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LAST ORDERS

Rachel Clarke: Our NHS needs vocal leadership—instead, too many leaders choose silence

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Of all the horrors currently faced by NHS patients as urgent and emergency services collapse around them, I cannot stop thinking about the 92 year old grandmother who wept and begged her family to “let her die” as she endured 33 hours on a trolley in an overflowing hospital corridor.¹ Her grandson, Graeme Smith, told the *Liverpool Echo* that she had arrived at Aintree Hospital at 9 pm on New Year’s Eve but remained in the corridor until 6 am on 2 January. “She was praying and asking to be taken,” he said. “Some [of the patients in the corridor] couldn’t get to the toilet and had soiled themselves. It was horrendous.”

Insanity, it’s often been said, is doing the same thing over and over and expecting different results. Yet here we are, yet again, in the wretched position of NHS patients enduring untold miseries, frontline staff desperately trying to tell the truth about patient harm, and political leaders with the power to do something about those harms denying their very existence. On 2 January, I noted, as Graeme Smith’s grandmother told him that she longed to die, the health secretary, Steve Barclay, was tweeting about how parkrun was “reducing pressure on the NHS.”²

The senior leaders of the Royal College of Emergency Medicine (RCEM) are doing a remarkable job of challenging Downing Street’s attempts to dismiss and play down the unfolding crisis. In interview after interview, Adrian Boyle and Ian Higginson, RCEM president and vice president, have delivered clear, calm, pitch perfect rebuttals to the facile denials churned out by both the government and senior NHS England leaders.³ For example, when Chris Hopson, chief strategy officer for NHS England, tried to dispute the RCEM’s estimate that 300 to 500 people a week are dying avoidably because of the current crisis, Higginson was having none of it. In a Times Radio interview he asked, “Is there an acceptable number [of avoidable deaths] that our colleagues in NHS organisations and politicians are seeking?”⁴

Hopson, in his former role as chief executive of NHS Providers, was an effective and outspoken government critic when necessary.⁵ No longer. No doubt he—and all the other figures in the medical establishment who could have spoken out this week and chose not to—will be convincing themselves that they can do more good “inside” the tent than outside. To which I can only wearily refer them back to the “insanity” argument.

Boyle and Higginson should not be standout examples of medical leaders telling truth to power. It’s the job of every royal college president or chair, every NHS trust chief, every NHS England senior manager. So where are they? Frontline staff are—yet

again—crying out on social and mainstream media to be heard. Yet too many figures at the top of the medical establishment are silent. And that, I’m afraid, makes them part of the problem.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors

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- 4 Times Radio. Twitter post. 3 Jan 2023. <https://twitter.com/TimesRadio/status/1610236130284441604>
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