UK Court of Appeal reinstates Dr. Hadiza Bawa-Garba

By Ajanta Silva
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The Court of Appeal has ruled that Dr. Hadiza Bawa-Garba, who was struck off the General Medical Council (GMC) register in January 2018, should be reinstated.

Bawa-Garba has faced an ordeal lasting over seven years after making mistakes, which contributed to the tragic and preventable death of six-year-old Jack Adcock in February 2011.

The High Court judges correctly ruled that Bawa-Garba's actions were neither deliberate nor reckless and she should not have been struck off.

However, despite the court ruling, the Nursing and Midwifery Council (NMC) said it has no plans to reinstate a nurse, Isabel Amaro, who was struck off the register in 2016 as part of the same incident. On what was only her 12th shift in the unit, Amaro failed to take regular readings and record Jack's vital signs, including temperature, blood pressure, respiratory rate, his pulse and his oxygen saturation levels.

In her defence, Amaro, who had an impeccable record since 1990 as a nurse in Portugal and the UK, told the panel that struck her off that there were systemic problems within the Children's Assessment Unit (CAU) in Leicester Royal Infirmary, where Jack Adcock was treated. These included that it was not fully staffed and there was a lack of experience among nursing staff.

In 2015, Bawa-Garba was convicted along with Amaro of gross negligence manslaughter for their part in the death of Jack Adcock from sepsis at Leicester Royal Infirmary on February 18, 2011. Both professionals were given two-year suspended prison sentences.

The truth is that Jack Adcock was failed by a public health system being stripped of resources and plagued with chronic staff shortages. They took the blame for a catalogue of failures created by systematic attacks on the National Health Service (NHS).

The Crown Prosecution Service decided there was not sufficient evidence of hospital culpability to pursue criminal charges. Instead, the hospital was told to put in place a wide range of actions on how sick children were managed in the aftermath of Jack Adcock's death. Reports drew parallels between the failings in Leicester Royal Infirmary and the conditions that prevailed in Mid–Staffordshire hospital and led to many unnecessary deaths.

Bawa-Garba's personal and honest reflections on her e-portfolio were used by the hospital in the court case against her. What was ignored was that Bawa-Garba, a trainee paediatrician, and nurse Amaro were functioning in a severely compromised working environment.

In June 2017, the Medical Practitioners Tribunal (MPT) suspended Bawa-Garba for 12 months, acknowledging the systemic failings at the hospital and extreme pressure under which she was working. They concluded that erasure of Bawa-Garba's name from the register was "disproportionate."

The GMC had appealed to the High Court against the MPT decision, claiming it was "not sufficient to protect the public". The High Court ruled in favour of GMC and Bawa-Garba was struck off in January this year.

The GMC's decision outraged many in the profession, not only in the UK but worldwide. Supporters raised more than £350,000 to crowdfund her appeal against the High Court ruling and 1,500 doctors signed an open letter in support of Dr. Bawa-Garba.

Many doctors work under circumstances of chronic understaffing, rota gaps, and precarious working conditions across the NHS, and will have backed Bawa-Garba in the knowledge that "it could have been me."

Jack Adcock, who had Down syndrome and a pre-existing heart condition, was admitted to the CAU with diarrhoea and vomiting. He died 11 hours after his admission due to septicaemia caused by group A streptococci, a notorious killer.

He was under the care of Bawa-Garba, who was specialising in paediatrics in the hospital. That morning she had volunteered to work in the CAU, as the main doctor supposed to be working there was on a course. Prior to this Bawa-Garba had been working in the general paediatric ward all week. She had returned to work recently after 13 months of maternity leave, having given birth to her first baby.

Despite only being a trainee paediatrician at the time and not a qualified consultant, the responsibilities heaped on Bawa-Garba as a junior doctor that day were extraordinary. In what was her first shift in an acute setting, she was covering six wards across four floors of the busy Leicester Royal Infirmary, and in addition carried a messenger that alerts her about

patients who need urgent medical attention and treatment. She was doing the job of two registrars and making sure that other junior colleagues, new to paediatric care, were supervised.

