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ASSOCIATION OF COMMUNITY HEALTH
COUNCILS FOR ENGLAND AND WALES

"FAIR COMMENT"

HOW THE THREAT OF DEFAMATION UNDERMINES THE NHS COMPLAINTS SYSTEM

July 2000

PREFACE

This report is based upon information provided by Community Health Councils about their experiences of, and problems with, threats of defamation proceedings in the NHS complaints procedure. I am indebted to those Chief Officers and CHC staff who returned the questionnaires and to those CHCs who agreed to let us use the information contained in enquiries made to ACHCEW's legal department.

Thanks are also due to Jill Paterson, Legal Assistant, for her work in collating and distilling information contained in the responses to the survey of CHCs and to Donna Covey, ACHCEW's Director, for her helpful suggestions on the content of the report.

Marion Chester
Legal Officer
July 2000

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EXECUTIVE SUMMARY

The legal service of the Association of Community Health Councils for England and Wales (ACHCEW) has become aware of an increase in the number of cases where health care staff have responded to complaints by patients with the threat of defamation proceedings.

A survey of Community Health Councils (CHCs) across England and Wales has been carried out, and forms the basis of this report. It found that almost 1 in 5 CHCs had direct experience of either themselves or their clients being threatened with defamation proceedings.

This report identifies a number of concerns raised by CHCs. It outlines the ways in which the use of this tactic by health care professionals is undermining the quality drive within the NHS.

The report summarises the law on defamation as it relates to the NHS complaints procedure, and highlights the advice that can be given to avoid defamation proceedings.

We conclude by calling on key players in the NHS to take a number of steps to resolve the issues raised by the survey.

"FAIR COMMENT" – HOW THE THREAT OF DEFAMATION UNDERMINES THE NHS COMPLAINTS SYSTEM

1. INTRODUCTION

The Association of Community Health Councils for England and Wales (ACHCEW) is the national body for Community Health Councils (CHCs), the 204 local health watchdogs that operate across England and Wales. The Association's functions include the provision of legal advice to individual CHCs. ACHCEW's legal service monitors the type of enquiries received. This monitoring has shown an increase in recent months in the number of enquiries concerning threats of defamation proceedings against people making complaints through the NHS complaints procedure and the CHCs supporting them.

Health professionals sometimes threaten those making complaints about them with proceedings for defamation of character. These threats have also been directed at CHC staff and members. It appears that some health professionals try to use the possibility of defamation proceedings to avoid or bring to an early closure, complaints about their behaviour or performance.

Such threats are extremely worrying both for complainants and CHCs. Complainants will usually have no recourse to legal support in deciding whether the threat is a real one, or in defending such an action, not least because public funds (formerly legal aid) are not available to those bringing or defending this type of claim.

The complaints process plays a key role in the promotion of quality standards in the NHS. The investigation and resolution of complaints often highlights failures in systems and behaviour. Rectifying these failures improves the quality of care for all service users. If legitimate complaints are withdrawn due to the threat of defamation proceedings, then failures in the system will go unchallenged. It is in the public interest that firm action is taken at all levels to prevent this sort of duress being placed on complainants and the CHCs who support them.

As a first step in the process of establishing the true extent and nature of the problem, a survey of all CHCs in England and Wales was carried out. This report gives the results of that survey, and makes some initial proposals for resolving the issues it raises.

2. THE LEGAL FRAMEWORK

Law of Defamation

The legal definition of defamation is:

> *The publication of a false and defamatory statement concerning another person, which tends to bring him into hatred, contempt or ridicule, or which tends to cause him to be shunned or avoided.*

There are two ways of defaming another person:

Libel. This is the more permanent form and can be in print, writing, a picture, or film, or TV or radio broadcast.

Slander. This is more transient and amounts to defamation in the spoken (unrecorded) form. It can also include broadcasts if done locally to limited numbers of people and surprisingly, gestures can be held to be slanderous. However, words spoken 'in the heat of an argument' are not generally considered to amount to slander. An element of planning or calculation is required.

Neither the written or spoken word can be defamatory unless conveyed to a person, other than the person who claims to have been defamed. If a libel is made and then republished the republication also amounts to defamation and a separate cause of action.

