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From: Jan Poloniecki [REDACTED]
Sent: 10 November 1999 13:05
To: [REDACTED]
Cc: Maria Shortis - Constructive Dialogue for Clinical Accountability; [REDACTED]
Subject: Open letter to public inquiry on Bristol Royal Infirmary

[REDACTED]
The Bristol Royal Infirmary Inquiry
2-10 Temple Way
Bristol BS2 0BY

Dear Sue,

Thank you for your letter of 8th October regarding my comments on Phase Two of the Inquiry. I would be happy for our correspondence including this letter to be put on the Inquiry's website on the understanding that it represents my personal views and not that of any institution.

The statistical conclusions that have been drawn first by the GMC and now at the BRI Inquiry are fatally flawed by reason of inadequate allowance for repeated significance testing, and not taking into account the method by which Bristol was selected for scrutiny [See Reference for more detail regarding these flaws].

If the Inquiry is to be constructive, it must examine the control processes, and specifically the GMC. It must consider the process by which the case was referred to the GMC, and distinguish this from a random sampling procedure. It must consider the implications of the precedent set by the GMC's findings that Mr. Wisheart should have stopped operating after the 12th case. In doing so, it must be considered that no numerical argument for this conclusion was presented during the trial or in the judgement.

It must explicitly consider the frequency of testing to be allowed for in relation to multiple significance testing.

It must explicitly acknowledge that real differences in death rates exist between operators and between institutions. It must acknowledge that such differences cannot be removed from the NHS.

It should consider whether the question of what is an acceptable difference in death rates is capable of a single answer, and that some differences might be acceptable to some surgeons and some patients but not necessarily to all patients or all purchasers.

It should consider what is a suitable forum for discussion of this topic, and who is a competent authority to specify the size of difference that makes it an offence for a surgeon to continue operating.

Yours sincerely,

Jan

Reference: Half of all doctors are below average. BMJ 1998;316(Jun6):1734-6.
<http://www.bmj.com/cgi/content/full/316/7146/1734>