

area, i.e. South Wales, Devon and Cornwall, the referring cardiologist would volunteer to talk to respective parents in their peripheral clinics in the area. They would intimate me of parent's acceptance of the decision. I would arrange the admission and talk to parents myself in the hospital. Since I did not have the opportunity to consider the patient's notes, I am unable to confirm this, but I think this what is likely to have happened in this case. Mrs Tilley has mentioned that a repeat catheter examination was carried out at Bristol (paragraph 16 on page 7). This examination would have been reviewed in the joint paediatric cardiac medical and surgical meetings and as our usual practice, a joint decision was made. In Lauren's case, Dr Jordan was the referring cardiologist and he therefore talked to parents (paragraph 17 on page 8) at his Clinic in Newport.

4. Paragraph 19 on page 9 deals with our pre-operative discussion. Mrs Tilley quotes me stating that I had not performed this operation for very long. I believe I told them that Lauren was my second patient to undergo this operation. I recall that the first operation was carried out just few days before Lauren's admission, on 22-2-88 and the child was recovering in the same ward. I pointed to this patient, when asked by Mr and Mrs Tilley regarding my experience in this type of surgery. I would also point out that parents of the first child testified in the GMC hearing that they were told that their child was the first to undergo this surgery at Bristol (please refer to GMC Transcripts day 52, pages 38-41). I also think that Mr and Mrs Tilley had the opportunity to see and talk to parents of the first child, as they were in the same ward.
5. I believe that Mrs Tilley may not have recalled the quoted success rate of 75% (paragraph 19) in exactly the way I would have presented to them. I would have given them a mortality figure based on the published figure at that time, as Lauren was the second case on my list. The mortality for repair of the Transposition and Great Arteries with Ventricular Septal Defect at that time ranged between 25%-40% i.e. expected survival rate of 60-75% (Kirklin's book "Cardiac Surgery" Chapter 39 pages 1194-1198, Pub: 1986 by John Wiley & Sons Inc.). Although I would have given them this figure, I would have also emphasised that this being a complex and new operation and, therefore, it was a possibility, that the baby may not survive, implying

a 50-50 chance. I had the same discussions with the parents of my first patient who testified to the GMC (Transcripts as in the previous paragraph).

6. At paragraph 20, Mrs Tilley states that though the conversation took at least half an hour, they were not given a choice of any other operation or success rate of any other centre. I do not recall the exact conversation, but if I told them that this was the new operation which I had not been doing for a long time, I would have definitely mentioned the older operation (Senning repair with closure of VSD). I believed that the Arterial Switch was better operation and told them so, as she has mentioned in the last line of the previous paragraph 19, which also implies that the other operation was discussed. The operative mortality for this condition was known to be high and almost similar in both types of operation at that time as could be seen by reference to the Kirklin's book mentioned in the previous paragraph 5. The operative mortality of other centres in this country were not publicised at the end of 1987. So I could not have given them that figure even if they would have asked me, which they did not.
7. Paragraph 26 on pages 11 & 12: Mrs Tilley talks about our conversation after Lauren's death. I do not think I would have used the term "success" about the outcome of operation in the circumstances. I would have stated that I managed to complete the operation but could not get her off bypass and would have expressed my deep regret.
8. In respect of the post-mortem examination, at paragraph 26 on the page 12, she states that "I cannot be certain but I do not recall Mr Dhasmana saying anything about a post-mortem being undertaken on Lauren." I believe that this is not correct. She states on the previous page that the organ donation was briefly discussed and she told me that she did not want any thing done to her and did not want her cut open, which shows that the subject was discussed. I would have definitely mentioned that Lauren, having died on the operating table, would be referred to the Coroner as required by the law. The Coroner would ask for this examination and I do not have any say on the matter.