**When Doctors die**

# “Most of my dad’s time was dedicated towards his family, and the rest of that time was dedicated towards his profession”.

# “He did not seek the praise and approval of others, he was satisfied by viewing the positive effects of his actions and the wellbeing of his family.

# “I am incredibly proud to say that for 18 years of my life, Amged El-Hawrani was my father.”

# These words come from 18-year-old [Ashraf El-Hawrani](https://www.leicestermercury.co.uk/news/leicester-news/teenager-pays-tribute-dedicated-dad-3997588). His 55-year-old father, Amged El-Hawrani, died on the 28 March. Adil El Tayar, Habib Zaidi and El-Hawrani are the first [NHS doctors to die](https://www.bbc.co.uk/news/uk-england-derbyshire-52084915) from the coronavirus. All three were from migrant backgrounds.

# I know something of what Ashraf El-Hawrani is going through. My father was an NHS Accident and Emergency Consultant. He died in 1992 at the age of 62. He had had a huge heart attack at 55 and was retired soon afterwards when he suffered brain damage during a cardiac bypass operation. He worked long hours and survived on black coffee and cigarettes during the working day. Although his death was in different circumstances, he too was looking after those in an emergency. He too was left unprotected.

# One of the consequences of the pandemic is that it is slowly surfacing what has been decades of underfunding of health and social care services and the lack of care provided to our care professionals. In the UK there has been a year-on-year decline in the increase of government funding to the Department of Health and Social Care since 2008. The research institute The King’s Fund has [found](https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget) that “Budgets rose by 1.4 per cent each year on average (adjusting for inflation) in the 10 years between 2009/10 to 2018/19, compared to the [3.7 per cent average rises](https://www.kingsfund.org.uk/publications/nhs-70-does-the-nhs-need-more-money) since the NHS was established”.

# Within Europe and [globally](https://www.researchgate.net/publication/338520008_Critical_Care_Bed_Capacity_in_Asian_Countries_and_Regions), there are vast inequalities in health care resources. A Reuters news report titled [Who gets the ventilator](https://www.reuters.com/article/us-health-coronavirus-britain-healthcare/who-gets-the-ventilator-british-doctors-contemplate-harrowing-coronavirus-care-choices-idUSKBN2172FC)? found that before the outbreak of the pandemic, the European average of critical care beds per 100,000 of the population was 11.5. Italy had an estimated 12.5, in Germany it is 29.2. Drawing from the findings of a [2012 study](https://link.springer.com/article/10.1007/s00134-012-2627-8), believed to be still valid, Britain’s figure was 6.6.

# The price that our care professionals pay for the care that they are being asked to deliver is too high and some have been paying a higher price than others. A 2019 [survey](https://www.bma.org.uk/news/media-centre/press-releases/2019/may/serious-mental-health-crisis-among-doctors-and-medical-students-revealed-in-bma-report) of 4,300 doctors and medical students by the British Medical Association, found that more than a quarter had been diagnosed with mental health conditions. Eighty per cent were at high or very high risk of burnout. [Research](https://www.independent.co.uk/news/health/nhs-staff-racism-bme-ethnic-england-data-a9340601.html) has also shown that almost a third of ethnic minority staff in the health service have faced bullying, abuse or harassment from colleagues. This is despite the founding of the NHS on migrant labour, with Britain recruiting migrant care professionals and workers to supplement post-war labour deficiencies.

# This is a supplementation that has continued and to the detriment of the economies and care systems from which migrants come, a situation that has been described as ‘[a perverse subsidy](http://oro.open.ac.uk/6723/)’. We may have glimpsed some of this history in Danny Boyle’s opening ceremony for the 2012 Olympic Games, but it is a debt and a gift that is easily forgotten.

# Racist and anti-Chinese and xenophobic pandemic discourses continue to circulate in the media, privately and from politicians such as Donald Trump. Although xenophobia and racism [frequently mobilise ableist tropes](https://slate.com/news-and-politics/2020/03/social-distancing-coronavirus-aids-prisons.html) of a healthy national body, invaded and damaged by “foreigners”, migrant health care professionals are also vulnerable to racism. [Patients](https://practicebusiness.co.uk/can-i-have-a-white-doctor-for-the-operation-racist-abuse-against-nhs-staff-almost-triples/) ask for white nurses and doctors. In a 2013 focus group that I did with white working class supporters of the racist British National Party for the [Mapping Immigration Controversy study](https://mappingimmigrationcontroversy.com/2014/10/19/infectious-fear-telling-immigration-stories/), they not only drew on the themes of migrants as vectors of pollution, they also denigrated migrant doctors for their spoken English. A meme currently circulating on Facebook reads, “On holiday in Spain I saw a sign saying english (sic) speaking doctor, I thought what a good idea, we should have them in our country”.

# Cruel Optimism

# And now that the government has begun to change it pandemic strategy and promises to channel more resources and funding into the NHS, it is tempting to feel some sense of relief. But we should be wary of being drawn into what the cultural theorist Lauren Berlant calls [cruel optimism](https://www.dukeupress.edu/cruel-optimism), overlooking or misrecognising the systemic causes of this crisis of care.

# In Berlant’s thinking, optimism becomes cruel when our emotional investments in objects—in this case, think of personal protective equipment for NHS staff—or political programmes—such as COVID-19 policies of social distancing, lockdown and cash injections into new health care resources—obscure or block what initially drew us to invest hope in them.

