Britain’s men are facing an increasing risk of loneliness and social isolation. By 2030 the number of older men living alone is predicted to rise by two thirds. More than 1.2 million men over the age of 50 in England now say that they suffer from social isolation. Men are more likely than women to become isolated, as they have significantly less contact with children, family and friends. Almost a quarter of older men have contact with their children less than once a month, compared with 15% of older women. Men rely more heavily on their partner to remain socially connected. When their partner leaves or dies, often a man’s social life shrinks. Moreover, the number of older men living alone is rising. Currently we are seeing a generation of men entering old age who are more likely to have suffered marriage breakdown or never to have been married.

At the same time, recent data suggest a sharp rise in the number of people dying from liver disease. The first regional study into rates of the preventable disease found a 40% rise over 12 years, with men twice as likely as women to have liver disease diagnosed. Liver disease is responsible for one in ten deaths of people in their 40s. Some 10,948 people died in Britain in 2012 compared with 7,481 in 2001. While increased alcohol consumption is the major cause, viral hepatitis and obesity account for around one third of the deaths, and both of these are also on the increase.

Meanwhile, as doctors increasingly struggle to cope with the consequences of these social issues, they themselves are at increasing risk of falling foul of multiple investigations in the case of accidental death of one of their patients, if it is construed to be the consequence of medical error. This is known as ‘multiple jeopardy’. As illustrated by the David Sellu case discussed in this issue of Trends (see page 16), manslaughter investigations tend to arise from one-off clinical incidents that have a dramatically poor outcome. The individual doctor tends to be blamed and shamed, even though the root cause of the incident may be down to any number of factors, including human error, system breakdown or failure at higher management level.

When an investigation into a fatal or non-fatal incident begins, it can be just the start of a whole series of enquiries whose aim is to establish the truth and, if appropriate, apply punitive measures. During each investigation the actions of the healthcare professionals involved are likely to be forensically scrutinised. There is little doubt that medical professionals’ mistakes are increasingly visible, aggrieved families demand more accountability, and there have been negative shifts in judicial protection and deference towards healthcare professionals – all factors that may increase the risk of criminal prosecutions in the medical arena.

So over this midwinter break, spare a thought for all those socially isolated older men, go steady on the booze, and be aware of the ‘climate change’ that people don’t talk about: the investigation, criticism and prosecution of doctors. Happy Christmas one and all!

ROGER KIRBY, EDITOR