**Medical Staff Committee**

**Strang, Braddan, Isle of Man, IM4 4RJ**

**Isle of Man**

**Chair: Andre Jean Risha**

**Saturday, 14 March 2026**

**FOR IMMEDIATE RELEASE**

Medical Staff Committee at Noble's Hospital Calls for Urgent Action to Address Severe Bed Shortages and Physician "Moral Injury"

**DOUGLAS, ISLE OF MAN** 14 March 2026

Following an extraordinary meeting of the Medical Staff Committee (MSC) today, seventy-five senior doctors and consultants at Noble's Hospital have passed a formal resolution calling for immediate government intervention to resolve a critical shortfall in inpatient bed capacity and the resulting poor outcomes for patients and the psychological toll on its healthcare professionals.

The committee, chaired by Mr Andre Risha, presented operational data demonstrating that the hospital's current capacity is insufficient to safely support the simultaneous demands of emergency admissions and planned surgical procedures. Beyond the logistical strain, the MSC highlighted the profound "moral injury" experienced by physicians—a deep psychological distress born from the systemic gap between their professional ethics and the daily operational reality of the Isle of Man's healthcare environment.

**Key Findings Presented by the Medical Staff Committee:**

Reduction in Operating Capacity: Prior to the formation of Manx Care, Noble's Hospital operated with 314 beds. The current operating model has reduced that number to 168 beds—a 46% decrease in capacity.

"Moral Triage" and Cancelled Operations: The restricted number of inpatient beds is severely limiting post-operative recovery space, forcing the frequent postponement of planned operations. Doctors are frequently forced into a state of "moral triage," where unsafe staffing levels and a chronic shortage of beds dictate clinical priorities rather than the actual needs of the patient.

Emergency Department Bottlenecks, System Strain, and Increased Mortality: Delays within the Emergency Department (ED) are primarily driven by the lack of available ward beds for onward admission, resulting in prolonged patient "boarding." Crucially, clinical evidence—as highlighted by the Royal College of Emergency Medicine (RCEM)—demonstrates that patient mortality rates increase significantly as ED waiting times lengthen. Furthermore, senior clinicians noted that an

increasing volume of attendances has placed substantial strain on systems responsible for the timely reassessment of patients, continuity of clinical review, and effective communication between teams. In a busy and overstretched environment, these limitations severely affect patient flow, compromise the overall patient experience, and pose a direct risk to patient lives.

International Safety Benchmarks: To meet the standard UK safety recommendation of 2.5 beds per 1,000 population, the Isle of Man requires approximately 210 beds. However, clinicians stress that this represents the absolute bare minimum required. By comparison, the European Union average is 4.5 beds per 1,000 population, and Scotland operates with 3.6 beds per 1,000—a highly relevant benchmark given the shared operational challenges of geographic isolation. The current 168-bed model falls significantly below even the most basic of these international safety thresholds.

**A Unanimous Call for Structural Support and Ethical Alignment**

The MSC expressed unanimous concern regarding the current management of these operational risks. When operating theatre sessions are cancelled due to a lack of post-operative space or personnel, surgeons and clinicians are left to bear the emotional burden of failing those who trust them for healing. The committee noted that this persistent inability to provide the high-standard care they were trained for transforms the workplace into a site of ethical conflict, leading to a sense of betrayal and exhaustion that goes far beyond traditional burnout.

These combined challenges reflect the wider pressures facing the island's emergency and surgical services. As an immediate first step to mitigate this crisis, the MSC urgently requests the prompt provision of **fifty** additional inpatient beds. Furthermore, the medical staff emphasised the critical need for stronger clinical coordination, adequate staffing, and a more heavily medically-led approach to organisational decision-making. These steps are vital to restoring systems that support safe, timely patient care and to repairing the ethical foundation of the hospital.

**Notes to Editors:**

Reference on ED Waits and Excess Mortality: Royal College of Emergency Medicine (RCEM), RCEM Explains: Long waits and excess mortality, March 2024. Available at: https://rcem.ac.uk/wp-content/uploads/2024/03/RCEM_Explains_long_waits_and_excess_mortality_2024_v1.pdf