

From **The Sunday Times**  
May 6, 2007

# French hospitals are as sick as our own NHS

## **Lois Rogers has reported on the travails of British healthcare for 20 years, but when she got sick in France she wished she was here**

The groaning from the naked elderly woman in the bed next to me was coming in rasping bursts. I was unable to move and in agonising pain but she was clearly dying. The one doctor in the admissions ward of the hospital had been called out to assist an ambulance crew with an emergency some distance away and nobody else came to tend to her for a very long time.

Was this Bangladesh, Albania or even Luton?

No, it was France, a country we are told has a well-funded, state-of-the-art health service.

But while it has skilfully marketed healthcare tourism to Brits seeking cheaper and quicker access to hip replacements, cataract surgery and even heart bypasses, the luxury treatment packages conceal a very different reality for the run-of-the-mill medical emergency like me.

Hospitals are being shut to save money; bed numbers are being cut in those that remain; waiting for treatment is common, even when you have a booked appointment; and given the famous French “pudeur”, there is an extraordinary lack of concern for patients’ privacy and dignity.

I was rushed into hospital in the middle of the night with a suspected life-threatening blood clot in my right leg. I was warned that it could move to my lungs at any moment, cutting off the supply of oxygenated blood within seconds, causing rapid death.

The pain was excruciating – as if car battery acid were being infused into my veins. The leg was paralysed, and the merest touch caused me to scream with pain.

The ambulance arrived at my remote home with impressive speed, however, and quickly rattled off on the 12-mile journey to hospital. While I swore at every rut and turn, the ambulanceman chatted as if we were on a church outing. Was there a rural ambulance service in England, he asked. I told him there was, but that the French health service was generally considered superior.

It is not. I have spent more than a decade covering health issues for this newspaper. I have been in hundreds of hospitals around the world, and interviewed numerous enthusiastic British patients tucking into red wine and steak and chips as they recover from planned surgery in splendid privacy at immaculate French hospitals.

But when I was taken into the state-run hospital at Vire in the western Normandy département of Calvados, not far from Mont St Michel, two weeks ago, I did not realise that there was no vacancy among the 630 beds shared between the town’s private and public hospitals. Although I was being treated, I nevertheless lay stuck to a narrow plastic trolley for some 17 hours as the sun blazed down outside, and the temperature climbed above 30C.

I put on a brave face as my family came to visit and quickly left, aware they were in the way and invading the privacy of other stricken patients. I learnt a great deal about the medical history and personal circumstances of three patients who shared my narrow space during my hours on the trolley. I also got an opportunity for close monitoring of their bedpan use, vomit and other bodily effusions.

The sparrow-like naked woman was the last of them. As we lay alone together, she wondered if they had forgotten us and apologetically begged me to help her. I explained I couldn’t move but shouted for a nurse, realising she was

dying. The room was suddenly full of people. As they fought to save her she not only lost control of all bodily functions, but was reduced to helpless panic as she struggled vainly for breath. I should not have been there.

In a surreal moment, a healthcare assistant slid through the melee to admonish me for refusing the offer of an evening meal. I persuaded staff to wheel me into the cool peace of the corridor only by pointing out they would have more space to treat my roommate. Minutes later the stench from the room followed me out, as a binful of soiled bedding was unceremoniously dumped next to my head.

I was finally wheeled off to the cardiology unit, where all patients have private rooms. A week of intensive treatment, infusions, blood-thinning drugs and tests followed. The treatment was fine, but all the nurses spoke of the relentless pressure on beds.

French doctors have been denied the 35-hour working week offered to other public sector workers. Hospital administrators told me that most of them do 48-50 hours – for about half the average £110,000 paid to their NHS counterparts.

I was told that patients sometimes complained about the lack of privacy, but with little effect. One nurse said that after the director of the hospital was treated in a six-bed unit and had to perform his ablutions while the other patients looked on, opaque screens were introduced between the beds, but only in that unit.

“I’ve seen on television those curtains you have round beds in English hospitals,” she said. “I don’t think it occurs to the managers here, and if people complain about the lack of privacy for patients not in rooms by themselves, the first objection is that doing anything will cost more money.”

I was discharged and sent for more investigations in other centres and clinics. In the town’s other, privately run, hospital, I was kept waiting for 90 minutes. Nobody apologised or explained. An MRI scan performed at a stand-alone private diagnostic centre in another town finally detected a rare abnormality of the joint lubricating fluid that in my case had caused a slow-growing, nonmalignant tumour which had ruptured into my knee. I was then referred to a rheumatologist and readmitted, this time to Caen University hospital.

In Caen it was clear that the intention was to keep me over a second weekend to prevent the bed being taken by a tiresome emergency case. Only when I remonstrated was I told that the “unorthodox” decision would be taken to puncture my knee and draw off the fluid causing the swelling, on a Friday afternoon. The next day I was reluctantly released.

French voters go to the polls today to decide on their new president. Healthcare provision was scarcely mentioned in the election campaigns of any of the contenders – maybe because of a mistaken belief that it is not a problem.

The system faces identical problems to the NHS, and ones that are threatening healthcare provision across the developed world. The population is ageing, and demand for hospital treatment in Vire is increasing at a rate of 5% a year.

Ordinary French patients pay for their care with a mixture of state funding and private insurance. For those without private insurance, treatment for costly or rare conditions may be limited. There is not enough capacity in the system because of the classic problem of “bed blocking” that is just as familiar in Britain – old people who can’t be discharged from hospital because intermediate care or convalescent homes no longer exist.

British people have been infected with the welcome American attitude to competition and customer service. If something isn’t good enough, they complain. In Europe and especially France, people still meekly put up with being sold bad food and bad consumer products and services.

Despite France’s claim to one of the best healthcare services in the world, the only appreciable difference with the NHS appeared to be cleanliness. Instead of the mute mop-draggers, there were armies of cheery diligent cleaners everywhere.

It is not too ridiculous to suggest that while French hospital managers could certainly teach their NHS counterparts about managing a cleaning service, healthcare managers here could teach them a thing or two about concepts of consumer rights. It might help them to treat all their patients with a bit more humanity