Defamation can be pursued as, a criminal offence, a common-law misdemeanour or a tort.

S5 of the Libel Act 1843 provides that libel can be a **criminal offence** where the effect is particularly serious, e.g. if made with the intention of causing a breach of the peace. Such prosecutions are so rare as to be almost unheard of.

It is more usual for **civil actions** to be brought for damages for tortious injury. The person claiming to have been defamed must prove the claim and show that his/her reputation has been impugned. In cases involving allegations of unfitness, dishonesty or incompetence against someone in public office or a professional or any form of libel, the plaintiff does not have to show that he/she suffered any material loss in order to succeed.

All legal claims for damages for defamation must be commenced within one year of the statement or publication complained of[1].

[1] Defamation Act 1996.

A number of defences exist. The most important one for CHCs and complainants is that of qualified privilege – see below.

3. THE NHS COMPLAINTS PROCEDURE

The NHS complaints procedure was set up in its current form, in April of 1996. It has many faults. These have been identified and commented upon by a number of bodies. CHCs have been involved in an evaluation of its effectiveness.[2]

The complaints procedure was, in part, designed to counterbalance the disparity in power between patients and health professionals. Other stated objectives are ease of access for patients and complainants, fairness for staff and complainants alike, and to enable the health service to learn from mistakes and to improve services[3].

Complaints are initially handled at local level, often by the health professional complained of, and if not resolved, may be considered by a review panel. Complaints have to be made within 6 months of the incident in question. The investigation of the complaint may take many months or even occasionally years, notwithstanding the time limits that are provided for in the complaints procedure Directions.

4. THE SURVEY

4.1. Results

A very high proportion of CHCs responded to the questionnaire, a total of 86% (175 CHCs). Of those, 78% (137) reported that they had not come across any instances where defamation proceedings or warnings of the same had been directed against complainants or the CHC. However, 18% (32) indicated that they or their clients had experienced threats of defamation proceedings. A further 4% reported that they had concerns about the possibility of being sued for defamation, even though they had not actually been threatened with it.

Of the 18% of CHCs that reported threats of action for defamation, 58% had been consulted by clients about warnings from health professionals or other health service staff that they might bring legal action on the grounds of defamation of character in connection with complaints made about them. Additionally, 23% of those CHCs had directly experienced warnings of

[2] Cause for Complaint published by the Public Law Project September 1999
[3] Complaints. Listening...Acting...Improving. NHS Executive March 1996

defamation proceedings against officers or the CHC, as a result of supporting complainants.

Some of the CHCs that reported that health professionals had warned complainants about possible legal action for defamation had experienced these on more than one occasion. This indicates that, in some areas, the practice may be more prevalent than the figures suggest.

4.2. Concerns Identified By Community Health Councils

CHCs identified a number of issues in the survey. These were:

- An atmosphere of intimidation
- Withdrawal of complaints
- Legal costs
- Threats against CHCs
- The attitude of NHS complaints staff
- The impact of other types of legal action
- Anticipation of legal proceedings
- Particular problems with independent contractors

These are dealt with in more detail in the rest of this section of the report.

4.2.1. An Atmosphere of Intimidation

CHCs report that patients are generally cautious about making complaints about health professionals, particularly against GPs, who many perceive as the gateway to NHS services. Fears that they will be removed from their GP's list or treated less favourably as a result of making a complaint, feature in the reasons given for this reluctance. It appears that the use of the threat of legal proceedings is further undermining the ability of patients to bring their complaints to the attention of the authorities. CHCs reported more than one instance of a health professional contacting the complainant at home and threatening legal action unless the complaint was withdrawn. Complainants are understandably intimidated in this sort of situation.

4.2.2. Withdrawal of Complaint

CHCs were asked whether the client pursued the complaint, once the threat of legal proceedings had been made. Worryingly, a number reported that complainants did withdraw complaints. Reasons for this included fear of damaging the doctor/patient relationship and inability to deal with the stress of defending an action for defamation.

One complainant made initial contact with the CHC when she received a response to her complaint about her GP. The practitioner had construed a general comment as defamatory and the tone of his letters threatening legal action were so intimidatory that the client decided not to pursue the complaint. The situation was causing her severe emotional distress. The client felt that she was bullied into discontinuing her complaint and is still fearful of the threat of action.

