

DIGNITY WARD

Background and purpose of this document

Patients can become vulnerable when they are admitted to hospital and their rights might be diminished by their situation. Dignity Ward is designed for nurses to think about how they can help to help protect an individual's human rights on the ward. Real life examples have been used to encourage discussion around how practice might be improved.

The Human Rights Act 1998 (HRA) enables the Articles of the Human Rights Convention to be enforced in UK courts. Public bodies, such as the NHS and local authorities, have a positive duty under the Act to protect basic human rights, including:

- the right to life
- the right not to be treated in an inhuman or degrading way
- the right to respect private and family life.

If a public authority is made aware of evidence that an individual is being abused, failure to act may breach these rights.

Relevant human rights in hospital

Article 2	A2	Right to life
Article 3	A3	Prohibition of inhuman or degrading treatment Inhumane treatment causes serious physical and/or mental pain or suffering. Degrading treatment arouses feelings of fear, anguish and inferiority capable of debasing the victim
Article 5	A5	Right to liberty and security
Article 8	A8	Right to respect for family and private life
Article 9	A9	Freedom of thought, conscience and religion
Article 14	A14	Prohibition of discrimination

What Constitutes a Breach of Human Rights in Hospital?

The Joint Committee on Human Rights (18th report, 2007) considers that abuse is a serious and severe breach of human rights which is perpetrated on vulnerable older people who often depend on their abusers to provide them with care. Not only is it a betrayal of trust, it can also constitute a criminal offence.

Principle concerns that were highlighted during the inquiry carried out by the Joint Commission for Human Rights included the following:

- Malnutrition and dehydration (A2, A3 and A8)
- Abuse and rough treatment (A3 and A8)
- Lack of privacy in mixed sex wards (A8)
- Lack of dignity especially for personal care needs (A8)
- Insufficient attention paid to confidentiality (A8)
- Neglect, carelessness and poor hygiene (A3 and A8)
- Inappropriate medication and use of physical restraint (A8)
- Inadequate assessment of a person's needs (A2, A3 and A8)
- Too hasty discharge from hospital (A8)
- Bullying and patronising of older people (A3 and A8)
- Communication difficulties, particularly for people with dementia or those who cannot speak English (A8 and A14)
- Fear among older people of making complaints (A8)

DIGNITY WARD is a busy ward of 32 beds. It has a combination of rooms that can accommodate 4 patients plus a small number of rooms for single occupancy. The real life examples below (names have been changed) demonstrate the impact of care on an individuals' human rights. Rights infringed relate to the following articles:

Article 2	A2	Right to life
Article 3	A3	Right not to be treated in an inhuman and degrading way
Article 5	A5	Right to liberty and security
Article 8	A8	Right to respect for family and private life
Article 14	A14	Prohibition of discrimination

Case Scenario 1: Mrs Barker

Just before Mrs Barker's mother was discharged from the ward she fell hurting her hip quite severely, although there was no apparent fracture. She was incontinent of urine and faeces. No review of her needs was carried out prior to discharge. She was not assessed for a wheelchair or provided with any incontinence pads or sheets. Mrs Barker hired a wheelchair and purchased incontinence pads and sheets. When she phoned a helpline number for incontinence she was told that this process should have been completed before her mother left the ward. Through her own efforts Mrs Barker managed to get the district nurses to do an 'over the phone' assessment and she found a wheelchair service that was free if the patient was referred by the GP. Sadly, the wheelchair only became available when Mrs Barker's mother was too sick to use it.

Mrs Barker Discussion

This lady was not assessed prior to discharge to determine her current care needs. Inadequate arrangements can have a severe impact on the older person's right to respect for family and private life (A8). The lack of access to a wheelchair and the lack of resources to manage her incontinence would have exacerbated her difficulties in socialising. It is also likely that her self respect would have been severely damaged (A8).

Mrs Barker was discharged from the ward when still unwell. The lack of assessment and appropriate care package in relation to her deteriorating health could be potentially life threatening (A2). She could be at risk of developing pressure sores and subsequent infection (A3).

Whilst it is likely that if there was a legal challenge the courts would find that on the facts Articles 2 and 3 were not breached as they were not at an appropriate level of gravity. However, the failure of the public services to respond to her needs to mobilise and to manage her continence suggest that her right to retain an appropriate quality of life have been compromised in breach of Article 8.

