

Petition 1877: Providing body cameras for all frontline NHS staff

BMA Scotland is aware that in recent times there has been an increase in the reporting of abuse and threats towards doctors, many of our members have described situations where they, or their staff, have been on the receiving end of abuse either in person or over the phone. While any kind of abuse is never acceptable we are aware that much of this is born out of frustration and fear amongst patients in trying to access health care services during these difficult times for the NHS. Doctors work across both primary and secondary care services and in a wide range of what is regarded as frontline services, it would therefore never be appropriate for a blanket approach to be taken for all frontline NHS staff to wear body cameras due to issues of confidentiality, breach of trust and sensitivity, which has been outlined previously in the Royal College of Nursing's submission to the Citizen Participation and Public Petitions Committee on this petition. In fact many of the issues and concerns raised by the RCN on their members wearing body cameras are shared by BMA Scotland.

A doctor's relationship with their patient is built on trust, and the right of a patient to confidentiality is a massive part of that relationship. Many patients, although not all, who access frontline services are in crisis and the wearing of body cameras by all frontline doctors could have the potential to either stop a patient from coming forward for help, or being honest about their situation, this could prevent them from accessing appropriate health care or treatment. As well as issues of confidentiality and a potential breakdown in trust, there are also concerns around data protection that would need further consideration and investigation.

Abuse and violence against any emergency worker has and always will be unacceptable, BMA Scotland welcomed the inclusion of GPs and other doctors working in the community to the Emergency Workers (Scotland) Act and we would expect any account of abuse to be taken seriously and the appropriate action to be taken forward by the health board. It would be preferable to focus on this – dealing effectively with the issues that arise, rather than pursuing the idea of body cameras, which could have the potentially negative consequences outlined above.

The NHS is under increasing pressures. It is clear capacity is not meeting demand, and there has for some time been a shortage of doctors across all part of the profession. There needs to be clear and honest messaging about what the public can realistically expect from NHS services with the current restrictions and capacity issues. Public communication is of key importance and much of the frustration being felt by both the public and health professionals is because of a mismatch of expectation and capacity. Health leaders and politicians need to be realistic about

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what is possible in both primary and secondary health care, and responsible in how they communicate that with the public and further afield. The NHS is still open for business, but it is still far from business as usual.

BMA Scotland has been clear in recent years that the capacity of the NHS workforce has not kept pace with the demand on the services, COVID has exacerbated this situation but it is far from the sole the cause. Further work needs to be carried out by the Scottish Government to create a comprehensive and effective workforce plan for the short, medium and long-term. BMA Scotland is wary that the wearing of body cameras by doctors could or would be used as something which provides a shortcut to addressing the staffing crisis we face. We are clear that even if the logistical and ethical issues were overcome it would be something that only addresses one symptom of the problem, not the root cause. Instead, and in order to meet the demand for care that is required, much more needs to be done to retain the workforce that we have in place as well as increasing recruitment and comprehensive planning for the future.

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