

THE BRISTOL ROYAL INFIRMARY INQUIRY
STATEMENT OF PETER JOHN FIRTH BASKETT

I, PETER JOHN FIRTH BASKETT of [REDACTED]

[REDACTED] says as follows:-

1. I am a registered Medical Practitioner. I trained in Medicine at Queen's College, Cambridge and Queen's University, Belfast. I held house appointments in Belfast and after various other appointments in General Practice and at the University of Belfast in the Department of Physiology, I took up Anaesthetics at the Royal Victoria Hospital in Belfast as a Senior House Officer and subsequently as a Registrar.
2. I then moved to Bristol as a Registrar and then a Senior Registrar both at Bristol Royal Infirmary and Frenchay Hospital. I was appointed a Consultant Anaesthetist to both of those hospitals on 1st January 1966. I spent one day per week at Bristol Royal Infirmary anaesthetising for the Cardiac and Gynaecological Surgeons. The remaining 4 days I spent at Frenchay Hospital, Bristol doing orthopaedic trauma and gynaecology lists. I retired from my post at Bristol Royal Infirmary on 31st July 1996, but continued to retain a Consultant appointment with Frenchay NHS Trust at Frenchay Hospital, Bristol from which position I retired on 1st August 1999.
3. I was a Council Member of the Royal College of Anaesthetists between 1983 and 1995 and the President of the Association of Anaesthetists of Great Britain and Ireland between 1990 and 1992.
4. Whilst working as a Consultant Anaesthetist I had a particular interest in resuscitation and the management of accident and emergency cases. I undertook anaesthetic procedures for cardiac surgery from 1966 until 1996. When I resigned my Consultant appointment at Bristol Royal Infirmary I reduced my anaesthetic

sessions to 5 per week. When I was involved in cardiac work, this would occupy one day of my working week.

5. In relation to paediatric cases, I did become involved in these in the very early days in the 1960s and 1970s. The paediatric work, at that time, was much simpler than it became later. I was also involved in paediatric work towards the end of the 1970s and the early 1980s. Paediatric work only comprised approximately 25% of the cardiac work I did.

6. I decided to cease anaesthetising in paediatric cardiac cases because I did not believe that I was doing a sufficient number of cases to maintain my level of expertise in what was becoming an increasingly demanding area of specialty, particularly because of the greater need for post-operative intensive care, an area in which I did not have any specific expertise. Although I cannot be certain as to the precise date, I ceased paediatric work in either 1980 or 1981.

7. I first became acquainted with James Wisheart as a Medical Student in Belfast and we sometimes played rugby together for the University. I have, therefore, known Mr. Wisheart for some 30 to 40 years.

8. After knowing each other whilst working in Belfast, we became reacquainted when Mr. Wisheart was appointed as a Consultant Cardiac Surgeon at the Bristol Royal Infirmary in the 1970s. Mr. Wisheart's work involved him in carrying out surgery on both adults and children.

9. During the time that I was working at Bristol Royal Infirmary dealing with paediatric cases, there were occasions on which I anaesthetised for James Wisheart. In regard to operating speed, whilst Mr. Wisheart was somewhat slower than the other Surgeons in Bristol, I gained the impression, having spoken to Anaesthetists working in other Centres and comparing their experience, that 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 by-pass. In

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

10. In regard to Mr. Djanardin Dhasmana, I first met him when he was appointed as Senior Registrar in Cardiothoracic Surgery based at both Frenchay Hospital and Bristol Royal Infirmary where he performed his cardiac work. I maintained my acquaintanceship with him when he was subsequently appointed as a Consultant Cardiac Surgeon at the Bristol Royal Infirmary. My impression of Mr. Dhasmana was that he was a doctor who took his job extremely seriously and like Mr. Wisheart, gave considerable time and effort to his patients and their relatives.

11. I also anaesthetised for him and gained a similar impression of Mr. Dhasmana as I did of Mr. Wisheart in regard to the speed of operation.

12. So far as I am aware, 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.

13. I first met Stephen Bolsin when he was appointed as a Consultant Cardiac Anaesthetist in the late 1980s. He came from a background of having had a lot of experience in both adult and paediatric cardiac surgery having worked in a number of Specialist Centres in both England and Australia. He came to Bristol Royal Infirmary with a very good reputation and recommendation and, indeed, there was no doubt that he was a very skilled Cardiac Anaesthetist as befits his appointment at a Teaching Hospital with the potential to carry out research.

14. It became clear that Dr. Bolsin had a particular interest in audit and one of the first things he did was to audit all his own and his colleagues work and the work of the Cardiac Surgery Department in general.

15. Indeed, I gather that he obtained a grant through the Department of Health to enable him to carry out this work. In my view, Dr. Bolsin's activities were entirely

motivated by a desire to produce the best outcome for the patients being treated in the Department and that this was his only reason for undertaking the audit work. Indeed, I understand that he wished to produce a blue print which would allow similar work to be undertaken throughout the United Kingdom. The purpose of this was to provide a template for variables to measure in order to be able to produce the leading factors so that all medical staff involved with patients could produce the best possible results.

16. I cannot remember when I first became aware that Dr. Bolsin was conducting audit research into paediatric cardiac results in Bristol, but I suspect it was probably within a couple of years of his appointment.

17. Dr. Bolsin described to his colleagues in the Anaesthetic Department the results of the work that he had undertaken. Whilst I cannot remember the detail, I do recall that they indicated that improvement in the outcomes for complex paediatric surgery in Bristol were needed. This information did not come as a major surprise to me since I suspected that clinical outcomes were probably not as good as at other Centres. I should stress, however, that because I only worked at Bristol Royal Infirmary on one day per week, I had limited information on which to base a judgement.

