ACADEMY OF MEDICAL ROYAL COLLEGES

Practitioner Health Programme

Professor Terence Stephenson

Chairman, Academy of Medical Royal Colleges

Nuffield Professor, Institute of Child Health,
University College London

Past-President,
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Daksha Emson, aged 34, had bipolar affective disorder. In October 2000 Dr Emson stabbed her daughter, Freya, then herself, and then doused both Freya and herself in a inflammable substance and set it alight. Freya died of smoke inhalation and Daksha survived for a further three weeks in a burns unit but died without regaining consciousness. This tragedy could and should have been avoided.

She received a “significantly poorer standard of care than that which her own patients might have expected”.

Despite a serious suicide attempt as a medical student at the Royal London Hospital, five admissions to hospital, and three courses of electroconvulsive therapy, Daksha emerged as an outstanding student winning several prizes. She was seen first and foremost as a doctor, which led to an underestimate of the level of risk.

NHS blunders cause eight deaths a day: Jeremy Hunt to speak on 'silent scandal'

- **In 2011/12, there were 326 so-called 'never events' – events so unacceptable they should never happen**
- **NHS should 'publish better safety information, such as the likelihood of emerging unscathed from each hospital across the country'**

By JAMES CHAPMAN

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Eight patients die needlessly every day because of a 'silent scandal' of NHS errors, the Health Secretary said today.

Jeremy Hunt will bring back the practice of writing the names of the responsible doctor and nurse above every bed so families know 'where the buck stops'.

The NHS should also publish better safety information, such as the likelihood of emerging unscathed from each hospital across the country, he said.

In a speech at University College Hospital, London, arranged before the scandal of watchdogs hiding baby deaths broke, Mr Hunt said nearly 500,000 patients were harmed unnecessarily and 3,000 died last year.

In 2011/12, there were 326 so-called 'never events' – events so unacceptable they should never happen.

'The ones we know about include 161 people with foreign objects left in their bodies, like swabs or surgical tools; 70 people suffering wrong-site surgery, where the wrong part of the body or even the wrong patient was operated on; and 41 people given incorrect implants or prostheses,' Mr Hunt said.

'Put another way – every other day we leave a foreign object in someone's body, every week we operate on the wrong part of someone's body, and every fortnight we insert the wrong implant. This is the silent scandal of our NHS.'

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Health Secretary Jeremy Hunt will bring back the practice of writing the names of the responsible doctor and nurse above every bed so families know 'where the buck stops'

- Doctors are more likely than the average person to suffer from one or more of ‘the three Ds’ – drugs, drink and depression
- Over half of junior doctors drink more than recommended amounts, with one in ten drinking at hazardous levels
- 10–20% of UK doctors become depressed at some point in their career
- Doctors have higher standardised mortality rates in respect of cirrhosis, accident and suicide.
- Suicide rates among female NHS doctors have been shown to be twice that of the general female population.
- Anaesthetists, general practitioners and psychiatrists have significantly higher suicide rates than other doctors.
- Evidence shows that doctors are more likely to suffer from work-related mental ill health than other professions

Why are doctors reluctant to seek help?

- Confidentiality
- Concerns about professional future
- Awareness of implications
- Feelings of shame/embarrassment
- Experience of how other colleagues have been treated
- Insufficient knowledge of services
- Time / cost
- Personality
- Specialty
- Fear
- Knowledge

Issues arise when a doctor treats a patient who is a doctor

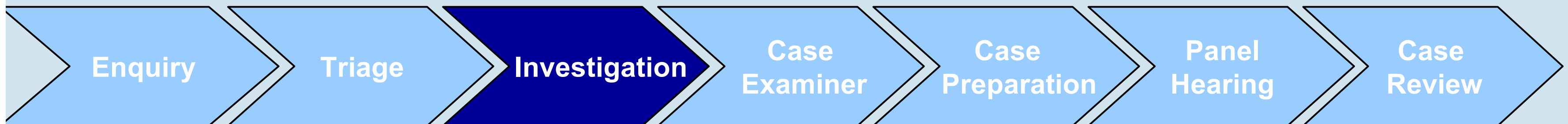
- Assumptions
- Embarrassment
- Personal connections
- Short-cuts
- Does the Patient know more?
- Who is responsible for results, referral, follow-up?
- Safety netting

Doctors in Difficulty

- **Dean of a Medical School: Occupational Health first (mental health, alcohol, drugs)**
- **GMC Council & Fitness to Practice Committee**
- **GMC Surveys**
- **AoMRC: Clare Gerada, Colleges and trainees**
- **RMBF – seek help early & stigma**
- **Need for national roll-out**

GMC

Investigation



Stream 1

1500 (30%)

- **Collect information**
  - *Need to contact doctor and employer and ask for comments*
  - *Obtain patient medical records if necessary*
  - *Witness statements and other documentary evidence*
  - *Health or Performance Assessment*
  - *Expert Report*

Interim Orders Panel?

