

PERSONAL VIEW John R Ashton

# I triaged Hillsborough fans while the police conspired

**Y**ou don't expect to set off for a football match with your young sons and nephew and emerge 12 hours later like a survivor from 9/11 or the Somme. In 20th century Britain you didn't expect a football stadium to resemble Dickensian England or a Russian gulag, where supporters were treated like animals being herded to slaughter. And you didn't expect bloody chaos, with emergency services completely out of their depth, ill equipped, and with dysfunctional relationships with other blue light services. But that is what happened in Sheffield at Hillsborough football ground in 1989.

I was an experienced doctor in the upper stand at Leppings Lane. Within a few minutes I was immersed in the theatre of death behind the tunnel. Immediately there seemed an almost complete lack of any systematic approach to dealing with the dozens of casualties walking, lying, falling, and already dead. I imposed a system of triage on police officers, who were desperate for leadership. They had been despatching casualties into ambulances with no regard for severity. We had almost no resuscitation equipment, and the best that could be done was to ensure that those who might benefit most from hospital attention were most likely to receive it.

Other medics and nurses attending the game appeared, and we busied ourselves systematically examining, sorting, and despatching our patients. Fifteen people had died behind the Leppings Lane terrace, and I certified six or seven of them, noting the time of death on pieces of exercise book provided by police officers, attached to the victims' clothing with safety pins. I learned later that by the time the bodies had been moved these were gone, and other doctors issued new certification.

At about 5 o'clock, the mood changed. Police were rounded up, and everybody else was evicted; doors were barred; and the first police debrief took place. I think that this was when the systematic conspiracy began. When 164 police officers doctor their notes, as we have just learnt they did, this does not represent a few bad apples. This must have been authorised or ordered, even perpetrated, by senior officers. Between then and the next morning, when Prime Minister Thatcher and communications chief Bernard Ingrams came to Sheffield, the malicious narrative that blamed Liverpool supporters for the disaster had acquired legs.

We now know that the *Sun's* headline blaming the fans and accusing them of stealing from, and urinating over, bodies came after police briefed a Sheffield news agency and a local conservative



CHRISTOPHER FURLONG/GETTY

**We now know that points criticising the police and emergency services were removed on 116 occasions, and that anything relating to supporters was left in or accentuated**

MP, who in turn briefed the *Sun*. David Cameron exonerated Thatcher this week in an otherwise fulsome and welcome apology. But Thatcher was receptive to lies originating from police because South Yorkshire constabulary, having sorted out the coal miners, was her favourite force, and she had a barely disguised hostility to anything originating in Liverpool, focused on her hatred for Derek Hatton of the Militant Tendency.

The failures of the ambulance service are also now public. They were obvious to those with a medical background on the day. That night when I got back to Liverpool I went straight to the Radio City studio, where I was a regular medical guest, and told Liverpool the truth about what had happened. I continued for the next two weeks with media from far and wide. On the Monday morning a senior public health colleague from Yorkshire advised me to stop criticising the ambulance service because they had been debriefed and had a water tight narrative.

We now know from Bishop Jones's panel that 41 of the 96 victims might have survived had the emergency plan been properly implemented and the ambulance service not failed. When I gave evidence at the Taylor inquiry, the most expensive barristers in the country sought to traduce my account and throw doubt on my competencies. We now know that police officers' accounts, which made exactly the same points as mine, were redacted, that points criticising the police and emergency services were removed on 116 occasions, and that anything relating to supporters was left in or accentuated.

Recent events have taken a burden off my shoulders because to be treated as I was by the Taylor inquiry was an assault on my professional integrity, and Bishop Jones's report clearly supports my testimony. This week was about the families and loved ones of the dead, but it was also about much more. If you lose a loved one who has lived a good long life, you grieve. If you lose a loved one in a disaster, it must be 100 times worse. But if you lose a loved one in a disaster and then conspiracy presents lies as facts, how do you deal with that? The Hillsborough campaign has fought for truth and justice. The fight for justice comes next. I hope that leads to peace of mind for those who have suffered so long and so hard. As a psychiatrist I am on the same page as the bishop.

