

A In the neonatal programme. Papers would come out with 4 of the first 10 died and, of the remaining 100, only 6 died. That is the type of thing they would put up now. So that means now they are talking of the neonatal programme and we knew in a way that they were doing older switches before, like Quaegebeur if you read his paper, he really says that he started older switches in 1977 and it was in 1983 when he started a neonatal programme and still he talks about that, even in a neonatal programme, the year of surgery was irrespective (sic), so really he is saying that though technically it is a similar type of operation, it is two different groups that you are dealing with, so even though the operation is called the same thing, arterial switch, I never considered them in the same group really.

Q You did not consider them as the same group; can I ask you this then: where if at all, in deciding to go ahead with the neonatal programme, did you place your own experience on the non-neonatal programme?

A In 1991, I thought I was very well equipped really. I had now performed about 12 or 13 older switches, I had dealt with coronary abnormalities, of course I had not by that time seen any intramural coronary artery but different types of coronary abnormalities and I had tackled those difficult dissections, so technically I thought I was very well equipped now to deal with a neonatal switch programme.

Q The first patient you operated upon was [REDACTED]

A That is correct.

Q Can I ask this before we move onto a specific case: was a specific decision made "we will move on" or was the decision on [REDACTED] that an arterial switch procedure would be done one that, if you like, was appropriate at the time, ie at the time [REDACTED] was discussed?

A As I mentioned before, we had been talking about it in 1991, and by late 1991 we were almost waiting. [REDACTED] was Dr Jordan's patient. Dr Jordan by this time had seen my presentation on different occasions and even this neonatal switch -- this Kirklin paper -- and by that time Rob Martin was also keen. So Dr Jordan said, "We have got this transposition baby come in now, and if you are prepared to start then we plan it for arterial switch now, otherwise we go on a different programme now". So, in a way, it was in accordance with our plan, but Dr Jordan then presented the case.

MISS DAVIES: (To the Committee) Sir, may I tell you what I would like to do? I am raising it now because it is quite a heavy part of the evidence. I am going to go through all the neonatal switch procedures and the non-neonates, insofar as they are contained in schedule D. It would not be my intention to take each one in the same amount of detail as the first, because as to the first I am going to ask Mr Dhasmana to explain the procedure and as to the remainder