

FRIENDS OF THE SCOTSMAN /

Leuchie's digital revolution has changed way we care for guests for the better

Covid gave us the breathing space to implement technological innovations and increase our ambition to do more for more people, says **Stephen Pearson**



My involvement with Scotland's National Respite Centre, Leuchie House, is fast approaching a decade – and without doubt the past two years have been the most challenging for the charity, along with the rest of UK's health and social care sector.

The Covid pandemic tested us in ways we could never have before imagined and forced us to think differently. However, our amazing team and the people we support have faced up magnificently to the adversity and achieved incredible results.

I first got involved in Leuchie in 2014 when I was invited to one of the dinners enjoyed by guests at Leuchie at the end of their break. I sat with three gentlemen, roughly my age, all of whom were living with multiple sclerosis. It was humbling to realise that there is such a fine line between our normal lives, as we enjoy them, and our lives being suddenly turned upside down by a serious condition like MS, stroke or Parkinson's.

I became a trustee shortly after the dinner. While I quickly realised what an amazing place Leuchie is, I also learned how difficult it is to run a charity like Leuchie – because of the uncertainty around funding and the other challenges the care sector faces, such as staffing.

When our inspirational CEO Mairi O'Keefe retired and was succeeded by Mark Bevan, one of the first things he talked about was completely reviewing our technology. The first reaction of the board was 'we are not about technology we are about care', but what Mark meant was that we needed to modernise. For example, we did not use digital tools in any shape or form, for staff or for guests. We were living almost in a Victorian-like care setting with wonderful care but very old-fashioned facilities.

From that point on, we brought in some hugely positive changes – for example moving from paper-based care plans in an

office to smart phones in every team member's pocket. Going digital reduced administration time and enabled the care team to spend more time with the guests.

We were making great progress, but then Covid hit us. Everyone has their own lockdown Covid story but I am proud about how we managed to navigate our way through those troubled waters. Covid forced us to innovate and increased our ambition to do more, for more people.

For example, one of the guests, Bob, who has very limited physical movement below the neck explained that he could not watch TV at night, because he was put to bed by his carers at 7pm, woken up at 7 in the morning, and was lying in what he described as his 'black hole' for that period. It made us think we had the capability to enable Bob and others to have more control over their lives, using readily-available Alexa-type tools – enabling people to use voice commands to turn on and off the lights, their television, use their phone, and open and shut curtains or even answer their front door, without having to ask a family carer every time.

Covid actually gave us the breathing space to implement this change. We have added additional rooms, all of which are now SMART rooms, where our guests can learn how to use the technology and then, when they go home, the Leuchie team can help them and their carers to be enabled to have SMART technology in their homes.

It's been a huge success – so much so that we recently won the Digital Citizen award at the recent Scottish Charity Awards for this work.

I feel this is a brilliant example of our adversity being turned around, showing that some good was able to come out of the whole period of Covid and lockdown. **Stephen Pearson, Chair, Board of Directors, Leuchie House**



Sending an SOS to



Outbreak of Highly Pathogenic Avian Influenza is like nothing we've seen before in wild birds in the UK, writes **Anne McCall**

This won't be easy reading but please stay with me as what I want to share with you is incredibly important.

You may have heard that Scotland's seabirds are currently facing a catastrophe – an outbreak of Highly Pathogenic Avian Influenza (HPAI) like nothing we've seen before in wild birds in the UK.

It started late last summer when, at the end of the breeding season, just before they left our shores, a number of great skuas (bonxies) died in the very north of Scotland of HPAI. Then last autumn it affected large numbers of barnacle geese that breed in Svalbard in Norway and spend the winter on the Solway estuary. Counts of live birds suggest 16,500 individual birds were lost – around 38 per cent of the population – making it the first time HPAI has had a population level impact on wild birds here.

This spring it quickly became clear that our seabirds were suffering particularly in Shetland, Orkney, St Kilda and Bass Rock, with birds washing up all down the east coast.

You may have come across this yourselves when visiting the coast this spring. Sadly, more and more people are likely to see dead birds on beaches as we progress through the summer holidays.

Thousands of seabirds, especially gannets and bonxies but also terns, guillemots and other species have already died, and we don't know the full scale of the tragedy.

Numbers from a handful of areas suggest it could be catastrophic with reports of 50 to 85 per cent declines in the number of adults in some great skua colonies – a species where Scotland supports 56 per cent of the

world's population. It isn't just the UK which is seeing mass mortality of seabirds either; there are reports of an entire tern colony, more than 3,000 pairs, wiped out in the Netherlands.

