



# Human rights in action

**Les Bright** says a human rights based approach can improve health outcomes

It would be easy to consider discussion of human rights to be the exclusive domain of lawyers. Such a view might arise from the increasing frequency with which the Human Rights Act is invoked and the legal profession is called on to assist in defending management decisions, or to deal with complaints in which it is alleged that an individual's human rights have been ignored or infringed. Nurses and others employed in looking after people have very different skill sets from solicitors, and perhaps each should 'stick to the knitting' – knowing what they do well, and striving to do it even better. But a recent best practice guide from the Department of Health (2007), working in association with the British Institute for Human Rights and five trusts piloting work around human rights, firmly locates activities aimed at promoting patients' rights in our everyday practice.

## Focus on practical relevance

I have previously argued that the challenge facing us should not be how to get round or ignore the Act, in the face of widespread cynicism and doubt about the value and applicability of allegedly 'foreign' legislation. Instead we should ensure that its provisions are interpreted to show that it has practical relevance for those it sets out to protect (Bright 2006).

This guidance takes that thinking further, by providing trusts with a framework for developing a human rights based approach. So what does that mean and how does it fit with the daily work of *Nursing Older People* readers?

A human rights based approach – the process by which human rights are put into practice, has five key principles:

- Putting human rights principles and standards at the heart of policy and planning
- Empowering staff and patients with knowledge and skills, and organisational leadership and commitment
- Enabling meaningful involvement and

participation of all key stakeholders

- Ensuring clear accountability throughout the organisation
- Anti-discriminatory behaviour and attention to vulnerable groups.

The report contends that a lack of understanding and respect for people's human rights is bad for their health and that, by using a human rights based approach, trusts can significantly improve people's health outcomes and deliver person-centred care.

Taken alongside the continuing campaign to ensure that services and practices are

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organised so that older people's dignity is protected and promoted this guidance is not only timely, it also undoubtedly addresses core concerns for all health and care providers.

Patients who have been treated with respect and fairness are much more likely to describe their treatment positively, and this reflects well on those staff involved in looking after them. One primary care trust director cited in the document states: 'We expect our users and their carers will notice a positive change in the way services are delivered.' Another explained that the trust ensured that contracts and commissioning processes reflected these values so that other agencies had a clear understanding of the trust's approach.

The full schedule of rights contained in the European Convention on Human Rights, enshrined in our own Human Rights Act 1998 covers areas that may not easily pass a test of relevance or practical impact for health and care, but it is difficult to ignore the links to:

- The right to life: issues associated with daily dilemmas of looking after very sick, older people, including 'do not resuscitate', advance directives, and euthanasia
- The right not to be tortured or treated in an inhuman or degrading way: touches

on a range of daily activities such as washing, dressing, and eating that older people may need assistance with, as well as steps taken to restrain people

- The right to liberty: possibly occurring where an older person lacks capacity to make informed decisions, or where there is excessive use of restraint
- The right to respect for private and family life, home and correspondence: includes privacy on wards, closure of homes and other facilities, and personal and sexual relationships

- The right not to be discriminated against: age-related decisions on access to treatment, or failing to provide interpreters for non-English speakers.

Additionally, organisations adopting a human rights based approach are also likely to be good employers because their behaviour towards staff needs to be compliant too, by, for example, ensuring that disciplinary procedures are fair and robust and that they take steps to protect staff from violence or abuse.

This guide provides clear and practical assistance to enable managers to frame policies, devise procedures and implement changes. But much of the change is in each of our hands as we do our jobs each day. So, here is another chance for 'bottom up' to meet 'top down' in a way that will benefit older people ■

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## References

Bright L (2006) Time for change? *Nursing Older People* 18, 7, 7

Department of Health (2007) *Human Rights in Healthcare – A Framework for Local Action*. London. The Stationery Office