

Janardan Prasad Dhasmana
Response to Dr Geoffrey W Burton's statement
To the BRI Public Inquiry

1. 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 read Dr Burton's statement sent to me recently. I have known Dr Burton since 1975, when I joined the department as a Registrar in cardiothoracic surgery and he was a Senior Consultant Anaesthetist. I worked closely with him when appointed Senior Registrar in 1978 and as a colleague when appointed consultant in 1986 till 1989/90, when he retired from the paediatric cardiac surgery.
2. My response to Dr Burton's statement concerns two issues raised by him, responsibility of the patient care in the cardiac ITU and his comments after visits to different institutions.
3. I beg to differ from Dr Burton's statement that the postoperative care in the ITU was the Surgeon's primary responsibility. I stand by my statement on the subject (WIT 0084 0087 – 0091), particularly under heading G4-5, when I mentioned a multidisciplinary approach. Dr Burton used to keep very close and intensive presence in cardiac ITU at BRI and also in the Children hospital, till new appointments were made in the late 1980's. I learnt a great deal from him as he used to advise me on haemodynamics, inotropes and fluid replacement as well as keeping almost total control on the respiratory status particularly ventilation in children. I clearly remember our midnight meetings by the bedside in the ITU, when the patient's condition would be reviewed, discussed and the management plan for the night would be agreed. Of course, it would be the consultant surgeon's name on the patient's chart but the management was a shared responsibility. As I have mentioned in my above statement Drs Burton and Masey used to alternate for sick children till new appointments were made in 88/89.

4. Dr Burton has mentioned his visits to other places. I do not recall him giving any feed back. He feels that long bypass and cross clamp time may have contributed to some of our poor results. This has already been discussed during the course of this Inquiry, including expert's opinion during CCNR reports. I would like to suggest that total operation time is also important, which includes anaesthetic time before surgery. Regarding the cardioplegic techniques in children, I always kept pace with the practice and development in the field from literature and from my attendance at different conferences and meetings already mentioned during oral and written evidence submitted to the Inquiry.

5. The contents of above statement are true to best my knowledge and belief.

Signed:.....

Date: 22 September 2000

Janardan Prasad Dhasmana