When a client made a complaint about a specific doctor, he contacted her independently at home and said that he would sue her for defamation of character. The client was very vulnerable and had no access to support elsewhere. She withdrew her complaint.

This trend gives real cause for concern because it suggests that using the threat of an action for defamation can be used by some medical professionals in such a way as to subvert the complaints procedure. Consequently, some justified complaints may go unheard because of the use of such tactics.

Occasionally health professionals demand the withdrawal of part of a complaint, or of some of the words used in a written complaint.

One GP insisted that he would commence legal proceedings unless certain statements in the complaint were removed or amended. The complainant with the support of the CHC resisted this demand. The complaint proceeded and was ultimately successful.

There is some evidence that the medical defence organisations are advising their clients to demand that complaints be withdrawn under threat of legal proceedings for defamation. Some CHCs reported that legal proceedings were only mentioned after a doctor had consulted his defence organisation. On a number of occasions, doctors made direct reference to the advice they had received from legal advisers at the Medical Defence Union and the Medical Protection Society.

4.2.3. Legal Costs

The legal costs incurred in claims of defamation can be massive. Neither party will be able to claim support by way of legal aid/public funding. A number of highly publicised cases means that the public is well informed about the levels of

damages that might be awarded to successful applicants in these types of cases and of the crippling effect of some of the costs orders made against losers.

It appears that doctors, in particular, receive both free legal advice and support with the costs of commencing defamation proceedings, from their medical defence organisations. Further, these same organisations indemnify the doctor from personal liability for any costs order made against them. On the other hand, a complainant accused of defamation is unlikely to have any such support.

Even if a complainant has a strong defence, substantial legal costs are likely to be incurred in putting forward that defence. The health professional might then withdraw the proceedings before the case reaches court, in which case the defendant would not be able to ask the court to make a costs order in their favour.

Some years ago a midwife acted on her threat and issued proceedings against a complainant. However, she dropped the action before the case was heard. The complainant was left to meet substantial legal costs incurred in defending the claim.

It is not surprising that when faced with this prospect, many patients decide not to proceed with their complaints.

4.2.4. Threats Against Community Health Councils

A number of CHCs supporting complainants were subject to express warnings from health professionals alleging that the content or tenor of complaints against them was defamatory and that proceedings would be brought against the CHC.

Several CHCs have reported that GPs, in particular, complain that CHCs 'drive' complaints. This CHC perception is backed up by the findings of a report in the BMJ last year around doctor's attitudes towards complaints and the assistance that CHCs give to complainants.[4] The ACHCEW survey found one case where a GP accused a CHC of operating a vendetta against him and threatened defamation proceedings against the CHC staff involved. Another GP indicated that he intended to sue the CHC for racial discrimination. Neither of the GPs had grounds for their threats and did not act on them. However, the Chief Officers of both CHCs were concerned enough to seek legal advice.

[4] "General practitioners experience of complaints :qualitative study": Ashok Jain, Jane Ogden; BMJ Volume 318:12 June 1999

Several CHCs reported that on forwarding complaints, health professionals have accused them of publicising libellous comments about them and have mentioned the possibility of legal action.

When a CHC relayed details of a number of complaints about one practitioner to the local NHS Trust, the health professional concerned threatened the CHC with legal action for defamation of character.

One CHC Chief Officer was asked by a local newspaper to comment on a complaint that an out of hours GP service had failed to visit her sick child. The CHC stated that, if true, it was cause for great concern. The GP co-operative complained to the Regional Office of the NHS Executive and signalled their intention to sue the CHC for defamation. On the advice of the Regional Office the CHC submitted a letter to the newspaper explaining their position and apologising to any doctors who might have felt slighted by the CHC's comments. The co-operative was still not satisfied, and demanded a full-page advertisement and apology in the same newspaper. The CHC refused to do this. The co-operative took the matter no further.

CHCs have to take care when supporting complainants and in other situations where CHC officers or members might find themselves making potentially defamatory statements. Some circumstances, which warrant care, are:

- When assisting complainants who make allegations about the conduct of another individual. (The fact that it is another person's allegations that are being repeated is no defence in itself).
- Circulating reports, containing allegations of a defamatory nature.
- While speaking to journalists about the actions or omissions of a named or identifiable person.
- Writing letters to the press, or to any other organisation, particularly if they might then be published.
- When contributing to debate in CHC or other meetings.
- Writing minutes of meetings in which possibly defamatory statements were made.

