

recognised to be high. I do not recall my exact words, but the expression “live or die on the operating table”, was meant to convey the high risk of surgery. Dr. Hayes also conveyed the same message in her out-patients letter (page MR 0392 0109).

6. I do not believe I would have used the term “virtually unheard of” as stated in paragraph 19, when asked about the risk of brain damage. In the circumstances, I would have stated the risk of neurological problems in the same way as outlined in my statement on Issue List-L (page WIT 0084 0117). However, I would have added, regarding Max’s condition, that I was more concerned about his surviving surgery in view of the catheter findings, as mentioned in paragraph 5.

7. In paragraph 24 Mrs. Johnson gives a statement regarding our meeting on the day before Max’s surgery. As per my usual practice, I would have repeated our earlier conversation, held on the 20th April 1994 and would have given them an opportunity to ask any questions arising out of our previous meeting, as mentioned in my statement on Issue List-L (page WIT 0084 0119). I do not believe I would have made the statements alleged in the penultimate sentence of this paragraph, or that Dr. Hayes was more pessimistic than I was. I could have been a bit reassuring, but I was concerned about Max and would have given a high-risk prognosis similar to that mentioned during our previous meeting.

8. I talked to the parents after Max’s surgery, on his arrival in the Intensive Care Unit as stated in the paragraph 27. I was satisfied with the conduct of surgery (operation notes over pages MR 0167 0027-0028), and conveyed as such to his parents. However, I also expressed my concern, in view of the presence of muscular hypertrophy in both ventricles, the need of inotropic support and an elevated left atrial pressure (medical notes over pages MR 0167 0029-0030). I was still pessimistic and therefore would not have told them whether the operation was a success or not, as she has stated.

9. Mrs. Johnson speaks about her impression of post-operative care over paragraphs 28 to 43. She mentions inconsistency of care in paragraph 30, and her perception of differing views expressed by different groups, including Dr. Bolsin and myself, regarding ventilation in paragraph 34. I would like to stress that post-operative care was provided by a multiple team of doctors and nurses, as mentioned in my statement on Issue List-G (pages WIT 00840087-0091). Mrs. Johnson has overheard the exchanges of views expressed by different