Myanmar's health leaders stand against military rule

Responding to the military coup of Feb 1, 2021, the citizens of Myanmar are on the airwaves, the web, and the streets peacefully protesting their outrage and unreserved rejection of this unlawful and anti-democratic act. Emergency Medicine (EM) doctors have led the resistance through a Civil Disobedience Movement (CDM), minimising work in government hospitals under military rule. The CDM has spread throughout the health workforce, resulting in closure of public hospitals as well as medical and nursing universities. Clinical services have drastically diminished, leading to a health system suddenly in crisis.[1]

Our duty as doctors is to prioritise care for our patients—but how can we do this under an unlawful, undemocratic, and oppressive military system? For emergency care providers, limiting access to life-saving interventions presents an acute and complex ethical challenge, notwithstanding the significant risks to the public. 50 years of previous military rule failed to develop our health system and instead enshrined poverty, inequality, and inadequate medical care.[2] We cannot return to this situation. To care for the community, civil doctors are using private and charity hospitals to provide emergency services. Yet these facilities have neither capacity nor finances for comprehensive care. Doctors and nurses are staffing ambulances and clinics in the street, anticipating a surge in demand through mass casualties if public action escalates.

EM specialists have led the clinical COVID-19 response in Myanmar. Until recently, our busy public emergency departments were performing screening, testing, and early critical care for patients with COVID-19. In collaboration with global health partners, our systems were robust, resource stewardship was sound, and an immunisation programme had commenced. Since the military takeover, the COVID-19 response has stalled. Mass public rallies and protests are both serving a critical function for resistance and unity, but also as likely superspreader events for virus transmission. Without adequate testing, public compliance and goodwill for isolation, access to acute clinical care, and continued immunisations, the implications for COVID-19 spread, morbidity, and mortality are substantial.

Myanmar risks profound health system collapse. Government spending on health has been among the lowest in the world. Decades of neglect, isolation, and armed conflict have resulted in poor health outcomes and a high rate of catastrophic individual health out-of-pocket expenditure.[3] Emergency care systems have been established in recent years as an essential but previously absent component of a universal health-care response.[4] Now, recent work to address inequality of access and outcome, and to build a modern health education, clinical services, and public health system are under threat. Reversion to military rule and subsequent expected financial neglect, coupled with global isolation and sanctions, are likely to result in critical deterioration of both public health measures and clinical services. Access to essential medicines and supplies could be restricted, and global partnerships for research, education, and capacity development will falter. Finally, prolonged lack of service through the CDM might not yield the desired return to democracy, and paradoxically, could engender resentment towards health workers who withdrew from civil service to protest against injustice.

International colleagues and global health partners are needed to coordinate and support the COVID-19 response through humanitarian pathways that ensure ongoing testing, treatment and immunisations.

We call for solidarity and understanding from our global health colleagues as we face these complex ethical challenges during these most dangerous and difficult times. We urge our colleagues to join a global movement of protest against injustice and demand for the return of peace and democracy to Myanmar. The unlawful military regime presents an extreme risk to the health and human rights of the people of Myanmar and must not continue. The harassment and arrest of doctors and health workers for peaceful protest is a criminal act and cannot be tolerated.

We declare no competing interests.

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1 Shepherd A. Myanmar medics resist military coup. *BMJ* 2021; **372:** n368.

2 Ergo A, Htoo TS, Badiani-Magnusson R, Royono R. A new hope: from neglect of the health sector to aspirations for universal health coverage in Myanmar. *Health Policy Plan* 2019; **34** (suppl 1)**:** i38–46.

3 Myint CY, Pavlova M, Groot W. Catastrophic health care expenditure in Myanmar: policy implications in leading progress towards universal health coverage. *Int J Equity Health* 2019; **18:** 1–3.

4 Phillips GA, Soe ZW, Kong JHB, Curry C. Capacity building for emergency care: training the first emergency specialists in Myanmar. *Emerg Med Australas* 2014; **26:** 618–26.

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