

Crime, Casualty and Consent: making a documentary

Mary Currie is the director of *Casualty Cops*, which documented the work of the security team at King's College Hospital. She explains the context of filming violent or criminal incidents for a documentary, and how the film-makers dealt with moral and legal issues of consent.

One night last summer, an ambulance brought a young man into the Accident and Emergency department of King's College Hospital in South London. He had taken an overdose. His family had come with him and were waiting in the reception area, where one of his brothers, who was very distraught, started kicking the doors and walls of the hospital. Almost immediately a team of security officers were there. They very gently guided the young man into a less crowded part of the department and allowed him to carry on venting his emotions. The boy's mother was concerned about leaving her son in such a state to go and see the overdose victim, but the security guard reassured her: he wouldn't let her son harm himself or anyone else.

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A film-maker from October Films, an independent production company, happened to be in the hospital filming a busy night in A&E and witnessed the incident. What stood out to him was the essential work of the hospital's security team, who were called upon to manage the delicate balance between protecting the staff from abuse and violence, while maintaining a compassionate and caring atmosphere appropriate to an institution responsible for the public's health. Later one of the security officers explained that in an incident where someone is behaving disruptively, the team have only a few seconds to decide whether it's real violence or a reaction to physical pain or mental anguish, and act appropriately.

This wasn't an isolated incident. According to a hospital study, in 1999 the medical staff at King's College Hospital was verbally or physically assaulted 9,000 times. It was immediately clear that there was an important film to be made about the work of the hospital's in-house security team. What struck us was the humanity of the security team, the crucial role they played as an integral part of

the hospital staff in ensuring the smooth running of the hospital, and how far they were from the traditional image of security. There were larger issues as well that the film would address - namely, the prevalence of violence, alcohol and drug abuse in poorer urban communities like that serviced by King's College Hospital; the growing numbers of vulnerable people who look to the hospital as one of the last support agencies still viably functioning; and the resulting pressure of both these phenomena on an overstretched National Health Service.

In the following weeks, we had preliminary discussions with both the security team and the King's College Hospital Trust, and the idea for a film about the management of violent behaviour in a modern urban British hospital was accepted by Channel Four for its Cutting Edge slot.

Given the nature of the events we were trying to capture, the film was always going to be difficult to make. It was complicated further by issues of access, consent and confidentiality. We were filming in a busy, working hospital, a major trauma centre for South London. We had to ensure that our presence neither obstructed the work of the medical staff nor aggravated situations that were already tense. There was also a degree of anxiety on the part of some members of the medical staff that the film might misrepresent the work of the hospital and damage reputations. We also had to work in such a way that the danger to ourselves was minimal. Filming people in vulnerable or agitated states could easily make us the focus of aggression, and a crew laden with heavy and expensive equipment is not ideally prepared to handle such an eventuality. These concerns called for considerable cooperation and negotiation between the film crew, security and medical staff, and hospital management. Building and maintaining trust in this way was fundamental to the success of the film.

The hospital required us to let all employees and especially all members of the public on hospital property know that they might be filmed and give them the option of opting out. To this end we put up posters throughout the A&E department explaining what was going on and designating areas for people who did not want to be caught on camera. We approached every person we filmed either before, during or after the event to discuss issues of consent. As the hospital could not divulge patients' details for reasons of patient



confidentiality, we had to get peoples' details ourselves there and then (not an easy task under the circumstances). If a person was too drunk, on drugs or too emotionally upset to discuss consent at the time, we were faced with a lot of follow-up work later on to track them down, particularly as many of them had very transient lifestyles. In partial response to these problems, we decided we needed to shoot twice as much footage as normal to ensure that we would have a film by the end of it.

In terms of our own requirements for filming in such a sensitive situation and our obligation to obtain all patients' informed consent we strictly adhered to the guidelines laid down under the Independent Television Commission (ITC) Programme Code. We had to have the informed consent of anyone who, though unnamed, was shown in a particularly sensitive situation. Particular care was needed given that some patients would be in a vulnerable state, i.e., acutely ill, physically incapacitated or mentally ill. When a patient was unable to give or withhold their agreement by reason of their mental or physical condition, we sought the permission of their family or the person responsible for their care where appropriate. In an area as hectic as a hospital and, in particular, an A&E department, this was

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an onerous but necessary task, especially as King's sees a significant number of patients with mental health issues, partly due to the fact that the Maudsley Psychiatric Hospital is situated just over the road. Where we could not satisfy these requirements, we had either to justify proceeding without

consent in the public interest, or not use the material. In most cases we obtained consent. Where we felt it was necessary to show the material but did not feel it was appropriate to identify the patient we masked their identity. However there was one incident involving an unprovoked racial assault of a security guard for which we relied on the public interest in identifying the attacker despite his refusal to give consent. Given the nature of the incident and the history of the individual involved we felt confident of being able to sustain a persuasive public interest argument.

We were also bound by the law of Contempt of Court. Any material that we filmed that might give rise to a substantial risk of serious prejudice to active criminal proceedings could not be aired until the case had been disposed of. There were two cases in which we either filmed or used CCTV material that was the subject of active criminal proceedings during the editing of our film. In the first case the man involved went to court and was convicted prior to the film being broadcast. In the second case the individual's case had been disposed of but there was a real risk that he would re-offend and be charged again before the film went out. As a precautionary measure, we concealed the individual's identity in the film.

The response to the film was much greater than expected. The programme was very widely previewed and got pick-of-the-day in many papers, and the actual viewing figures were surprisingly high, given that the film was up against the 40th anniversary of Coronation Street! This, I believe, was in part due to the timeliness of the subject matter, as well as the promise of on-screen confrontation. After transmission, both Channel Four and October Films got calls and letters about the film: some from medical staff saying it was time someone showed what it was like to work in hospitals these days; requests for copies of the film for internal use within hospitals; and comments from social workers and security people about the film. The hospital had seen the programme as an opportunity and made sure that many professional magazines knew about the film. Again, after the broadcast, they received a high number of calls and letters from both within the hospital and without, voicing support for the work of the security team.

The film also provided a boost to the morale of the security staff at the hospital, who do a difficult and sometimes a thankless job. It brought home to both the hospital and the wider public the importance, breadth and potentially dangerous nature of security's job. It showed hospitals suffering from similar problems the potential of a dedicated in-house security operation, and established King's College Hospital as a model in this respect. In all, it was a difficult but very gratifying film to make.

Mary Currie is an independent film-maker, and the director of Casualty Cops, made by October Films and aired on Channel Four's Cutting Edge.