

**RESPONSE OF JAMES D WISHEART TO THE STATEMENT OF
DR PETER BASKET, DATED 12 AUGUST 1999**

GENERAL COMMENTS

1. In his statement Dr Basket seems to make it quite clear that he had no direct knowledge of paediatric cardiac surgery during the period of the Inquiry's Review, namely 1984 to 1995. He says:
 - He was not involved in it (Para. 6)
 - He had no specific expertise in (?paediatric) postoperative intensive care (para.6).
 - He only worked in the BRI one day per week (para.17); and of course he was not able to be present every week.
 - He had limited information on which to base a judgement (para.17)
2. His knowledge of matters pertaining to paediatric cardiac surgery depended on information provided by others (para.17-25) and was not always complete or accurate.
3. Although we had known each other for a long time (para.17) he did not draw my attention to his concerns at any time.

SPECIFIC COMMENTS

1. OPERATION TIMES

Paragraph 9

'.....cardiac surgery in Bristol took longer than in other centres, both in relation to the overall operating time and the prolonged periods that the patients were on bypass. In

addition, the cross clamping times appeared to be excessive and I believe that these may have been a contributing factor to morbidity and mortality.'

'.....Mr Wisheart was somewhat slower than the other surgeons in Bristol....'

Comment

- Dr Basket appears to make his remarks in relation to paediatric cardiac surgery (see the first sentence of the paragraph) and they therefore must relate to the period ending 1980-81 when he ceased to do paediatric work (para.6).
- Dr Basket's chief concern seems to be with the speed of surgery. As a surgeon I had to balance, to the best of my ability, the need to be as quick as possible and the need to avoid over hasty surgery and its adverse consequences. I regarded myself as a careful surgeon, on the slower side of average, but not excessively slow.
- Dr Baskett's comments are based on impressions only. Whilst he typically encouraged one to conclude operations as quickly as possible, I do not recall that he ever expressed concern about the duration of my operations influencing the clinical outcomes.

2. PARAGRAPH 11

– No comment

3. AUDIT

Paragraph 12 –

'.....during the time I was anaesthetising in paediatric cardiac cases no audit data was compiled, either as to the speed of operation or the clinical outcomes.'

Comment

- Dr Basket is referring to the period ending 1980-81.

- He is correct to say that there was no audit on speed of operation.
- He is not correct to say that there was no audit of clinical outcomes. Annual statistical summaries were being prepared at that time in a simpler form than in later years. Returns were made to the UK Cardiac Surgical Register from 1977.
- The multi disciplinary evening meetings, and the clinical pathological conferences probably began in the years after 1980-81.
- Very few doctors were engaged in audit (in the present meaning of the term) in the late 70s or early 80s.

4. DR BOLSIN'S AUDIT

Paragraph 17 –

‘Dr Bolsin described to his colleagues in the anaesthetic department, the results of the work he had undertaken..... they indicated improvements in the outcomes from complex paediatric surgery in Bristol were needed.’

Comment

I do not know when this occurred but paragraph 18 would suggest that it was sometime during 1994.

- Our working lives were devoted to improving the outcomes in complex, and all other forms of paediatric cardiac surgery.
- Unfortunately neither Dr Bolsin, nor those of his anaesthetic colleagues who were aware of its existence, shared the results of his audit with the paediatric cardiac surgeons or paediatric cardiologists. He was required to do so by the Chairman of the Trust in May 1995.
- Dr Bolsin's data had not been verified and later it became apparent that there were significant errors in his VSD mortality figures.

5. THE ANAESTHETISTS' LETTER OF 21 JUNE 1994

Paragraphs 18 – 19

'We requested a review of the results of the arterial switch procedure.....' '...Dr Monk engaged in discussions with Mr Wisheart....'

Comment

- I did not know of the existence of this letter or its contents until I saw it in a television programme either in 1995 or 1996.
- Dr Monk did not engage in discussions with me about this letter.
- There had actually been regular and frequent reviews of the switch procedure in the two years prior to the letter. There had been reviews at:
 - Paediatric cardiological audit in June 1992(Mr Dhasmana)
 - Special Review Meeting in the Dept. of Anaesthesia Dec. 1992
 - An audit of the neo natal switch operation in Dec. 1993 by Dr Hayes.
- Dr Basket was not involved in paediatric cardiac surgery and could not be expected to have known of these events.

6 THE DECISIONS OF 1994

Paragraphs 21-22 -

'.....Professor Angelini's proposed improvements.....' '.....the withdrawal of Mr Wisheart and Mr Dhasmana's participation in paediatric cardiac surgery.' 'I had expected the complex work would be postponed.....'

Comment

- The Trust's decisions of 1994 were the results of a working group which began work in December 1993, of which I was a member.

- Its main recommendations were (1) to move paediatric cardiac surgery to the Children's Hospital, (2) to appoint a new surgeon. The new surgeon would work with Mr Dhasmana and Mr Wisheart would stop paediatric cardiac surgery once he took up his appointment. These proposals were accepted by the Trust in July 1994. Mr Pawade was appointed in September 1994 and came to Bristol to begin work on 1st May 1995.
- Both Professor Angelini and Dr Bolsin participated in this working group to some extent and made their contributions. The proposals were not Professor Angelini's in any sense other than that he was a member of the group. There were no proposals specifically associated with the name of Professor Angelini; this notion has arisen in the intervening years.
- It was always widely known and documented that Mr Dhasmana would work with the new surgeon and that I would withdraw on his arrival.
- There was never any proposal, discussion or agreement about not doing complex work until Mr Pawade came. This again is a notion which has arisen in the intervening years.
- Unfortunately Dr Basket has no direct knowledge of these matters and has been provided with misleading information.

7 THE SWITCH AND AV CANAL OPERATIONS

Paragraphs 23-24

'I subsequently became aware of the continuation of complex paediatric cardiac surgery, despite poor results in switch and AV canal operations.'

Comment

- Dr Basket is referring to the period after Sept. 1994 (see paras. 22,23)
- The neo natal switch operations (done by Mr Dhasmana only) had stopped in October 1993.

- Regarding the non-neonatal operation, which was only done by Dr Dhasmana, there were fifteen operations with three deaths over a four and a half year period (1990-1994). This was regarded by the paediatric team to be similar to what was expected. The only non neo natal switch operation carried out after September 1994 was in January 1995.
- AV Canal operations (same as operations for complete AVSD) by Mr Dhasmana had results similar to the national average. I did not perform any AVSD operations after August 1994. The results of my AVSD operations shortly before that time were disappointing and I believe that these results were influenced by a run of difficult cases.

8. MR WISHEART AND MR DHASMANA REFUSED TO WORK WITH DR BOLSIN

Paragraph 25

'I was very unhappy with the decision of Mr Wisheart and Mr Dhasmana to refuse to work with Dr Stephen Bolsin after he had raised the question of their results....'

Comment

- Mr Wisheart and Mr Dhasmana refused to work with Dr Bolsin in April 1995 only after his criticism of the surgeons was published in a national broadsheet.
- Dr Bolsin had openly criticised the surgeons in January 1995, and we learnt of the existence of the secret audit in February 1995 but continued to work with him at that time – i.e. after he had questioned our results.
- Following publication of his views in a national broadsheet there was no basis of mutual trust within which we could work together as a team, and to have attempted to do so would have put patients at risk.