Human rights and healthcare: changing the culture

Despite the introduction of the Human Rights Act in 1998, there has been a relative failure to use the Act to improve care for older people. All older adults receiving health or social care should assume that they will be treated with dignity, respect, humanity and compassion. It should not be forgotten that Human Rights belong to everyone, and that Human Rights belong to everyone, and that they cannot be taken away [1]. Unfortunately, so often, admission to a hospital or a move to a care home can lead to the loss of Human Rights, particularly for those suffering from dementia. The media have highlighted their plight. The medical profession, in particular geriatricians, is in an ideal position to provide leadership to promote a better understanding of their importance and the need to protect an individual’s rights both in hospital and in care homes [2].

The Human Rights Act makes it unlawful for any public body to act in a way, which is incompatible with the Convention. Public authorities such as the NHS and local authorities have a duty to respect and protect basic human rights. These rights include:

Article 2. The right to life
Article 3. Prohibition of inhuman or degrading treatment. Inhuman and degrading treatment or care can result from inadequate care and neglect rather than a deliberate intent to do harm. This is an absolute right.
The use of a Human Rights (HR) approach has a huge potential to transform the lives of older people, particularly those who rely on public services. Fairness, respect, equality, dignity and autonomy make up what are referred to as the FREDA principles, which underpin the application of HR to older people [1]. The Help the Aged 2008 report [3] highlighted autonomy, communication, eating and nutrition, end of life care, pain management, personal care and personal hygiene, privacy, and social inclusion as key components of good care. It would be valuable to apply the FREDA principles to these domains. The introduction of the Mental Capacity Act: deprivation of liberty safeguards 2007 [4] provides additional protection and allows an individual to have greater control over his life. The Select Committee report on Human Rights of Older People in Health care 2007 [4] recognised that while some older people received excellent care, there were concerns about poor treatment, neglect, abuse discrimination and ill-considered discharge. There continue to be major concerns about older people being treated in mixed wards, people of opposite sexes sharing toilets and baths, and a general lack of dignity and privacy [5]. Ignorance and misunderstanding about dignity and HR have led to inhumanity and neglect of older people described vividly by the Mid Staffordshire NHS Foundation Trust Inquiry 2010 [6]. Poor care was also associated with much higher death rates. The report described how many older patients were neglected in all aspects of personal and health care. Requests for assistance were ignored, people were left on commodes and/or toilets for too long or left sheets soiled with urine or faeces. There were insufficient or inadequately trained staff, to match either the high dependency or confusion of many of the older patients. There was poor oral and general hygiene (washing bowls of water were shared). Food was out of reach and taken away too early, patients were not encouraged to eat or drink; relatives either were denied access at meal times or had to help with other patients. Staff demonstrated a lack of compassion and sensitivity, not listening or involving patients or their relatives in decisions and communicating poorly with one another.

The following recommendations were included in the enquiry report:

- All wards admitting elderly acute patients should have multi-disciplinary meetings.
- The levels of specialist medical care should be increased.
- Staff should be trained in the management of confusion.

It just stresses the need to continue to emphasise the benefits of comprehensive geriatric assessment more than 60 years after Marjorie Warren first described the concepts [7].

The importance of the public perception of the needs and rights of older vulnerable people was recognised by the Scottish Parliament Cross Party Group on Alzheimer’s Disease that published a Charter of Rights for people with dementia and their carers in 2009. The publication’s objective was to empower them to understand and enjoy their rights and fundamental freedoms as well as participating in planning their care at every stage of their illness. The intention was not only to ensure providers of health and social care understand and respect their rights but also to provide the highest quality of service provision to people with dementia and their carers [8].

The Dignity in Care Campaign, launched in 2006, aimed to stimulate a national debate and created a care system with zero tolerance of abuse and disrespect of adults through Dignity Champions, information and conferences. There are now nearly 14,000 Dignity Champions trying to improve and implement good practice [9].

Sir Michael Parkinson [10] described some appalling breaches of care in hospitals and care homes as well as some examples of outstanding care. Changing the culture can only be achieved by paying attention to what matters to frail older people with or without dementia, and their carers in hospital and in care. This has also been recently emphasised in Waiting for change: how the NHS is responding to the needs of older people [11].

Recognition that a marker of Human Rights was the use of the toilet in private led to the formation of the British Geriatrics Society (BGS) multi-agency ‘Behind Closed Doors Campaign’ [12]. The BGS worked in collaboration with a range of charities and professionals to produce a campaign leaflet, a standards document, checklist and decision aide for use by professionals and lay public. The aim was to empower, educate, and influence providers and policy makers to enable older people to have more control over their continence. The leaflet highlighted poor practise, which violates human rights and denies dignity. This included ignoring requests for assistance to use the toilet, telling people to use their pads and leaving people who are incontinent wet or soiled; best practise emphasised the importance of importance of privacy and dignity, assessment of bladder and bowel care, and proactive toileting.

Similarly, a new multi-agency campaign led by the British Geriatrics Society ‘Do not forget the person’ was launched in March 2010 [13]. A poster setting down some basic principles for dignified care has been produced. It is easy to forget the person when task orientated, and the poster provides little prompts to remind how to respect them and recognise their needs and rights. It recognises that all of the following can contribute to poor care:

- Failure to listen and explain,
- Failure to identify communication problems,
- Failure to involve families,
- Failure to take a life history,
- Failure to recognise the person’s human rights and individuality,
- Failure to assess the person’s toileting needs,
• Failure to make food and drink accessible,
• Failure to promote normal mobility and function,
• Failure to check for clean finger and toenails,
• Failure to identify loneliness and isolation,
• Failure to test for hearing and visual problems,
• Failure to clean glasses, and
• Failure to check for oral hygiene.

The poster emphasises the importance of maintaining a daily routine and allowing an individual to gain or maintain control of their activities, in particular their personal care. It has sections on eating and drinking, use of the toilet, dignity and respect, mobility and communication, and promotes the notion ‘Do as you would be done by’. Staff are encouraged to think, ask and do.

Treating people with dignity, humanity and empathy as part of Human Rights approach, no matter how vulnerable and or disorientated individuals are, is more likely to allow them to be in control, feel valued, confident and better able to make decisions for themselves and have a better experience of care. Geriatricians need to lead these changes.

References
11. Waiting for change 2009. How the NHS is responding to the needs of older people Help the Aged and Age Concern (AGE UK) 2009 (20 June 2010, date last accessed).