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By Jean Gibney

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## ***UK: Delays to medical treatment during pandemic will cost thousands of lives***

Thousands of deaths are expected due to delays in referrals and treatment for cancer and other life-threatening illnesses in the UK, as the National Health Service (NHS) is overwhelmed with COVID-19 cases. Referrals, scans, diagnoses and urgently needed treatments are being postponed, putting more lives at risk on top of the devastating coronavirus toll.

New research by the University College London and Data-Can—a health data research hub for cancer diagnosis and treatment—suggests that more than 107,400 people will die from cancer over the next year, almost 18,000 extra cancer deaths than would be expected without the pandemic. These include vulnerable patients contracting COVID-19, and those dying due to treatment delays.

Researchers analyzing data from cancer centres nationwide found that there had been a 76 percent fall in urgent referrals from GPs for suspected cancer patients compared with pre-COVID-19 levels. The conclusions were based on data from the health records of more than 3.5 million patients in England.

Specialized health services are being forced to postpone referrals, scans, diagnoses and urgently needed treatments, putting more lives at risk on top of the devastating coronavirus toll.

The NHS has suffered decades of cuts and the privatisation of services by Labour and Conservative governments. Coupled with the criminal lack of preparation for the pandemic, this has led to over 27,000 deaths from COVID-19. The true figure is more

likely well over 40,000 due to systematic under reporting of coronavirus related fatalities by the Johnson government.

The UK is one of several countries to have suspended elective treatments as severe shortages of Intensive Care Units [ICU] have resulted in operating theatres being used as ICUs to cope with the influx of COVID-19 patients.

According to the Royal College of Surgeons more than 2 million operations were cancelled as the NHS released 12,000 beds for patients struck down by COVID-19.

One hospital trust in Berkshire issued a statement postponing all non-COVID-19 related treatments including surgery and chemotherapy. The suspension included urgent face-to-face and phone consultations.

Queen's Hospital in east London issued a statement suspending all routine cancer surgery and chemotherapy for a minimum of two weeks.

Speaking to ITV News, cancer patient Beth Purvis expressed the anguish of all those whose life-saving surgery has been cancelled and now face a long wait for treatment. She said, "The uncertainty with cancer is bad enough, and then having this thrown into the mix. I just feel completely lost and totally in limbo right now."

Gethin Williams, a colorectal surgeon at the Royal Gwent Hospital in Newport, Wales, told the *Lancet* medical journal that cancer treatments were being put on hold, and that "without treatment some cancers could obstruct, and some metastasize."

National Health Service England warned about the impact of COVID-19 on patients undergoing chemotherapy and radical radiotherapy. For people with cancers including lung blood cancers, should they become infected with the coronavirus, "Different cancers produce immune suppression to different extents."

As referrals and treatments are delayed, doctors fear that lives which could have been saved will be lost. Dr Clive Peedell, NHS Consultant Clinical Oncologist, told ITV News, "The mortality rate from cancer will go up, what percentage I can't say, I would say a minimum of 5 percent increase in cancer mortality..."

Barking, Havering and Redbridge University Hospitals Trust that manages King George Hospital in Goodmayes, and Queen's Hospital in Romford, all stopped non-COVID-19 treatments and referrals for up to two weeks.

A report in the *Daily Mail* stated that as hospitals in the area became overwhelmed with COVID-19 patients, the NHS trusts were told to prioritize which patients to consider for

chemotherapy and surgery lists according to estimated life span and best survival rates. Those patients deemed to have a very limited lifespan or low survival chances are to be placed at the end of the list.

Patients who would benefit from surgery are being denied it due to the lack of recovery beds and ICU beds with ventilation. Sara Hiom, Director of Cancer Intelligence early diagnosis and clinical engagement at Cancer Research UK, warned that the disruption to cancer screening across the UK will have a disastrous impact on survival rates. Hiom raised the necessity of “post peak planning” in order “to deal with the huge backlog across cancer and all serious diseases after the first COVID-19 peak.”

Professor Richard Sullivan, Director of the Institute of Cancer Policy at Kings College London, recently advised that “the number of deaths due to the disruption of cancer services is likely to outweigh the number of deaths from the coronavirus itself over the next five years.”

The mass deaths that will occur as the result of the postponement of treatment is compounded by the hypocritical and criminally dangerous mantra of the government to “Save lives, Stay home, Protect our NHS.” As the pandemic began to spread, the government instructed the population that there was no need for mass testing and that anyone who had coronavirus symptoms should stay at home and “self-isolate”

This has resulted in many people, including those who are gravely ill, not going to hospital for treatment for non-COVID-19 issues. March saw 1.53 million people attending Accident and Emergency (A&E) units nationwide. This was the lowest attendance since records began and a 29 percent drop on 2.17 million attendances in the same month last year.

