

Dear [REDACTED]

Please find our thought and concerns on the policy consultation document dated 8th April 2021.

In the document in section 4.7. I note that the "professional bodies" et al are concerned that an introduction of a DOC may have "unintended consequences" and make this jurisdiction "less attractive" to work in.

i, Does this imply that this jurisdiction is currently more attractive to work in as you can lie and deceive without consequence ?

ii, A "fear of Litigation" would indeed only lie with those who make a conscious decision to deceive or conduct themselves in such a way as to deny the truth to other.

iii, As to "recruitment & retention" of medical and health staff and the implied negative effects of a DOC, does this effect any other sphere of employment ?, Do the police et al have issues either recruiting or retaining their staff even though they could face charges such as misconduct in public office ?

iv, I think it is worth noting that the only people who are objecting to the introduction of a DOC with criminal sanctions are the health professionals and their professional bodies who have a vested interest in maintaining the status quo. On the other hand the patients and service users who vastly outnumber the health professionals do not experience "openness and honesty" when dealing with medical staff and are strongly in favour of criminal sanctions (section 4.8.)

in relation to section 4.23.

"The workstream acknowledges that there is significant opposition from some to a statutory individual Duty of Candour with criminal sanctions for breach of that duty"

i, This approach only comes from the individuals and organisations that have been found lamentingly short of candour themselves and who wish to preserve their "we police ourselves" policy, the existence of this consultation let alone the findings of Mr Justice O'Hara's Inquiry and decaying public confidence in a forever inward looking health department proves their current policies are untenable and redundant.

ii, As to the argument that because another comparable jurisdiction have not made provision for a DOC then we should not ?, we would take the opposite approach that this is the very reason why we should make provision for it, the overwhelming evidence shows that other jurisdictions indeed do not have a DOC with criminal sanctions and are experiencing the same problems as ours, coupled with the evidence from Mr Justice O'Hara that our current situation and indeed that of England with its DOC without criminal sanctions simply have never and currently do not work.

We believe that this jurisdiction has no need to follow others that have clearly proven that a Duty of Candour does not work without appropriate criminal sanctions attached, the Duty of Candour is just that, a duty for medical practitioners to be honest and open about adverse situations that would create a culture of transparency and more importantly learning and dissemination of information that would protect life. We have sadly experienced and learned during the long years of the inquiry that this is not the current situation here and have not witnessed any movement on behalf of the medical profession in any way to move forward.

We hope you have the courage and fortitude to take this opportunity to recommend an Individual as well as an organisational Duty of Candour with criminal sanctions, a Duty of Candour without criminal sanctions would simply perpetuate the current broken culture of self preservation and duplicity.

[REDACTED] sadly we have endured 26 years of the reality that medical practitioners and their professional bodies are incapable and unwilling to conduct themselves in an honest and open manner.

The professionals and their representative bodies talk of how they have changed and how forward thinking they are, yet we like Mr Justice O'Hara who was relentlessly lied to by doctors under oath do not know what happened for the last 2 hours [REDACTED]

Yours respectfully

[REDACTED]