4.2.5. Attitude of Complaints Officers

The majority of the concerns about the possibility of defamation proceedings reported by CHCs occurred during the first stage of the complaints procedure.

Despite the adverse effect that the threat of legal action can have on the proper operation of the NHS complaints procedure, NHS complaints staff do not always take action to prevent this happening.

The complainant was informed by the complaints manager that the complaint could not proceed while legal action was under consideration. This decision was reversed once the CHC became involved.

Occasionally, complaints officers and other senior staff in the NHS take it upon themselves to advise medical professionals that a complaint may contain defamatory statements.

A Chief Executive of a NHS trust wrote to the complainant stating that if the details of the complaint were to be relayed to nursing staff they might consider taking defamation proceedings.

A complaints manager sought legal advice and then informed the complainant that comments made in the letter of complaint were libellous.

However, instances of complaints officers and other managers intervening to resolve disputes of this nature were also reported.

When a doctor employed by a NHS Trust threatened defamation proceedings against a complainant, the CHC contacted the Trust's Chief Executive. The doctor was then advised that such a course of action was inappropriate. The threat was withdrawn.

A GP threatened a patient with an action for damages for defamation if the complaint was not withdrawn. The Practice Manager was brought in to resolve the situation.

Clearly, where legal proceedings or the anticipation of legal action are likely to interfere with the proper operation of the complaints procedure, it is incumbent upon those with the responsibility for administering the procedure to ensure that unsuitable threats of legal action are not made and if they are made, to seek to ensure that they are withdrawn.

4.2.6. Impact of Other Types of Legal Action

More than one CHC reported that health professionals have used or threatened to use injunctive proceedings against complainants.

> *One GP instigated injunctive proceedings against a complainant and the complainant's spouse, when they refused to withdraw their complaint. In court, allegations made by the GP were not found to be substantiated, but the complainant incurred substantial costs in defending the proceedings. The GP was represented by a professional defence organisation and consequently incurred no such costs. The same GP subsequently threatened another complainant with similar proceedings.*

4.2.7. Anticipated Legal Proceedings

A number of CHCs reported enquiries from complainants about their position, should the health professional complained about respond to the complaint with legal action. Further, the records kept of enquiries from CHCs show that many have sought advice about defamation when they have anticipated a threat and are concerned to act to protect both themselves and their clients.

4.2.8. Which Health Professionals Use Threats of Legal Action

Although CHCs reported that a range of health professionals had warned of legal action for defamation, the majority appear to come from those operating as independent practitioners, in particular GPs, dentists and opticians.

> *A complaint about an optician was met with an extremely offensive letter in reply containing a threat to sue the complainant for defamation. The CHC subsequently received a letter from the optician in which a number of defamatory statements were made about the complainant and which contained a warning not to get involved. The complainant felt very alarmed, but with the support of the CHC continued with the complaint.*

> *A dentist, who was the subject of a number of complaints, threatened several of the complainants and the CHC with legal proceedings alleging defamation.*

A GP warned a grieving widower and the local newspaper that he would take legal action for defamation in connection with a complaint about the doctor's failure to diagnose the complainant's wife's serious medical condition, which led to her death. As a result, the newspaper decided not to report the case.

Health professionals with their own practices seem to have a much more bullish approach to complaints, and it may be that threats of legal action against complainants and CHCs are a reflection of this. Some independent practitioners may feel more vulnerable to complaints than do staff employed by NHS trusts, who can turn to other members of staff for support. Further, many independent practitioners appear to see accountability as being of less relevance to them and have less regard for the complaints procedure.

5. ADVERSE IMPLICATIONS

The threat of defamation proceedings, whether against an individual complainant or a CHC, has a number of adverse implications for the effective operation of the health service. These are dealt with below.

5.1. NHS Complaints Procedure

The fear of facing legal proceedings is clearly deterring some complainants from making a complaint or from pursuing it through all the stages of the procedure.

