

9th March 2010

Professor Dickon Weir-Hughes
Chief Executive
Nursing & Midwifery Council
23 Portland Place
London
W1B 1PZ

Dear Professor Weir-Hughes

Raising and escalating concerns: guidance for nurses and midwives

I am writing in response to your call for feedback on the Nursing and Midwifery Council's guidance for nurses and midwives on *Raising and escalating concerns*.

The Nuffield Council on Bioethics would like to highlight a number of recommendations made in its recent report on *Dementia: ethical issues*, in response to question four of your consultation: "can you see any barriers which might arise if one were to follow the guidance?". Paragraph numbers in brackets refer to paragraph numbers in the Council's report.

Trust in carers

Page two of the guidance, regarding the role of the nurse or midwife in raising a concern, stipulates that "you must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk" and that "you must report your concerns in writing if problems in the environment of care are putting people at risk."

Although we recognise the importance of health professionals raising concerns where necessary, the Council believes **there should be a presumption of trust in carers by health and social care professionals and care workers**. The issue of trust is absolutely central in any caring relationship. Most carers provide a level of care that compromises their own health and well-being, and are concerned to help and support the person with dementia as much as they are able. This sense of duty is best captured in terms such as 'love', 'loyalty' and 'faithfulness', all of which are

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based on trust. Given this trust-based relationship between the person with dementia and their carer, there is an ethical imperative that professionals and care workers similarly start from a presumption of trust in the carer, in their good intentions and in their knowledge of the person with dementia. However, if any evidence emerges that trust in a particular carer is misplaced, the professional should act on that concern, as the guidance states. (paragraph 7.23)

Risk-benefit assessments

The Council recognises that taking account of risk, especially that which may cause harm, is important. However, there are different types of risk. Some are straightforward inasmuch as they pose possibilities of harm, whereas others are inherent, and intertwined within our daily lives. An over-emphasis on minimising the latter type of risk can have a negative effect on the person with dementia. It can mean forgoing benefits and restricting freedom, which in turn may be highly detrimental both to the person's sense of autonomy and to their overall well-being. This, we believe, is a barrier that could potentially arise should the guidance be followed in its current form.

It is clearly important that registered nurses providing care for people with dementia assess and manage risks appropriately. However 'risk assessments' often focus only on the possible risks, without considering what opportunities and benefits are being forgone as a result. For this reason we believe that **the term 'risk assessment' should be replaced by 'risk-benefit assessment'** (paragraph 6.13-6.18).

The Council's report is available to download from the Council's website at www.nuffieldbioethics.org/dementia. A copy will also be posted to you, along with a hard copy of this response.

Please do not hesitate to contact me if you would like further information or assistance.

Yours sincerely

A handwritten signature in black ink that reads "Hugh Whittall". The signature is written in a cursive style with a long, sweeping tail on the letter 'l'.

Hugh Whittall
Director