

MR GERALD KEEN'S COMMENTS ON THE

WITNESS STATEMENT OF FIONA THOMAS

PARAGRAPH 31

Fiona Thomas refers to the regular unit meetings which were held in the years when I was consultant surgeon. These were held weekly, as I recall, and were held in the consultants' office. They involved all medical staff, (consultant and junior) together with those senior nursing staff able to leave the patients. Although these meetings were informal they were not minuted in common with normal practice in those days, (pre 1990). Despite her view that nothing of importance was discussed we considered these to be key meetings concerning practice and policy where nurses and doctors engaged in a good natured debate the purpose of which was to stay as effective and as up to date as possible. If Fiona Thomas felt the meetings to be "quite daunting" it is probably because she was very junior at the time; the nursing staff at these meetings were encouraged to have an input which they fulfilled. I don't see how a meeting can be daunting and unimportant (her words) at the same time. Daunting suggests to me an aura of serious and high powered discussion which seems to be a contradiction of her words.

PARAGRAPH 36

Fiona Thomas refers to me and to Mr Wisheart as being old fashioned on our ward rounds as we had an entourage of doctors and nursing staff to accompany us, all apparently in a subservient role with no comments allowed! This is not correct. Consultants' ward rounds are and were a meeting at the patients' bedsides where details of management and problems were fed to the consultants by those on the spot all the time, ie the junior doctors and the nursing staff. How else could the senior staff be made aware of the up to the minute state of play? Despite her use of the words "old fashioned" it is a fact that ward rounds are conducted in every hospital, all over the world, with junior staff and nursing staff in attendance and contributing to the quality of patient care and I daresay that this is exactly what happens in Fiona Thomas's ward today. I cannot see how a consultant can usefully conduct a ward round alone without the help of those mentioned.

It must also be pointed out that consultants' ward rounds in Teaching Hospitals have such a role, which is to teach doctors and nurses. Indeed, some ward rounds are set aside for teaching purposes exclusively. The ward round is essentially a meeting to appraise and inform all concerned, to make decisions of great importance to the patient and to plan our care, having regard to the unique responsibility, morally, ethically and legally on the shoulders of the consultant.