The even bigger story, however, is the corruption of public life. Senior people in leadership positions lied and conspired against the people they were supposed to protect. We have seen other examples of this ethical deterioration since, where people will accept prizes but not responsibility, such as MPs' expenses and phone hacking. The families of those who died at Hillsborough can be proud as to how they have loved their lost ones; they have also shown how our democracy must be renewed with a commitment to ethics, transparency, truth, justice, and real leadership.

John Ashton was regional director of public health and regional medical officer for north west England, 1993-2006, and is director of public health and county medical officer for Cumbria.

• A longer version was first published as a blog. Read this and other blogs at [bmj.com/blogs](http://bmj.com/blogs)

BETWEEN THE LINES Theodore Dalrymple

## Authentic fiction

How realistic does a work of literature have to be before it is a work of realism? Do the events it relates have to be symbolic, representative, or emblematic of some wider social reality, or is it enough that unique events, for example, those of a love or murder story, should be depicted with a degree of verisimilitude?

These questions came to mind as I read the blurb on the cover of the US edition of Joan Fleming's novel *Kill or Cure*, published in 1968: "The inside glimpse of a doctor's life is quite authentic, since the author knows this background from personal experience." Later we learn that Joan Fleming (1908-1980), author of 33 novels, "lives with her husband, a London physician"—actually an ophthalmic surgeon.

If I had been her husband I am not altogether sure if I should have been pleased or reassured by the claims made for the authenticity of the book. Its protagonist, Dr Jeremy Fisher, is a general practitioner in the stockbroker belt of Surrey. His wife, Iris, is a nymphomaniac who, it turns out, has slept with both of his partners in the practice. She is also having an affair with a local businessman by the name of Elland Bridge, to whose house Dr Fisher is called at the beginning of the book.

When he gets there he finds a young woman dead in bed from a botched illegal abortion. This young woman also had an affair with Elland Bridge, claimed to be

**The portrait of the doctor is not very flattering: his hobby is performing pharmacological experiments on patients without their knowledge or consent**

pregnant by him, and had a backstreet abortion in London at his expense. After the botched operation, she had taken a taxi to his house where she promptly died.

Mrs Fisher, carrying on her affair with Bridge, was present in the house when the young woman died, and suggests (before she drives away) that Bridge call her husband to the house and accuse him of having performed the illegal operation himself, and thereby of having killed the young woman. She hopes by this means to disembarrass herself of a husband whom she detests.

When Dr Fisher learns that his wife has put Bridge up to making this accusation, he decides to retaliate by killing her with an injection of a new drug called Talbulodin. He then dumps her body in a local pond.

This forms the medical background that the author allegedly knows from personal experience. I do not consider that I have led a completely uneventful life, but compared with the goings on in Virginia Water circa 1968, it has been a very tame, almost monastic, existence.

The portrait of the doctor in the book is not very flattering: his hobby and passion, for example, is performing pharmacological experiments on patients without their knowledge or consent. He prescribes barbiturates to those who complain just to shut them up. He drives while drunk and drinks at lunchtime.

Of course, times were different then. Dr Fisher's partners are afraid that if the patients knew of his wife's sexual antics they would desert the practice in moral disgust. Husbands in those days "gave" wives divorces by arranging to be caught in adultery specially arranged for the purpose. Mrs Fisher has a mink coat and a crocodile bag (illegal now) and wears gloves when she goes out. But it is a time of rapid change: the back street abortion is soon to be a thing of the past, and it turns out that Dr Fisher has not really killed his wife, only hallucinated that he has done so under the influence of LSD slipped into his drink at a cocktail party. Very 1968.

