efforts from the Chancellor of the Exchequer to find ways to protect jobs and companies, face an uncertain and very bleak future as we take the measures that will help to contain the threat to lives from Covid-19 over the coming months. So my prayers are not only for those being treated in hospital and for my clinical colleagues doing a heroic job on the front line, but also for those having to take very difficult decisions under great uncertainty, and for those whose welfare is affected as a result of those very difficult decisions.

Tom Hayhoe, 8th April