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The chilling stories of whistle-blowers gagged by the NHS



Last week in these pages, I wrote about NHS whistle-blowers and asked how hard could it be to speak out? In the days that followed, you

have told me. Your emailed accounts of careers ruined and patients placed at risk have shaken me to my core.

"It isn't hard to be an NHS whistle-blower," a retired consultant wrote, "but it is very hard to deal with the consequences. From the first intimidating phone call, you realise you are coming up against an institution that is basically corrupt and threatening. Your career will end and your colleagues will disown you."

This former NHS staffer complained that a fellow doctor was endangering patients' lives and unfit to practise. Nothing was done. He tried to blow the whistle on fraud: another senior clinician was registering his private patients on the NHS and pocketing the fees. A cover-up took place.

"The fallout for me was devastating, I was subject to a character assassination, made to see a psychiatrist and there were calls for my dismissal."

When patients were put in danger, he says, the response was a chilling: "They would have died anyway."

Was that, I wonder, the prevailing attitude in Gosport War Memorial Hospital, where hundreds of older patients were needlessly prescribed high-dose painkillers that shortened their lives? In any other setting, that act would be called, at best, manslaughter, at worst murder. As one commentator pointed out, Jack the Ripper shortened his victims' lives, too.

At the centre of the scandal was Dr Jane Barton, who made her first public appearance this week. She was previously the subject of police investigations into 90 patients' deaths, although no charges were brought. She was found guilty by the General Medical Council of serious professional misconduct, but not struck off.

Yet when she emerged, she kept her gaze down, did not make eye contact, did not express a shred of remorse for what happened on her ward, on her watch, nor show a scintilla of humanity towards grieving relatives who have spent decades fighting for justice.

Her husband read a statement: "She has always maintained that she was a hard-working doctor, doing her best for her patients in a very inadequately resourced part of the health service."

Two nurses blew the whistle on what was going on. Nobody listened to them.

Yet now we hear the harrowing



Scandal: Dr Jane Barton faces the public outside her home in Gosport

'We were the ones hauled up and taken to task. It was horrible - and nobody listened'

details: the terrified grandfather begging his children to save them from the fatal drugs being administered automatically from a fixed syringe driver that - like his nightmarish fate - could not, would not, be altered.

What about the meeting between staff about a patient who was annoying them? This alarming exchange took place: "We agreed that if he wasn't careful, he would 'talk himself on to a syringe driver.'" According to the report, that patient, who could walk and dress himself, did have a syringe driver - and died the next day.

Dear God, is this the society we want to live in? Where death is meted out routinely or on a whim by those we trust most to care for our loved ones?

I feel shame and horror and tearful rage - I was going to say "blind rage", but the scales have fallen from our eyes as we contemplate what went on in Gosport's Redclyffe Annexe, known by staff as the "dead loss ward".

The Gosport report was critical not just of Dr Jane Barton, but also of the consultants, the nurses who administered the drugs and the pharmacist who dispensed them. It also found failings in NHS management and the Department of Health.

The courage and conviction of those two whistle-blowing nurses was not matched by their colleagues. If it had been, lives could have been saved.

"In theory, yes - but it's not that simple," insists a doctor friend. "Management close ranks. Sometimes it's better to say nothing and just look after the patients as best you can."

A GP practice nurse - let's call her Sandra - tells how she and a colleague were appalled by their new boss cutting clinical corners, such as failing to follow up smear results, mammograms and blood tests that required medical intervention.

When they brought these oversights to his attention, he made it clear that he would sack them if they took it any further. Eventually, they reported him to the local health authority, "but we were the ones hauled up and taken to task," says Sandra. "We were told our record-keeping was at fault, and threatened with being struck off. It was horrible - and nobody listened.

"He won the skirmish and is still practising. Because his acts of negligence happened in isolation, none of the patients or families realised their 'one-off mistake' was part of a bigger picture."

Sandra bitterly regrets that they failed to safeguard patients; her reputation was tarnished for nothing. "It's difficult to describe the stress of carrying the responsibility for patient well-being," she says.

What was the motivation in Gosport? Was well-being the reason why 55 per cent of those given lethal doses were not in pain? Or why the sprightly arrived on foot and left in body bags?

Professor Sir Brian Jarman, former president of the BMA and director of the Dr Foster Unit at Imperial College, London, which analyses patterns of patient deaths, said whistle-blowers' concerns must be overseen by an independent body as part of "radical changes" to improve patient safety.

All this comes too late for Gosport's 456 victims (and an estimated 200 patients whose records have vanished).

Central to any new reporting system must be transparency and assurances that staff will not be gagged, blacklisted or sacked for raising their concerns. Only then can we begin to restore faith in our NHS.