

## **The Final Indignity of The New NHS**

I started training as a nurse in 1980 because I wanted to care for people, help those that could be helped and comfort those who were at the end of their lives. Over the following decades I've seen the NHS, and British nursing in general, decline into a medical production line, where efficiency has become paramount. Caring is an inefficient waste of resources. Holding a patient's hand if they're worried, repeatedly explaining a procedure until the patient understands what's about to happen and is at ease with the procedure, all takes much too much time in this super-efficient New NHS we now have. Giving the patient a pre-printed leaflet is much more time efficient and therefore has become the modern way the NHS is run.

When patients & visitors complained about the lack of staff on the wards, the Medical Director's response was to address the gathered staff in a lecture hall. The nurses of the hospital were told of this complaint. They were also told it didn't mean there weren't enough staff on the wards, but was probably more indicative of nurses not making themselves visible in patient areas or actually taking their allocated breaks. An overstretched nursing staff realised very quickly that no matter what happened it would always be their fault, as management could re-word any scenario to keep their own hands clean if they had a nice scapegoat handy. An already low moral effectively went around the "U" bend on that day.

Intensive Care was the last bastion of individualised patient care, where a patient could get all the care they needed and the staffing levels allowed for this to happen. Unfortunately this last bastion of real nursing was destined to fall also. The High Dependency Unit was frequently so busy it became no more than a glorified production line, not unlike the general hospital wards. The Intensive Care Unit, although with some good successes, was more frequently filled with patients who had effectively died days or weeks beforehand, but because of a modern view that death was always preventable and nobody should ever die, it now took days or weeks of needless suffering before the effectively dead were deemed officially dead. If a surgical complication (I refrain from using words like mistake on legal grounds) happened to cause a patient's worsening condition in the first place, then the need to just go on and on, and never give up, was dramatically intensified. I have comforted relatives of patients in these situations more often than I care to remember. I then reached my personal final straw with a lovely little old lady that I will only refer to as Mrs. S. This was an indignity markedly more profound than any I'd ever seen before and was an indignity too far for me. The story of Mrs. S can be read in the next note.

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