



LETTERS

PROTECT OUR HEALTHCARE WORKERS

PPE guidance for covid-19: be honest about resource shortages

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Healthcare workers are acutely aware of the regional and international differences in personal protective equipment (PPE) guidance and practice, as discussed by Godlee.¹ The discordance between high level guidelines, such as those issued by larger organisations, and hospital level guidance is a major source of anxiety and might even foster mistrust of future guidance.

The greatest source of anxiety is not the disagreement between guidance, but rather the communication of decisions. Those issuing guidance need to be as transparent as possible in explaining every aspect of their decision making. This is especially true in the event of pragmatic guidance being issued because of a specific resource shortage. Healthcare workers are highly educated and socially engaged—they understand the realities of this unprecedented global situation and will do their best within these constraints to care for their patients. Simply saying that a certain geographical region should have a different PPE approach without justification is deeply unsettling for frontline staff.

Healthcare workers might think that any PPE recommendations related to resources would be too politically embarrassing to

disclose and thus might be obscured from those on the ground. Discussions around healthcare logistics and PPE are no longer the purview of medical journals but are now covered in the mainstream media daily. Troublingly, discussions around PPE are increasingly politicised and sensitive.

As ever, openness and transparency are essential. If healthcare workers think that they are being given guidance informed by resource shortages under the pretence of being data driven, this will undermine the essential trust between expert bodies and frontline staff. Maintaining trust in each other is fundamental to our success in this epidemic.

Competing interests: None declared.

1 Godlee F. Protect our healthcare workers. Editor's choice. *BMJ* 2020;369:m1324. doi:10.1136/bmj.m1324.

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