



Dame Clare Marx General Medical Council

16 April 2020

Dear Dame Clare,

Association of Anaesthetists and Intensive Care Society – supporting anaesthetists and intensivists during and beyond the Covid-19 pandemic

The Association of Anaesthetists (the Association) represents the medical and political views of over 10,000 anaesthetists in the UK, Ireland and internationally, while the Intensive Care Society (the Society) similarly represents over 3,500 multiprofessional critical care staff. The Association and Society each have a broad constitution to promote and advance education, safety and research in anaesthesia and critical care respectively.

During the Covid-19 pandemic our members will be on the front line for much of the surge of patients requiring tracheal intubation, mechanical lung ventilation and organ support. Our members will also be at the front line of providing uninterrupted emergency and cancer services in an environment of stretched and diminished resources. Evidence from China, Italy and Spain indicates that our members will be at increased risk of contracting the illness, and a substantial number are in groups at higher risk of mortality.

Aside from the increased personal health risk our members run, many are likely to be asked to work out with their usual clinical setting - in intensive care, acute medical units, high dependency or emergency departments for example. In these locations, although making using of a generic critical care skill set, they will be working beyond their usual scope of practice. Equally as challenging will be the complex clinical and ethical decision making that may be required when dealing with surge situations and resource limitations. National guidance on these issues has been forthcoming but lacks a detailed description of legal standpoint to be taken when any civil, regulatory or criminal proceedings are considered in the aftermath.

The Association and Society acknowledge the guidance offered by the UK four nations Chief Medical Officers, the General Medical Council, and the British Medical Association on working beyond the usual scope of practice in times of a national crisis. However, we feel that their collective guidance does not offer the security our members require. Historically our members have been subject to investigations about the appropriateness of the escalation and the withdrawal of care, often to the detriment of these individuals and to our specialties. After a national crisis that is already leading to a loss of life, there will be those looking for answers or retribution via the regulatory or legal systems.

The science of human factors tells us that it is entirely predictable that, particularly in the present circumstances, in the context of millions of robust decisions, good people will make errors and misjudgements and these will occur despite best intentions and in good faith.

Should any of our members be subject to inappropriate or unreasonable investigation in relation to the clinical care they provided during the Covid-19 pandemic, the Association and the Society would offer their expert opinion in support of our respective members.

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We look to you, the government law officers, the public prosecutors, the coroners and the regulators, to consider your advice to the medical profession and particularly to our members – anaesthetists and intensivists – who find themselves firmly on the front line of the fight against Covid-19.

Yours sincerely

Dr Kathleen Ferguson President

Association of Anaesthetists

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Dr Ganesh Suntharalingham President

Intensive Care Society