



Written by [Michael Tennant](#) on February 12, 2013

British Hospital Patients Dying in Droves From Lack of Care

Hundreds — possibly thousands — of patients have died from lack of care in British hospitals in what an official government investigation termed “the biggest scandal in NHS [National Health Service] history.”

The 31-month, \$20-million investigation into the Mid Staffordshire NHS Foundation Trust, led by barrister Robert Francis, found that “between 2005 and 2009, up to 1,200 patients died unnecessarily and many more were ‘failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety,’” according to the [Telegraph](#). Francis issued a report on the investigation February 6.



“Within hours of the publication of” that report, the [Telegraph](#) reported, the government opened an investigation into five more NHS trusts — regional healthcare authorities — that have experienced high mortality rates in recent years. “Between July 2010 and June 2012, a total of 3,063 deaths were recorded at the five trusts, which comprise eight district general hospitals, over and above what would be expected,” the paper wrote. This investigation will be headed by Sir Bruce Keogh, medical director of the NHS Commissioning Board.

“Patients and their families have been warning for years that care was inadequate” in these five trusts, said the [Telegraph](#). “Professor Sir Brian Jarman, an international authority on hospital performance, said he warned the Government in early 2010 about high death rates at four of the hospitals now under investigation.”

It also took years and dozens of complaints from patients and families to bring the Mid Staffordshire scandal to light:

The first signals that something was badly wrong emerged in 2001, when the local primary care group told NHS Executive West Midlands that the chief executive should be replaced because of a lack of leadership. Over the next eight years, a further 50 warnings were made, such as surveys which put the hospital in the worst 20 per cent in the country and a local health authority report which deemed it a “high risk” hospital.

In 2004, the trust, which had been rated as a three-star body, was re-rated by the Commission for Health Improvement as a zero star trust. The Royal College of Surgeons reported in 2007 that the surgical department was “dysfunctional.”

The trust essentially ignored these warnings, as did the various government agencies that are supposed to ensure that patients receive quality care.



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“The truth was finally uncovered partly because of the high mortality rates at the hospital, which were 27 to 45 per cent above what they should have been, but ‘mainly because of the persistent complaints made by a very determined group of patients and those close to them,’” the *Telegraph* wrote, quoting the Francis report.

Even then, it took five investigations over as many years, including another one conducted by Francis, to plumb the depths of the disaster in Mid Staffordshire.

The newspaper summarized some of the findings of Francis:

Mr. Francis highlighted the fact that “elderly and vulnerable patients were left unwashed, unfed and without fluids. They were deprived of dignity and respect.

“Some patients had to relieve themselves in their beds when they were offered no help to get to the bathroom. Some were left in excrement-stained sheets and beds. They had to endure filthy conditions in their wards.”

People were so thirsty they drank water from vases and some people were not washed for a month.

The report contains examples of “callous indifference” by ward staff, in which medicines were prescribed but not given, “patients who could not eat or drink without help did not receive it” and patients were discharged “without proper regard for their welfare.”

In addition, Francis found that “people who tried to raise their concerns were not believed, and in some cases they were bullied out of their jobs by those they had complained about,” the *Telegraph* noted.

“The many experiences like this were truly shocking to hear,” Francis said. “Many will find it difficult to believe that all this could occur in an NHS hospital.”

“I am sure he is right,” observed columnist [Charles Moore](#). “We have been taught with pseudo-religious fervor that the NHS is collective virtue personified.”

But it should not be so hard to believe. The creation of the NHS in 1948 was not a scheme for making medicine better for patients. It was a way of taking charge of its delivery by centralized bureaucratic diktat, something which happens in no other country today except Cuba, North Korea and (oddly) Canada. It was therefore designed for the people who produced the service rather than for those who received it. Each extra patient was, from the producer’s point of view, a nuisance rather than a benefit.

Thus, it comes as no surprise that notwithstanding the many fine doctors and nurses who undoubtedly work for the NHS, the system is simply rigged against the patient. With no profit to be derived from improving the patient’s experience, there is little incentive to do so. The *Telegraph* wrote that the Mid Staffordshire trust “had ‘no culture of listening to patients’ and despite surveys consistently showing dissatisfaction with patient care, the trust took no notice.” Why should it take notice? It’s not as if patients had any other options.

The government’s response to the scandal suggests that they should not expect any such options in the near future, either.

Francis said there should be no “scapegoats” in the whole sordid affair. “But a scapegoat, remember, is a person made to bear the blame for others,” Moore pointed out. “It is clear from Mr. Francis’s findings that the blame rested on many people, unnamed, at every level. How great does a crime or cruelty in the NHS have to be before the public can be allowed to know who committed it?”



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Apparently it must be much greater than the deaths of 1,200 people. “Not one person has lost their job over this — instead they have been promoted and some people have been moved sideways,” James Duff, who lost his wife to the substandard care at Stafford Hospital, told the *Telegraph*. “This has been a disaster yet nobody is accountable.”

Moreover, despite the fact that the myriad existing agencies responsible for oversight of trusts proved ineffectual, the government’s solution to the problem is to pile on more bureaucracy and more regulations. Francis recommended quite a few of each in his report, and Prime Minister David Cameron announced the creation of a new post for “chief inspector of hospitals.” The only people likely to benefit from this approach, Moore remarked, are the “managerialists” who now “can get on with producing charts and implementation plans and meetings about Mr. Francis’s five tasks ... and all the other things to which the NHS is always formally committed but never actually achieves.”

What is needed instead is to jettison the NHS and let the free market provide healthcare just as it provides so many other necessities (and luxuries) in abundance and at low cost.

Doing so would benefit not just Her Majesty’s subjects but people the world over. The NHS, after all, has been held up as a shining example of universal healthcare by proponents of such a system. President Barack Obama’s former Centers for Medicare and Medicaid Services administrator Donald Berwick, for instance, once stated that the NHS was a “global treasure” about which he was “romantic.” Obama, too, has more than once admitted his affinity for nationalized healthcare, and ObamaCare is a huge step in that direction. If the British, chief inventors of socialized medicine, were to admit that it is a failure, they might well spur a global movement in the opposite direction.

That is certainly something the world could use. After all, who really wants to replicate the deadly practices of British hospitals in other countries?

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