Theodore Dalrymple is a writer and retired doctor  
Cite this as: *BMJ* 2012;345:e6119

## MEDICAL CLASSICS

### Little Fox Goes to the End of the World

A children's book by Ann Tompert; First published in 1976

As medical doctors or parents, our agenda is to protect children from harm and to prepare them for the future. We wish for the best physical and mental health and we do our best to encourage preparedness. These earliest years are essential in equipping the next generation with the skills they need to face the world of the 21st century.

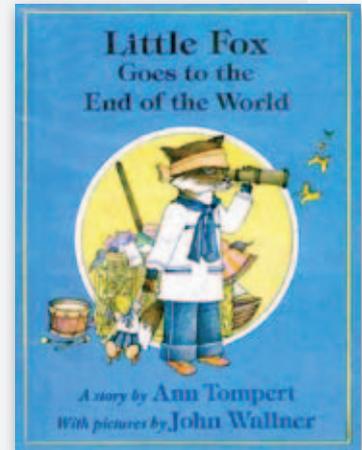
Sadly, it is unlikely that a child will always be protected from trauma. Not every child will be injured, whether physically or mentally, but many unfortunately will. And not all children who have experienced adverse events will come to the attention of health services for having been assaulted. Research into cognitive behaviour therapy focused on trauma shows that, among other things, a positive outlook, cognitive flexibility, and exit strategies towards safety after an incident may protect from the impact of trauma. So it is important that, while growing up, children are encouraged to develop these resilience factors.

Many parents regularly read to their children from the earliest years onwards, and the benefits are well known. Reading together facilitates joint focus and firing of those mirror neurones. Having safe and shared time with a key caregiver fosters a secure and supportive relationship. *Little Fox Goes to the End of the World* stands out among the multitude of books for children. A little fox tells an imagined story to her mother about how she travels through different situations where she faces threats such as potentially dangerous animals. Little fox is flexible, creative, and keeps safe. The account is rich in fantasy, but her mother shows unconditional acceptance and curiosity, allowing little fox to expand on her story. What is so important for readers with respect to preparedness for trauma resilience is the cognitive flexibility towards repeated safe outcomes; trust in a supportive relationship; and nurturing reunification at the end.

This children's book may well help in role playing when gearing a child up for a tough future. We all live with core assumptions and core beliefs, and so will our children. Templates established during the earliest years are likely to influence future cognitive processes and attachments. Reading *Little Fox Goes to the End of the World* in the right environment with suitable children may contribute to secure attachment and resilience. It may be useful for joint parent-child time at home and is also recommended for children having surgery.

Klaus Martin Beckmann, psychiatrist, Queensland Health, Evolve Child and Youth Mental Health Service, PO Box 471, Waterford, Queensland 4133, Australia martinbeckmannn@hotmail.com

Cite this as: *BMJ* 2012;345:e6119



FROM THE FRONTLINE **Des Spence**

## Good medicine: homeopathy

It was an intentional overdose. To prove a point I poured about 30 tiny tablets into my mouth and crunched them down. Because scientifically, I do not believe that these homeopathic pills have any active ingredient.

Today, homeopathy is medicine's whipping boy, repeatedly and systematically beaten to the ground. Yet despite explaining that the tablets are just placebos, homeopathy always gets up to take another beating. Some homeopathy is funded by the NHS, through general practice, and in the few homeopathic hospitals. This fact enrages the growling commissars of evidence based medicine who want homeopathy purged from the NHS.

So does homeopathy work? This depends what you measure. Does it cure infection, degenerative conditions, and cancer? It most certainly does not. And if any such claims are made they must be vigorously denounced. But homeopathy is most commonly used for medically unexplained symptoms in patients



**Society should never underestimate the healing effect of a kind word or the value of a holistic approach**

### Twitter

Follow Des Spence on Twitter @des\_spence1

dismissed as neurotic; the “worried well.” These patients have passed from specialist to specialist, enduring repeated invasive and needless investigations. Or homeopathy is used in addition to, but not instead of, conventional treatments.

