TALKING POINT

John Launer: Thinking the unthinkable on Lucy Letby

The psychiatrist John Bowlby once wrote a paper called On Knowing What You Are Not Supposed to Know and Feeling What You Are Not Supposed to Feel. In it he explored states of mind where we know at some level that something has happened but also deny it. He took as examples children who’d been told that a parent’s death was accidental rather than suicide, but who in adulthood were able to admit that “I knew it all along.”

Like many people, I’ve been gripped and troubled over the past few weeks by the case of Lucy Letby, the neonatal nurse convicted of seven murders and six attempted ones. The ideas in Bowlby’s 1979 paper—sent to me by a colleague who’d been a student of his—have helped me as I try to make a little more sense of what happened. I hope that they may help others who have found many opinions on the case hasty and polarised.

Just as Bowlby describes, the doctors who worked with Letby seem to have alternated, for several months after she began her crimes, between “knowing” and “not knowing” the unthinkable nature of what she was doing. Given their pressurised work conditions and the extreme nature of her actions, I can’t imagine how difficult it was for them to progress from a state of bewilderment, where having a murderer as a close colleague didn’t even enter their thoughts, to recognising that this was possibly the case. Tentatively, I’d say that this complex process may have influenced the actions and inactions of clinicians and the clinical investigators more than we can glean from news reports or Twitter posts.

Letby’s own confessional jottings seem to show that she oscillated between recognising the terrifying things she’d done and denying this to herself, as well as to others. Possibly this made it easier for her to put on a front that convinced so many that she was innocent. However uncomfortable a fact, we know from forensic psychiatrists that young perpetrators of shocking crimes are often victims of trauma themselves. It seems reasonable to name this possibility in Letby’s case, even if such experiences may have been undramatic next to the terrible trauma she chose to inflict on others.

Much professional anger has understandably focused on the behaviour of senior managers towards doctors specifically in the 10 months from July 2016 after Letby was removed from her unit and before they called in the police. Sadly, by that point better judgment wouldn’t have made a difference to the number of victims, since she didn’t return to clinical work. I wonder whether it’s easier for us just to feel outrage rather than the disturbance and intense sadness of imagining what Letby’s victims and their families suffered.

Nurses and doctors who murder their patients are mercifully very rare. But when they do appear it isn’t hard for them to carry out their lethal actions in plain sight. Inquiries and regulations may or may not make it easier to recognise them. Cultural change at a local level, focused on nurturing goodwill and trust within each organisation, might offer the most hope.

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1 Bowlby J. On knowing what you are not supposed to know and feeling what you are not supposed to feel. Can J Psychiatry 1979;24:8-29. doi: 10.1177/070674377902400506 pmid: 487334