The NHS complaints procedure is in part designed to counterbalance the disparity in power between patients and health professionals. The use of the threat of legal proceedings is undermining that function.

The complaints procedure is supposed to act as a mechanism for identifying problems within the health service and to assist in identifying solutions to those problems. If complaints are not made or are withdrawn because the patient is too afraid to proceed, then those problems will not be identified or resolved. The deterrent effect of threats of legal action is more likely to have an impact in some of the more serious cases where problems are caused by under-performing doctors and other health professionals. It could have the effect that potentially life-threatening problems are not identified as quickly as they might otherwise be.

5.2. Operation of Community Health Councils

Threats of legal action give CHCs valid cause for concern. As unincorporated bodies, their members can be held personally liable for any damages or costs order awarded against the Council. The limits of the NHS Executive indemnity

available to them have not been tested in practice. In spite of this, most CHCs bravely continue to operate as staunch advocates of patients and defenders of their rights. However, it is clear that their effectiveness can be compromised, particularly where their attempts to alert the health service to poorly performing health professionals are met with the possibility that they may be sued. In the wake of the spate of recent health scandals, it is more important than ever that this problem be resolved, enabling CHCs to continue to contribute to the Government's efforts to drive up standards within the health service.

5.3. The Doctor/Patient Relationship

In those instances where complaints have been met by warnings of possible legal proceedings, the relationship between patient and health professional almost invariably breaks down completely. This can have serious consequences for patients who may be heavily reliant upon that health professional. Situations, which have been identified as being of particular concern, are where the health professional is a GP in a rural area and there are no others in the locality. Likewise, if the health professional is a specialist, the breakdown of the doctor/patient relationship could mean that there is no alternative service provider available in the region in which they live.

A patient complained to her GP about problems that she had experienced with the out-of-hours service. The GP sent a terse reply with a veiled threat of defamation. The letter made it clear that he had taken the matter personally. The doctor/patient relationship was damaged.

6. RESOLVING DISPUTES INVOLVING DEFAMATION CLAIMS

6.1. Role of the Community Health Council

One encouraging facet of the survey findings is that many CHCs reported incidents of health professionals withdrawing allegations when faced with an informed and determined CHC. It appears too, that many patients have felt able to proceed with their complaints on being given advice by the CHC about the defences available to them.

A GP verbally threatened both the client and the CHC with defamation proceedings. When the CHC officer quoted clear definitions of defamation to the GP, he withdrew his threat. The client continued with the complaint and it was upheld.

A consultant threatened both the client and the CHC with legal action over a comment made during the investigation of a complaint. The threat was ignored and the complaint was resolved successfully.

On receipt of a letter of complaint, a GP verbally threatened a patient with defamation. The client changed GP and proceeded with the complaint. No further legal action was threatened.

In such situations, CHCs can offer advice, reassurance, and support. CHCs can use the legal advice available to them to ascertain the strengths and weaknesses of their client's position and can encourage complainants to continue where threats of legal action are unfounded.

6.2. Advising on the Law

CHCs may be able to resolve concerns about possible threats of legal action quite quickly, by advising complainants and if necessary the health professional concerned, of the requirement that statements must be false before they can be deemed defamatory. If the allegations made are patently true, then the complainant can proceed with a high degree of confidence. Clients can benefit from the knowledge that if the allegations they make are true, the health professional's legal advisers will advise him or her that any legal action could not succeed and should not be pursued.

Complainants can also be told of the defences available should an action be brought against them. Those available are as follows.

6.2.1. Justification

To succeed in this defence the defendant must show that the whole statement is substantially true.

6.2.2. Fair Comment

The defendant can succeed in defending a claim of defamation if it can be shown that the statement complained of was; an expression of opinion, on a matter of public interest, which was fair and which was not made out of malice.

6.2.3. Consent

It is a complete defence if the defendant actually consented to the publication of the statement complained of.

6.2.4. Privilege

The defendant is entitled to absolute or qualified immunity, from liability for having made the statement, owing to his or her status or by reason of the occasion on which the statement was made.

Absolute privilege prevents any person commencing proceedings for defamation in limited circumstances, but is rarely applicable, relating as it does to proceedings in Parliament and the courts.