It is heart-breaking and is taking a heavy emotional toll on colleagues facing these harrowing scenes day to day.

It is also deeply concerning. Seabirds are long-lived, slow to reach breeding age and rear relatively few chicks each year. When adults die in large numbers, populations cannot breed fast enough to make up the losses.

Many of Scotland's seabirds were already struggling from food shortages, from being killed by fishing gear or poorly placed offshore development, from eggs and chicks being eaten by invasive non-native species. These human-induced pressures that we've known about for years mean we've already seen significant declines. In Scotland, the index of 11 annually monitored breeding seabirds had already declined by 49 per cent since 1986 before the impacts of HPAI began.

Now avian influenza, another threat that originated from human activity, this time in commercial poultry farms in East Asia, is threatening them.

Something needs to change! The good news is there are things we or more accurately the Scottish Government can do.

We're grateful NatureScot has announced they'll lead a task force to co-ordinate a national response to the current crisis. We hope this group will quickly create a HPAI in wild birds response plan and that this will help achieve co-ordination on



testing, monitoring, research, biosecurity, disturbance and carcass collection and disposal.

The task force will also look at what needs to happen to build resilience in seabird populations. We need action on closing industrial sandeel fisheries, reducing deaths in fishing gear, a national programme of island restoration and biosecurity to protect seabirds from invasive species and for marine renewables to minimise further harm

Save Our Seabirds

to nature and only happen alongside measures to restore nature. The pressures facing seabirds are caused by humans and fixable by humans. But we must act now, and we must act fast!

Please do not touch dead or dying birds and keep dogs away from sick and dead birds. If you come across five or more dead birds, please report to the DEFRA helpline on 03459 335577. **Anne McCall, Director of RSPB Scotland**

↑ Thousands of seabirds, including gannets like these on the Bass Rock, have died from Highly Pathogenic Avian Influenza



ical treatment, provides clinically indicated options and alternatives for treatment to the patient, and then explores the patients' values, desires and concerns related to the treatment and outcomes. For instance, if a person is diagnosed with heart disease, a healthcare provider may counsel lifestyle changes like stopping smoking and healthy eating, medication, or surgery, explaining the chances of success and side effects of each. If the treatment is clinically indicated and within the competencies of the healthcare provider, the choice of the patient should be respected by providing the care. Informed consent is based on the principle of respect for autonomy, which maintains that mentally capable adults are able to make their own medical decisions when they have proper information. Healthcare providers should share

climate information with patients, if known, and give patients the option for lower-carbon healthcare options, including the right to decline treatment.

Climate change is one of the most pressing and well-documented social issues facing not only the globe, but also healthcare. Highlighting climate change health hazards through the informed consent process would address one of the root causes of climate change – the carbon emissions of

healthcare – and respect the right for patients to know all possible side effects of treatments. **Cristina Richie PhD is a Member of the Scottish Council on Human Bioethics and a Fellow at the Institute for Advanced Studies in the Humanities, University of Edinburgh, and a Lecturer in the Philosophy and Ethics of Technology department at Delft University of Technology (Netherlands).**



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'Informed consent' could reduce carbon emissions in healthcare

Climate change is one of the most well-documented issues facing healthcare, says **Cristina Richie**

Carbon emissions (CO₂) contribute to climate change. Safe amounts of carbon in the atmosphere have been exceeded and numerous world organisations, legislative bodies, and economic sectors have explored carbon reduction, including the healthcare industry. And for good reason.

The carbon emissions of global healthcare activities make up 4-5 per cent of total world emissions, placing the healthcare industry's pollution on par with the food sector. Healthcare carbon emissions are particularly relevant because of the effects of climate on health.

Climate change health hazards include medical burdens and deaths related to extreme heat, outdoor air quality, flooding, vector-borne infection, respiratory disease, and water

and food-related infection. The UK has thousands of hospital admissions and deaths each year attributable to climate change. These are not only financially costly and devastating to individuals and families, but also cause more carbon. People affected by climate change cause an influx in hospital admissions and require medical care. These treatments release more carbon, locking healthcare into a self-destructive cycle whereby medical care causes medical needs. Hence, healthcare has a special interest in carbon reduction.

Healthcare providers can use the existing standard of "informed consent" to reduce carbon emissions in healthcare and avoid climate change health hazards in the future. Informed consent is a medical decision-making process whereby the healthcare professional determines appropriate med-