

The 2020 Milgram Experiment

Will ophthalmology recover from COVID-19? Learning Curve columnist **Gwyn Samuel Williams** shares his thoughts on the developing impact of the pandemic.

"It's busy today," the nurse in green chuckles. "There are six patients I think."

Six. This clinic is designed for twenty-six. It usually has more than thirty, but today there are six patients. In line with advice I had whittled the numbers down to around fifteen, deferring the appointments for those who did not absolutely need to come, but most decided not to come anyway. They are frightened. They have been frightened witless by social media hyperbole and monumental dithering at all levels of officialdom that has resulted in a worldwide madness of which this is only a small manifestation.

It is May now. Back in March we were all taken aback at the collective loosening of health department sphincters at the impending coronavirus wave of disease and death about to roll over us. There was such panicking that I started to think there must be something in it, although even then the numbers didn't add up. There was talk of ophthalmologists manning ventilators, the need for gigantic field hospitals of thousands of beds in every city and the citizenry were put into a willing lockdown to lessen the carnage. I attended a few Zoom meetings (every meeting is a Zoom meeting now) to learn how to look after COVID-19 patients and I brushed up on how to treat pneumonias of every type.

But as I now push my coffee around the desk and check the hospital intranet for the sixth time today it is clear that Armageddon was delayed. The medics talked about a Vietnam-style situation. I am no epidemiologist, unlike most of the UK population nowadays it seems, but somebody somewhere obviously made a mistake. Perhaps Prof Ferguson put the decimal in the wrong place or forgot to carry the four, but it wasn't anything like everybody in authority said it would be. Not one bit.

Hang on, my patient has arrived. An actual patient! He ambles in wearing a filthy mask and a pair of marigold gloves and sits at the slit lamp while I clumsily try and examine his fundus with the gigantic bendy annoying piece of plastic now separating me from the examination chair getting in the way at every moment. He needs an injection I tell



him and he sighs sadly. "What about the risk of infection?" he asks. I point out that he stands an infinitely higher chance of infection continuing to wear that grimy monstrosity of a mask than any other way. As he sets off for the waiting room I follow him to the door and stare out at the faces now turned toward me. Very few patients are there, but those that are are well spaced out with about half wearing masks and various styles of gloves. How has it come to this?

In a break between patients (a break between patients! Who would ever have thought this possible?) I wander up to see my secretary to receive messages. A few people called to say they are losing sight and what should they do; predictably they are part of the cohort not coming due to the fear of coronavirus. Even with failing sight they are hesitant to come in. There is a person in eye casualty with a retinal bleed who didn't attend for an injection last month. What drove us to this madness? As an ophthalmologist I have not manned a ventilator yet. I went up to my assigned ward to report for medical duties and was there all of five minutes before being politely but firmly told by the consultant in charge there that I was not needed. The wards cleared for COVID-19 patients are thankfully very quiet. The whole hospital is. The field hospital here is as near to empty as it is possible to be. There have been patients

admitted with COVID, that is true, and some have sadly passed away. Some medical staff too. But this is nowhere near as bad as we have been frightened into believing it would be. The numbers of those dying with COVID and from COVID are all mixed up and confused. I am concerned for regular patients not coming to clinic. Very concerned indeed.

"Keep up the good work fighting the virus doc!" the next patient says, and I grimace. It would be fraudulent to accept any complement. I have been part of a system that has cancelled scores of routine appointments, allowing my patients to go blind at home instead of coming in and receiving the care they need. I know it is wrong. I feel immense guilt at not being strong enough to stop the coronavirus hysteria. The forces are so overwhelming. The news and social media continuously tell us that our death rate is one of the highest in the world and tens of thousands of people are dying of virus when they could have been saved. The testing is so laughably inadequate that the death rate is totally unknown. Likewise, we don't know how many people are made unwell as a proportion of the whole. We don't know the whole. I developed coronavirus myself and tested positive but nobody else in my household was tested, though they almost certainly would have been infected. Only I am contributing to

the statistics out of all of them. Memes on Facebook anger me greatly as people, many of them healthcare workers who should know better, share pictures implying that a person refusing to self-isolate will infect twenty-six others and of them two will die. Poppycock. There is a collective hatred toward those innocently taking walks, visiting family and one couple dancing in their local park was put through not a small amount of unpleasantness on social media.

Stanley Milgram performed a series of famous experiments in America many decades ago which demonstrated that most people were willing to inflict deadly electric shocks on test subjects so long as an 'authority figure' accepted full responsibility. The vast majority knew that what they were doing was wrong but did it because of an ingrained respect for and deference to authority. We treat patients to prevent them from going blind. It is our job. The majority of eye appointments are now either cancelled by us or the patient. We know, or should know, as the GMC parlance goes, that our patients are losing sight, some permanently, because we are not doing our proper jobs. We know this and carry on anyway because the Government knows best. The Government has Advisors

and Scientists and it is our job only to obey orders. So, what do we do instead with the free time? The commonest thing seems to be obsessing over conflicting PPE guidance like Talmudic scholars, though I hear of other people who have watched the whole *Tiger King* series and other Netflix gems. When the Ministry of Propaganda orchestrate their weekly Thursday 'Clap for the NHS' I do not feel they clap for me. I have failed to protect my patients from coronavirus hysteria.

The clinic has ended. It is just past eleven and I check the news to see if the lockdown will finally be lifted. No news yet. Somebody will have to do the maths on all this when it's over. The harm and death inflicted on the population due to coronavirus and the harm and death inflicted due to coronavirus hysteria. Is the cure worse than the disease? The maddening thing is that a groundswell of people don't want to lift lockdown lest a 'second peak' occur. The wards and field hospitals are ready and waiting so would now not be the time? The whole purpose of lockdown was to flatten the curve, not reduce the total number of people who would eventually end up getting infected. The fear agenda has been pushed so ruthlessly and the claims are so obviously wrong that

I wonder sometimes whether it really is a big mistake. Sometimes when something is such an obvious mistake, it isn't a mistake at all. But I put all these thoughts behind me as I check the intranet one last time, take a sip of free NHS coffee and wonder at the insanity of it all.

These are the opinions of the author and do not reflect those of the editorial team.

Do you agree or has your experience been different? Share your thoughts by emailing diana@pinpoint-scotland.com

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