Comments by the B.H.C.A.G. on Submissions on behalf of the Cardiologists

Generally. The B.H.C.A.G. stands by its submissions which are not repeated here. However, we comment as briefly as possible on the submissions that raise new matters or which demand a specific answer. For the convenience of the Inquiry, we deal with the points by referring to the paragraph number in the cardiologists' submissions.

Paragraphs 1 and 2

1. **Difficulty with Obtaining Reliable Statistics**. The B.H.C.A.G. accepts that the statistical information available to the cardiologists was not ideal, but it was, increasingly, striking enough to indicate that Bristol's performance was poor. Examples include the 1989 report by Professor Berry and the meeting in March 1990, to discuss results. Dr. Bolsin's minute of that meeting (UBHT 16 - 126) included the following quote : -

> *"Open heart surgery under 1 year. Clinical details and outcome, patients that underwent heart surgery for 1989 were reviewed. Overall 39 patients were treated with 14 deaths giving an overall mortality of 35 per cent."*

Paragraphs 3, 4 and 5

2. **Review Meetings**. It is accepted that there were meetings attended by cardiologists to review the performance of Bristol in the field of paediatric cardiac surgery. The issues is why, given that this was happening, the results stubbornly failed to improve throughout the period being reviewed by the Inquiry. The

B.H.C.A.G. submit that the process of review was insufficiently critical and there was a wholesale failure to adopt a sufficiently radical approach.

Paragraph 6

3. **Bristol's Figures**. It is not disputed that for certain operations, Bristol's performance was satisfactory. However, even though "*...the operations under consideration constituted a small number of the total paediatric cardiological procedures performed by the unit...*", this is no justification for complacency.

Paragraph 7

4. If the path meetings occurred too long after surgery to produce reliable results, they should have been brought forward.

Paragraph 8

5. The B.H.C.A.G. submit that the evidence heard by the Inquiry does not, in any way, support the contention that parents were advised " *...more appropriately...*" about risk.

Paragraphs 9 to 13

6. **Explanations of Risk**. The B.H.C.A.G. accepts that statistics have their limitation and should be presented with care to patients. However, in fact the cardiologists did present statistics because, of-course, this is the *only* means of explaining risk. It is submitted, therefore, that the statistics that are obtained should be as reliable as possible and take into account such local factors as case mix and prevalence of Down's syndrome patients.

7. It has never been the B.H.C.A.G.'s case that statistics should (in themselves) dictate clinical choices. However, statistical information is universally used to determine many aspects of medical care (eg choice of appropriate drug for a particular patient). In conducting an audit of a doctor's work, statistics (if used sensibly and with proper judgment) can similarly make a useful contribution. At Bristol, the statistics (insofar as they were collated at all) were wholly ignored.

Paragraphs 14, 15 and 16

8. **Miscellaneous Factors Adverse to Good Care.** It is accepted that there were a number of problems at Bristol which were not the responsibility of cardiologists (eg split site). However : -

(i) There is very little evidence that the cardiologists did anything to alert the authorities to the dangers posed by the weaknesses identified in paragraph 15.

(ii) Other centres which also had cash limitations produced much better results than Bristol (which did, at least, have the advantage of designation).

(iii) It is conceded that it is never possible to identify every condition in advance. The criticism of Bristol is that "barn door" diagnoses were missed and that in too many cases there was no convincing reason for failing to give the patient the benefit of echocardography pre- and post-operatively.

Paragraphs 17, 18 and 19

9. **Referrals**. It is accepted that in each case, the cardiologists had to decide whether or not a particular patient should be referred elsewhere. There may have been parents who would have opted for treatment at Bristol even if they had known more. However : -

(a) In some cases, the cardiologists actively discouraged parents from seeking treatment elsewhere - leaving the B.H.C.A.G. to conclude that the cardiologists put their loyalty to surgical colleagues above their duty to the individual patients and their parents.

(b) Whatever the precise difficulties with obtaining information, the cardiologists knew or should have known by 1990 at the latest, that results at Bristol were weak. There is, in fact, evidence that they did have their doubts about Bristol's care (see the B.H.C.A.G. submissions for more on this).

Paragraphs 20 to 23

10. **Statistics and their Presentation to Parents**. The point here is that parents would like to have been properly informed. The B.H.C.A.G. submits that medicine must be more open and that if patients are trusted to behave sensibly, they will. Hence, the argument that 49% of parents must be told that centres do not come up to the national average is spurious because a good, open system would distinguish between those centres that were only very slightly below average and those (like Bristol between 1984 and 1995) where there was a worrying discrepancy. Dr. Spiegelhalter's work sets out this difference very convincingly.

Paragraph 25

11. **Visits by Cardiologists to ITU**. It is a matter of record that the cardiologists themselves conceded that they were all too rarely able to see children pre- and post-operatively. The lack of co-ordination referred to in paragraph 25 is a matter for which the cardiologists were partly responsible. They should have taken steps to remedy the situation.