

COVID-19 and the medical workforce: European doctors report

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The COVID-19 pandemic has made health and the health workforce headline news. Within a matter of weeks, the availability, distribution and working conditions of health professionals have gained their deserved recognition in the general public as vital questions which have direct effect on public health and security.

In a survey coordinated by the Standing Committee of European Doctors (CPME), national medical associations are reporting doctors' experience of the COVID-19 pandemic¹. The information collected underlines how much high-quality patient care is dependent on the organisation of care, effective health workforce planning and safe working conditions.

One obvious challenge is the availability of medical workforce. The pandemic has made existing shortages more acute in many countries, such as Bulgaria and Ireland. Others report that it is only thanks to relatively low infection numbers that the workforce is able to deal with the pandemic, but the general shortage of doctors continues to affect patient care beyond COVID-19.

Where doctors are in quarantine due to exposure to COVID-19 cases or on sick leave, the available workforce further contracts. In Malta for example this affects 10% of the total medical workforce. In this context it is important to note, that most countries do not apply a priority testing protocol for doctors, so infections are only detected when symptoms arise. In an experiment in an Israeli hospital, 13 asymptomatic health professionals tested positive to Coronavirus, demonstrating the risk of unknowingly becoming 'super-spreaders'.

Elsewhere, infection control measures aim to provide more protection for doctors, but also impact on the availability of doctors. In Hungary, for example, doctors and nurses above the age of 65 are excluded from frontline practice, which applies to a third of the workforce.

To counterbalance these shortages, there have been various national initiatives. Several countries have accelerated medical students' access to medical practice, be it on a voluntary basis as in Greece or by changing laws as is considered in Germany. Calls to retired doctors to re-join the workforce or a reserve have proven an effective measure in many countries including in Italy, France, and the Netherlands. A solution in Sweden has been to reorganise the distribution of doctors to different workplaces, while in Cyprus doctors from the private sector are requested to assist in public hospitals. From the Spanish medical workforce, it is reported that doctors are supporting their colleagues across specialties, with anaesthetists providing services as intensivists, and orthopaedic surgeons and gynaecologists offering support to internal medicine departments. Among those countries not experiencing shortages, Norway reports that doctors have travelled to Italy to support their local colleagues.

In parallel, there are efforts to pro-actively reduce the demand for healthcare, most frequently by postponing elective interventions, with countries from Finland to Poland adopting this measure. A corresponding trend which further reduces the demand for care is more concerning: patients are deterred from seeking care for fear of infecting themselves in the healthcare setting and are presenting late or not at all. This does not only apply to curative

¹ [COVID-19 in Europe: Status report from the National Medical Associations](#), 8 May 2020

care, but also preventive services, prompting the WHO to highlight the importance of maintaining immunisation schedules during the pandemic².

Despite these dynamics, the doctors and other health professionals in many countries are exposed to a workload and psychological burden few have experienced so far. Where usual working time regulations cannot ensure adequate patient care, emergency schedules are enforced. In some countries, collective bargaining agreements have been put in place during the pandemic to respond to the extraordinary circumstances. Several National Medical Associations, including those in Greece and Latvia, have created helplines for their members to provide advice and support. But doctors still experience physical and mental exhaustion. Unsafe working conditions arising from the lack of sufficient personal protective equipment (PPE) are further affecting doctors across the whole of Europe, be it in Iceland where a third of newly acquired PPE and medical equipment was sponsored by private donors; the United Kingdom, where only 12% of doctors surveyed by the British Medical Association feel they are fully protected at work; or one of the many countries which could only procure PPE from sources for which there are doubts about product quality. The National Medical Associations i.a. in the Czech Republic, Lithuania, Latvia and Cyprus are directly involved in procuring or distributing PPE for their members. Beyond the obvious infection risks, the lack of PPE has further negative externalities: in Romania, there are reports of doctors resigning from positions due to the lack of adequate PPE and of doctors being harassed by neighbours who fear the spread of infection.

Among all these concerning reports, there are encouraging signs which show the strength of the medical workforce and the solidarity not only among doctors, but also health professionals overall. The emergency situation has introduced temporary ways of working, be it through digital tools or enhanced interprofessional collaboration, which can serve as real-life tests for future reform discussions. The fact that healthcare systems are still functioning even in the most severely affected regions is to a large extent thanks to the efforts of doctors and other health professionals who are trying to cope with unknown adversities to continue the best possible care for their patients. No mention of these efforts can be complete without remembering those doctors and other health professionals who have died of COVID-19. Their deaths are a sad reminder of the danger and real risks the health workforce faces every day. The past weeks have seen commitments by governments to harness the opportunities of European cooperation and acknowledge the need for solidarity. It can only be hoped that meaningful EU policy action follows, not only to deal with the immediate pandemic but also to support the health workforce in Europe on a lasting basis.



² [WHO/UNICEF joint statement – Maintaining routine immunization services vital during the COVID-19 pandemic to mark European Immunization Week 2020](#), 20 April 2020