

## Hospital doctors face rising threat of suspension

Many suspensions are wasteful or unjust. So why is the health department opposing a bill to make suspension procedures fairer, asks Judy Jones

"Criminals who commit serious offences are treated better than suspended doctors," declares the Conservative peer, Baroness Knight of Collingtree. "They can be locked out of their hospitals for years, without knowing what they are meant to have done wrong and without anyone speaking up for them."

A bill being steered through the House of Lords by Lady Knight seeks to remedy the "grave injustices" that she and many others see in the majority of suspensions in England. Many welcome her attempts to reform the cumbersome and labyrinthine procedures that these suspensions often trigger.

Five years ago, the case of Dr Bridget O'Connell prompted a stinging reprimand of the NHS Executive by the Commons public accounts committee of MPs (*BMJ* 1995;311:527). The consultant paediatrician had been suspended for nearly 12 years on full pay, at a cost to the taxpayer of £600 000 (\$900 000), when in May 1994 all allegations against her were withdrawn.

Alan Milburn, then a Labour backbencher and now health secretary, described the O'Connell affair as "an expensive shambles for the NHS." In an article in the *BMJ* Dr Liam Donaldson (then regional medical officer for Northern and Yorkshire Health Authority, now chief medical officer for England) criticised the use of suspension: "It introduces



Baroness Knight: "Lives are wrecked"

an immediate stigma, increases the degree of confrontation, and makes informal and agreed solutions much more difficult" (*BMJ* 1994;308:1277-82).

Despite the hue and cry raised in the mid-1990s and the subsequent elevation to powerful positions of some of the keenest critics, the number of suspensions is rising rapidly.

In the absence of official figures to track the trends, the Society of Clinical Psychiatrists' study group—a support group for suspended doctors—has recently carried out its own research. It found that of the 250 suspensions of doctors carried out in the past 14 years in England and Wales, about half have occurred during the past three years.

Less than a third (109) of all cases involved alleged professional incompetence, and of these only 11 complaints were upheld after investigation. Overall just one in six cases were found proved.

Moreover, prolonged cases spanning several years continue to drain the public purse. After four years' suspension, consultant pathologist Dr Bernard Charnley learned in June last year that disciplinary action taken against him by the North Glamorgan NHS Trust was to be discontinued.

In the wake of the case, which was estimated to have cost £500 000, John Owen Jones, the then Welsh health minister, ordered an investigation to find out why "health service resources have been used to so little effect and for such a long period." But the Welsh Office admitted last week that no such investigation had taken place.

Lady Knight is concerned at the human cost of suspensions and insists that she has no desire to protect bad doctors. In one case she has investigated, a doctor was not allowed to visit his wife who was dying of cancer because he was suspended from the hospital.

"Lives and careers are



Pathologist Bernard Charnley's four year suspension cost £500 000

wrecked, and I have come across cases of suicide. Even where doctors are found to be innocent, they find it almost impossible to get back into their professional work after such long absences," she said.

Her measure, which has the support of the BMA, would attempt to speed up NHS trusts' suspension procedures and subject them to external review.

A Department of Health spokesman described Lady Knight's Suspension of Hospital Doctors Bill as "fundamentally flawed" as it states that a suspension would expire after one month had elapsed unless disci-

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plinary action had been initiated. "This means that a doctor who poses a serious danger to the health of patients would have their suspension removed because of technicalities and be allowed to treat patients. Whilst we want to be fair to those doctors who are suspended, we don't want to give opportunities to dangerous doctors to harm patients," he said.

Long term suspensions were in no one's interest, but they were part of a much larger debate about supporting and regulating doctors: "We are determined to implement plans for a national assessment and support service as put forward by the chief medical officer," the spokesman said. "This will pick up issues much more quickly."

All this cuts little ice with Dr

Peter Tomlin, who chairs the Society of Clinical Psychiatrists. "The implication of the government's argument is that there are hundreds of defective doctors all over the place. But where are they? Our figures show that the numbers whose competence has been found wanting are very small indeed. Many of these disciplinary actions are inspired by professional jealousies and personal grudges, and the whole business then becomes a profoundly wasteful process."

Eight of the doctors whose cases Dr Tomlin has studied were suspended after they blew the whistle on a colleague's incompetence. In his opinion, the Public Interest Disclosure Act, which came into force last year and is intended to give legal protection to whistleblowers, has made no discernible difference to hospital doctors. "It has stimulated people to come forward—only to have their heads chopped off," he says.

In Scotland, a newly introduced system of independent screening of complaints against hospital doctors has reduced suspensions by NHS trusts from around seven a year to just two.

"In England, the government's stand is completely unsupported by the facts," says Dr Tomlin. "We in England should be following Scotland's lead to ensure that all suspensions are evidence based." □

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