

Saturday 8th October 2011

YOM KIPPUR MORNING 5772

Sermon delivered by Rabbi Michael Hilton, Kol Chai Hatch End Jewish Community

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The themes of Yom Kippur are *teshuvah* (repentance), *tefilah* (prayer) and *tzedakah* – we normally translate it charity but it means justice and righteousness. In modern Hebrew *tzedek chevrati* means “Social justice.” Thousands have been camping out demonstrating in Israel demanding changes to their society. It all started with one person who had to leave her flat and realised to her horror that when she looked at house prices and her salary she would never ever be able to own a flat in Tel Aviv. So she told her friends she would camp out on Rothschild Boulevard in Tel Aviv. Within weeks she was joined by hundreds and then thousands of others, protesting not just about housing but about inequalities in Israeli society. The largest rally brought out 400 thousand people. A letter sent out by *Kehillat Yozma*, a Reform congregation in Israel with which Kol Chai have links, points out that Israeli Reform Jews have been campaigning for years, (they tend to be more political than Reform Judaism here), speaking out against unfair governmental practices in the areas of housing, education, worship, the military, and more. Which leads me to think; why isn't there the same kind of public disquiet here? We've certainly had our share of social unrest over the summer. The riots in early August provoked much comment from journalists, politicians and religious leaders all of whom thought they had the definite answer as to why it had all happened. I have **no** idea why it all happened but this I especially noticed: that the rioters did not attack churches or schools or council offices or even banks: they smashed up shopping centres. Today's religion is retail and today's temples are shopping centres. The rioters knew well where to congregate, in the places that they and the society around them values. The mindlessness of what they did should make us all more aware that where there is a moral vacuum in society, people search, sometimes aggressively, for something to fill it.

There are aspects of British society which in my view really deserve the kind of protest we have seen in Israel. As a rabbi I visit many hospitals and care homes. It really upsets me when I see things going wrong. It's about twelve years ago now, just after I started working at North London Progressive Synagogue, that I heard about a congregant who had died apparently unfed, as the nursing staff had left the food and drink by the bed and she couldn't feed herself. I remember well expressing my amazement to the chair of the congregation who replied “It's nothing new. We hear those kind of stories all the time around here.” More recently I remember my first visit to a Care home run by Southern Cross. I saw with my own eyes a member of this congregation being offered the wrong medicine. When the patient complained, it became obvious that the carer was unable to read the label properly. I went to find a senior member of staff, but there wasn't one in the building. All the offices and the entrance reception were deserted.

This, the greatest day in the Jewish calendar, is more than a personal quest for forgiveness. It asks us to take a deep look at the society we are living in, to put right what we can, through *tzedakah* and *tikkun olam* (repairing the world), through acts of kindness and good

deeds. We have an image of Britain as a society that is compassionate and peaceful and caring, and compared with many societies, indeed it is: yet there have been many times over the past year when the headlines have been full of what has gone wrong with our society and the services which offer us care.

I'm afraid what I have to say now is very unpleasant to listen to. I'm not making it up – I'm just quoting.

The most recent report was just last week from the Royal College of Surgeons. It headlined that one in seven emergency abdominal operations ends in the death of the patient. It seems too much emphasis has been put on elective surgery, and not enough on emergency care.

Earlier this year we heard about the serious abuse by carers revealed by BBC TV's Panorama at Castlebeck's Winterbourne View residential hospital (for people with learning disabilities and autism)

On a near-daily basis, I watched as some of the very people entrusted with the care of society's most vulnerable targeted patients - often, it seemed, for their own amusement. They are scenes of torment that are not easily forgotten.

Also this summer was the latest report into what happened in Mid-Staffordshire. Hospital patients were left "sobbing and humiliated" by uncaring staff, an investigation into one of the worst NHS scandals in history has found. The independent inquiry claimed the Mid Staffordshire NHS Trust had become driven by targets and cost-cutting.

And then back In February the Health Ombudsman released a shocking report to MPs, detailing case after case of neglect and indignity inflicted on older people throughout England— feeding trays outside reach, 13 weeks without a bath or shower, a man so dehydrated he couldn't speak. And they're just the ones they found about and whose relatives complained. A much higher proportion of such cases go unnoticed, as people die unloved and alone.

I could easily continue, but I won't. The really sad thing is that those of us who visit and observe are not surprised by these scandals. We are shocked but we are not surprised.

Professor Raymond Tallis said on a news programme: ¹ "We have to start seeing the person as well as the test results. Training has become too task focussed and not person focussed. This will not be solved by reorganisations or bureaucratic enquires. We have to look at attitudes. The problem is that the "business model" has permeated the caring professions in such a way people only value the things that can be counted. This is starting to undermine the ethos of caring. And this is a model we are going to see more of. We have a society that values glamour not hands on care. We devalue care in the way we run our society. In our hospitals and in most of our care homes."

