

Darwin Day Lunch 2024

With distinguished guest speaker Catherine Nixey

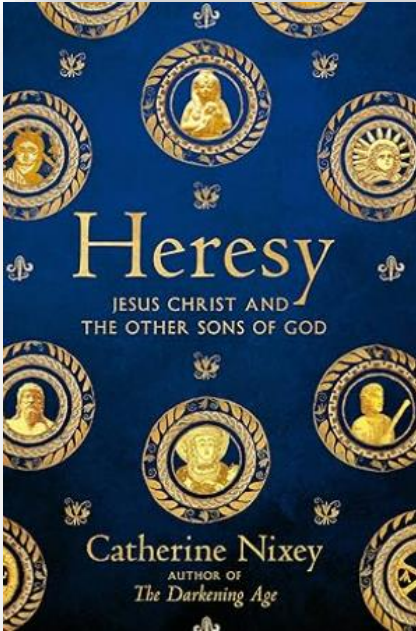
Saturday 10th February 1.15pm for lunch, 2.00pm for talk only, at Moordown Community Centre, Bournemouth BH9 1TW. *ALMOST FULL – BOOK YOUR SPOT FOR LUNCH NOW!*

Join us for our legendary Darwin Day celebration. Our in-house volunteer chefs Cathy Silman and Dean Robertson will create culinary delights for you including chicken casserole, vegetarian lasagne, and vegan curry followed by Eton mess, brownies, gluten free chocolate cake, fruit salad and other dessert surprises created by the talented pudding maestro Corinne Hills. David Warden will serve a selection of the finest French wines from the bar area. All of this for an inflation-busting price of £5 for Dorset Humanists subscribing members and £10 for non-members/guests. Don't forget you can join Dorset Humanists for just £15pa to claim your discount. Please let David Warden know if you can volunteer to help with this event (such as laying tables and clearing up afterwards).

You must pre-pay for this event so that we know who to cater for. You can book and pre-pay in person at our events or contact David on 07910 886629. Please also bring some cash on the day if you would like to donate to our charity appeal, details of which will be announced on the day.

▼ Memorable moments from Darwin Day 2023. Fifty people attended the event. Photo by Aaron.





Introducing Catherine Nixey

Our Darwin Day speaker

Catherine Nixey is a journalist and author. Her first book, *The Darkening Age*, was published in 2017 and was an international bestseller. It won a Royal Society of Literature Jerwood Award and the Morris D. Forkosch Book Award from the Council for Secular Humanism. *The Darkening Age* explores how the rise of Christianity transformed the classical pagan world of ancient Greece and Rome: far from being meek and mild, many Christians were violent, ruthless and fundamentally intolerant: temples were defaced and destroyed, pagan worship outlawed and pagan books targeted. Her talk on this topic to Dorset Humanists in July 2018 was gripping.

In her new book *Heresy* she tells the story of how in the early years of the first millennium there were other saviours and other sons of gods who healed the sick and cured the lame. But as Christianity spread, they were pronounced unacceptable and they faded from view.

Now, in *Heresy*, Catherine tells their extraordinary story, one of contingency, chance and plurality. It is a story about what might have been. Catherine will talk about her new book at our Darwin Day event.

Bring £10 cash if you would like to secure a copy of Catherine’s book before it’s available in bookshops. Plus, if you wish, some cash for our appeal to be announced on the day.

Dates for your diary

Saturday 10 th February	Moordown	Darwin Day Lunch with guest speaker Catherine Nixey
Wednesday 28 th February	Orchid or TBC	Election 2024: Humanist Perspectives from the Left
Saturday 9 th March	Moordown	Members’ informal lunch and AGM. Everyone welcome to find out more about what makes Dorset Humanists tick.
Wednesday 27 th March	Orchid or TBC	Election 2024: Humanist Perspectives from the Right
<i>Plus other social events and walks which will be announced on Meetup. Please check all events nearer the time in case of any changes.</i>		



What's wrong with the NHS

And how to fix it

Forty-five people attended Barry Newman's talk on the National Health Service at Moordown Community Centre in January. Barry gave his personal views from a 40-year career in the health service working at the coalface.

