

SUFFERERS of IATROGENIC NEGLECT

4. A change in the law that currently allows doctors to mislead and lie to the relatives of patients who die whilst receiving medical treatment. In response to this Judgment, Dr Brian Goss of the British Medical Association stated: **"GPs could now put a gloss on the cause of death without fear of litigation."**
5. There is much concern amongst members regarding the securing of medical records. The **1990 Access to Health Records Act** is inadequate, and frequently breached by General Practitioners, Health Authorities and Trusts, with no course of redress. Members have experienced long delays and varying degrees of difficulty when formally requesting copies of their medical records. When the medical records are finally received, there is on occasion, documents missing, and/or which appear to have been altered. Invariably, these documents refer to the incident, which gave rise to the complaint, and always place the doctor in a better light. Any subsequent inquiry will accept these notes as being written contemporaneously, and it is almost impossible to prove otherwise. However, some of the group members have secured evidence [some forensic] which supports these serious allegations. There is also evidence that, on occasion, additions are made to the medical records to maliciously discredit the complainant. What is needed, **forthwith**, is a mechanism, which gives automatic and immediate access to health records. Although this may not eradicate the problem, it would certainly make it far more difficult for doctors to alter medical records, to avoid the consequences of their incompetence and/or negligence. **SIN believes that medical records should be available after any consultation on request. This would also ensure that genuine mistakes and inaccurate information would not be propagated.**
6. The Group requests that the Department of Health introduces a system by which individual investigating authorities are obliged to compile a list of the names and contact details of **consenting** complainants. This would facilitate communication between individual complainants.
7. **SIN** believes that strong measures should be established which will ensure that career prospects of "whistle -blowers " in the NHS are fully protected.
8. **SIN** seeks an urgent review of the huge sums of taxpayers' money now currently being used by Health Authorities on legal fees to protect the medical profession, when this money could be spent on patient care. **A new approach to coping with iatrogenic damage is imperative.** **SIN** suggests that a victim's compensation fund is set up, part paid for by the tax-payer and part by the Medical Insurance Companies. If damage has occurred the patient is informed and an assessment of damage made. In parallel with this an investigation is carried out to determine the cause of the mistake and to establish accountability.
9. Equally as important as campaigning for our objectives, we aim to hold meetings for our members to talk about their own experiences. We believe that a problem shared is a problem halved. We also hope to support any members who may wish to complain and advise them accordingly.

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