Sushruta Journal of Health Policy & Opinion

EDITORIAL

2020 To the brink and back

Indranil Chakravorty¹; Ramesh Mehta OBE²; JS Bamrah CBE, FRCPsych, MHSM, FIIOPM³

¹St Georges University Hospitals NHS Trust, London, UK; ²British Association of Physicians of Indian Origin, Bedford, UK; ³Greater Manchester Mental Health Trust, Manchester, UK

ARTICLE INFORMATION

Article History:
Received: 23 12 2020

Digital Object Identifier:
https://doi.org/10.38192/14.1.5

Keywords:
2020, COVID-19, Healthcare, Policy

Corresponding Author:
Indranil Chakravorty
editor.sushruta@bapio.co.uk

ABSTRACT

Editorial look at the year 2020 on policy, people and how the world coped.

The year 2020 will go down in history as the year that never was, the year that brought humanity to the brink and back. A year that many around the world would rather forget and hope it never existed. That it was a bad nightmare. For the UK the double whammy of COVID-19 and BREXIT has really put us to the test. There is hope as we reach the last few weeks of the year that we can take a few moments to look back at what really happened. What can humanity learn from the experiences of the last 12 months?

The first aspect that we learned is how connected we are both physically and digitally. While the physical connectedness, the ease of international travel led to a rapid spread of the novel coronavirus (SARS-CoV-2) across all the continents, making it impossible to contain, quarantine or limit the devastating impact that the COVID-19 caused to each every country in the world. No one was spared. We learned how technology can come to our aid, how like in every previous crisis, calamity led humanity to innovate, speed through multiple cycles of invention, adopt early and diffuse at lightning speed.

We learned how the world is divided along social, political and economic lines, yet connected and collaboration surged across borders with scientists, clinicians, social activists and political pundits helping set the tone of responses from people and organisations to their respective leaders. We learned that racism, discrimination and deprivation are deeply ingrained in all societies. We saw clear evidence of how such systemic inequalities cost lives. We saw the uprising and the sentiments of people across the world protesting against the discrimination evident in the treatment meted out by law enforcement agencies in the USA and how this uprising resonated with people across the world. How in the UK, there was a movement to recognise the unfairness of the wealth accumulated through exploitation in the actions against the legacy of the trade in humans.

We saw the commitment from frontline healthcare professionals who were willing to sacrifice their own personal lives or their time with their loved ones in order to dedicate themselves to the care of their patients. We saw the inherent selflessness of people of all shapes, sizes, colour, ethnicity, gender and across the world. Many lost their lives in the line of duty. It is perhaps not unusual for humans to choose to face danger, take actions that clearly and incontrovertibly put their own lives at risk as often seen in the times of war, but never in peace time and from not from people who normally denounce loss of life. We know that healthcare attracts people with certain
qualities of selflessness, dedication and caring but never before were these sentiments tested in such extreme circumstances as the first surge of COVID-19 pandemic swept across the world. Thousands of healthcare professionals fell ill, watched their loved ones suffer, lost colleagues and still carried on. The full impact will only be seen in years to come as the effects of long Covid and moral injury become more apparent.

It was probably the first time in decades that the ‘common people’ recognised this dedication and there was much emotion in the period of ritual clapping that was undertaken by many communities in the UK and similar gestures across the world. The term ‘NHS Heroes’ was coined and understood by many. There were millions of acts of kindness from neighbours, organisations and strangers showing the gratitude that the world felt towards the caring professions. This flood of gratitude was not limited to healthcare workers, rapidly there was recognition of ‘key workers’ and the contribution that a multitude of professions made to the running of society and societal systems that are often taken for granted. We heard, read and shed many a tear as we learnt about the acts of courage and kindness shown by many such key workers.

We saw how political decisions are made and how mass communication of messages is disseminated in various countries of the world. We watched individual politicians, leaders make wise decisions (in New Zealand, Germany), controversial choices as in the USA and of much vacillation in the UK, France or Italy. We saw how countries dependent on systems of government rather than charismatic leaders were able to make evidence based decisions (S Korea, Singapore) often with significantly better outcomes for their citizens. Perhaps political decision making cannot be simplified to a choice between individual personalities versus collaborative, consensus based modalities of decision-making. There are the poorly understood reasons behind the variable mortality seen in hugely populous countries such as India or Africa versus European or American nations.