Barry structured his talk to include good news and bad news about the NHS, demand and supply problems, clinical negligence law and its impact on quality of care, management in the NHS, and the funding of the NHS compared with other healthcare systems. He concluded the talk with four suggested cures for the ills of the NHS. This is an edited selection from his talk.

The good news

The NHS is clearly a marvel, it's a fantastic institution and to my mind it's probably one of the best reasons to live in the UK – until recently. It's unsurpassed in terms of providing the most comprehensive high quality health care in an extremely egalitarian way, by which I mean people are treated on the basis of need not of wealth, not of seniority or social position.

Many analysts, non-political think tanks, research bodies and so on until recently have regarded the NHS as the best healthcare system in the world.

The NHS seems to be relatively efficient with low administrative costs and the highest use of cheaper generic drugs. People are always saying "sack the managers, they cost too much, there're too many managers" but we have one of the lowest proportions of managerial staff in the health service than any other health system in the world and there is an argument that we don't have enough managers.

The bad news

There is a perception that the NHS is not performing well but most health care systems are under strain. We are not alone but we do seem to be an outlier. To quote the World Health Organization, the NHS performs worse than the average in the treatment of eight out of twelve commonest causes of death including deaths from 30 days of having a heart attack or within 5 years of being diagnosed with the commonest cancers despite narrowing the gap in recent years.

The NHS is the third poorest performer compared to the eighteen developed countries on the overall rate at which people die when successful medical care could have saved their lives. That's very sobering. It has a consistently higher rate of death for babies at birth or just after. In 2016, we scored at 7 per thousand as against 5.5 across comparative countries. These are not large margins but they are indicative and this problem has not gone away despite this data being from several years ago.

The UK has markedly fewer doctors and nurses than similar countries and we have fewer CT scanners and MRI machines than many other comparative countries. These are essential tools in diagnosis and monitoring of treatment for things like cancer and other diseases.

We know that waiting times are lengthening for investigations and elective treatments, we know that delays for diagnosis and treatment are common, we know that there's reduced access to GPs and long ambulance waits and long A&E waits.

Why should all this be so? It's a combination of reasons including planning strategy, management, demographics, training, staffing, disease changes, advancements in medical care, organizational deficiencies and finally, of course, funding.

Five demand-side problems

1. We have an ageing population and there's a very clear relationship between demands on health care and age.
2. Other factors that are impacting on healthcare include obesity – the mystery epidemic. We're the second most obese nation after USA.
3. Another pressure on the health service is modern treatments which have become very much more complex over the last twenty years and they are now very effective but they're very costly and labour intensive.



4. The next demand is that our expectations have risen – for disability-free, high-quality long life. We assume this as a right and we do not tolerate or accept ill-health, disability or pain as previous generations did.
5. Then of course along came Covid and epidemics are fabulously expensive to manage.

Supply-side problems

Bed numbers in the NHS have dropped dramatically by 50% since 1988. We have a very low number of beds per 1,000 population. The countries that have lower bed numbers are Sweden, Chile, Colombia, Costa Rica and Mexico. Sweden has a very advanced system which is focused on delivering a lot of health care at home. The reductions in bed numbers in the UK span both Labour and Conservative governments. 13,000 beds on average every day are occupied by patients who could have left owing to insufficient care home staff and facilities.

The NHS is one of the biggest employers in the world with 1.5 million employees – an utterly unwieldy vast behemoth of an organisation.

The NHS is a monopoly employer. Market forces would empower employees to obtain better terms and conditions – this gives you a clue as to why we have strikes.

Politicians will say we've had a 68% rise in medical staff over the last 18 years but once again let us compare ourselves to the global situation. The UK has fewer doctors and nurses per head than most of its peers. 12% of nursing posts and 7% of medical posts in this country are unfilled and virtually every other field is short staffed.