¹ BBC Radio 4, *Today*, 14th February 2011, http://news.bbc.co.uk/today/hi/today/newsid_9397000/9397837.stm

What an indictment by a leading Professor of Geriatrics. Here in Harrow, the older population is rising in numbers. And the vast majority of that population can be kept well and independent with the right treatment. Yet many of them are not getting it. Harrow Primary Care trust has a deficit of 57 million pounds. On 31st December last year Harrow Council stopped funding the Admiral Nursing Service which provides care to people with dementia in the borough.² Our own congregants are personally affected: this isn't about other people, it's about us.

At Kol Chai, we have spent a lot of time discussing the future of our community. Meanwhile, there's a debate going on out there that we are not taking part in which is even more important about the future of our society. We are about to hear two Torah readings. In the first, Moses asks God to show him a vision of his glory. God replies "you may look on my back but my face may not be seen."³ In the second we are asked to uphold the finest values of a compassionate society, to honour our parents to look after the poor, to respect the elderly.⁴ Put these two Torah readings together and they tell me that we cannot glimpse perfection but we must do what we can to create a more compassionate society.

There is one phrase that occurs in the Torah reading both on Rosh Hashana and on Yom Kippur mornings. *Veyikach beyado*⁵ - and he took in his hand. Abraham took in his hand the knife to slaughter his son. Moses took in his hand two new tablets of stone to get them engraved by God again with the words of the Ten Commandments. God gave us all hands. How we use them, which direction we take, is up to us. We can use them to proclaim the highest moral standards or to wield the knife; in health terms we might say: do we opt for medicine or radical surgery: do we (like Moses) take the tablets or (like Abraham) do we accept the cuts?

You are free to disagree with me. This afternoon from 3 till 4, instead of our usual study session, I'm offering a discussion on my sermons this year. Come along and debate the issues, for these are themes of Yom Kippur – repentance prayer and good deeds. This isn't about pointing the finger of blame at others. On Yom Kippur this is the day in the year when we admit we are all responsible. Our rabbis taught that in order to change the world we first have to change ourselves. But once we've changed ourselves, we then have to change the world. The real challenge of this day is how it can change our behaviour tomorrow.

(More background information on the next page)

² http://www.harrowtimes.co.uk/news/8828651.Council_defends_axing_dementia_nursing_service, accessed September 2011.

³ Exodus 33:23.

⁴ Leviticus 19.

⁵ Genesis 22:10, Exodus 34:4

More background information:

1st October 20011 – Peter Carter, Head of Royal College of Nursing highlights deficiencies in nursing training and lack of personal care for patients. He suggests relatives should help.

GP List cleansing. In July 2011, *Pulse* revealed that GPs in parts of London had up to a quarter of patient lists removed without their knowledge. The move followed revelations at the LMC conference earlier this year that 38,000 patients had been removed from patient lists in NHS Brent. GP delegates at this year's LMCs' conference called on the GPC to negotiate a 'fair national policy for list validation and Dr Tony Grewal, medical director of Londonwide LMCs, revealed the extent of the list cleansing drive in Brent..

WASTAGE

(i) IT: The Department of Health (DoH) said it was accelerating the dismantling of the £11 billion initiative following a new review from the Cabinet Office's Major Projects Authority (MPA). That report claimed the project, initiated by the Labour Government in 2002, was not fit to provide modern IT services the NHS needs.

Drugs thrown away – millions of pounds are wasted by unused drugs simply being thrown away. Once dispensed, even drugs costing thousand of pounds and still in the packaging are incinerated and never reused. Costs in primary care alone around £300 million per year.

http://www.pharmacy.ac.uk/fileadmin/documents/News/Evaluation_of_NHS_Medicines_Waste_web_publication_version.pdf

(Evaluation of the Scale, Causes and Costs of Waste Medicines: Final Report York Health Economics Consortium and School of Pharmacy, University of London, November 2010)

(ii) The expense of the NHS commission system which in its bureaucracy and costs of operating the internal market costs much more than it saves. With competitive tendering public bodies can compete with each other, the cost of each bid funded by the taxpayer. Yet none of our political parties seems to want to get rid of the system of commissioning. Why not? In addition the transfer of commissioning to consortia is estimated to lead to transition costs of £1.2 billion.

The health select committee said in March 2010: "Whatever the benefits of the purchaser-provider split, it has led to an increase in transaction costs, notably management and administration costs ... If reliable figures for the costs of commissioning prove that it is uneconomic and if it does not begin to improve soon, after 20 years of costly failure, the purchaser-provider split may need to be abolished."... What we do know is that administrative costs in the NHS were 5% of the budget before the 1984 Griffiths reorganisation (which brought in managers not administrators), rose to 10% in the early 90s and are probably 18% now. The cost of the market must be at least £10bn, but no one wants to discuss this colossal waste of money that has not been shown to improve patient care.

(Wendy Savage, The Guardian)

<http://www.guardian.co.uk/society/2011/jan/20/colossal-waste-nhs-commissioning-costs>