

## Returning our Ebola medals:

our opposition to the hostile environment within the NHS

### INTRODUCTION

Recently I joined a group of 20 health professionals in returning our Ebola medals to the government. We had been proud to receive these as recognition of our work in the recent West African Ebola epidemic, but felt unable to keep them in light of the current hostile environment within the NHS.

After working in Sierra Leone in 2015, I started my GP training in the South West. I was fortunate to participate in the Global Health Programme and spend part of my ST3 year working in Vial refugee camp on Chios Island, Greece. While providing basic health care to immigrants there, I was unaware that, back home, the government was implementing new regulations that meant the same group of people would be denied treatment in the NHS. This, in practice, has meant that some of society's most vulnerable members have been denied life-saving health care.

### TURNING HEALTHCARE PROFESSIONALS INTO BORDER GUARDS

The October 2017 amendments to the 'NHS charges to overseas visitors regulation' demand upfront ID checks and charging of 150% for secondary care, before treatment, to anyone who cannot prove their immigration status.<sup>1</sup> Like many people, this harmful policy only came to my attention when the story of Albert Thompson, of the Windrush generation, first came to light. He was wrongly told that he could not continue to receive treatment for his prostate cancer unless he paid £54 000 upfront.<sup>2</sup>

This surprised me. It was not in keeping with the NHS that I knew. When I started to learn more about the policy, I heard about pregnant women not accessing antenatal care because of it costing approximately £6700 or more if there are complications.<sup>3</sup> Staggeringly, I also discovered that these regulations extend to termination of pregnancy, cancer treatment, paediatric care, community mental health, palliative care, and NHS-commissioned charities. The right to health for vulnerable people

living within the UK, many of whom have been through the asylum process, had simply been removed. It felt like the NHS's founding principles, my personal morals, and the GMC's Duties of a Doctor to 'make the care of your patient your first concern' and 'never discriminate unfairly against patients'<sup>4</sup> had been eroded. Doctors were now expected to racially profile their patients, implement border control, and deny care to people in need.

### THIS POLICY WILL LEAD TO AN INCREASE IN EMERGENCY DEPARTMENT CARE

Worryingly, this inhumane policy also puts the public's health at risk as we know that denying health care to any patient group is unhealthy for the general population. Although there are exemptions, for infectious diseases this is unworkable. People often do not know they have an infection until they are seen by a healthcare professional, or, if they do, may now not feel safe to access health care or know that their illness is exempt from charging. This could have obvious ramifications.

The charging regulations may well end up costing more to implement than the stated justification for this policy, as deliberate health tourism, by the government's own calculations, costs 0.07% of the NHS's budget.<sup>5</sup> Plus, there will be further hidden costs: missed opportunities for preventive care, early diagnosis, and simple interventions will lead to an increase in more expensive emergency care. Despite there being no impact assessment, the government has stated plans to extend charges to primary and emergency care, although the details of this are not known yet.<sup>6</sup>

### HANDING BACK THE MEDALS

On 24 August 2018, I was proud to join 20 health professionals and return our Ebola medals to the government in opposition to this regressive and harmful policy. It was a difficult decision as the awards mean a lot to us, yet, collectively, we no longer felt able

to accept them from a government that has weaponised health care while risking public health with little evidence of cost benefit. A new health policy should be held to the same standards as a new medicine: if found unsafe it should be stopped or changed.

This policy has caused much harm and the wider hostile environment in the Home Office has recently wrongly detained and deported its own citizens (the Windrush scandal), thereby proving itself to be unsafe.

We handed in our medals to demand an immediate suspension of NHS charging regulations until a public health impact assessment is carried out, particularly focusing on vulnerable groups.

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### REFERENCES

1. Legislation.gov.uk. The National Health Service (charges to overseas visitors) (amendment) regulations 2017. <http://www.legislation.gov.uk/ukSI/2017/756> [accessed 15 Oct 2018].
2. Windrush: Albert Thompson gets date for cancer treatment. *BBC News* 2018; **24 Apr**: <https://www.bbc.co.uk/news/uk-43883198> [accessed 19 Oct 2018].
3. Doctors of the World UK. *Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances*. 2017. <https://www.doctorsoftheworld.org.uk/publications#Research-Reports> <https://www.doctorsoftheworld.org.uk/Handlers/Download.ashx?IDMF=2a7fc733-ceef-4417-9783-d69b016ff74f> [accessed 15 Oct 2018].
4. General Medical Council. The duties of a doctor registered with the General Medical Council. 2018. <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor> [accessed 16 Oct 2018].
5. GOV.UK. *Independent report. Overseas visitors and migrant use of the NHS: extent and costs*. 2013. <https://www.gov.uk/government/publications/overseas-visitors-and-migrant-use-of-the-nhs-extent-and-costs> [accessed 15 Oct 2018].
6. Department of Health. *Making a fair contribution. A consultation on the extension of charging overseas visitors and migrants using the NHS in England*. 2015. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/483870/NHS\\_charging\\_acc.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/483870/NHS_charging_acc.pdf) [accessed 19 Oct 2018].

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