Five Outcomes Domains:

1. Mortality
2. Long Term Conditions
3. Acute Illness / Injury
4. Patient experience of care
5. Safety

1-3 = Effectiveness

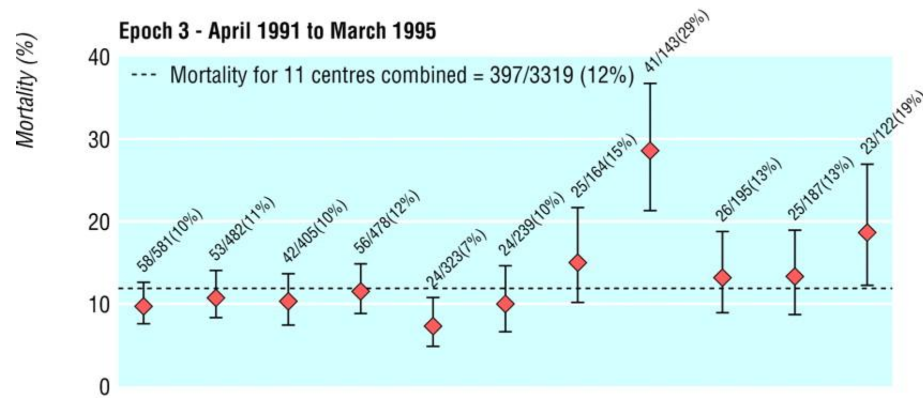
4,5 = Quality

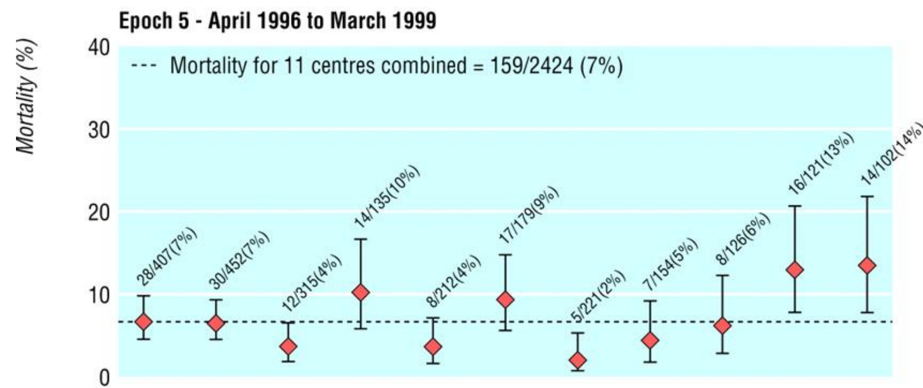
Liberating the NHS:

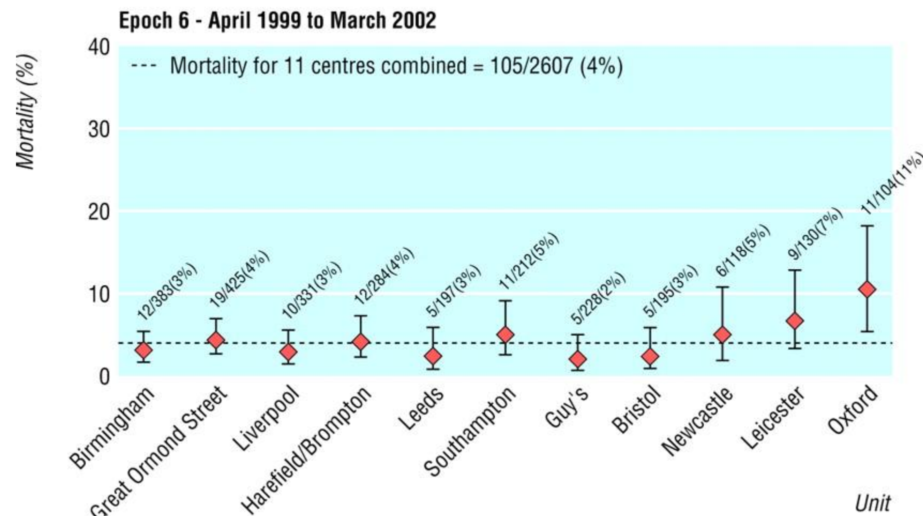
Transparency in outcomes – a framework for the NHS

A consultation on proposals

DH Department of Health







Mortality from open procedures in children aged under 1 year for 11 centres in three epochs; data derived from hospital episode statistics.

Aylin P et al. BMJ 2004;329:825

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‘non-human’ resources

BMJ

BMJ 2013;346:f4028 doi: 10.1136/bmj.f4028 (Published 24 June 2013)

VIEWS & REVIEWS

PERSONAL VIEW

To boldly go from “computer says no” to an iNHS

It’s IT, Jim, but not as we know it, says **Terence Stephenson**, with some suggestions for improvements

Terence Stephenson *professor and chair, Academy of Medical Royal Colleges, London EC1V 0DB, UK*

Captain’s log. Stardate May 2013

1030: The nurse gives the antibiotics intravenously as prescribed but, through an easily avoidable decimal point

Summary - Doctors in Difficulty

- Poor access to health care
- Poor health seeking behaviour
- High rates of mental health and addiction problems
- High risk for mental health problems

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Doctors in Difficulty - Nationwide

Sick health professionals who cannot access suitable local services and whose condition may compromise the quality of patient care should have prompt access to GPs and occupational physicians with enhanced skills and to confidential specialist assessment and treatment services, staffed by appropriately trained and accredited health professionals.

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Thank you

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