Dear Madam/Sir,

I feel that Individual Duty of Candour with Criminal Sanctions (iDoCwCS) will ultimately cause an atmosphere of fear and the actual opposite of what we want which is an open system with no fear or blame to allow open and active learning. It is out of step with patient safety initiatives across the world. It has come about by lack of instigating systemic structural safety systems that have been suggested in many investigations into patient safety issues in the UK and in Ireland, but DoH in NI has not embedded them into health services here, hence allowing the report by Justice O'Hara to suggest that these initiatives are not working when in fact they are non-existent. Thus blame is cast on the individual health professional with government health bodies from Stormont to Trusts once again allowed off by simply ordering yet another report and again entering into the loop of punishment of the individual and again not progressing to working together to to allow immediate open and honest conversations, to truly say sorry and to ensure support for learning for all when mistakes are made.

I have worked for over 34 years in health services in NI, mainly in Paediatric Haematology services- a highly specialist unit treating children with cancers and all blood disorders: So, for example: many of these patients require complex chemotherapy regimes with many types of fluids regimes with risks of all sorts of fluid and electrolyte disturbances. Where / when do we decide that things have gone wrong if there are fluid/electrolyte issue? Who will decide that an incident has occurred and needs reported before it is perceived as being covered up? Do we discuss with patients on every single abnormal result and apologise just in case later in their journey someone decides that there had been an issue that was not brought to their attention?

What size of a consent form will we need to go through every single potential issue so that I am "covered'? How much will I have to frighten patients with all the myriad of potential minor issues just so I can protect myself?

Do I report if I find a colleague has not covered all issues nor discussed all abnormal results with a patient? Do I report my colleague just so I cannot be accused of a cover up?

If iDoCwCS is brought into health services in NI I myself will very much reflect on how I interact with patients.

Firstly I know that I will be much more defensive in my practice with many more tests ordered(causing more physical and psychological stress and possibly injury to patients and families), more staff time and resources used to detriment of others waiting in queue for same tests, increased referral to other services to ensure I have not missed anything regardless as to whether I really think that I need to, and certainly will refer patients to anywhere that they feel they need to , or want to, be seen- at this point the services of NI will entirely collapse as we are at the brink of that already.

Secondly, I fear, with great great regret, that I will not show empathy for any patient for fear that it is seen as a sign that I have done wrong. This will be the biggest disaster for patients and for me. Without empathy a doctor/patient relationship is brought down to a level where through mistrust mistakes will happen or be perceived to happen and will most certainly will not be discussed openly nor with apologies, and we will completely obliterate the "Being Open" atmosphere that we are ACTUALLY striving for. Already I have had experience of a family where, by empathetically saying I was sorry for the burden of treatment that the patient had to undergo, I was immediately told that I must have made mistakes if I was apologising!

I just think that there is such a lack of understanding of the complexities and the art of clinical practice; and for what is needed to support our services to be safer- as it certainly is not a personal threat that will help!

I absolutely would not advise any of my young relatives to consider medicine as a life or career because in such an atmosphere there would be no joy nor love for fellow mankind.

I work in a strongly united healthcare team currently. We can discuss issues and outcomes and reflect on our care and make changes accordingly. However, in the light of proposed iDoCwCS, if I discuss a treatment decision or investigation interpretation, I would not want to suggest doubt or a mistake in case someone in the team felt it was their duty/their self-protection to report me. Will we all be reduced to spying on each other to ensure that we personally will not get caught up in accusations of not displaying candour? I don't think our discussions would be about learning from adverse events anymore but a case of deciding who to blame. This will be such a negative working culture.
I know very much that the greatest split would be between the various professionals when self-protection and protection of one's own profession would be paramount. Thus, the great way of working in an MDT would be gone, replaced by "us and them" with a spiralling reality of misunderstanding and lack of knowledge, understanding or joined up working between professionals from which patients will be caused harm.

Over the many years that I have worked It has been very hard to have anyone listen to all our clinical issues about lack of staff and lack of space or even safe physical space for our patients and I just don't know how I can risk taking the blame as an individual if something goes wrong because of these issues that are chronic and not resolved. One will be dammed if one treats a patient in overcrowded understaffed facility and something goes wrong but equally dammed if one walks away from it. As individual medical staff we are highly regulated yet those persons, medical managers, who are so very vital to safe structures by supporting and delivering service in conjunction with identified needs by medical staff are not. Why?

I do not know how NI expects to retain staff if systemic failures result in one being charged under iDoCwCS, never mind recruit new staff. Colleagues in Scotland, England and Wales are horrified at what is proposed. Look at t the overwhelming support for Dr BG in England- seen as a scapegoat for systemic failures. The reports over patient safety issues in these countries have never recommended such a move as this proposed in NI, excepting the Francis report which was never enacted. Other countries feel that we have many systems in place from the Medical Act and the GMC and criminal laws for out-and-out criminal behaviour and find that another layer of regulation for the individual is unjust, unnecessary, blunt and just adds to confusion over who looks after what and who reports who to where. I feel that if NI feels the systems are not working then FIX them- do not just throw another curtain over it all nor point a finger at one person to take the blame for years of political inaction. Give us the structures that were suggested in all the previous reports. Give us the time and space to actually do all that is requested of us the way we want to do it, give us the Freedom to Speak Up Guardians, give us management that is there to support with managers who are regulated. Otherwise, we are left with the horrible taste of politics once again at play in NI with again no true regard for patient safety structures that could actually be put in place and actually work.

In enacting iDoCwCS I feel that ultimately there will be a rule of Fear which will act in direct opposition to the principles suggested in the Being Open framework of this report. I fear increased expense of defensive medicine which will explode waiting lists completely- and I am not sure which individual will have to say sorry to those waiting. I fear increased patient risks when left on waiting lists as staff numbers go down when staff opt to leave for better working conditions elsewhere , retire early due to stress of potential criminal cases near the end of their working lives, reduce hours to reduce risk, refuse to train in the more risky specialisms nor work with more complex/"risky" cases for fear of being criminalised because when something goes wrong it is later seen as a mistake and one did not offer an apology at that time. The fear culture is already bad in many areas of our Trusts.

We also know that when a doctor is charged with a criminal offence that a fine would the least of many overwhelming worries: will my professional life be over as I may never work again because of the burden of shame, guilt and worry about future cases; will I be disciplined or dismissed; what of my soaring medical professional fees and lastly but not least- will I be brought before GMC with likelihood to be struck off because of my new criminal history.

I do NOT support the addition of any of the three suggestions put forward as iDoCwCS as I am already subject to a duty of candour, criminal and civic sanctions and many other regulatory and employment sanctions. I know that the fear of being made a criminal will not make me want to be open and honest- and I am telling you this.... Honestly.