Letters to the Editor

Re: Human rights and healthcare: changing the culture

SIR—Morris makes a timely and eloquent argument for more emphasis on protection of human rights for older people [1]. Still, there exists a blinkered approach among some clinical staff and health service management, who do not recognise the severity of rights violations that occur on a daily basis. Apathy and inaction facilitate normalisation of behaviour which should be unacceptable: interrupting intimate examinations, hygiene or toileting; discussing private health information in public areas; addressing patients in an overly familiar way and a solely medical approach to patient care [2]. The consequences of rights violations include humiliation, disempowerment and loss of self-worth [3], denial of access to appropriate treatment, subjection to inappropriate clinical interventions and even unwarranted long-term institutionalisation [4].

Even as society evolves and awareness of human rights increases, the fact that violations are still an issue in healthcare is disappointing. What is the solution? It is trite to think that the law can solve all problems, but perhaps it does need to be emphasised that there is now a legal rather than just an ethical requirement to respect the privacy and dignity of patients in healthcare settings [5]. While there is an argument that existing rights mechanisms are adequate, there is a need to take further account of the particular challenges faced by older people. There is a growing debate about the need to develop an international convention on the human rights of older people [6], which has more potential to drive improvements in this area. In the meantime, those of us working with older people should listen carefully to their experiences, examine our own practice and advocate for their rights in a strong and decisive manner.

Conflict of interest

None declared.

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References


Response to: Are we teaching our students what they need to know about ageing? Results from the UK National Survey of Undergraduate Teaching in Ageing and Geriatric Medicine

SIR—I read the article ‘Are we teaching our students what they need to know about ageing? Results from the UK National Survey of Undergraduate Teaching in Ageing and Geriatric Medicine’ with interest. Perhaps this excellent article should be renamed ‘Are we teaching our students about Ageing and Geriatric Medicine?’ There are notable exceptions in the Medical Schools who responded to the study. This includes the University of Birmingham, the University of Liverpool and St Andrews, Warwick and Imperial College. What do we know about these particular Universities? They have all disinvested in Academic Geriatric Medicine in the last 5–10 years. I believe that the British Geriatrics Society instead of worrying about the finer points of what is being taught in the listed Medical Schools should be taking action through PMETB and the Royal College of Physicians to lobby for Academic Geriatric Medicine representation across all Universities that teach medical students. We should not be congratulating the 17 Universities but naming and shaming the remaining 14 who did not feel that they were able to respond.

Conflict of interest

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