There's an increasing drop-out rate from training programmes which is extremely worrying. People are getting into medical schools, getting through a few years, and then dropping out or actually getting their undergraduate degrees and then going off into finance and commerce and other activities. This is something that was unheard of 20 years ago.

Nurses

There's an exodus of nurses underway, record sickness absence rates, early retirements and a lot of shift to part-time working. These are all reasons why we're running out of nurses. Nursing used to be seen as an attractive job but currently it provides a rather poor quality of life in the NHS. The Nursing Council of England are very aggressive towards nurses in terms of sanctions and discipline which strikes fear in the heart of most nurses so they don't have a supportive employer and they certainly don't have a supportive college.

Between 2010 and 2015 the average NHS nursing salary increased by just 2%. The starting salary for a nurse coming out of university now with a loan to payoff is £28,400 and the current average nursing income is around £35k to £38k – that would take 5 to 8 years to reach. More than 50% of

adult care nurses now are between the ages of 41 and 60 so we have an aging nursing population.

The NHS is perceived as an uncaring and incompetent employer. There's little focus on well-being retention, very little support for continuing professional development in time or money and this, of course, limits professional progression.

The most recent response to the issue of stress among nurses and disaffected people leaving in droves has been to appoint staff “wellness” nurses who go around trying to make the staff feel better. This is an extremely typical NHS response instead of confronting the actual problem.

Doctors

After an intensive five years of study the starting salary for a young doctor is £32,000 rising to £63,000 *n* years later. By this stage most people are in their early 30s with families. Specializing involves several tough and very expensive exams. There's very little time off for personal study or to attend courses. They sometimes have a 40% pass rate so it's not uncommon for people have to repeat these exams. Most people make consultant in their early 30s.

Now we live in troubled times and there are strikes going on at the moment. Most people would be concerned that we've got doctors taking the drastic step of going on strike but this is an accumulation of problems. The main issue quoted is money. Consultant income has gone down about 20% in real terms over the last 12 years mainly due to pay freezes below inflation. But I have to tell you that there's been a degradation of professional life. The current approach to employing medical staff and the health services to have them at the coalface for every minute of their contracted time does not make for happy staff. Time to catch up on paperwork and to study to maintain your professionalism has been eroded tremendously. Pensionable age for doctors is now 67 so it's a very long haul. ▷

The NHS pension used to be copper bottomed final salary schemes and this was one of the factors that fuelled retention. That's gone so that's another reason for mounting disaffection. So the goodwill that was commonplace twenty years ago has almost completely disappeared. Doctors are now more transactional by which I mean they demand appropriate pay for the hours worked. The professionalism of simply giving what's required of your time and effort has been eroded. If one is efficient at one's job and turns over work very rapidly there is no recognition and there's no reward the only reaction you get from the Health Service now is a greater workload next time round. So when I talk about a fairly brutal employer this is what I mean.

Other countries have extensive cross party cooperation when it comes to planning health care. The situation in the UK relatively unusual where the health service is largely a political football.

Clinical negligence

In this country we have a system of adversarial common law. Alleged clinical negligence – that's some medical professional acting below an acceptable standard – must be proven in court and financial compensation awarded to the successful litigant paid for by the defendant which is of course the NHS. It may surprise you to hear that individual clinicians in the NHS have no personal liability. We work or I worked under a system called Crown immunity where my errors were paid for by you the taxpayer. In court, the expert witness is supposed to give dispassionate objective evidence but in actual fact each expert witness is employed to root for their side – hence the adversarial nature. Compensation given by the courts in this country is among the highest in the world. That's where 2% of the NHS budget is largely going. The vast majority of claims are settled out of court, often very generously, because the risk of massive legal bills for either side of going to court and losing are very high.

