

A joint statement from people living with mental and physical ill-health or disability, their carers and families, and the organisations that work for them.

As people living with mental or physical ill-health or disability, and as their carers and families, we are concerned that the Covid-19 crisis could lead to an erosion of important values we need to hang onto, now more than ever.

We understand that it is possible, maybe even likely, that during this crisis, the capacity to provide critical care will be insufficient to meet the needs of all the people who might benefit from such care. In such a scenario, health professionals will be asked to make difficult decisions in pressurised circumstances in order to prioritise who will benefit from critical care, and who will not. Those professionals deserve our solidarity and support, including with the mental health impacts their work entails.

However, it is essential that **equality and human rights remain our core values as we live through this crisis**. National and local guidance and decision making needs to ensure there are no blanket bans on groups of people receiving treatment, particularly based on protected characteristics such as age or disability. Only by doing this can we avoid the risk of pitting vulnerable groups against each other in competition for services, whether older people, those with underlying conditions, those who suffer from mental ill-health or those with disabilities.

The only criterion that should be applied to rationing decisions is the likelihood that someone will recover and return to a good quality of life. Many older people will have a good chance of recovery, and many disabled people will too. We understand that comorbidity and frailty reduce the likelihood of recovery. But comorbidities fall much more heavily on communities experiencing inequality, poverty and discrimination. While this cannot be rectified in critical care, we must be particularly mindful that our decisions do not exacerbate or ignore these existing inequalities.

We also need to be mindful that our efforts supporting people to consider and record their end of life wishes are not undermined by talk of blanket exclusions. Advance care planning is now more important than ever, but it needs to be based on the principles of person-centred care and shared decision making.

The Covid-19 crisis is already highlighting the inequalities that shape people's experiences of health and illness: our employment rights, our housing, our access to support and services, our mental health are not equal. It is everyone's responsibility to protect the most vulnerable.

Many people will lose years of their lives to this disease. But as a society we will lose even more if we abandon our essential humanity in the approach we take to caring for its victims.

Signed:

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