

A house of cards: The futility of a service that fails to listen

The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on 6 February 2013. Once again we see significant failings in standards of care, a lack of regulatory and professional oversight, and a complete disregard for the dignity and wellbeing of vulnerable patients by those entrusted with their care. The tragedy is that this is not the first—and is unlikely to be the last—such inquiry, unless there is a seismic shift in the way the NHS operates. The outrage, the recommendations to do things differently, and the relief that this has been dealt with and we can move on appear futile when the voices advocating a different and more compassionate approach to care are ignored, sidelined or silenced. When the relationship between political, professional and trade union leaders pays lip service to the call for change, but no real difference is seen in the experiences of those using or indeed providing the vital services of health and social care, then what hope for the future?

Within UK maternity services, midwives and mothers have been battling to ensure a service where women and their families are at the heart of decision-making and choice is integral to the quality of care. Yet in spite of strong support for midwife-led and women-centered care, good evidence as to its benefits and successive governments advocating its implementation, real progress and a positive change to the way our maternity services are delivered are, in reality, largely cosmetic.

Before you begin to dispute that this is the case, just ask yourself why most midwives are unable to deliver sustained and meaningful one-to-one care; and why, when things go wrong, it is the individual practitioner who is criticised, condemned and made to carry the weight of failure and not the systems of care in which they work? Ask what has happened



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to our postnatal services, which have been diminished to the point of irrelevance, where home birth in some parts of the UK is the work of the ambulance services and midwives are unable to provide the essential continuity of care which women value and, evidence clearly shows, leads to improved outcomes?

Earlier this year, the much needed Birthrights charity was launched with the mission of protecting human rights in childbirth. Founded by a group of lawyers, it is committed to improving women's experiences of childbirth by promoting respect for human rights. In helping women, it is also helping midwives who find themselves on the wrong side of NHS guidelines and Nursing and Midwifery Council (NMC) complicity in such approaches to care.

In establishing the charity, the founders of Birthrights asked themselves the central and pertinent question as to whether or not the human rights of women in the UK were being violated. The following statement has resonance with my own experience and I am sure the experience of many members of our profession: 'There is evidence that too many women in the UK are experiencing maternity care that does not respect their basic rights. Strain on under-resourced maternity services, a culture of excessive emphasis on clinical policy rather than individualised care, and misunderstanding of basic legal responsibilities all contribute to poor quality care that can lead to violations of women's dignity and autonomy' (Birthrights, 2013).

Similar indifference to the needs of individual midwives and the blind or inappropriate application of rules, regulations and, in some notable cases, the deliberate attempt to pervert the course of justice, may equally impact the human rights of those at the sharp end of practice within our profession.

Such questions should be asked by all providers of health and social care. If this had been done in Mid Staffordshire NHS Trust, it is possible that the hurt and harm caused by the ignorance or indifference of those managing the services may have been avoided. Equally, those who had a duty of oversight but failed in this case to provide the necessary public protection, should strenuously explore where they went wrong.

The danger in this is a knee-jerk reaction that results in increased surveillance, greater regulation, yet more audits and inquiries, and less time to care. Such approaches are not the answer and neither is the increased use of professional indemnity insurance, which in October 2013 will see the demise of independent midwifery in the UK. The loss of this provision of care will, in my view, significantly diminish the standing of midwives and midwifery in the UK. While efforts to change the inevitable have been going on for some time, the UK Government and NMC do not appear to be listening and appear content to lose an element of our profession that has been the bedrock of midwifery autonomy and inventiveness, and gave rise to the innovations of one-to-one care, team midwifery and women-centered care. Sadly, it will be the women of this country who in the end will suffer the loss when government and society have no alternative to offer but a house of cards made up of privatised medical services, non-regulated self-help groups and a poorer maternity service within a diminished NHS. **BJM**

Birthrights (2013) *FAQs* www.birthrights.org.uk/about-us/faqs/ (accessed 19 February 2013)
House of Commons (2010) *Mid Staffordshire NHS Foundation Trust Inquiry: January 2005–March 2009*, Her Majesty's Stationery Office, London