

CORONA SNAPS

Lockdown in the North likely to last

It is 'highly unlikely' that coronavirus restrictions in the North will be eased after the current six-week lockdown ends, the Stormont health minister has said.

Robin Swann said although the R number has dropped to 0.7, the number of cases and hospital inpatients with the virus remains high.

The Stormont Executive agreed the tough range of measures in December to start from St Stephen's Day until February 6.

Mr Swann said with daily case and hospital numbers remaining high, the restrictions are likely to be required for longer.

The deaths of a further 26 people with Covid and 1,052 more positive cases of the virus were notified in the jurisdiction yesterday.

The weekly toll, compiled by the Northern Ireland Statistics and Research Agency, passed 2,000.

New world of working

NEW laws allowing staff to ask to work from home are to create 'a whole new world of work', according to the Taoiseach.

The National Remote Work Strategy, published yesterday, seeks to make remote working a permanent option for life after the pandemic.

It also called for the introduction of a code of conduct, which will outline workers' rights to disconnect from phone calls and emails during non-work hours.

It is part of a radical plan which will see investment in remote work hubs as well as the acceleration of the National Broadband Plan.

The report added that 20% of public sector employees will be remote by the end of the year.

Concern for bank staff

LABOUR has called for face coverings to be mandatory in banks, credit unions and post offices.

Deputy Ged Nash said the failure to do so puts the health and safety of staff at risk.

Two months ago, I asked the Minister for Health to request mandatory face coverings in banks - but no action was taken, he said.

'Yet again, the Minister for Health has confirmed to me in a response that he is unwilling to act for "public health and security reasons".'

'This decision shows a complete disregard for the health and safety of banking, credit union and An Post staff.'

CATHERINE Motherway is one straight talker. As a consultant in ICU medicine in University Hospital Limerick, she has to be. There's no time for dilly-dallying when you're making life-or-death decisions. There's no place for small talk when you have to tell a family that their loved one is about to die.

The flame-haired Cork woman, who now lives in Ballinacree, issued a stark warning to the nation back in March 2020 - and that was this: 'Once you get to where I am, in intensive care, one in five patients lose their lives. You don't need to get to see me. You need to not get this disease. We need to treat each other like pariahs.'

The no-nonsense Dr Motherway is singing from the same hymn sheet today, ten months later, as the country battles the second wave of Covid-19, and the world learns about a third new variant of the virus.

'You don't want to get to see me, even though, I can assure you, I'm very good at what I do,' she says. 'In fact, I'd go as far as saying being totally paranoid is no bad thing right now, particularly with this new [UK] variant.'

The basic health advice stands - stay indoors. Wash your hands. Wear a mask. Keep two metres apart. Keep away from elderly relatives. Look after your health so you don't need to go to hospital. These factors will all lower the rate of transmission.

Remember - you can't die from Covid if you don't get Covid. You can tell Dr Motherway gives this advice in her sleep at this stage. But it seems her words can't be repeated enough, certainly not at the moment.

We were very successful in containing the virus in the first wave and the second wave,' she says. 'Success would potentially breed complacency. With the low number

'You can't die from Covid if you don't get Covid'

bers some people might interpret that to mean, well sure, that's not a problem. And the new strain appears to be more transmissible. But I don't think that blame is the way to go with this. However there is learning as we move forward.

'Irish people love Christmas. I love Christmas. We were always going to be indoors in January, she reasons as to why some people perhaps took complacency in December. 'I'm not a virologist but if you look at the history of pandemics, the third wave came and was deadlier than the first.'

Certainly the startling rise in deaths from the disease and increasing numbers in ICU is evidence of this. Adding to that, the alarming reports of people being treated in ambulances outside hospitals and our dire shortage of nurses, it is no wonder the fear of contracting Covid now is as an all-time high.

'Obviously, it's very worrying,' says Dr Motherway. 'We have shortages across all sectors of staff. Some of us are getting this disease. You've got patients who are the hardest hit, as they are patient-facing. We haven't yet reached the same quality of care. We are yet to come, and that's what we're preparing for.'

The most challenging part of this preparation is increasing hospital capacity, by cancelling elective

The surge is what we're

Dr Catherine Motherway is an ICU consultant who has seen the worst that the virus can do, and she has stark warnings for everyone to help ensure we don't end up under her care

by Lisa Brady

surgeries and redeploying medical staff to the areas where they are needed most. Of course, there's also the issue of ICU beds.

'When we spoke earlier this week, Dr Motherway said there were 30 additional ICU beds in the Mid-West region, something she says is very positive, and new surge plans for the country in general are estimated to grow to around 350 beds, including about 80 beds from the private healthcare sector. But will that be enough?'

'With those numbers, we can provide a reasonable standard of ICU care,' explains Dr Motherway. 'Now when you surge beyond that, we do end up potentially not delivering the same quality of care. We have to deliver care to the best of our ability in the position we find ourselves in.'

At the heart of the country's strategy, I suggest, is that Ireland may

be facing a situation similar to that of Italy, where scarcely of staff or ICU beds meant that doctors were faced with devastating triage choices, prioritising the care of one patient over another.

'Obviously if we don't follow public health advice it could get that far but it hasn't yet,' says Dr Motherway. 'We are still delivering the highest level of care to everybody who needs it. But you've got to remember triage is always done in ICU. We are always considering whether the care for the patient will benefit the patient, or whether care going into intensive care will alter the outcome. Sometimes they are too well, and sometimes they are too unwell. You do need to have an extensive background of their health and have a multi-disciplinary meeting with them and their families to discuss their treatment, for example.'