The homeopathic doctors I know are caring people, disillusioned with the crudeness of conventional medicine, not your typical aggressive alpha medical type. They are not in the pay of big pharma, whose drugs potentially kill 100 000 people a year in the United States alone.<sup>1</sup> They listen, spend time, and offer some explanation for the unexplainable—and their patients like them. The effect of homeopathy is the positive effect of a therapeutic relationship that is reassuring, accepting, and supportive. Society should never underestimate the healing effect of a kind word or the value of a holistic approach. These consultations genuinely improve wellbeing. Homeopathic pills are placebos, but the placebo response is great, maybe even as high as 80%.

There is no hard evidence for homeopathy. But likewise the more you understand of research evidence the more you understand it is mere modern marketing quackery. There may be some dangerous homeopathic charlatans, but there are plenty in mainstream medicine too. We need to accept that patients will still use homeopathy, and having access to it through the NHS means it is regulated and safe. As for the cost to the NHS, this is roughly the same as a single week of antidepressants,<sup>2 3</sup> medications that are little better than placebo.<sup>4</sup> Modern medicine has real capacity to do harm but often minimal good; homeopathy has minimal capacity to do harm but real capacity to do good. Homeopathy is an easy target; we would be better to focus on the failings of conventional medicine. Homeopathy is bad science but good medicine.

Des Spence is a general practitioner, Glasgow  
destwo@yahoo.co.uk  
References are in the version on bmj.com

Cite this as: *BMJ* 2012;345:e6184

THE BEST MEDICINE **Liam Farrell**

## House call

Sitting up in the tree gave me time to reflect, to think about how unfair it was for George Osborne to be booed by 80 000 people at the Paralympic games. I understood his difficulty: the sick will always be with us, and there are more of them every day, and no matter how much money we pour in we will always come up short of expectations. And the sick are not only inconvenient but inconsiderate.

“Don’t mind the dog,” I’d been told by the patient over the phone, which ranks right up there with, “He’s pulling at his ears,” as Things GPs Don’t Like To Hear. So there I was, cornered like a rat, gratified that animals have different climbing abilities: squirrels are good; cats can manage; rabbits only embarrass themselves trying. Fortunately big fierce dogs can’t.

I tried shouting at the house to attract attention, but only succeeded

in startling a nearby vulture. I contemplated leaping from the tree and bolting for the car, but age has withered me and I no longer have that strength that in older days moved earth and heaven; if I were an actor I’d be Brad Pitt’s homely chum, the comic relief.

But that which we are, we are; as Nietzsche might have said, “Cherish your enemies, even big fierce dogs, because they bring out the best in you.” Age has lent me a certain serenity, to make the best of a bad job, to enjoy the small things, like when somebody you dislike gets indicted for a crime and has to spend years in a dank, poorly ventilated penal facility making new and very intimate friends.

If you could get past the slaving monster at the bottom of the tree, the beauty of the Irish countryside was breathtaking, and after relieving



**After relieving myself, as men are wont to do in high places with panoramic views, I whiled away the time by scrawling some obscene graffiti**

myself, as men are wont to do in high places with panoramic views, I whiled away the time by scrawling some obscene graffiti.

I was surprisingly comfortable in the leafy shade, enjoying the cool manure-scented breeze; bumblebees hummed in the foliage, a robin trilled its liquid song, and a butterfly whispered by. If Piglet and Winnie the Pooh had turned up, I wouldn’t have been a bit surprised.

But my idyll was all too brief: “Some there be that shadows kiss / Such have but a shadow’s bliss.” The owner appeared, and dragged the dog away and me back into the real world.

“We’ve been waiting for you,” he said accusingly.

Liam Farrell is a general practitioner, Crossmaglen, County Armagh  
drfarrell@hotmail.co.uk

Cite this as: *BMJ* 2012;345:e6069