

“Silencing the doctors will harm patients”

JOHN CROWN

The following, reprinted with permission of the author, Dr. John Crown, an oncologist in Ireland, describes what may happen when oncologists accepting guaranteed salaries from governments try to speak out on behalf of their patients’ welfare.

In the current climate, any senior medical specialist who expresses reservations about the patient care implications of any aspect of Health Minister Mary Harney’s proposed new consultant contract will be accused of obscuring financial self-interest behind a smokescreen of public advocacy.

Despite this, I hope that commentators who understand that the appointment of 1,500 new public-only consultants is very much in my self-interest will hear me out when I say that one aspect of the proposed new dispensation has great potential to undermine care and to harm patients.

I am referring to Minister Harney’s surprising attempt to do away with the traditional role of doctors as advocates for their patients, both as individuals, and in the collective, by gagging their right to speak out on health policy issues. Specifically, we should all be very alarmed that the proposed new contract seeks to limit the ability of consultants to state their views on matters which the Health Service Executive might deem to be “health service business”.

We should be reminded of Fintan O’Toole’s insightful description of a “corporate mentality” in the Department of Health, which makes it primarily loyal to itself, and not to its clients, or to the citizenry at large. While it will come as no surprise that these public servants will have included a medical muzzle on the wish list that they presented to Minister Harney, it is remarkable that she, undergoing an apparent death-bed conversion to Sir Humphreyism, is tamely and acquiescently ticking their box.

I have a personal perspective on this issue. When I returned to Ireland in 1993 as only the fourth medical oncologist in our entire country, I found myself working in what was clearly, palpably and measurably the worst cancer treatment system in Western Europe. I was simply flabbergasted at the grotesque departures from international standards of routine practice that applied here.

All four public sector medical oncologists worked in Dublin, with another oncology-trained doctor appointed as a haematologist in Galway. Radiotherapy was available only in Dublin and Cork. Many patients with highly treatable cancers were being under-treated or totally untreated.

Some died unnecessarily, or prematurely, or spent their last days in avoidable misery. Others were unnecessarily subjected to mutilating operations because proven, internationally recognised treatment alternatives, were not widely available here. Poor cancer care was not an equal opportunity visitor moreover, and public patients, and in particular female public patients, bore a disproportionate burden.

While individual doctors attempted to draw attention to this scandal, our profession, largely drawn from a spectrum of Irish society in which conservatism, begrudgery and schadenfreude jostle for primacy, was, through its omerta-like silence, and failure to support those who advocated change, too often complicit in the problem.

Approximately a year after my arrival (and before I was placed under Departmental Fatwah) I had occasion to meet with officials from the Department. One opined (in response to my complaints about deficiencies) that it was her opinion that there were actually too many oncologists in Ireland (perhaps she meant one too many). Thankfully, the press became involved, and after two years of media coverage, which had the desired effect of putting the cancer services on the national,

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and ultimately on the political agenda, a substantial belated service improvement took place.

Intimidation was the order of the day, however. Together with other colleagues, I was brought into the Department for a dressing-down because they were displeased with the adverse coverage. I was subsequently hauled in by senior colleagues in my own institution, and told that the Department had informed management that a failure to silence me might result in their reconsidering much needed investment in the hospital.

On another occasion, I was told that I was only saved from dismissal by the safeguards in the self-same contract that Minister Harney wants to abolish. These are the people who want to determine who has the right to speak out on health service business.

Similarly, under the new contract, would I have been muzzled when I blew the whistle on life-threatening religious interference in cancer clinical trials? Did anyone, by the way, notice the stunning silence on this issue from the HSE and the Department?

What of the ubiquitous public relations companies, many of whom appear to be rather well-connected, who have been awarded lucrative contracts by our hospitals? What exactly is their role? Who do they work for? Will it be the spin doctors, or the medical doctors who will be the patients' information watch dogs in Harney-land?

Muzzling is part of a larger culture war in medicine. Eisenhower warned of the dangers of a "military industrial complex". We now have an analogous situation in the UK and Irish health services, where a 'hospital administrator/civil service complex (HACS)' has taken firm control of hospital management. The HACS wish to remove the historical clinical leadership and advocacy roles of senior specialists, transforming us into mere technicians, therapists who would implement treatments not on the basis of scientific evidence or the needs of individual patients, but of bureaucratic approval.

Our current leadership and advocacy roles are seen as throwbacks to days of elitism by the HACS who believe that they, and they alone amongst a rabble of warring vested interests can provide sufficiently objective leadership to the system.

The situation is particularly acute in the UK, where one such bureaucracy, the hilariously named National Institute of Clinical Excellence, or NICE (Orwell anyone), has denied many life-saving, prolonging and enhancing therapies to patients, disproportionately to women with cancer, on the grounds of cost.

The Irish HACS have introduced a new equally hilariously named Irish NICE equivalent ('NOICE' anyone?) called the Interim Health Information and Quality Authority, which has delayed the introduction of the best drug we have ever seen for kidney cancer, pending cost analysis.

Another product, a long-awaited vaccine which holds the promise of preventing cervical cancer, has fallen foul of Minister Harney's new cost-containment regulations.

Consultants have lost the battle over the new appointments. When Fianna Fail, Fine Gael, Labour, the Progressive Democrats, the Greens, Sinn Fein, the HSE and the Department want them implemented, they will be. Our failure to police the compliance of the minority of our colleagues who have taken advantage of our current contract is partly to blame for our predicament. Our options are capitulation, or the path of the kamikaze.

It is, however, more important than ever that we continue to fight the right fight which is the good fight.

No free speech – no contract.

John Crown is a medical oncology consultant in Dublin.

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