

# Doolin Lecture 2011: Emily Oâ Reilly, Ombudsman. â Health Care in Ireland- An Ombudsman Perspectiveâ

Emily Oâ Reilly, Ombudsman, delivered the 47th Doolin lecture on 3rd Dec 2011. Ms Oâ Reilly is a former journalist and broadcaster. She is the author of books on Mary Robinson, Veronica Guerin and Masterminds of the Right about Catholic fundamentalism in Ireland. First appointed as Ombudsman in 2003, she in her second term of office. She has a clear vision of her role and the importance of the Office. She feels that public access to information under FOI is excessively curtailed in order to protect sectional interests. During her lecture she demonstrated how she applies her Ombudsman skills when acting as an advocate for disadvantaged patients in the face of a complex and currently constrained health service. Her address was both compelling and memorable. It gave an insight into how patients struggle to access the services that they require.

In her opening comments Oâ Reilly said that the Irish Health Service should be subjected to critical but constructive analysis. While conceding that there are major budget constraints, she feels that we remain a modern developed society. Further cutbacks are inevitable but they must be transparent. Unpalatable news must not be shrouded in concealment. We are in the midst of an enormous crisis and are effectively in a war zone. However, we must not lose our social solidarity. We do have time to consider our future. There are many interest groups who will influence how the Health Service will evolve.

Oâ Reilly thinks that we have a bad record in the implementation of policies. We donâ t achieve what we set out to do. She quoted a number of examples. Shaping a Healthier Future (1994) and Quality and Fairness (2001) have not been lived up to. Both documents had high aspirations including a health service that supports and empowers you. There was a disconnect between theory, promise and the actual reality. Primary Care: A New Direction (2001) set down that Primary Care Teams (PCTs) should become the central focus of the health system. GPs state that 65% of PCTs are performing poorly. This is a disappointment because the process was intended to move care from the hospital into the community. The target of 500 PCTs has not been reached, currently it stands at 393 PCTs.

Oâ Reilly asks what health care model we wish to follow and adopt. Currently it is a hybrid with Medical Card 38% and Private Care 48%. There is no right for long stay nursing care for anyone. The private health care is being subsidised by the public system which pays 80% of the health spend. The current service is antiquated, stale and old fashioned. The structure is based on Community Care, Hospital Care and Specialist Hospitals such as Psychiatry. The Community Care component is fragmented because GPs are considered as private practitioners and are not in the loop. Many hospitals have a voluntary status and are neither owned nor managed by the HSE. Psychiatric hospitals are the Cinderella of the service. The annual reports of the Inspector of Mental Hospitals repeatedly point out regimens of care which breach the human rights of those compelled to avail of these services. In contrast private psychiatric hospitals developed with a stream of private insurance funding.

Oâ Reilly comments on the increasing commercial approach to health care delivery. The language of management is taking hold. This observation is collaborated by Hartzband and Groopman. They point out that planners have proposed that patient care should be industrialised and run like modern factories. The relationship between doctors and patients would be a commercial transaction. Doctors are termed providers and patients called consumers. This new language ignores the psychological and humanistic dimension of the relationship. The term provider suggests a pre-packaged product rather individualised professional care. This new direction relegates the basis of medicine and erodes its professional ethos.

Oâ Reilly is very concerned about public nursing homes. She refers to her report last year â Who cares? An investigation into the right to nursing home care in Irelandâ . It was based on 1,000 complaints submitted to the Ombudsman office. It was about older people who had failed to have a nursing home placement provided by the HSE and had to obtain a private bed at considerable cost. The Health Act 1970 created a legal entitlement to in-patient services including nursing home services. The 1976 ruling directed that Health Boards were not entitled to impose any charges on patients in nursing homes. However, the practice continued until 2005 when it was admitted that it was illegal and 450 million had to be refunded. Since 2001 the State has facilitated an expansion in private nursing home sector through tax concessions. The number of private nursing home places increased from 6,932 (1997) to 20,590 (2010). On the other hand the number of public nursing home places fell from 10,067 (2001) to 6,100 (2011). Public nursing homes have been deprived of investment and are now likely to be closed because they do not meet HIQAs standards. It is suggested that many more places will be closed in the future. There is data to suggest that private nursing home care is less expensive, private 850 compared with public 1350. These figures may not be comparable in that the public sector cares for a more dependent group of patients.

The matter of Motorised Transport Grant was also raised. This grant is paid to some disabled patients. It has now been curtailed without any official communication. It has been described as a strict interpretation of the guidelines. In the Donegal region the approval of grant applications has decreased from 75% (2007) to 25% (2001). In her conclusion Ms Oâ Reilly stated it will be several years before we regain our national sovereignty. Those who are bearing the brunt of the present suffering need to have a genuine expectation that in the future we will have a more equitable society.

JFA Murphy  
Editor

## References

1. Hartzband P, Groopman J. The new language of Medicine. N Engl J Med 2011;365:1372-2