Clinicians are cut out of the entire process. In my experience most clinicians are very likely to prefer openness and an apology but have little say about how complaints are handled and many litigants say that early openness, apology and commitment to learn and change would have satisfied them. But the managerial response is that openness and an apology are admissions and will fuel litigation so the scene is set for a system of secrecy and cover up. The vast majority of cases are settled out of court in secrecy with no admission of negligence. There's no opportunity to learn or drive up standards or identify failing hospital systems or clinicians. So we have a predatory legal system that encourages claims.

Management

This is not an attack on individuals, but people who are put in put into a system that is dysfunctional tend to become dysfunctional. there are no enforceable professional ethical standards for NHS managers I'm going to say something slightly controversial here, I hope you don't mind, but managers have relatively low educational standards in comparison to those being managed. I'm not only talking about doctors here I'm talking about everybody in a hospital. It's takes a lot of training to be a radiographer or a pharmacist or a nurse. There's this gulf of academic achievement between the managers and those being managed. And the work of managers is largely driven by politically defined and ever changing targets and endless reorganisation. It's rare in the NHS for somebody from outside the health service to be appointed so I'm afraid that recycling of mediocrity at best or incompetence at worst is pretty well the rule. The managerial culture in the NHS includes the systematic exclusion of active clinical staff from managerial positions. In many other healthcare systems in the world senior positions are held by clinical staff who have also been trained in management techniques. But perhaps we don't have enough managers and they're not trained well enough.

Funding

At 10.2% of GDP, the UK's health funding is not the worst and it's not the best but it's well above the mean for the OECD 38 countries which is 8.8% of GDP. France is 11.1% and Germany is 11.7%. We're ahead of Denmark, Finland, Spain and many others. The UK spend of £190 billion is 30% of all public spending. It's a huge amount. But in a nutshell we've fallen behind some comparable countries and we're not going to catch up anytime soon.

We have the highest contribution from tax and the most comprehensive system in terms of services. Other developed countries, except Canada, don't approach healthcare in quite this way. They used a mixed funding system of tax and health insurance schemes and they do not provide as comprehensive care.

The private insurance that does exist in this country doesn't go into one health care system but into a parallel private system which takes staff from the National Health Service, doesn't train anybody, and is highly selective about the health service it provides focusing almost entirely on lucrative elective medicine. This isolated niche market in a way parasitizes the NHS if I can put it that way.

The advantage of an almost exclusively tax-based funding system is that it's the most equitable. It pools financial and health risk and there's no discrimination against the ill or the poor. The UK also has one of the highest rates of generic drug use – 84% compared with 50% elsewhere – that's tremendous and the purchasing power of the NHS holds drug prices down for the rest of the world. But one of the disadvantages of a tax-based system is that politicians control tax spend and this is the core of the problem. Funding can be very unpredictable because politicians use tax spending as a political tool. Longer-term planning is impossible and health strategy is driven by short-term political expediency with inadequate professional input into planning.

Most other countries therefore have a system of funding of healthcare which involves

governments putting tax money into healthcare alongside either compulsory or highly advisable private insurance. People contributing "out of pocket" is anathema here but it's the norm elsewhere. In both France and Germany the insurers are not for profit and competitive so you can shop around.

Canada also has an entirely tax-based health care system. It's the second richest country in the world and its healthcare is appalling.

So the take-home message is that purely tax-based systems tend to under-deliver. Purely private systems like America result in hugely unequal access to health care. Another interpretation is *we pay the least and expect the most*.

Four cures for the ills of the NHS

1. Strategic control: De-politicise the NHS. Place the control of healthcare in the hands of professionals working for a non-political non-governmental agency staffed by professionals. Healthcare economists, epidemiologists, clinicians and technocrats with appropriate qualifications and experience (non-political appointments).
2. Management: Raise professional standards by creating a regulatory body for healthcare managers - with teeth! (Like the GMC or Nursing Council.)
3. Funding and scope: Increase personal contributions by mandating and incentivising personal health insurance to supplement tax funding and define/limit the scope of what the NHS offers. Some services to be self-funded (means-tested.)
4. Clinical negligence with or without harm to patients: Adopt a no-fault compensation scheme focussed on quality improvement and appropriate support for those injured.