Case Scenario 2: Beryl

Beryl, a 71 year old woman with learning disability, was admitted to the ward following a reaction to a new medication. She lived in a supported tenancy with 24 hour carers who escorted her to hospital. They described Beryl as a loving woman who enjoyed her embroidery, having cups of tea, going to the hairdressers every week, being warm, and going to the corner shop for a packet of chocolate raisins. That was her life.

Whilst in the ward, staff stopped her from having her embroidery, which she had always enjoyed and which helped her to relax. Despite repeatedly asking for her stockings, because her legs were cold, staff ignored her requests.

Beryl was doubly incontinent and when her carers visited they found her marooned in a chair. She was medicated to keep her quiet and her clothes were saturated. The incontinence pads were falling off because of the weight of the urine. Beryl was assessed without the carers' input, and the decision was made that she should not return home but instead should be cared for in a nursing home. Despite her expressed wish to go home, she was transferred to a nursing home where she died two days after transfer.

Beryl Discussion

Beryl's carers, who in effect were her family, were excluded from her care and not involved in the discussions and decisions relating to her future. An assumption was also made that she did not have capacity, because of her learning disability, to make an informed decision about her own care. Her autonomy was completely taken away. This resulted in her being deprived of her family life when the decision was taken to move her to a nursing home (A8).

Arguably she was also being deprived of her liberty (A5) because she was medicated inappropriately 'to keep her quiet'. Had she been allowed to have her embroidery which calmed her, along with her stockings which was a part of her daily routine, the sedation might not have been required. In addition, she would have been treated with dignity and she would have enjoyed a better quality of life.

Beryl was left in soiled clothes and sodden incontinence pads, which as well as being degrading (A3), put her at risk of pressure sores and infection which could be potentially life threatening (A2). In this regard there is an obligation on a public body to pro-actively intervene to prevent a continuing breach of her rights if the position remains unresolved. If she dies as a result of total neglect then a Coroner would be entitled to investigate in accordance with Article 2.

This case also demonstrates discrimination (A14) of an older lady with a learning disability insofar as she, like anyone, had basic human rights, and it seems they were interfered with because of her disability.

Case Scenario 3: Mr Jones

Mr Jones is an 85 year old gentleman admitted to the ward with long standing cardiac and renal problems. His family were extremely worried about his care. They constantly had to remind the nurses that their father needed help with his basic care needs. He was unable to access his drinks and his buzzer was constantly left out of reach causing him distress as he could not walk to the toilet unaided, which resulted in him frequently soiling himself. The family noted that the fluid balance chart was not filled in and their father was always asking for a drink when they visited. They were also concerned that when they visited his meals were left untouched. They were distressed because they were told nothing. They received no information about how their father was and had to ask if he was dying. They were never allowed in outside visiting hours, even though they felt that they could have helped. They felt totally excluded and wondered "*where on earth were his rights to have his family around him at such a critical time in his life....?*"

Mr Jones Discussion

Mr Jones' life was potentially at risk because he was being deprived of essential fluids and nutrition (A2). The lack of documentation indicated that staff were not aware that he might be dehydrated and were neglectful of his care. Mr Jones' dignity and self respect were severely compromised because of his preventable incontinence (A8).

It is evident from the above case that the respect for family and private life was being ignored both for Mr Jones and his family (A8). They were unable to be with him when he was in need of them as he was dying. His spiritual needs would also need to be considered.

It could also be argued that his right to liberty and security (A5) were being compromised as his family were not allowed access and to be present to provide for his psychological safety at the close of his life.

Conclusion

We hope that the above examples have helped you to increase your knowledge and understanding of the Human Rights Act. You can use the framework to consider situations that might arise in your own ward to determine whether an individual's human rights have been overlooked, and to enable you to advocate on their behalf.

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Useful Reading & Learning

Guide on human rights for older people British Institute of Human Rights
www.bihr.org.uk – click on resources

Dignity & Respect Matter. British Journal of Healthcare Assistants.
Allen J. & Dennis M. December 2009. Email info@dignifiedrevolution.org.uk to obtain a copy

Joint Committee On Human Rights - Eighteenth Report (2007)
www.parliament.uk publications and records section

Useful Resources

Department of Health

A suite of training materials designed for use in training sessions for frontline workers who support people with a learning disability. www.dh.gov.uk publications and statistics

Age UK - Hungry to be Heard Campaign

This campaign is about improving nutrition in hospitals. www.ageconcern.org.uk campaigns and issues

British Geriatric Society - Behind Closed Doors

Raises awareness that people, whatever their age and physical ability, should be able to choose to use the toilet in private in all care settings. www.bgs.org.uk campaigns