

We are all Hadiza

When I worked as a registrar at Newport many years ago I remember a no-nonsense corneal consultant railing about the way the tragic case of Lucie Linforth was being reported in the media. Lucie was a toddler taken into a GP practice by her father in which she was not registered, half an hour before it was scheduled to open, without an appointment. Under normal circumstances this would have been nothing more than an inconvenience to all concerned, but Lucie was critically unwell and arrested in the waiting room. The media, always hungry for a story which paints the NHS in a bad light, were all too happy to report Lucie's mother campaigning against the practice, the NHS and most especially the receptionist at the GP practice. Despite the coroner recording that the situation was so dire than being seen earlier would not have made any difference to the final outcome, a social media storm took place with the full power of internet hate directed toward the poor receptionist, with the family directing and fuelling it all. The conclusion was that as she was the grieving mother her actions were excusable and the 'Justice for Lucie' Facebook page remains operational, with members of the public free pour to their horrible hateful bile into the ether for all to see and without threat of punishment. A common theme is a hope that 'karma', that nebulous tool of a certain type of simpleton, will find and punish the receptionist in particular. That was the first time I understood that the tables were stacked against everybody working in healthcare and I am grateful to my corneal consultant colleague for telling all of us about it. It was one of the most valuable lessons I have ever had.

Since that time I have seen the same drama unfold several times in the media with the same pattern each time. There are extreme examples, such as that of the 'Charlie's Army' outpouring of group idiocy that damaged Great Ormond Street's reputation, as suddenly every Tom Dick and Harry became armchair experts in mitochondrial diseases and felt free to criticise the medical staff, hospital and whole NHS over how the sadly unwell Charlie Gard was treated. There were vicious attacks on the medical and nursing staff on social media and due to professional propriety there was no way to properly or effectively challenge what was at best highly misinformed information and at worst a call to violence against the staff who had devoted their careers to caring for sick children.

For every extreme example such as Charlie's Army there are many more smaller local issues, with local papers happy to carry photos of grim faced overweight jobless patients standing outside accident and emergency,

perhaps holding a piece of paper or pointing toward a leg in plaster cast, complaining about how they had to wait too long, the doctor was rude to them, the treatment was substandard or the floor was dirty. The hapless hospital spokesman of course, if contacted, issues a statement saying how very sorry they were that this hideously tragic incident had occurred and how lessons will be learnt and it will not happen again. Almost never is there anyone who dares voice a true opinion of what happened; that the patient swore, was drunk, punched a porter in the face or threw all their medication in the bin after the appointment. Even in the rare cases when these issues are touched upon it is immediately excused as the 'patient is always right' and they were stressed because of their condition and therefore they are absolved of all blame. It would be so refreshing to see an accompanying picture of a grim faced nurse or doctor with a quote that they thought the patient was "some sort of moron and we all hope they never have to come here again".

The system is heavily weighted against us. If patients want to complain about a lack of decent services then that can be helpful towards improving things. But often the complaints are vindictive and hateful. I had a complaint made against me by a patient I had never met about a service which didn't exist, but somehow it was made very personal. They refused to meet me and yet somehow this complaint was escalated all the way to the ombudsman before it was dismissed. Even then, the patient made a point of emailing management demanding my GMC number.

Could this be due to the timidity and weakness of our leaders? This very week, NICE released new AMD guidelines that suggested that the much cheaper bevacizumab was as safe and effective as the much more expensive ranibizumab and aflibercept. The Royal College of Ophthalmologists released a statement pointing out that ultimately it was a regulatory issue and linked to the GMC statement, which to summarise said that while we were duty bound to use only licenced drugs, in the case of bevacizumab if a complaint was received we would probably be safe but not definitely and also, by the way, you are also duty bound to use cheaper alternatives if any exist. An insipid, cowardly statement that cleared up nothing and protected nobody. I have always felt strongly that we have been unfairly barred from using bevacizumab but just as I was considering a real push toward a change of practice an earthquake hit clinical medicine in the form of the GMC case against Hadiza Bawa-Garba.

A junior paediatrician back from maternity leave, on an understaffed ward with no

induction and no support, faced with a defective hospital IT system and many critically unwell patients, had been struck off after the GMC appealed the decision of the MPTS to give her a year's suspension after a young boy died of sepsis. The campaign waged against her by the mother of the boy was instrumental in the GMC pushing for erasure, even though the errors made by Bawa-Garba were not felt likely to have contributed to the death of the child, whilst the enalapril administered by his mother, completely independently of any action taken by the junior doctor, did. This was a horribly tragic situation anybody in clinical medicine could have been faced with. There but for the grace of God goes anyone in healthcare. The Daily Mail comments page make for sad reading, with many calling for her to be imprisoned and yet others questioning her English proficiency and bringing her ethnicity into question. The BMA did what the BMA does best and released a statement that was so weak it made Theresa May look strong, while the collected media delighted in pillorying the struck off registrar. Doctors were now expected to refuse to work in dangerous conditions while ensuring the patient was not neglected and to simultaneously work in bad conditions if not doing so would result in patient harm. Likewise, we are allowed to use bevacizumab while bearing in mind we are not allowed to use bevacizumab and also that we are guilty of harm if we do not. We are to be Schrodinger's Ophthalmologists. The media, government, the BMA and most especially the GMC do not have our backs. Most depressingly, patients and their relatives are not necessarily on our side the whole time. When you are asked about bevacizumab remember Hadiza Bawa-Garba. To paraphrase Charlie Hebdo, I am Hadiza and you, reading this article are also Hadiza; we are all Hadiza.

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