

The doctor's dead reckoning

SOMEWHERE in the bowels of the Home Office, it is widely believed, is a file which spells out which categories of people — teachers, electricians, politicians, police, and so on — who will be allowed treatment for their injuries after a nuclear war and who will be turned away to die.

Officially the document does not exist. Many of the doctors whose job it is to organise health service civil defence plans are convinced it does. They think they should be told about it, and they think the public should know about it too. Indeed it is inconceivable that the people who gave us Protect And Survive have not thought about who should be given the few medical resources that will be left in a devastated Britain.

"The government has told us it does not have any plans for selecting casualties for treatment," says Dr John Dawson, head of the British Medical Association's science division and one of the many doctors who have been on the war planners' course at the Home Office's Easingwold civil defence college.

"That does not make sense. There won't be enough resources to go around," he adds. "The government says that normal ethical principles will apply. Normally doctors aim to do the best they can for individual patients regardless of cost. After a nuclear attack the picture changes. You have to consider the survival of the community. So you have to help those who have

the potential to help the community. The latest civil defence plans have nothing on this."

So faced with what is considered to be a secret agenda, the BMA is going to do the job itself. As the Guardian disclosed yesterday, a working party on the lines of the team which reported on the medical effects of nuclear war is now being set up with a view to reporting next year.

The BMA calculates that a third to half the population, say 27 million at the most, might survive the attack postulated in the Home Office's Square Leg civil defence exercise. Millions of those survivors will be injured. The NHS will not exist. There will be desperate shortages

of blood, anaesthetics, antibiotics, and wound dressings.

Any nurses and doctors who survive to man what casualty centres there are will initially use the triage system to select people for treatment: those needing major surgery will be left to die (a woman with a splinter of wood in her abdomen, for example); those with injuries likely to heal at least partially without treatment will be turned away (a man with a fractured arm). Only those likely to benefit from quick and simple medical intervention will stand a chance of being treated.

But resources will be so limited that this will only work in the short term, if at all. Ultimately, as Dr Dawson puts it, someone will have to

Fall-out effect to be surveyed

By a Correspondent

Radiation surveys by the United Kingdom Atomic Energy Authority and the Friends of the Earth are being carried out in Wales to measure changes in the level of contamination as a result of the Chernobyl disaster.

UK AEA scientists from Harwell acting for the Welsh Office have begun measuring radiation in soil, crops and sewage. The results will be compared with the findings of a similar investigation carried out two years ago.

A Welsh Office spokesman said yesterday that the tests would be conducted at exactly the same locations as the 1984 investigation.

Edinburgh Radioactive Consultants is to begin a study for Friends of the Earth at the end of the week.

Mr Stewart Boyle, FoE's energy campaigner, claimed that there was growing concern over pre-Chernobyl radiation levels, particularly in the vicinity of nuclear plants. He appealed to people with deep frozen carcasses of lambs which were killed before the Russian disaster to come forward.

The Institute of Terrestrial Ecology is currently carrying out a nationwide survey of radiation levels.

ANDREW VEITCH on the thermonuclear dilemma

be given the power to decide how the resources will be allocated.

In those circumstances, he says, the following should be denied treatment because it would be a waste of resources:

- A person who cannot be returned to a state of health independent of medical skills and resources.

- A person who is dependant on chronic medication — for example, diabetics who need insulin;

- Any adults not capable of taking care of themselves and contributing to the survival of the community.

In terms of specific skills, market gardeners will be useful, and therefore merit treatment, because they can

cultivate small plots of land without relying on fertilisers and tractors. Engineers will be needed to plan projects for survival and reconstruction. Nurses will be more important than doctors because they are more skilled in first aid.

Librarians will be needed to retrieve the information necessary to begin rebuilding.

Children may not necessarily qualify for treatment. "If we do not try to save the children we have no future, but if we put too great an emphasis on saving these dependant, unskilled people, for that is what they are, then we risk the loss of existing physical abilities and skills that will be desperately needed," says Dr Dawson. "Survival of the group

will have the utmost priority. Everything else will be subordinate to that."

Dr Dawson makes it clear he finds such utilitarian proposals distasteful in the extreme. He sees the BMA report as a way of informing people of the consequences of an attack, of dispelling the government's suggestion that everything will be alright in the long, dark night of a nuclear winter. If, after being given that information, people find the consequences unacceptable and act accordingly, then so be it.

Either way, if the government insists on civil defence plans, there will have to be rules for deciding who should be treated. As he says, "a crisis like a nuclear attack is not the time for trying out new ideas."

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