Letters & Emails

It's your column...

From Aaron Darkwood

Shocked and utterly appalled that the voices of a few have closed down a Dorset Humanists historical talk about Israel. The hotel received complaints and that it should be stopped. A few individuals have stopped us in our tracks and closed down democracy. That the voices of a very small, blinkered, militant minority are able to dictate how our future unfolds, so that their view is upheld at the expense of anyone else's, and that the public can't hear a historic telling of how and why Israel was formed – a story that is current, relevant to the news and absolutely needs telling right now.

Dorset Humanists is a free thinking and very open humanist group. The actions of a few have denied us an opportunity to learn, discuss, educate and debate.

From Steve Poole

Really, really disappointed that the event planned for 31 January has been cancelled at short notice. This plays directly into the hands of the incredibly biased pro-HAMAS supporters that, in many ways, continue to espouse massively incorrect anti-Semitic facts. It does not reflect well on the Humanist committee.

From Stephen on Meetup

I too am disappointed that you had to cancel David. It was brave of you to post the event in the first place. Unfortunately full and frank – and balanced – debate is being stifled by mobs and most of the media and the establishment.

From John Davison, via Meetup

I think you and the committee made the right decision David. The third leg of our Western Civilisation, free speech, will live on via other means.

From Jonathan Crozier, via Meetup

I am not well informed about the background to the Gaza conflict, which is why I was coming to the talk to be enlightened. I can understand why the decision was made, do not criticize those who had the responsibility of making it, but that does not stop me from being saddened by it. David Warden is no Ian Paisley, but a quiet and studious man, and it is inconceivable to me that he would knowingly present us with anything that even so much as hints at unbalanced propaganda.

Extracts of a letter sent to the hotel and published on Facebook from Sarah Ward, BCP Palestine Solidarity Campaign.

The reason I wanted to write to you directly was to alert you to the fact that you have a far right, divisive speaker attending your hotel to give a talk on Wednesday 31st January. I can only assume you don't realise his divisive views or I'm sure you would have refused the booking. I will explain more about the speaker and the talk he is giving in the hope that you will do the right thing, and cancel the booking, regardless of any financial loss – as I'm sure you'll agree, permitting a talk from such an individual is not something the hotel would want to be known for doing at any time, but particularly at a time of such brutality and bloodshed... to have a speaker permitted to use your premises at this time is a hugely offensive and deeply irresponsible act, particularly when there are members of the Bournemouth, Christchurch and Poole community who have lost dozens of members of their families in this genocide. For them, this is not an exercise in academic revisionist history to indulge in on a Wednesday evening, but a painful and traumatic time from which they will never recover.

***From David Warden to Sarah Ward BCP
Palestine Solidarity Campaign on Facebook***

Sarah you have put all that very eloquently and succeeded in getting the event cancelled. But you could have put these points to me in person and everyone else would have benefited from the dialogue. As it is, you have now alienated many people who conclude that your movement is opposed to our democratic freedoms and that the best way to defeat views you disagree with is to prevent them from being stated and discussed. That is what happens in totalitarian societies. We need to climb out of our echo chambers and subject our views to democratic test. That is the best way to build bridges and understanding across communities.

***From Sarah Ward BCP Palestine Solidarity
Campaign to David Warden***

David Warden when there isn't a literal genocide being carried out against a population, some of whom have relatives in this community, I will happily indulge in some discussion with you about how apparently misrepresented and misunderstood Israel is – until then, I will put the feelings and position of the Palestinian people both in Palestine and here across BCP first and foremost above mine or anyone else's right to free speech. My "echo chamber" is filled with people who have empathy for their fellow humans, and whilst respecting the right to free speech, understand that it comes with consequences – one of which, on this occasion, was to complain to the hotel and have your talk cancelled. Let's hope this appalling genocide is stopped soon – I'm sure we can both agree on that sentiment.

