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## A response to RCGP Chair's 'Just Saying' on refugees to the UK being deported to Rwanda

'The only thing necessary for the triumph of evil is for good men [sic] to do nothing' are the words of philosopher Edmund Burke. Martin Marshall, RCGP Chair, chose these words to start his recent blog, 'Just Saying', calling out the British government on its plan to dispense with asylum seekers by deporting them to Rwanda.<sup>1</sup>

As GPs and hospital doctors we have been advocating on our migrant patients' behalf since the early days of the hostile environment in 2015, when the inhumane and unethical NHS charging regulations came into place.

However, we have rarely witnessed our NHS leaders speaking out against these issues.

Some humanitarian causes become collectively sanctioned, like the well-founded and applaudable response of the British public and individuals to the Ukrainian plight. Those supporting these just causes are no less admirable for their compassion and solidarity in action. Notwithstanding, there are those issues that we all feel in our heart of hearts are simply wrong, but we look around and see others, especially those we consider authorities, the know-betters, being silent. Seeing this, instead of calling this out, we choose to doubt our own moral intuition. Yet, those very moral wrongs that are less popular and ordered by authorities are those in need of bold leaders who are guided by their ethics rather than the seemingly 'proper' wrongs.

We (as NHS staff) know, as Martin Marshall knows 'viscerally', that the way we have allowed the government to tell us to turn a blind eye to the immense sufferings of those of our patients who are labelled 'illegal' is an utter violation of our professional ethics as well as our humanity.

We think Professor Marshall is mistaken in thinking that this is a 'complex' issue. It is not. Claims of 'complexity' are a reliable tactic to silence 'good people'. Over the past 8 years, we have seen UK

Home Office policies increasingly impact the health of our patients, through data sharing, charging, quasi-detention, and now processing overseas. The Nationality and Borders Bill is the next in a long line of policies that callously and knowingly harm the health of an already vulnerable population.

It is time we spoke out. We must now rely on the courts, and legal challenges mounted against a government that seems to have lost any moral compass. We are not going to remain bystanders any more. We are not powerless, we are not voiceless, and our 'doing nothing' is inexcusable and a shameful legacy to our profession.

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## Shaking chills may be better than rigors for sepsis prediction

I read the article by Loots FJ *et al* with great interest, and strongly appreciate the importance of the study.<sup>1</sup> The authors selected rigors (yes/no) as one of the candidate clinical predictors. The item of rigors was excluded in the simplified model because univariable and multivariable regression analyses showed no significant relationship between rigors and the diagnosis of sepsis.

The authors judged whether a patient developed rigors or not in a dichotomous manner. However, the degree of chills is important in predicting bacteraemia. For example, shaking chills showed a specificity of 90.3% and a positive likelihood ratio (PLR) of 4.65 for bacteraemia, while mild chills showed a specificity of 51.6% and PLR of 1.81 [see Tokuda *et al*].<sup>2</sup> Considering a higher specificity, shaking chills may be a more desirable candidate than rigors only.

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### Author response

We thank Junki Mizumoto for the interest in our study. We acknowledge that the study of Tokuda *et al* used a more detailed