Crucially, Berlant’s analysis finds insights into cruel optimism in the detritus of the formal political realm: in the circulation of low-level moods, atmospheres and emotions. From a cruel optimism lens, those vilified in the media for flouting the lockdown and other pandemic rules—young people, sunbathers, park walkers, joggers, stockpilers—seem more than ignorant, reckless or selfish microbial terrorists. Rather than turning on each other, how might we understand the flouters, as well as the intense resentment and surveillance they are provoking, as new forms of viral induced precarity? Such precarity, as [Adam Ramsay](https://www.opendemocracy.net/en/opendemocracyuk/stop-blaming-ordinary-people-for-the-uks-pandemic-failures/?fbclid=IwAR1tzlz6l7YMsIz4UeC0CrG7CB31ZJUtxEFKcbzqsXGX1r11HP83up1RbGQ) points out, is inseparable from the effects of 40 years of neoliberalism and the elevating of the illusion of individual autonomy.

[Sianne Ngai](https://www.hup.harvard.edu/catalog.php?isbn=9780674024090)’s neologism stuplimity captures something of the overload of powerless trauma and jumpy hyper-alertness of COVID-19’s ‘ugly’ feelings. Too much is happening, too quickly. It is impossible to make sense of, or calibrate, the upheaval of COVID-19 and its repercussions. School, exams, university, jobs, housing, shopping, hooking-up, seeing friends and family, taking the dog for a walk. The taken for granted fabric of the everyday is puckering underneath us. The virus has also struck into the heart of those [leading](https://www.theguardian.com/world/2020/mar/27/uk-prime-minister-boris-johnson-tests-positive-for-coronavirus) the government’s pandemic strategy, infecting Boris Johnson and Health Secretary, Matt Hancock with the Chief Medical Officer Chris Witty, self-isolating. Our care professionals are infected and dying.

And each new day overflows with stories from distraught and angry care professionals documenting how quickly individuals and systems are being overwhelmed. There is little comfort or optimism to be had in these stories. And these are the stories that we need to hear and act upon because optimism is cruel when nothing really changes. And when we feel under threat, no change can become perversely fortifying.

[Richard Horton](https://inews.co.uk/news/health/question-time-richard-horton-uk-coronavirus-nhs-prepared-response-2520479), editor of the medical journal The Lancet, has offered us the most potent unmasking of the blockages between personal and political life that characterise optimism’s cruelty in the pandemic. On BBC Question Time on the 26th March, Horton angrily denounced the “national scandal” of the government’s handling of COVID-19, including the delay in testing and inadequate personal protective equipment for NHS staff.

Horton was speaking just after the UK’s first show of public support for care professionals in #ClapForTheNHS. “We're putting our health workers, who we've just all clapped here in the front lines, without the armour they need to defend themselves”. He went on, “The hypocrisy of clapping NHS workers and yet the government not supporting them to go into that front line is tragic. And it was preventable I'm sorry to say, but it was preventable”.

Masks, ventilators and [critical care beds](https://www.theguardian.com/society/2020/mar/24/nhs-hospitals-could-run-out-of-coronavirus-beds-in-a-fortnight) are scarce. Health care professionals are already at breaking point. Thirty-seven doctors have died after contacting the coronavirus in [Italy](https://www.independent.co.uk/news/world/europe/coronavirus-latest-italy-doctors-deaths-covid-19-symptoms-death-toll-a9427596.html). It is estimated that health care professionals account for about [8 per cent](http://www.cidrap.umn.edu/news-perspective/2020/03/doctors-covid-19-pushing-italian-icus-toward-collapse) of the country’s coronavirus infections. I haven’t yet been able to find statistics for non-clinical staff—the cleaners, porters, cooks and administrative staff that keep our care systems afloat.

Some London Trusts are operating with [50% absence rates](https://www.theguardian.com/world/2020/mar/26/london-hospitals-facing-tsunami-of-coronavirus-patients-overwhelmed). The eerie [footage](https://metro.co.uk/2020/03/25/inside-new-4000-bed-coronavirus-hospital-built-excel-centre-12455409/) of the London ExCeL’s conference centre being turned into a huge COVID-19 pop-up hospital (with two morgues), suggests our care will be more akin to that in a military field hospital. There seem to be [plans](https://www.independent.co.uk/news/health/coronavirus-latest-hospital-east-london-nightingale-glasgow-birmingham-military-covid-19-a9429356.html) to build similar hospitals in Birmingham and Glasgow. We have seen the [mass graves](https://www.latimes.com/world-nation/story/2020-03-18/coronavirus-deaths-in-iran-lead-to-mass-burial-pits-for-victims-families-it-is-changing-the-way-they-mourn) in Iran and the [coffins lining up](https://www.theguardian.com/world/2020/mar/19/generation-has-died-italian-province-struggles-bury-coronavirus-dead) in empty churches in Italy. We now know that work is underway to convert a part of Birmingham airport into a [mortuary](https://www.bbc.co.uk/news/uk-england-birmingham-52067885).

# The pandemic has been described as a tsunami waiting to hit the NHS. We are in the suck. Seismic waves are coming. Let’s hope we can hold on to the terrible, unwanted insights that the pandemic is visiting upon us.

# Ashraf El-Hawran, you should indeed be proud of your father.

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