***From David Warden to Sarah Ward on
Facebook***

Thank you for your reply. I am appalled by the war and the suffering it is inflicting on people. Dorset Humanists is committed to open dialogue, respect, human rights etc. and

I think a better approach will be to have an opportunity for different views to be presented in a spirit of learning and dialogue. Let's review the situation in the next few months and see if we can arrange an event with a broader range of views. I would also be happy to meet you and your group at any time to build bridges and identify common ground. We all want peace in the region.

From Hope Schachter via email/Facebook

This evening, I was planning to attend a presentation organised by the Dorset Humanist Society entitled 'Israel - Myth Busting'. But due to outside pressure the organisers were left no choice but to cancel the event at the last minute. A very diplomatic explanation and apology was given by Dorset Humanists. Reading between the lines, the hotel was forced to shut down the event in the interests of their staff and guests' security.

Sadly this comes as no surprise to the Jewish community. Not only are we silenced, but so are the groups that might try to support us. I feel compelled to remind people, that what starts with the Jews unfortunately doesn't end with the Jews. This shameful outcome was driven by the Palestinian Solidarity Campaign group, who as I write are celebrating their victory online with cheers of 'I hate Zionism'.

Meanwhile the pro-Palestinian demonstrations held fortnightly in Bournemouth Square remain unchallenged, and the Jewish community are quietly advised by the police to keep a safe distance. This again is nothing new to us. Every generation of us has experienced such insidious hatred at play. And we know where it leads. I just hope the rest of the world will wake up and realise what's happening before it's too late.

■ *Hope's father, Henry Schachter, is a survivor of the Holocaust and he told his story at a Dorset Humanists event in October 2014.*



View from the Chair

David Warden

Chairman of Dorset Humanists

My planned talk on Israel on 31st January proved to be too controversial in our troubled times. Of course I am appalled by the suffering caused by the war at the present time and I can see how my publicity for the talk provoked a negative reaction. I take responsibility for that. The Palestine Solidarity Movement in Bournemouth had planned a “peaceful family-friendly protest”. We did not know in advance how disruptive that would have been and we had to safeguard the hotel as well our own members and visitors. Dorset Humanists committee decided to cancel the event and we apologise for any disappointment and inconvenience this caused.

This incident raises the question of how we can maintain British and humanist traditions of free speech if small groups of protesters can so easily shut us down by putting pressure on venues. A core tenet of social justice activism is that free speech is part of the oppression nexus they are fighting against. Whatever the merits of their social justice causes, this animus against free speech means that they are seeking to exert totalitarian control over society. This is the very antithesis of liberty, freedom and democracy. However, I am encouraged to see that the Palestine Solidarity Movement has agreed to a possible dialogue in future and we will try to arrange an event where different views can be presented to our members.

I’m proud to be the humanist representative on the Bournemouth & Poole Holocaust Memorial Day committee. Holocaust memorial events are based on the Stockholm Declaration (2000) which calls upon the international community to “strengthen the moral commitment of our peoples, and the political commitment of our governments, to ensure that future generations can understand the causes of the Holocaust and reflect upon its consequences.” My talk on Israel was in part a response to that call. We should, of course, hold Israel to account for its actions but we know from the founding documents of Hamas that Islamists believe they have a religious duty to destroy Israel. The level of support for this objective in the West puts seven million Jews at risk of another Holocaust. We must seek to understand the religious nature of this conflict. My talk is available in transcript so ask me if you would like to read it.

Barry Newman’s account of the culture of the NHS has some chilling echoes of the Post Office Fujitsu scandal which was recently dramatised on ITV. We should be able to trust public institutions and businesses, but the libertarian ideology which has ruled the UK since 1980 is undermining the very foundations of society. Our next two evening events will be looking at what humanists should be looking for in the manifestos of the political parties as we approach the general election. We’ll be looking at politics from left, right, and centre. We may disagree on some of the specifics, but I’m sure we will agree on the fact that Britain is not currently working “for the common good”.