

5 December 1988]

MR L H PEACH, SIR DONALD ACHESON, MR W K REID CB,
DR I S MACDONALD, CB, and MR J W OWEN

[Continued

[Mr Latham Cont]

(Mr Bourn) No, he did not. To be fair to the British Medical Association, if, having published the report, they wish to make any comments that is entirely for them to do.

252. Of course and they will be considered by this Committee, but they have not given you any comments between the publication of this report and this hearing today.

(Mr Bourn) No, they have not.

253. Sir Donald, could I address you now as the Government's Chief Medical adviser and rightly because it is your job and not Mr Peach's to talk about eggs on the radio, for example—and I heard you doing so today. Has this report and indeed the whole matter of this report been affected by the current trend towards litigation for example? If so did that come out at this medical conference which is referred to in the circular of 1 December, which Mr Peach also mentioned and which you convened?

(Sir Donald Acheson) I am not aware that litigation has influenced the report: litigation is beginning to influence clinical practice. There is a point which should be borne in mind and that is that in my opinion the appropriate way forward is the way that is actually happening, that the profession very quickly—some would say belatedly but very quickly—in the last two years, particularly in the last 12 months, its beginning to get a commitment to undergoing peer review and self audit of their work. No doctor has to undertake an operation. We have to be careful not to get into a situation where consultants, or general practitioners for that matter, decline to do difficult work which it would be in the interests of the patient for them to try to do. There is a balance in this point and the best possible way forward is the profession will indeed grasp the nettle and undertake the work as they have started to do in the last two years themselves without any sort of compulsion.

254. Would it be your judgement as a professional that where a clinician takes a decision to operate on clinical grounds, knowing that if they do not operate the patient may die anyway, and the operation is unsuccessful and the patient does die, would they then come in the category which Mr Cambell-Savours was talking about of an avoidable death? If so, I think that many of us would regard that as a very difficult decision for the surgeon to have to take, particularly if he was faced by litigation prospects.

(Sir Donald Acheson) It is important that surgeons should be prepared, and physicians for that matter, to undertake difficult work that is risky if they think it is in the patient's interest. The 839 deaths which have been referred to are deaths where in retrospect there appears to have been an avoidable factor. It does not necessarily mean that the death would have been avoided if that factor had been corrected. Having said that, I would go back to the point I made at the beginning, that any death which is really avoidable is one death too many and we must seek to avoid these.

255. We entirely accept that; I am sure we all do. It is worth making the point that doctors must regularly be faced with the prospect that if they do no

operate the patient will die and if they do operate the patient will also die and they may get sued as a result.

(Sir Donald Acheson) Further, may I say, they usually have to work on incomplete knowledge at the time.

256. Finally could I ask you one or two questions about the one aspect of this report where it seems there have already been such reviews because they are referred to in paragraphs 2.9, 2.10 and 2.14. Each of them refers to there having been such reviews in maternity services. What have these reviews shown? Paragraph 2.9 says that there had been a review of maternity services, perinatal mortality had been examined with the objective of achieving reductions in the mortality rates. What happened as a result of that?

(Mr Peach) The answer is that the review began in 1952 and during this period there was a very substantial reduction in the maternity mortality. I am actually looking for the numbers on the reduction which took place. It has been running since 1952, during that time the national death rate has fallen from 989 per million in 1951 to 86 per million in 1984: 989 to 86. All obstetricians received copies of the inquiry reports which have influenced the management in pregnancy and labour of haemorrhage, hypertension, ectopic pregnancy and anaesthesia. In the early days of that review—it may be of interest to the Committee to know—just over 30 per cent of the consultants joined in. Now, of course, it is universal.

257. Is it an annual review which has been going on since 1952?

(Mr Peach) Yes, that is correct.

258. Obviously with some very fruitful results.

(Mr Peach) Indeed.

259. Has not the success of that operation encouraged you to believe that it must be spread to other sections? I am surprised in fact that it has been so long if it has been going on since 1952 in maternity, even though at that stage only 30 per cent of consultants were involved.

(Mr Peach) That is right.

260. So it is not as though it was unknown procedure within the medical profession.

(Mr Peach) No.

261. Paragraph 2.14 tells us about "Studies by the professions have provided valuable analyses of the achievements of clinical care" in several services. "They have identified that the effectiveness of clinical care varies between health authorities and that scope exists for improvement". We appreciate that and that is in Table 2 and Sir Donald mentioned that a moment ago. I have written against that "Who knows about this? What happens to this information when it has been achieved?"

(Mr Peach) The information is provided to those people who contributed to the review and it is also provided to the associations which are concerned with the reviews and in some form to management so that it can follow up with the reviews. The main studies