

I have a few very clear memories of lockdown. I remember my drive to work that was striking for its silence, an eerie quiet haunting with its absence of normality. I remember one morning, when I passed no cars at all and listened to the radio, where the reduction in urgent cancer referrals was discussed.

My first call that day was to an older man. I was struck by the palpable fear in his voice when I suggested that he should be referred urgently because I was worried that cancer could be causing his symptoms. Every aspect of what would previously have been a straightforward process had become insurmountable.

'How would I even get there?' he asked. This seemed to be his biggest concern. Would he get COVID-19 from being at the hospital? He was philosophical in his approach — 'if there's something there causing all this and I die from it, so be it,' he said. 'But I don't want to die from COVID.'

'I can understand why you're frightened,' I say. We talk about it further.

It seems these symptoms that he's had for some time now are familiar and he's not scared of them. The unknown enemy, this new silent killer is however haunting him. Eventually we come to a compromise. He agrees to let me send the referral and in the meantime we will together work out a plan to get him there safely.

SAFE CARE

Safety. That one word summarises so much of what is threatened by this pandemic. COVID-19 has crystallised the importance of patient safety.

Even just a few months ago most patients would not consider their own safety when attending a hospital appointment for tests. They would visit the GP and emergency department without a thought that simply by being there they could come to harm. Health and care workers went to work each day without worrying about whether, simply



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through doing their jobs, they could lose their lives.

Patient safety is the backbone of all that we do. In *Of the Epidemics*, Hippocrates advised that the physician must 'have two special objects in view with regard to disease, namely, to do good or to do no harm.'¹ A safe health and social care system is a natural extension of this dictum.

The threat from COVID-19 has made it even more important to provide safe care. Huge numbers of people who didn't even see themselves as 'vulnerable' have been defined as such, this sense of fragility further compounded by isolation.² However, the difficulty is that COVID-19 has also made it harder than ever to provide safe care, both for patients and health and care workers alike, and 'there is no patient safety without staff safety.'³

FAILINGS CAUSED BY ENTIRELY AVOIDABLE HARM

Health care is much safer than it was but not as safe as it should be. Despite recent patient safety initiatives there are still huge numbers of patient safety incidents daily even when we're not in a pandemic crisis. Estimates suggest that 4 out of 10 patients are harmed globally in primary and ambulatory care settings; 80% of harm is thought to

be avoidable.⁴ The recent publication of Baroness Cumberlege's report *First Do No Harm* is a much needed review of three medical interventions: sodium valproate, pelvic mesh, and Primodos.⁵ She describes suffering that was 'entirely avoidable, caused and compounded by failings in the health system itself' and her report advocates for radical reform.

So this is my wish for the NHS: let us be forever proud of the response to COVID-19. Let us also properly investigate the missed opportunities to prevent transmission and to protect health and care workers.

Let us urgently examine the collateral damage that resulted from disruption to care and intervene quickly to reduce further harm. Through listening to those who have suffered, let us improve our understanding of what has gone wrong and commit to developing a safer healthcare system for all. We owe this to our colleagues who have died and our patients, past, present, and future.

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