

be some question about its accuracy, as the lung biopsy showed only early changes of pulmonary vascular disease (MR 2226 0035); thus, pulmonary vascular disease would not have been considered to be a major incremental risk factor for the proposed operation.

### **3 THE POSSIBILITY OF PRIVATE TREATMENT**

#### **Paragraph 11**

*'Mr Wisheart explained .... he could sort out the problem on the Monday if we were able to pay privately. We asked how much that would cost, and were told that it would be £10,000.'*

#### **Comment**

There is no record and I have no recollection of this part of the conversation. The possibility of private treatment occasionally arose in these conversations but **only** because the family raised the matter. I never did so. I never sought to recruit a private patient from my National Health Service practice; indeed I discouraged virtually everyone who raised this possibility from any further consideration of proceeding along the path of private treatment. Although Mr Lewis remarks at first sight seem to cast me in a somewhat ambiguous light, on reflection, I believe that they show clearly that I was discouraging him from proceeding in this way.

### **4 THE WAIT FOR KIRSTY'S OPERATION**

#### **Paragraph 13**

*'Kirsty had to wait over 3 months for her operation. During her wait, two dates were fixed and cancelled. ....no explanation was given for either cancellation, although in the press at the time there had been a lot about cancelling operations, because of lack of funding, and I assume that it was lack of money that caused the cancellations.'*