

A There may have been additional meetings in the evenings at which the anaesthetists were present. I am not absolutely sure about that. But they certainly were not present, as you rightly say, at the audit meetings in 1992 at the children's hospital.

Q And so, if this concern about the neonatal switch programme was raised, was it raised with them, or not?

A I do not remember specifically myself discussing that with them at the time, but it is possible that I did.

Q You said earlier today that the mortality was very different when it was a pioneering operation. I think that was your expression. In 1992 were neonatal switches, in your judgment, in any way pioneering operations?

A Not with regard to the general community, no. But any new operation you undertake, any change of practice, I suppose to a certain extent is pioneering to that unit, but not on a more general basis.

Q Explain exactly what you mean by that, please. I do not want to put any words into your mouth. You say not as regards the general community. What do you mean about Bristol in terms of neonatal switches in 1992? How were they seen by you?

A As I say, when you undertake a new procedure - I do not know whether this term has been used before - it has been recognised that you might have what is called a learning curve, i.e. the mortality in the first period of a certain operation might be higher than it is later on. I certainly was not clear at that stage whether what we were seeing was related to that or whether we had a bad run of patient anatomy. There were a number of factors that were not completely clear at that stage.

Q But, in terms of pioneering, how did you see it in 1992 at Bristol?

A Not pioneering in the sense of being the first to undertake that kind of surgery, but a change of practice.

Q If you had been tapped on the shoulder by somebody asking questions of you at the very outset of the neonatal arterial switch programme and had been asked the question, "Do you see these people as being different and these operations as being different from the non-neonatal switches which Mr Dhasmana has been performing?", would you have answered "Yes" or "No", or in another way?

A I do not think I would have used a straight black and white answer to that. As I have already indicated, there are differences and there are similarities. When we embarked on these patients, our assessment of what we might expect was perhaps that we would have expected similar results to the non-neonatal switches in terms of mortality, et cetera. Certainly I know that our feeling at the time was that, when you do the first one, you have no reference point to discuss risk, and risk at that stage would have had to be based, if you