However, **qualified privilege** can apply to CHCs when they are carrying out their statutory functions and to CHCs and complainants when they are pursuing a complaint through the complaints procedure. This partial immunity applies to statements made bona fide and without an improper motive when the person making the communication has an interest or a duty (which can be legal, social or moral) to make it to the person to whom it is made and that person has a corresponding interest or duty to receive it.

Once qualified privilege is established it is a very strong defence. However, it can fail if the statement in question was motivated by malice.

In addition to the protecting those using the complaints procedure, the sorts of circumstances in which qualified privilege may apply are as follows:

- Statements made in reports and proceedings of the CHC.
- Statements made in defence of the CHC or its members coming under attack, including legitimate counter-attack.
- In response to a request for information, e.g. in response to a consultation exercise.
- Expressions of opinion in medical reports or notes, where these are based upon factual information, rather than on bias or malice.

In order to ensure that the defence of qualified privilege is available, CHC officers and members should take care to ensure that, when making personal statements, they are in fact carrying out their legitimate CHC functions, including supporting complainants, and that no accusation of malice can be levelled at them. Further, they should take care to ensure and that they do not disseminate information more widely than is necessary.

In the worst case scenario, if a CHC member, officer, or client, does unintentionally defame someone, S4 of the Defamation Act 1952 may assist. If an offer of amends is made by way of offer to publish a correction or apology to appropriate circulation, then acceptance of that offer removes the right of action. If the offer was made as soon as practicable, even if refused, it may provide a defence. This may be applicable where the CHC publishes or circulates information supplied to it, which contains a defamation, about which they are unaware.

6.3. Protection for Community Health Council Staff and Members

CHC Officers, as paid staff, are protected from personal liability, under the terms of their contracts of employment. It is they who deal with complaints. In the normal course of events, CHC members should not become involved in helping with complaints. In the event that the CHC as a whole, rather than individual members of staff are accused of making or publishing a defamatory allegation, members can take some comfort from the existence of the defence of qualified privilege and from the Treasury approved NHS Executive indemnity.

Of greater reassurance, is the fact that only a tiny proportion of the cases where defamation is threatened, actually end up in court. Reasons why potential plaintiffs do not sue for damages include: the expense, the distress and disruption involved, and the fact that embarking upon legal proceedings can have the result that the original statement becomes more widely circulated.

7. FURTHER ACTION REQUIRED.

This report has made clear the detrimental effect that the threat of defamation proceedings has on individual complainants, CHCs, and the raising of standards in the health service. It is therefore imperative that swift and robust action is taken to stop this trend in its tracks. This section outlines some of the steps that the key players could take to resolve the problems raised in the ACHCEW survey.

7.1. NHS Executive

Complaints officers and convenors need to be made aware of the problems which can be caused when health professionals contemplate taking legal proceedings against complainants. Those with the responsibility for the operation of the NHS complaints procedure at a national level will be supplied with a copy of this report and asked to comment on it, and to provide guidance to those with the responsibility for the operation of the complaints procedure in NHS trusts and health authorities.

7.2. Professional Regulatory Bodies

Professional regulatory bodies need to consider what action they can take to ensure that health professionals cannot continue to operate against the public interest in this way when complaints are made about their conduct. They may have a role in determining and advising that this sort of behaviour is unprofessional. The findings of this report will be shared with the appropriate regulatory bodies.

7.3. Medical Defence Organisations

The medical defence organisations will be contacted to establish what sort of advice and support they give to health professionals who consider that complaints against them are unfounded or inaccurate. If appropriate, representations will be made to seek to persuade them to respond with more temperate advice in the future.

7.4. Health Service Ombudsman

The Ombudsman may have similar experiences to those reported by CHCs. A copy of this report will be sent to his office.

8. CONCLUSION

Although threats of legal action can prove damaging and disruptive to the proper operation of the complaints procedure, there are very few instances of health professionals actually commencing legal proceedings. CHCs can assist complainants by advising them of this and of the defences available to them. It appears that threats are likely to be withdrawn when this is done.

However, the atmosphere of intimidation created by threats or anticipated threats of legal action is severe enough to warrant action on the part of those responsible for the operation of the NHS complaints procedure and the bodies responsible for the regulation of medical professionals. ACHCEW will seek to ensure that such action is taken.

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