

The BRI Inquiry into paediatric cardiac services in Bristol**1984 – 1995**

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I make this Statement in response to an invitation from the Inquiry to comment on the Statement of Mrs Diane Kennington.

1. I am an Honorary Consultant Physician at Bristol Royal Infirmary and Consultant Senior Lecturer in Clinical Pharmacology and Clinical Dean in Medicine in the Faculty of Medicine of the Bristol University. I am registered as a specialist in General Internal Medicine and Clinical Pharmacology and Therapeutics. I qualified MB BS from King's College Hospital Medical School in 1969. I was appointed Consultant in Bristol in 1980. I have been a Regional Adviser to the Royal College of Physicians from 1991 to 1998.
2. I was Chairman of the Division of Medicine at Bristol Royal Infirmary from September 1993 to July 1995 after which time the chairmanship passed to Dr. Richard Mountford.
3. The Division of Medicine comprises Consultants and senior registrars in the medical specialties concerned with adult services at Bristol Royal Infirmary. Its purpose is to provide professional advice to the Directorate of Medicine which has the executive responsibility. Its business concerns mainly internal organisational matters and policy formulation.
4. During my chairmanship and previously I had become concerned about the procedure for arranging hospital post-mortem examinations. During my undergraduate and postgraduate career regular attendance at the post-mortem room had been an extremely valuable educational experience. I had long held the view that autopsy was the only certain way that a pre-death diagnosis could be validated. It is often possible to fully satisfy the requirements for death certification without a post-mortem, whilst underlying abnormalities may remain undiscovered unless a post mortem is performed. I believe that lessons are virtually always

learned from autopsies and that the procedure provides one important base of medical education.

5. It had been my perception during the previous two years that post-mortems were not being carried out on patients dying under my care when important lessons might have been learned. The junior doctors on my team had implied to me when I had asked why particular post-mortem examinations had not been performed that it was often difficult to see relatives. This was because death certificates which had been written early in the day tended to be collected without the doctors being offered a chance to talk to the relatives. It was also true that some junior doctors did not agree with my view that a post-mortem should be requested in most instances. I think some also tried to avoid this difficult situation which is a major test of a doctor's capacity to communicate and to be sensitive to people's wishes and fears. For this reason I raised the whole question as an agenda item within the Division in May 1994 to ascertain whether a consensus could be established. The issue was debated further in the meetings of March 1995, November 1995, January 1996 and March 1996. (See **Annexes 1-5.**)
6. The question of whether post-mortems should be requested in the majority of cases was discussed. The view was that, in general, post-mortems were desirable educationally and should be requested. However I recall that the Care of the Elderly physicians felt that they would only want to request a post-mortem in a minority of deaths. This was because the cause of most deaths was thought to be straightforward and because of the large numbers involved. Some physicians felt strongly that we should encourage generally an increased number of autopsies for the reasons I have stated above.
7. The other question with which we were concerned was whose responsibility it was to request the post-mortem. The possibility that the Patient Affairs Officer might take on this responsibility was first raised in the meeting of November 1995 at which time I had ceased to be chairman of the Division. It was reconsidered at the meetings of January 1996 and March 1996. Again there was not unanimity amongst the consultants, but discussion in the January meeting reaffirmed that it was the doctor's responsibility to request the post-mortem from relatives. However in March 1996 it was agreed that individual consultants could make arrangements with the Patient Affairs Officer "to discuss with relatives the question of post-mortem examinations and removal of aortic material for grafting" if they felt that was appropriate (Ref: Minutes of the Division of Medicine meeting dated 19th. March 1996.) My own view was that it was the responsibility of the medical staff to make sure that they saw relatives and particularly to make the request for the post-mortem if they sensed that such a request would not cause upset. This had been the practice during my own years as a house officer, SHO and registrar. In contrast, some physicians felt happy to devolve responsibility to

the Patient Affairs Officer. I recall that the agreement in the Division was that physicians who were happy to devolve responsibility should clearly express that to the Patient Affairs Officer. My own instructions to her at the time were that a member of my team should be called to meet relatives and if no-one was available then I should be called.

8. All the above parts of my statement reflect my recollection of the proceedings, which I have found to be supported by the Division Minutes. I now turn to making direct comments on the evidence submitted by Mrs. Kennington.
9. Overall I have only one observation of fact. I believe that the change in Mrs. Kennington's role, to which she refers repeatedly, occurred during 1996. This recollection is supported by the Minutes of the Division of Medicine meeting of March 1996.
10. The points made in the paragraphs in which I am personally referenced are substantially correct. I do however feel that the wording in paragraph 23 of my concerns suggests a somewhat insensitive attitude on my part, which would be a misrepresentation. However if the paragraph is taken in the light of my own statement above then I have no concerns.
11. For information I would confirm that the survey to which Mrs. Kennington refers in Annex 5 of her statement was received by the Division of Medicine at its meeting of March 1995 under my own chairmanship.

Signed


Dr Clive J C Roberts

Date

19th July 1999