The consultant supposed to be in charge was not in work for most of the day, as he had double-booked himself with teaching commitments. He arrived only in the afternoon, with Bawa-Garba running the unit for hours by that time. By the end of her shift Bawa-Garba had worked for 12 hours with no break.

CAU was poorly staffed, with a severely diluted skill mix. The head nurse, known as the "ward sister," in charge of the unit was looking after patients with two agency nurses who were not allowed to do many nursing procedures. Moreover, there was an IT system failure which lasted for four hours, making it difficult for the doctors to access blood results. Flagging of abnormal blood results on computer screens was not available for the same reason.

Human error played a part in the death of Jack Adcock in this context.

Dr. Bawa-Garba assessed Jack in the morning, as requested by the CAU nursing sister. She inserted a cannula to give intravenous fluids and had taken blood for fast-track investigations. She had also done an urgent blood gas. She treated Jack with a provisional diagnosis of gastroenteritis and dehydration. According to her own admission, she did not think it was sepsis initially, although the blood gas results had clues pointing to that.

Bawa-Garba had viewed Jack's chest X-ray as soon as she had the first opportunity in the afternoon, after being busy with other patients, including a baby with sepsis that needed a lumbar puncture test. The X-ray had been available for a few hours but was not brought to her attention. She then prescribed Jack antibiotics as tests showed a chest infection. She later recorded how she wished she had given Jack antibiotics sooner.

An early mitigation against Jack's provisional diagnosis of more serious sepsis and escalation was therefore missed due to multiple factors, including lack of senior assessment, unavailability of blood results due to IT failures and difficulties staff faced in obtaining a repeat blood gas test. Jack had also shown some signs of improvement due to the treatment he received in the meantime.

Jack was transferred to another ward in the evening and his condition started to deteriorate rapidly. He died despite attempts to resuscitate him. There was a brief interruption to the resuscitation process from Bawa-Garba because she had mistaken Jack for another patient she had attended that morning who had a "do not attempt resuscitation" form in place.

Any serious examination of the situation that led to the tragic death cannot ignore the systemic failures, which facilitated the human errors of health professionals.

This tragedy occurred in a period in which the disastrous effects of severe underfunding of the NHS began to take their toll. In the aftermath of the 2008 global financial crisis, the Labour government outlined £20 billion in cuts to the NHS budget through "efficiency savings"—which were then carried out by the Conservative/Liberal Democrat coalition government that came to power in 2010.

In 2004, the Labour government of Tony Blair began transforming the hospital trusts to foundation trusts, which were semi-autonomous business entities. The trusts continued building and maintaining hospitals under Private Finance Initiatives (PFI), giving rise to a massive debt burden for years to come.

Only a year after Jack's death, the Conservative/Liberal Democratic government brought in the Health and Social Care Act to accelerate the privatization process and further slash services. Funding for the NHS was severely reduced, regardless of patients dying in busy corridors of accident and emergency departments.

In 2016, further slashing the pay, terms and conditions that junior doctors like Bawa-Garba worked under, the Tories imposed far inferior contracts on junior doctors following a betrayal of their year-long struggle by the health trade unions.

The junior doctors' determination to fight the attacks on the NHS and imposition of new contracts brought to light the intolerable conditions they work under.

This is shown in the failings at Mid-Staffordshire hospital and others, including Leicester Royal Infirmary, the recurrent winter crisis that engulfs the NHS, the missing of targets in every aspect of patient care and the rationing of services. A repetition of avoidable deaths, such as that of Jack Adcock, is inevitable under a deliberately decimated NHS, despite the devoted efforts of its workers.

Experts and health professionals have voiced their opposition to prosecuting and scapegoating individuals for the ills in a continuously eroding system. But these genuine concerns will fall on deaf ears in a system which ensures profits for big corporations, banks and the super-wealthy elite—not universal, comprehensive and free health care for all.

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