18. When this information came to my attention, I signed a letter dated 21st June 1994 which was also signed by all of the Cardiac Anaesthetists and which was addressed to Dr. Chris Monk, the Clinical Director of Anaesthesia. The letter, a copy of which is appended to this Statement, expresses our joint concern at the arterial switch programme which was being undertaken at the time. We drew attention to the fact that the mortality for the operation was apparently high, particularly for operations undertaken in the neo-natal period. We requested that a review of the results of the arterial switch procedure be undertaken involving all of the Cardiac Anaesthetists, Cardiac Surgeons, Paediatric Cardiologists and the Director of Cardiac Services.

19. It is my understanding that whilst Dr. Monk engaged in discussions with James Wisheart regarding this letter, no action was taken to undertake the review that was requested.

20. I was invited to sign the letter even though, at this particular time, I was no longer carrying out any cardiac anaesthesia for paediatric patients. Having verified the high death rate myself, I decided to put my signature to the letter.

21. I was very pleased to learn that Professor Angelini's proposed improvements were sanctioned by the Trust in 1994, these included the appointment of a renowned Expert in the field, Mr. Ash Pawade, and the transfer of paediatric cardiac surgery exclusively to the Bristol Children's Hospital.

22. In September 1994, I believed that Mr. Pawade's appointment would be followed by the withdrawal of Mr. Wisheart and Mr. Dhasmana's participation in paediatric cardiac surgery. I had expected that complex work would be postponed or cases transferred in the interim between Mr. Pawade's appointment and the commencement of his clinical work.

23. I subsequently became aware of the continuation of complex paediatric cardiac surgery, despite very poor results in switch, and AV canal operations. I was disappointed to learn of sporadic activity in this field, especially of a switch operation in January 1995 which had an unsuccessful outcome.

24. In light of the poor success rates of Mr. Wisheart and Mr. Dhasmana in complex paediatric operations involving switch AV canal procedures, I believe it was unwise for the Clinical Director of Anaesthesia and the individual Consultant Anaesthetists to continue to anaesthetise these cases. In my view, the cases should have been transferred to another Centre or postponed until the arrival of Mr. Pawade.

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 and equally distressed that the Anaesthetic Department agreed to comply with the Surgeons request to re-arrange the rota. I personally refused to co-operate to change my on-call to suit the Surgeons specific wishes in this regard, but due to the large number of Anaesthetists involved in the rota, I do not think my decision had any serious impact.

26. I believe that the facts stated in this Statement are true.

DATED this 12th day of August 1999.

Peter Firth Baskettt

.....
PETER JOHN FIRTH BASKETT

Janardan Prasad Dhasmana

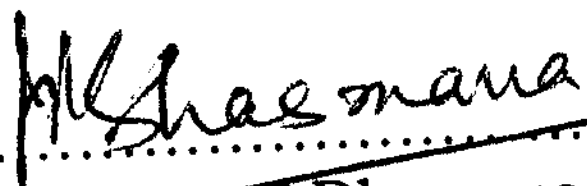
Response to Dr Peter John Firth Baskett's Statement

I, Janardan Prasad Dhasmana served the Bristol Royal Infirmary and the Children Hospital as a Consultant Cardiothoracic Surgeon from 1st January 1986 to 9th September 1998. I have known Dr Baskett since September 1975 when I joined the cardiac department as a surgical registrar. I have read Dr Baskett's statement and submit the following:

1. I do not have any comments on his remarks in paragraphs 10 and 11 as these appear to be his personal observations. However I would wish to point out that Dr Baskett has never anaesthetised any of my paediatric patients under 10 years of age. His usual cardiac anaesthetic session used to be on Wednesdays when I would be working at the Children hospital. Therefore he was not a regular anaesthetist even for my adult patients. Our paths have crossed when we would be covering colleagues during holidays and leaves. Dr Baskett never made any adverse remark or criticism of my operating technique on the few occasions we have worked together on adult patients.
2. In paragraphs 18-20 Dr Baskett speaks about signing a letter dated 21st June 1994, about which I was completely ignorant at that time even though I was the concerned surgeon in the letter. Dr Baskett was a senior figure in the hospital, a Past President of the national association of the Anaesthetists and well known for his outspoken views. He had known me for about 20 years by that time with reasonably good working relationship. He could have easily appraised me of his concerns and also about the letter.
3. I am surprised about Dr Baskett's remark in paragraph 21 that it was Prof. Angelini's proposal, which was accepted by the Trust in 1994. Actually it was the culmination of joint effort of many individuals, including myself, who were working on various committees for the separation and expansion of paediatric cardiac surgical service at the Children Hospital. The work on these committees started as early as 1989.

4. I would like to question of his source of information in paragraph 22 that I would withdraw from the paediatric cardiac surgery following Mr Pawade's appointment. Mr Wisheart was scheduled to withdraw on Mr Pawade's arrival but I would have continued as second surgeon. This was listed in the UBHT's plan for the future and also mentioned in the Job description of the new surgeon. The de Leval and Hunter committee made similar recommendation after their investigation in 1995.
5. In paragraph 25 Dr Baskett raises the same issue as raised by Dr Bolsin in his statement (page 2-section g). The decision was taken on the basis of the legal advice following the media publicity in April 1995. I have already explained this in the paragraph 3 of my response to Dr Bolsin's statement.
6. The contents of the above statement are correct to the best of my knowledge and belief.

Signed:.....


Janardan Prasad Dhasmana

Dated:.....

17 September 1999.