

professional issue. He was concerned about the outcomes of cardiac surgery in a number of children at the BRI. He was personally involved as he had anaesthetised some of the children and continued to have responsibility for future cases. I understood that he was talking to me as a professional colleague and one who had practised as an anaesthetist and would understand the difficult position he felt he was in, but who also might have some useful advice on what practical steps he could take.

I should make it clear at this point that such approaches from NHS colleagues for discussions and advice are not unusual for officials in the DoH. Any approach has to be considered and a judgment made about handling. In this case, I understood Dr Bolsin's enquiry to be confidential to me and I would not normally have divulged what he said to others without his explicit agreement. Dr Bolsin told me of some of the steps he had already taken which I believe included consulting his own Anaesthetic Department colleagues and the Royal College. I questioned Dr Bolsin on the robustness of his data. I did not know the details of the types of surgery or the numbers of cases involved. If the numbers were small then it would be difficult to make a definitive judgment about the quality of surgery for that reason. Dr Bolsin said he was confident of his data. I did say that he should ensure it was as good as possible. My concerns were that a clinician's practice should not be judged on the basis of less than validatable evidence and that, if it were inadequate, Dr Bolsin could be criticised, when I felt his intentions were genuine.