Nowhere in the world and at no time, have politicians enjoyed the supreme confidence of the masses, at least not for very long. While healthcare professionals have always been at the top rung of the ‘most trustworthy people’s list. The year 2020 has not been any different. Politicians across the globe have grappled with the delicate balance of appearing to listen to scientific and political wisdom while deciding on the timing, content and tone of the messaging to the masses. Have they got the messaging right? Have they managed to strike a balance on fairness and support the idea of a cohesive community, where every citizen is valued? Have they recognised the plurality of voices, yet kept citizens on the primary message? There will be a time and place to review and judge our actions for this year.

It has been a momentous year for the British Association of Physicians of Indian Origin (BAPIO). It has morphed from a national, voluntary organisation supporting its members, representing the views of the vast numbers of immigrant healthcare workforce in the UK to a national body standing up for tackling health inequalities across the spectrum. BAPIO has stood for equality, diversity and inclusion, in every walk of life, as well as for healthcare professionals. It has matured in its silver jubilee year, as an institution with its many regional divisions, forums and arm’s length bodies.

In spite of lockdowns and restricted mobility BAPIO was able to expand its activities and reach. It was the first organisation to pick up the issue of COVID-19 affecting BME population and staff much worse than white population. While actively engaging the DH, NHS and public health it also discovered the huge hidden talent of academia and research amongst its membership. It led to the launch of the highly successful BAPIO Institute for Health Research (BIHR) which was established in March 2020. The objective of BIHR is to promote high quality research and innovation in health and social care by supporting diversity, leadership and engaging in strategic collaboration with partners in the UK and beyond.

BAPIO’s charitable activities required immediate action. Thousands of Indian tourists and students were stranded in the country due to lock down. BAPIO collaborated with the Indian High Commission and set up an emergency helpline to support them with health advice. There were many stranded people who were on long term medications. For them BAPIO set up a system of writing prescriptions and dispensing the medications.

Another high profile charitable activity was related to supporting almost 250 doctors from 27 nationalities who had come to the UK to take the PLAB test. Due to lock down the test was cancelled but these international doctors got stranded. They were running out of finances and were obviously under considerable stress. The BAPIO PLAB stranded doctors’ project started as a serendipitous exercise in the third week of March 2020 with first a handful of doctors until it reached a peak of 267 in the group. Under the umbrella of BAPIO, the project team doctors, who previously had barely known each other, took on all the challenges - teaching, pastoral support, career advice, writing CVs, finding food, accommodation and funds for those in need, organising professional support, links with GMC, the High Commission of India and the U.K. Home Office, the lot. The project was concluded on 19 September as previously agreed, with all the doctors either returning home or making a conscious decision to work in the NHS when conditions allowed. The weekly Zoom meetings, the camaraderie, the scale of the project, and most importantly bringing it to a close without any major crisis was only possible through sheer determination, understanding, professionalism, leadership and good communication.

The BAPIO Welsh Team under the leadership of Prof Keshav Singhal developed an App for Risk Assessment tool. This App could find our risk of infection to COVID-19 within 2 minutes. There were separate tools for healthcare staff and for the general population. This App was made available free of charge.

The British Indian Nurses Association (BINA), an arm’s length body of BAPIO, was launched during the annual conference on 20th November 2020. There are 24,000 Indian nurses currently working in the UK and they have not had any national body to support them. BINA will ensure on-going support as well as provide pastoral care to newly arrived nurses.

BAPIO Training Academy (BTA) has been very active in starting several courses locally but more importantly it has developed an innovative India-UK programme also known as 2+2 programme. The scheme is to deliver a 4-5 year training programme to Indian doctors in medical specialties. The training will be between India and UK thus reducing the UK
training cost significantly; while providing much needed trained doctors to both countries. At the same time providing world class UK post graduate qualifications and training to Indian doctors. It is expected that following completion of training and obtaining MBA in healthcare management, these doctors will return to serve in their home country. The scheme involves 2 years training in India followed by 2-3 years in the NHS and named as “Indo-UK PG Training Programme” This is a collaboration between the BTA, Royal College of Physicians of Edinburgh, Health Education England (HEE) Global Engagement and University of South Wales.

Finally, it is time to recognise those of our colleagues who have fallen in battle against the virus, while dedicating themselves in selfless service of their fellow humans. It is time to recognise the dedication and brilliance of thousands of scientists across the world who have succeeded in designing, developing, testing and delivering a worldwide vaccination programme to protect against the scourge of the SARS-CoV-2. It is time to recognise how the common people of the world have come together overcoming barriers to help each other and aspire to a more equal world. This is the time of the year when multitudes across the world come together to bring hope and joy to everyone, to seek a new tomorrow.

Despite the late surge of the pandemic during the dying weeks of 2020, the hope is that 2021 will bring us a fairer, safer and just world for all. To quote Shakespeare “true hope is swift and flies with swallow’s wings”.