

THE BRISTOL ROYAL INFIRMARY PUBLIC INQUIRY

STATEMENT OF: MARY LORRAINE KESBY

OCCUPATION: Part-time Staff Nurse

AGE: 59

1. I make this Statement as someone who has worked at the Bristol Royal Infirmary as a Staff Nurse from 1987 onwards, in particular working in the Cardiac Surgery Out-Patients Clinic. Whereas this has primarily dealt with adult patients, there was a regular through-put of older children, in particular teenagers, and who were therefore patients within the Terms of Reference of this Inquiry. The comments which follow are general as to the way in which the Clinic was conducted, but they apply equally to the children among those patients as they do to the adults.

2. I qualified as a Nurse in 1961 having undertaken my training at the BRI, and after working elsewhere and also bringing up my family I returned to the BRI in 1987. This was on a part-time basis, then working some 18 hours a week, although currently I have reduced these to 13 hours a week. Throughout this period I have worked in the Cardiac Surgery Out-Patients Clinic, and during that period I have worked with five different Consultants in Cardiac Surgery, namely Mr Keen, Mr Wisheart, Mr Dhasmana, Mr Hutter and Mr Bryan. My longest period of involvement was with Mr Dhasmana, and for the purposes of

this Inquiry, I would wish to comment in particular on the way his clinics were conducted, and also those of Mr Wisheart.

3. These clinics involved patients prior to any surgery as may have been appropriate, and I had no direct contact or experience with those patients either at the time of surgery or subsequently on the wards. There was however a very established pattern as to how these clinics were conducted, and as Mr Dhasmana preferred a nurse to be present, wherever possible, when he was seeing patients. I observed what happened first hand.

4. I consider that Mr Dhasmana had an excellent manner with his patients. Firstly he was very kind and very caring, always respectful of his patients and always polite. He listened carefully to what they had to say and was always ready to discuss their concerns. Typically, after introducing himself, he would ask his patients what they considered their condition to be, so that he started with an understanding of how they felt about things. Having heard from them he would then proceed to explain his view of the situation, often illustrating what he was saying with drawings. I would also say that he was very honest with his patients in giving his assessment, and would be very clear and very specific as to his diagnosis and the implications. This applied in the same way to children he was treating when meeting with them and their parents. It was noticeable that he was particularly caring and 'warm' with the children, and he was very good at establishing a bond with them. He was also very respectful of a child's modesty. The young patients I saw with him liked him very much.

5. Mr Dhasmana was very particular and liked everything to be right. He set high standards for himself and for the people that he worked with. If something was not right, he would point it out directly but do so in an appropriate manner: it was not his style to shout at people.
6. He would make a point of being prompt, and did not like to keep people waiting, but he made sure that he allowed plenty of time to talk everything through with his patients.
7. If ever he felt that surgery was inappropriate in any particular case, he would explain at great length why he felt that was so. Generally he was reluctant to deny anyone the opportunity of improving their condition or saving their life through surgery, and would only do so if there was very good reason. He was also particular about making his patients understand the risks of an operation. He would express this in percentage terms but, to make sure that the patient understood, he typically would explain it further. For example if there was a 10% risk, he would explain that out of 100 people perhaps undertaking such an operation, 10 of them would not survive. He appeared to have no qualms about spelling out to a patient the high risk involved in particular operations, and be very direct about the risk of the patient suffering a stroke.
8. He would also make it clear that he was happy to speak to any close relative of a patient, and indeed he usually preferred for the next of kin to be present when he discussed the operation as he would not want

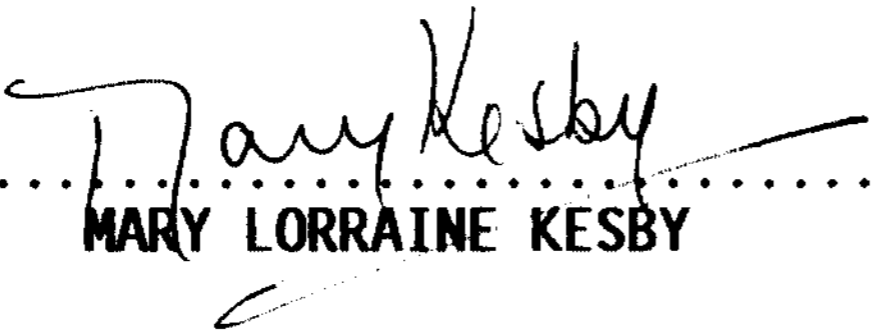
to say anything to the relative that he might not have said to the patient particularly in the more difficult cases.

9. From the time that the controversy over the Cardiac Services at Bristol opened up, I was aware that he was under a lot of stress, but he did not let this affect his relationship with his patients. Where appropriate he was quite prepared to make reference to this situation to his patients, and he would be honest and open about such matters.
10. I was not directly involved in the post-operative care, but I could still observe that he was very thorough in his care and attention to post-op patients when they attended clinic, and very concerned to ensure that he did everything possible to achieve a successful outcome. Most of his post-op patients made a point of telling me of his dedication and care during their stay in the ward. If things did not go right, and in particular when a baby or a child had not survived I could tell that he was personally very upset, although I do not believe he ever allowed it to affect his care of other patients. He put 100% effort into everything and was a perfectionist.
11. I personally held him in the highest regard as a person to work with, and as far as I was aware, other staff in the Out-Patients Clinic also liked him very much and got on well with him. I cannot recall anyone ever speaking critically of him.
12. I also worked with Mr James Wisheart during that time, although not to the same extent as with Mr Dhasmana. Also, when he saw patients, he tended to see them on his own, and generally I was not present. Having

said that, I was usually working very close at hand, and as the rooms were not particularly well sound proofed, I was usually very much aware of what he said to his patients.

13. Typically he would allow a full half hour to go through everything with his pre-operative patients. He had a very regular pattern of how he dealt with everything, and he was very thorough in covering every aspect. He also made sure that there was time to deal with any questions the patients had, and he was very happy to talk through any of their concerns. He also preferred the next of kin to be present at these consultations.
14. Mr Wisheart was also very caring towards his patients and very concerned with their welfare. Many times I was told by them of his dedicated care during their stay in the ward. Again my experience was primarily with the adult patients, but Mr Wisheart also had a very good manner with the younger patients.
15. Although it is fair to say that I would not ordinarily have had a great deal of contact with theatre staff or with other staff on the wards, I most certainly was not aware at any time of any undercurrents of concern among the staff about the Surgeons or as to the outcomes of their operations. Throughout this period of time I would have been in contact with a lot of patients, and I cannot think of any who ever suggested to me that they were not happy about any aspect of their treatment by the Surgeons.

16. In conclusion, I would simply wish to say that from my experience of working with Mr Dhasmana and Mr Wisheart on cardiac cases over a long period of time their care for their patients and their commitment to their work was always very apparent, and I hold them both in very high regard.

Signed 
MARY LORRAINE KESBY

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