



A basic right

Les Bright wonders whether parliamentary interest is a spur for change

When the House of Lords and House of Commons Joint Committee on Human Rights published their report *The Human Rights of Older People in Healthcare* (HMSO 2007), I had a ‘here we go again’ moment. Given that the report looks at the situations of older people in both hospitals and care homes I expected a fair amount of confusion, and perhaps even ill informed comment in various media outlets, and I wasn’t disappointed as some reports wrongly attributed hospital-based problems to care homes, and vice versa.

Media coverage aside, readers of this column will know of my interest in human rights issues, and my belief that there is substantial room for improvement (Bright 2006), some clear evidence of good and improving practice, and welcome signs that the Department of Health is now taking the issue more seriously (Bright 2007).

The inquiry drew on the expert opinions of a wide range of stakeholders. The Department of Health, NHS Confederation, Royal College of Nursing and the British Geriatrics Society as well as the inspection bodies, and organisations advocating for and on behalf of older people were among those that submitted written evidence, and in some cases were

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invited to appear before the committee to be questioned, and to discuss issues in greater detail. Issues which caused these witnesses greatest concern are listed in Box 1.

As a consequence the conclusions are, in places, hard hitting. The report expresses pleasure at the care services minister’s assurances in relation to hospital discharge and his acknowledgement that the regulations may need to be changed, but it also notes that practice was often very different, adversely impacting on individuals’ health and well being, and frequently leading to re-admission. Similarly, the report commends

the department’s political leadership – at least over the period since the committee’s inquiry was announced – while also pointing out that more than seven years have passed since the implementation of the Human Rights Act.

For the most part, I found the report to be useful and focused. It brings a different kind of authority, and provides another lever for managers and staff struggling to make changes consistent with published guidance, local priorities and national campaigns such as the Dignity Challenge.

More than a quarter of the report’s 32 recommendations relate to the work of the health and social care inspectorates and NICE, and it was particularly encouraging to note that some of these are concerned with the way in which the new merged health and care commission – yet to be established – will function. No chance of being accused of ‘closing the door after the horse has bolted’ on this occasion. The committee was aware that the DH is reviewing the care homes standards, and also that recent court decisions have continued the absurd anomaly of denying legal protection of their human rights to the 400,000 older people living in privately run care homes. So they made recommendations on changes, which

if taken up will deal with these deficiencies. This is a clear challenge to the DH to follow through the principles outlined in its own document that calls on trusts to put human rights at the heart of policy and planning (DH 2007).

There are half a dozen recommendations on the need for both clinical and non-clinical staff to receive targeted and regular training in human rights principles and – most importantly – how they apply to our work. They also call on the DH to review progress, including the effects of training on staff and the way in which services change.

This is the topic that won’t go away – it’s not

Box 1. Issues of concern

- Malnutrition and dehydration
- Abuse and rough treatment
- Lack of privacy in mixed sex wards
- Lack of dignity especially for personal care needs
- Insufficient attention paid to confidentiality
- Neglect, carelessness and poor hygiene
- Inappropriate medication and use of physical restraint
- Inadequate assessment of a person’s needs
- Too hasty discharge from hospital
- Bullying, patronising, and infantilising attitudes towards older people
- Discriminatory treatment of patients and care home residents on grounds of age, disability and race
- Communication difficulties, particularly for people with dementia or people who cannot speak English
- Fear among older people of making complaints
- Eviction from care homes

about the law, lawyers’ interpretations of it, or even campaigners’ views on how it should be strengthened – it is about everyday issues of respect, decency and humanity. It’s how we talk to people, what we say to them and whether we listen and respect their wishes. Ignoring it or wishing that the law could be changed is a recipe for older people’s care continuing to be news for all the wrong reasons ■

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