SPECIAL ARTICLE

United Kingdom General Medical Council Fails Child Protection

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ABSTRACT

To protect children, pediatricians must be willing to raise the possibility of abuse and not be intimidated by the consequences. We consider that the United Kingdom General Medical Council does not understand child protection matters and has no system for dealing adequately with complaints submitted by parents who claim false allegations of abuse. The actions of the General Medical Council in the recent cases of Drs Roy Meadow and David Southall conflict with current child protection laws and guidance for professionals. By deterring doctors from raising concerns about a child's safety and giving opinions on child deaths, the General Medical Council may be increasing the risk of serious child abuse. Although the rate of registrations by child protection authorities decreased by 28% between 1995 and 2005 (ie, there are fewer multiagency child protection plans), the number of criminal convictions for cruelty to or neglect of a child increased by 247% between 1998 and 2005. It is unacceptable that to date the General Medical Council has refused training in child protection offered by the Royal College of Paediatrics and Child Health.

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Key Words
abuse, General Medical Council, testimony, child abuse, sudden unexpected death, SIDS, licensure

Abbreviation
GMC—General Medical Council

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WE AGREE WITH the conclusions of the article by Chadwick et al[1] and offer the following as additional evidence in support of their conclusion that the actions of our medical regulatory body, the General Medical Council (GMC), conflict with current child protection laws and guidance for professionals and already might have contributed to the reduction in the willingness with which doctors raise child protection concerns. In 2004, the Royal College of Pediatrics and Child Health in the United Kingdom performed a survey of members; 14% of 3853 pediatricians had been subject to a formal complaint about child protection.[2] This had increased from <20 cases in 1995 to >100 cases in 2003. Of those doctors, 29% were less willing to participate in child protection work. Doctors have also witnessed the GMC censure of Drs Roy Meadow and David Southall, who have been central to the identification of life-threatening child abuse. These factors have probably increased the proportion of doctors unwilling to take part in child protection work. One third of child protection posts for designated doctors in child protection are unfilled,[3] and 62% of trainees in North West England do not wish to deal with child protection cases.[4]

The actions of the GMC have been accompanied by an effective campaign led by a group of parents accused of abuse and supported by some influential journalists. One aim, among others, is to deny the existence of certain types of life-threatening child abuse. This has resulted in politicians stating in the Houses of Parliament how fabricated and induced illness is a "pernicious and ill-founded theory," "a theory without science," "based on the assertions of its inventor Professor Meadow," and "has now been discredited."[5]

Our own analysis of the GMC transcripts in Dr Southall's case indicated that the GMC failed to understand the obligations placed on all clinicians by the Children Act of 1989, failed to understand the multidisciplinary context in which judgments are reached in child protection work, and failed to recognize the conflict of interest that could have affected the views of its only expert witness. The GMC also paid inadequate attention to the experience of and evidence base underpinning Dr Southall's opinion and failed to give attention to its own expert's view that there was no evidence for a medical cause for the nose-bleeding incident and the expert's support for Dr Southall's opinion that such bleeding, if attributable to suffocation, would occur immediately (the mother, who had been convicted previously for causing the infants' deaths, was not present at the time the nose bleeding began). The GMC's expert had in fact considered that the father could not be implicated, although the GMC heard how third-party checks on his whereabouts at the time of the first infant's death had not been made. Therefore, the GMC judged Dr Southall's allegation to be false without appropriate expertise or investigation to make such a judgment. The GMC contravened natural justice in other ways, as outlined by Chadwick et al,[1] and thus denied Dr Southall a fair hearing and an impartial judgment.

Article 10 of the European Convention of Human Rights and Fundamental Freedoms states specifically that citizens are entitled to voice their concerns and are limited only by the law of defamation. Furthermore, the House of Lords ruled in 2005 that "when considering that something does not feel 'quite right,' a doctor must be able to act single-mindedly in the interests of the child."[6] The views of the GMC were contrary to current child protection guidance, which treats the child's safety as paramount, that is, "the doctor is charged with the protection of the child, not with the protection of the parent."[6] We do not consider that the reporting of genuine concerns about the safety of a child to responsible authorities, within the confidentiality of established processes, brings the medical profession into disrepute, but the GMC did because it failed to understand the medical responsibilities in child protection.

Regardless of whether the medical opinion is supported or rejected by the court, doctors must feel safe in sharing genuinely held concerns about the welfare of children without fear of sanctions. However, the GMC's view that Dr Southall brought the profession into disrepute by acting precipitately in contacting child protection services and by giving an opinion "based on a theory . . . as underpinned by your own research . . . without any evidence to support those theories at all"[7] is likely to deter many pediatricians from prompt action. Some of us have tried to publish our analysis of this case and Dr Southall's reasoned opinion in United Kingdom journals but have been unsuccessful, largely because lawyers considered that this has the risk of precipitating an unaffordable libel trial.

In the case of Dr Meadow, the GMC removed his name from the medical register for failing in the criminal court to qualify his quotation from a government publication on the risks of 2 sudden infant deaths. However, a Court of Appeal judge had ruled previously that Dr Meadow's "opinion was based on his expert assessment of the medical and circumstantial evidence, not on the statistical material."[8] Dr Meadow had never held himself out as having expertise in statistics, and the court and lawyers had copies of his resume and did not object to his answers in court.

The High Court judge who reinstated Dr Meadow on the medical register confirmed the position on witness immunity, that is, "the possibility of disciplinary proceedings based on a complaint by someone affected by the evidence given has a serious deterrent effect."[9] The judge described the GMC's opinion as follows: "to say his [Dr Meadow's] conduct was 'fundamentally incompatible with what is expected by the public from a medical practitioner' approaches the irrational."[9] Drs Southall and Meadow had both given their opinions in good faith

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that the infant deaths were unnatural, a view contested by the parents, as so often occurs in child protection work.

To protect children, pediatricians must be willing to raise the possibility of abuse and must not be intimidated by the consequences. We consider that the GMC does not understand child protection matters and has no system for dealing adequately with complaints submitted by parents who claim false allegations of abuse. The GMC's actions are not in accordance with current child protection guidance and, by deterring doctors from raising concerns about children's safety and giving opinions in child deaths, they may be increasing the risk of serious child abuse. Although the rate of registrations by child protection authorities decreased by 28% between 1995 and 2005[10] (ie, there are fewer multiagency child protection plans), the number of criminal convictions for cruelty to or neglect of a child increased by 247% between 1998 and 2005.[11] It is unacceptable that to date the GMC has refused training in child protection offered by the Royal College of Paediatrics and Child Health. Furthermore, their failure to understand the pediatricians' responsibilities in child protection matters is compounded by their unjust process. Having spent 3 weeks in November 2006 hearing further complaints against Dr Southall relating to child protection cases from up to 20 years ago, they have now postponed the completion of the hearing until November 2007. Justice delayed is justice denied—to both complainants and doctors.

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