
Those in the front line

FRA REDAKTØREN

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Healthcare personnel are working where the risk of infection is greatest. They must be adequately protected.



Photo: Einar Nilsen

Clinical work has always been fraught with risk: Each day, decisions must be made on the basis of uncertainty. With the COVID-19 pandemic, the risk has acquired a new and terrifying aspect: Each day at work increases the risk of becoming infected – and of passing it on to other patients or bringing it home to one's own family. Healthcare workers' personal responsibility is perceived to have suddenly increased threefold, with responsibility for the health of patients, for one's own health and for that of our loved ones.

The risk of infection is indeed real. In China, it was found that the infection was widely transmitted from healthcare personnel to their family members [\(1\)](#). In Italy, up to mid-April 2020 almost 17 000 healthcare workers have been infected, and at least 125 doctors have lost their lives [\(2\)](#), while in some states of the USA, healthcare workers constitute as many as 20 % of all those infected until that date [\(3\)](#). In the UK, at least 96 healthcare workers have died from COVID-19 [\(4\)](#). Everywhere the unreported figures are assumed to be high. The risk also has a gender aspect: In the USA, 73 % of healthcare workers ill with COVID-19 are women [\(3\)](#), and in Italy two-thirds of all infected healthcare personnel are women [\(2\)](#).

Society has a clear moral responsibility for the safety of its healthcare workers – it is they who are in the front line, and they who, in the service of society, daily face the greatest risk of infection. Tragically, many countries have failed in this. The lack of personal protective equipment in the health services in many places has been desperate. A survey conducted in the UK showed that almost one-half of hospital doctors who performed aerosol generating procedures on COVID-19 patients lacked adequate protective equipment, and that almost one-half of GPs had insufficient access to standard face masks [\(5\)](#). Italian doctors warn that the lack of personal protection for healthcare workers may lead to the collapse of the health services [\(6\)](#), and in the USA, healthcare workers throughout the country are protesting against the widespread lack of basic personal protective equipment [\(7\)](#).

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Given the international experiences, it is disheartening that in Norway we have also failed to adequately protect those in the front line in the fight against the virus. In mid-April 2020, some of the country's largest health trusts, Oslo University Hospital (OUS) and Akershus University Hospital (Ahus), rationed personal protective equipment for healthcare workers, while nurses made daily reports of a shortage of elementary equipment such as respiratory protective devices and face masks [\(8\)](#). Altogether 57 % of healthcare workers in Oslo who responded to a survey undertaken by the Norwegian Union of Municipal and General Employees had felt unsafe at work due to the pandemic, while 36 % had experienced violations of the infection control regulations in their workplace [\(9\)](#). And in St Olavs Hospital in Trondheim, the shortage of basic personal protective equipment meant that the hospital could not return to normal surgical capacity as planned [\(10\)](#).

We did not have any overcapacity in the health services before this started. They shall continue to treat ill patients for the duration of the pandemic, and not least afterwards. Therefore, it is not simply a matter of society's and employers' legal and moral duty to protect healthcare workers; it is also a matter of ensuring the health services' capacity, and it is a question of healthcare workers' trust in the system of which they are a part. In the UK, the authorities' inability to protect their healthcare workers has widened the rift of mistrust between healthcare workers and authorities in an already hard-pressed National Health Service (NHS) (4, 5). Such experiences must be taken seriously. It is not the time for the health authorities to make unrealistic demands of hospitals to deal with both the pandemic and the backlog of other treatment at the same time (11), or to adhere to a funding model that forces GP surgeries to lay off their employees in the middle of the health crisis (12). It is when push comes to shove that trust is put to the test.

At a time when hundreds of thousands of other employees are forced out of their jobs in order to reduce the risk of infection, healthcare personnel must go to work where the risk of infection is at its absolute highest. To be sure, they are heroes. But they are vulnerable heroes – and we have a duty to protect them.

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