Some potential heart attack and stroke sufferers are not seeking medical help because of not “wanting to bother the NHS,” according to Stephen Powers, NHS England Medical Director. A&E attendance figures included a 50 percent drop in heart attack attendances.

Last month, the *Guardian* revealed, based on access to the minutes of a meeting of London A&E leaders, “that on the weekend of 4-5 April the number of 999 calls in which someone had had a cardiac arrest rose from 55 a day in normal times to 140.”

“Most of the people concerned died.” said the newspaper citing doctors. Professor Martin Marshall, chair of the Royal College of GPs, “said that doctors were noticing a spike in the number of people dying at home, paramedics across the country said in interviews that they were attending more calls where patients were dead when they arrived.”

According to the *Manchester Evening News*, cancer referrals were down by two-thirds since the COVID-19 outbreak. Attendance at A&E units at North Manchester General Hospital and the Royal Oldham hospital showed an 80 percent drop.

Some people heeding government advice are not taking their children to hospital for fear of overwhelming the NHS. Professor Russel Viner, president of the Royal College of Pediatric Health, said, “We’ve recently heard reports of a small but worrying number of cases where children may have become very unwell or even died because they weren’t seen early enough.”

Suspension of screenings and routine appointments is hitting all sectors of health care, including dentistry. NHS England announced the opening of 50 urgent dental care centres. The General Dental Practitioners warned that “some patients who do not qualify for referral could be at risk of developing life-threatening symptoms.”

Many workers are concerned about overburdening an underfunded and massively overstretched NHS, while the private health care sector is doing everything to profiteer from the crisis. Much of the paltry £5 billion extra funding to the NHS and other services provided by the Tory government during the COVID-19 pandemic is being spent on beefing up the profits of the private sector.

The *Health Service Journal* reported that NHS England had block-booked almost all of the private health sectors’ resources, including staff and equipment, to fight the pandemic. The total cost to the NHS has not been published.

The *Metro* noted that the cost of renting beds from the private sector could be as much as £2.4 million a day. There are reports of private health firms inflating the costs of COVID-19 home testing kits by as much as 67 percent.

Social media platforms abound with comments condemning the profiteering by the private sector. One comment read, “this crisis has revealed the huge profiteering that has gone on at the public’s expense for years.”

Another said: “Socialism for the companies, capitalism for the many.”

Liz Alderton, a district nurse team leader and Queen’s Nurse, tweeted, “Assessed 3 patients today, all newly diagnosed with cancer and all told they will not be considered for treatment because of COVID. All will die sooner than they would have. These are the figures that are not recorded.”

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*A reader sent the following letter to the WSW on the delay in cancer treatment resulting from government policies over the coronavirus.*

I'd read on social media that [Health Secretary] Matt Hancock was saying no cancer treatment would be affected by coronavirus measures. That's an outright lie. It's already happened.

My brother-in-law, Adrian, was scheduled for a laryngectomy on March 24, to take out his voicebox, thyroid and a lymph gland. So, it wasn't an emergency, but it was critical. The consultant rang five days before the surgery to tell them Northwick Park Hospital [in London] had gone into shutdown because of coronavirus cases and all cancer surgery had been cancelled. At that point they just couldn't tell them what the next step was going to be.

They couldn't reschedule the surgery, they couldn't transfer him anywhere else in London, they wouldn't put in a tracheostomy tube to help his breathing in the meantime because of the increased risk of coronavirus infection, and they couldn't just leave him be because the tumour was still growing and blocking his airway.

Eventually they decided to give him a course of radiotherapy to hopefully keep the tumour at a manageable size until they could operate. It's obvious the surgical team have been desperately trying to find a way around all this, and my sister and brother-in-law have had nothing but praise for them and for all their efforts. Everybody knows that these are impossible conditions imposed on them by a lack of preparation and funding, but that doesn't make it any easier for patients to deal with the stress of having appointments and treatment cancelled, while they're getting worse.

Adrian's tumour's kept growing, and his speech is badly affected. They've finally been able to organise a cancer hub at a completely different hospital, and his surgery is now scheduled there, but it does mean that all patients have to be tested for COVID-19 to keep it coronavirus-free. Watching how they've gone about this, it's clear that with the resources medical professionals can organise an efficient and functioning healthcare system: the problem is getting those resources from a government that's been systematically starving and depriving the National Health Service.

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