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# My wife died neglected on a hospital ward. I'll never forgive myself

DOROTHY BURTON was just 48 when doctors discovered she had widespread and terminal cancer. They continued to treat her with chemotherapy and radiotherapy to relieve her symptoms but their efforts simply made her feel worse.

By: **Lucy Johnston**  
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Paul Burton with his wife, Alex who died in hospital of cancer/PAUL COOPER

Eventually they gave up and by the time Dorothy, from Leyland in Lancashire, had reached the final seven weeks of her life, her husband, Alex, 63, was caring for her round the clock in a side ward at hospital.

As she was no longer receiving treatment, consultants simply "walked past her room" and busy hospital staff had almost no time to nurse her.

Mr Burton believes his wife, who died in agony, should have received specialist care in a hospice at the end of her life. "Hospitals are geared up to fighting disease, not looking after the dying," he said.

His case is by no means unique. Last week doctors writing in the British Medical Journal, Supportive and Palliative Care, claimed better end-of-life care is urgently needed to avert a growing crisis for those with terminal illness.

Better health care and a fitter older population mean fewer people experience "sudden" deaths. With

**Hospitals are geared up to fighting disease, not looking after the dying,**  
Alex Burton

Mr Burton, who runs support group Carers in Cancer, said: "We had been happily married for almost 30 years but the fact Dorothy was in hospital, not a hospice, at the end of her days is something I will regret for the rest of my life."

The former Ministry of Defence robotics engineer added: "Nurses brought my wife painkilling pills

every day but they did not consider the fact that she could not swallow them. I was desperate to get her out of hospital. It is not a place to die."

Research shows 90 per cent of the 450,000 people who die in Britain every year would like to end their days in a hospice or at home. It is estimated less than 30 per cent actually do so.

Many people spend their final days and even weeks or months in hospitals, on Accident and Emergency trolleys, on open wards or in care homes that are not properly equipped.

Alan Meredith, a 79-year-old farmer from Cardigan, West Wales, who died in hospital in May, was admitted last September after netting over a hernia in his groin came free and ended up in his gut.

After three operations he was transferred to a high dependency unit to spend his final days. His 78-year-old wife Sally said doctors never came to talk to him. She added: "He said he felt like a slab of dead meat."

"When I finally left the hospital the day he died, no one said a word to me. I had no support." She is now campaigning to improve end-of-life care with the charity Dignity in Dying.

Stephen Grover, 46, was given four months to live after being diagnosed with a hereditary form of lung cancer four years ago. He says the care provided by his local hospice, which he describes as an oasis, has helped him outlive his prognosis.

He had extensive experience of NHS and hospice care. His father Michael, 69, a former driving instructor, who looks after him, said: "When Stephen was diagnosed we were in shock but we had no support, no counselling. We were just left to go home and deal with it." After six months of chemotherapy and radiotherapy to extend his life from four months to six Stephen, a former clothes designer, was left to spend his dying weeks at home.

He has been back to hospital six times in the past four years in emergency situations. Each time he has been admitted to A&E, which he describes as "like a battle zone" where staff have "little time to meet my needs".

In 2009 a nurse suggested he spend time at Martlets Hospice in Hove, near his home in Brighton. He has been for specialist care three times. "It's a complete contrast," his father said. "The consultants spend two hours with you instead of 10 minutes. There are plenty of nurses, it is clean and beautiful." Experts predict the situation will only get worse as councils, forced to make cuts of 28 per cent by 2015, struggle to cope with demand to help the sick and dying at home.

Council leaders estimate the cost of care for the country's rapidly ageing population is set to almost double in a generation unless the Government urgently introduces reform.

Without this, they warn, they will no longer be able to afford key services such as leisure centres, parks, libraries, roads and museums.

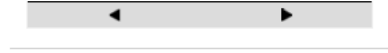
Steve Nimmo, of Chester Pearce Associates, which offers access to a wide range of end-of-life services, said: "The country is facing a crisis. The recession and cuts mean the health service is increasingly focused on the here and now rather than the needs of patients in the run up to their deaths."

Jonathan Ellis, director of policy for Help the Hospices, said: "People at the end of their life should have access to free social care. This would help more people to be cared for in their place of choice, helping to reduce unnecessary and traumatic hospital admissions."

The hospice movement says it desperately needs money to keep going. Only a third of funding comes from the Government, leaving £580million to be raised each year.

Laura Thomas, policy manager of Macmillan Cancer Support, said: "We are calling for free social care for patients at home so that people are less likely to be transferred to hospital in a crisis."

Elizabeth Purcell, chief executive of the Lewis Manning Hospice, said: "We should put as much care and money into the end of life as we do into the beginning."



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