As an ICU doctor, Catherine is used to that. But this has been a year like no other, and Covid-19 has made offering comfort to gravely ill and dying patients - and their families - incredibly difficult. Facial expressions are hidden behind masks and visors, words are muffled and visitors are few - although now close family members are allowed a final visit to their loved one before their death, should they wish.

Stoke as Catherine seems, understandably it has gotten to her at times, and she admits she has on occasion broken down.

'It's gotten to all of us,' says Dr Motherway. 'I remember having an end-of-life conversation with a family on the phone and they asked could they say a prayer - a beautiful prayer - to their loved one, and the nurse who was there just looked at me and I looked at



yet to come. That's preparing for in ICU



she says; positive changes and advances in healthcare that have been accelerated by the worst of times.

'It does make you grateful, and there's lessons there about living in the present and how we live our lives in general, despite the uncertainties of the last ten months. We've discovered people can work from home - which can be anywhere - and that might help relieve venate parts of rural Ireland as people settle in the countryside, for example.'

'Also, we are lucky in the sense that this pandemic is happening at this time - it's very different than back in the days of Spanish flu. There's progress in technology and

choice but to address, like the need for more ICU beds. The other positive is that our success in flattening the curve last year shows that Irish people in general have actually been really good and pulling together and sticking to advice.'

Dr Motherway herself was one of the 3,000 healthcare staff who were vaccinated last week. She feels that the rollout in this country is 'logical and ethical' in starting with healthcare workers and nursing home residents, as these are the two groups 'who have borne the brunt of this disease.'

'We do have to be mindful not to forget about poor countries when distributing vaccines. We need to be really careful. It makes no sense to distribute the vaccine to the western world and dismiss the third world. We know that poverty accelerates all diseases, and if we don't focus on them too, nowhere will be safe.'

Dr Motherway's fierce advocacy of public health and safety rules sometimes finds her motioning colleagues apart, if they've inadvertently moved closer to work.

'I'll say, "come on now, two metres" and show them exactly what that is with my hands,' she says. 'I'd occasionally remind people while out and about too. There was a fellow who forgot his mask while out getting groceries, put his hand up to his mouth and said, "oh, I should put on my mask". And I said to him, "yes, you should. Put it on there now. Good lad."

'Look, you don't want to get this bloody thing. We need to stand firm and squash it. We all have soap and water. You can make masks if you can't afford to buy them. There are no excuses. It is easy to forget at this stage but we all need to be reminded.'

'Those who can work from home, should work from home. Only go to work what you need to get. I get in and out as quick as I can.'

'But now, nobody - or at least very few - are immune. Public health measures are what controls it. It's about what works.'

'Treat it like it's March.'

Here's words to be heeded because, as Dr Motherway says herself, none of us needs to see her do her job.

The expert you don't want to meet: Dr Catherine Motherway and, inset, getting her vaccine

all types of change, even disasters. If you think about it, the Black Death, that got rid of serfdom and liberated people.

'This time around people are paying more attention to climate change. Maybe we shouldn't all be flying off to the Canaries on a whim - I usually go to Lanzarote every January myself. Mind you, I wouldn't mind.' she says, jokingly.

Holidays are still a long way off, in Dr Motherway's view.

'Staying isolated is completely against our nature. But we have to keep to the public guidance and we all need to keep doing it for a long longer. I'm not talking in terms of weeks - we need to start talking in terms of months.'

'Until we have a population that is immunised, we need to learn to live with this disease.'

'It has changed healthcare. We're doing things we never thought we'd do. We've had to be innovative and resilient. The quickness of a vaccine is nothing short of amazing. I was expecting it to take three years. It's exposed weaknesses in our system that we have had no

her, we stared at each other, and I said, "Right, you have to leave now as I'm going to cry," she recalls.

'And I did. Sure we are all human. I wouldn't ordinarily,' she pauses, searching for the right words. 'In my job, you can't afford to cry at every situation as then you're not useful as a doctor. You need to be professional and objective in your care, with compassion, obviously.'

'But every now and then things get to everybody. Not allowing family in is so very difficult for all of us. That's the worst thing. And when you can't do the normal end-of-life routine.'

'We're human, after all. We try to make it easier by writing our names on the PPE, as patients can't see our faces. It's even hard when you're talking to someone with your mask on as they can't hear you properly. There's a large number of patients we are trying to

keep awake which is uncomfortable for them but it does improve their chances of survival.'

'We are doing our best to use non-invasive ventilation as it tends to improve survival rates also, and you know, the whole thing is difficult.'

'We've had to be innovative and resilient'

calls, and we had a donation of iPads from a kind family for virtual visits. It means even if the patient is unconscious, we can allow the family to see them.

And at the end of life, although we are now letting immediate family members in to say goodbye, sometimes they can't because of their own health vulnerabilities, so this is sometimes the only way they get to say goodbye. People with Covid are considered contagious for 14 days on the ward and up to 21 days in ICU, she adds.

Dr Motherway is married to a farmer and has two grown-up children. When she's not at work, she likes to decompress from the stress of it all by getting out in nature. 'Walking my dog and a glass of red wine,' she says, when I ask her favourite ways to relax.

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cult. You just have to do it,' says Dr Motherway, who adds that, 'Sixty and 60s. We have a patient liaison service so we do WhatsApp