

## Media spotlight on healthcare

Recent publicity about my report on an investigation into the death of a 50-year-old patient with pneumonia at Wellington Hospital in September 2004 has prompted some interesting comment from members of the public, and from editorial writers.

### *Feedback*

A reassuring perspective came from an editorial (“A right to safe health care”) in the *Otago Daily Times* (21 April 2007). It noted: “Our hospitals are not perfect but in the vast majority of cases the care provided is professional and first class.” I share the editor’s view that “mistakes have always been made” but that “it is only in more recent times that the health system’s failings have been brought so fully into the open and held up to public scrutiny”.

A more challenging response came from a member of the public, who sent me the following rather terse email (slightly abridged):

“The media is having a field day over the tardy HDC report on a single death three years ago. Hospital staff are expected to provide perfect care to imperfect and sometimes obnoxious patients. Because if they make a mistake it will be all over the media many years later. The Commissioner should understand that dying is a natural occurrence, and is often self-inflicted by those who abuse their bodies. Public health care in New Zealand is as much as society can afford. We can’t expect it to provide the level of service that is provided in more wealthy developed countries.

Another expensive day in the limelight for the Commissioner and the not my fault and blame machines take over. Hundreds of thousands of dollars will now be spent on everything except primary health care. Infighting and another drop in morale amongst health care providers will be the result. Endless meetings, reports and enquiries will now take priority over providing care for needy patients. The nationwide publicity may suit political agendas but it is counter-productive to the providing of health care.”

### *HDC response*

I sent the writer the following reply:

“The complaint was not received until August 2005. It was a complex investigation. The delays in finalising the report resulted from giving the DHB, the doctors, the nurses, and their respective lawyers, an opportunity to respond to proposed adverse comment — as required by law.

I accept that dying is a natural occurrence, but it doesn’t follow that people who are dying should receive poor care in hospital or be punished by having basic care withheld. The Wellington case was not about high technology that New Zealand cannot afford — it was about doing the basics in a hospital.

You might be surprised to learn that I find media attention the least attractive part of my job. But I don’t think that these cases should be swept under the carpet, and I think I have a responsibility to speak out about preventable tragedies in health care.

A drop in morale amongst health care providers is a risk — but I have targeted my report at the Boards and senior management who oversee and manage New Zealand’s public hospitals, rather than individual doctors and nurses. I note that leaders of the medical and nursing professions have been publicly supportive of the report and believe it will lead to improvements.

I can assure you that I have no political agenda.”

*Personal experience*

This prompted a gentler response from my correspondent:

“Thank you for taking the time to give such a comprehensive reply to my email. It really is appreciated. During the last ten years three close elderly members of my family have died, two as public hospital patients and the third, a frequent patient died at her home. In each case they had the best of care from sympathetic and caring staff. The only problem was the lingering fear that they each had that when their time came for hospital care it might not be available. That fear was the result of the frequent adverse publicity and political point scoring by the public health scare mongers. The media focus their attention on every adverse report or event and ignore the much greater good that public hospitals provide. One of my relatives was certainly not the easiest patient to deal with. That did not affect the level of care he received. Whether you intended it or not your latest report has given the critics another opportunity to create doubts and worry in the minds of the infirm. There was little else on the news yesterday.”

*Stories of great care*

I wrote back to assure the writer that I know very well that doctors, nurses and managers go to work to provide high quality care, and that they need encouragement to do so. All too often in health care, we focus on the negative, the things that went wrong. As Commissioner, I sometimes feel like the ambulance at the bottom of the cliff, picking up the pieces. That goes with the territory of a regulator.

But as well as protecting patients, at HDC we are also committed to promoting great health care — building the fence at the top of the cliff. We look for opportunities to highlight the good things that happen in health care most of the time. On 18 April, we launched a booklet entitled *The Art of Great Care* (at a conference on ‘Putting Patients First’, jointly organised by the University of Auckland and HDC) in which 14 patients tell their stories of receiving great care.

In reading their stories, it is striking how often it was small acts of kindness made all the difference. Let me close by sharing one of the stories involves general practice, entitled “A doctor who really cares”:

“I am partially sighted. I am very happy with my doctor, who never forgets this, and waits for me in the reception area, to make sure I have heard her call, and can find my way to her room. She doesn’t focus on my disability unless it is relevant to the health issue I am facing right then.

She is able to think ahead when arranging appointments with other providers, making sure that I will be able to get there easily by public transport, and warning me of potential hazards I may encounter in getting there.

All these things say to me that, although very busy, she has taken the trouble to put herself in my shoes, and to treat me as a whole human being, with courtesy and imagination.”

Keep up the good work!

Ron Paterson  
**Health and Disability Commissioner**

*New Zealand Doctor*, 9 May 2007