

London pensioner dies of starvation

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In a verdict more reminiscent of the beginning of this century than its close, a London Coroner ruled that Violet Hardy (74) had starved to death in her southeast London home. The pensioner's horrific fate is a tragic testimony to the gutting of social services in Britain.

A friend had found Mrs. Hardy's emaciated body in her Dulwich home in June last year. The widow had lived alone since the death of her husband five years before. The couple had no children. Wheelchair-bound after a leg amputation, Mrs. Hardy was registered with Lambeth social services and the local health authority, but received only occasional visits from the district nurse.

The pensioner had no body fat at all, the inquest heard, and weighed next to nothing at the time of her death. Yet just a fortnight before her death a doctor had judged her to be in no worse condition than usual. No proper written record had been kept of Mrs. Hardy's weight for at least a year before she died, partially because her doctor did not have the appropriate weighing scales, the inquest was told.

Lorraine McDermott, a close friend of Mrs. Hardy's who discovered her corpse, told the hearing "I did not think such neglect was possible in this day and age. It is an absolute disgrace. She was 5 feet 10 inches tall, but she looked like a skeleton. I would take her nutritious glucose drinks because I was so worried about her weight. I even rang the doctor about it. She should have been admitted to hospital."

Southwark Coroner Selina Lynch told the inquest that she would have to create a "new" cause of death verdict, because none of the usual verdicts, such as accidental death or death by natural causes, was applicable. As the court ruled that Mrs. Hardy had died from a "lack of proper nutrition", health campaigners highlighted the fact that the tragedy exposed a serious lack of care for the capital's elderly. "It is an absolute scandal that she should have been left to die of starvation," said Malcolm Alexander, of Southwark Community Health Council. "Such neglect is totally intolerable."

The charity Age Concern published its report *Turning*

Your Back on Us: Older People and the NHS on the day that the verdict was released. Their report reveals that many older people feel "fobbed off, undervalued and even abused by the NHS because of their age". It found that many older people are refused treatment or wait years for operations. They are often forced to pay for private treatment. Specifically, it found:

- * No women over the age of 65 are invited for breast screening even though two-thirds of breast cancer deaths occur in this age group.

- * Two-thirds of kidney patients above 70 are refused dialysis or transplants. The British Medical Association says this is clinically unjustified.

- * Nearly one half of cardiac rehabilitation programmes have upper age limits, and 40 percent of coronary care units deny older people clot-preventing drugs.

- * The drug Aricept could benefit half of all those who suffer from Alzheimer's disease but only one third of hospital authorities prescribe it, and only then with restrictions. The cost of the drug therapy could easily offset the expenditure on hospital care that often results from the disease.

- * Hundreds of older people are kept waiting for hip replacements, to the point the condition becomes inoperable.

- * Free chiropody services have declined substantially, leaving many people housebound.

- * There is widespread use of powerful sedatives in care homes, which are "sometimes used inappropriately to manage a patient's behaviour".

- * Many older people fear that their doctors will remove them from their list because of their age, especially if they complain, or are seen as "too expensive". There is evidence that these fears are often justified.

The report concludes that despite government assurances, discrimination against older people is widespread within the National Health Service and that the basic essentials of care are often denied. It calls on the Labour government to fulfil its 1997 pre-election pledge to investigate discrimination against older people in the

NHS.

Shortly after the election, the Labour government did set up a Royal Commission—but only to investigate long-term care. Under the Conservatives, this category of care was largely transferred to the private sector and remained free at first, with fees paid by the state. As hospital budgets were squeezed, hospitals dispatched older people to residential homes as soon as possible. No active rehabilitation was carried out because this represented an additional health cost. Those running the private residential homes were happy to keep the person because it meant a guaranteed income.

The number of people in private care homes soared and so the government introduced means testing. The result was that many pensioners who had believed that the income tax and national insurance contributions they had paid all their working lives would cover the cost of their care in old age now had to sell their homes to pay the bill.

In February this year, the Royal Commission published its report. Shortly afterward, Sir Stewart Sutherland, the Commission Chairman appeared before a Parliamentary Select Committee on Health. He said there was a continuing problem of collaboration between health and social services departments—"a long overdue clarity about who pays for what". The Commission found a "lack of reliable and consistent data which has dogged our work from the very beginning".

The British means-tested approach to health care is now the least generous approach. The only country they could find that was worse than the UK was New Zealand, where it is a major political issue and "not popular at all". Sutherland dismissed fears that "the demographic time bomb"—a future where a shrinking number of those in employment have to support an increasing population of pensioners that are also living longer—was a problem, and said there was no imminent crisis of affordability

Sutherland said many older people "believed that by paying national insurance they would be entitled to free long-term care. That turned out not to be the case and I dare say if they read the fine print they would have known that." Now they have to pay for what was once free.

However, the Commission proposed that social costs such as housing and food should remain means-tested. "Personal care" (health) costs should be paid out of general taxation. A new state body, the Care Commission, will set guidelines for providers and oversee disputes between them.

It is clear that cost and not care is the main consideration. Home care is preferable because it is

"efficient, effective and in many cases economically much cheaper". The Select Committee, which endorsed the Commission report, refused to recommend a full care system like the one they visited in Denmark. Having said the Danes "regard the period of old age as being filled with potential" they concluded "for historical and financial reasons it would be impossible" in Britain.

The record stock market boom and rising company profits show that resources are available to provide free long-term and high-quality residential care for all elderly people. Modern technology is also available to monitor and help those who would prefer to remain at home.

In the meantime, the different authorities produce report after report and argue over who should foot the bill. According to Age Concern, the government's complacent response to its own recommendations is that many "have clearly not been acted upon." It has ignored the charity's attempts to insert an "age discrimination" clause into the recent Health Bill and has extended means testing even further—into the area of disability allowances.

A pensioner quoted in the Age Concern report sums up government attitudes to elderly health care: "Is it any wonder that Frank Dobson [former Health Minister] says waiting lists are getting shorter? Of course, they are. We're just dying because we're not getting any service at all, because we're not worth worrying about."



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