

The real challenge of care



The conclusions of the Francis Inquiry¹ into abuses at Stafford Hospital have shocked the nation. With the growing concern that these failures are more widely spread and the inevitable calls for heads to roll² it is clear that we have not heard the last of this issue.

Much has already been written about Stafford's 'insidious negative culture', 'tolerance of poor standards', 'disengagement from managerial and leadership responsibilities' and obsession with 'national access targets' and 'financial balance' at the expense of delivering acceptable standards of care.

Similarly there is widespread agreement about the need to foster a 'culture of service' which 'puts the patient first', develop 'fundamental standards', ensure 'openness, transparency and candour' make all who provide care for patients 'properly accountable' and to recruit and train leaders who will integrate 'shared values of the common culture' into everything they do. These are all good suggestions which resonate with Christian principles of love, justice and integrity.

My concern, however, is that, unless some very fundamental changes take place in British society, things will get worse rather than better.

Around one in three people over the age of 65 will develop dementia in their lifetime and the number of people with dementia is increasing - 800,000 now will become 950,000 by 2021 and is estimated to double in the next 40 years. So will the current costs of care. The £23bn figure being quoted for dementia care today is nearly double the figure spent on cancer and three times the sum for heart disease. And all this is in the face of £20bn 'efficiency savings' needed in NHS spending over the next few years.

In the West we have a growing elderly population supported by a smaller and smaller working population - fuelled by elderly people living longer and an epidemic of abortion, infertility and small families.

These demographic changes, together with economic pressure from growing public and personal debt, and increasing pressure for a change in the law to allow euthanasia, produce a toxic cocktail indeed. Jacques Attali, the former president of the European Bank for Reconstruction and Development, has said:⁴

'As soon as he gets beyond 60-65 years of age, man lives beyond his capacity to produce, and he costs society a lot of money... euthanasia will be one of the essential instruments of our future societies.'

Sunday Times journalist Minette Marin⁵ in 2011 was even more apocalyptic in her analysis:

'In 1950 there were 7.2 people of working age (20-64) in the OECD member states for every person more than 64 years old. By 1980 the ratio had fallen to 5.1; now it is about 4.1 and by 2050 it will be 2.1... On top of all the other requirements of the welfare state, old people's needs are huge. Quite apart from the costs of pensions and social security, an enormous part of National Health Service annual expenditure goes on the elderly. Department of Health statistics for 2002-3 show that nearly half the entire NHS budget, 46.7%, was spent on people over 64 and nearly a third of NHS spending, 30.3%, was spent on people of 75 or older.'

Marin's 'final solution' is frightening - euthanasia will become an economic necessity. She sees it as the escape from what she believes is an inevitable living hell for 'many old people' and makes an impassioned plug for the legalisation of euthanasia and assisted suicide, not just for the 'mentally competent terminally ill' but for anyone who has reasons to want it.

Her proposed answers are chilling but she has actually grasped the reality of the demographic time-bomb, which she calls 'an enormous grey elephant in the room'.

It is abundantly clear that unless something is done to reverse demographic trends, 'economic necessity', together with the 'culture of death' ideology which is becoming more openly accepted, may well mean that the generation that killed its children through abortion will in turn be killed by its own children through euthanasia.

But the real answer is not euthanasia and this makes it even more imperative that we fight hard to combat the two British bills and court cases which threaten to legalise it this year.

The real answer to Britain's crisis is in our grasp, but it requires a completely different mind-set to that which has led us as a nation, in our reckless pursuit of affluence and personal peace to mortgage our present, bankrupt our futures, and see those who rely on us as a burden rather than a privileged responsibility.

The demographic time-bomb is a challenge but it does not lead me to despair. Rather it makes me want to live more simply, give more, save more, serve more, love more, value those who are dependent, both old and young, more deeply and work harder to provide good care for all. Over all it makes me want to preach the gospel more. Can we as Christian doctors lead the way?

'For you know the grace of our Lord Jesus Christ, that though he was rich, yet for your sake he became poor, so that you through his poverty might become rich' (2 Corinthians 8:9)

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references

1. <http://bit.ly/YTdL5F>
2. <http://bit.ly/13dLJDk>
3. <http://bbc.in/YwSdt7>
4. <http://bit.ly/XyX4tH>
5. <http://bit.ly/JRICbd>