

PRIVATE AND CONFIDENTIAL

A meeting was arranged by the Medical Director of the Trust for 17.30 hrs on Wednesday 16th January. The operation was scheduled for 08.00 hrs the next day. All three paediatric cardiologists were present with both paediatric cardiac surgeons, the Director of Anaesthesia and three paediatric cardiac anaesthetists (including myself). Professor Angelini was not invited and neither was Dr Ian Davies (Consultant paediatric cardiac anaesthetist). Dr Davies had openly expressed such profound reservations about the 'switch' programme that he had told the Director of Anaesthesia that he did not wish to anaesthetise patients for these operations in Bristol. Professor Angelini had already written to the Medical Director of the Trust (Mr Wisheart) expressing his complete opposition to the operation proceeding in Bristol and placing the responsibility for the safety of the child in the hands of the senior management of the Trust. Copies of this letter were sent to Dr Roylance and Mr McKinley.

One of the features of the meeting was the production (for the first time) of the mortality figures for all the 'switch' operations undertaken by both surgeons from 1988-95. These data had been collated by both the surgeons and Dr Underwood and Dr Prynne (Consultant paediatric cardiac anaesthetists involved in the 'switch' programme). The fact that the surgeons' figures had to be modified at that meeting to produce the actual results suggested that these figures had only just become available. This was the first time that the results for this operation were reviewed by a multidisciplinary team. The results confirmed that the overall mortality rate for the neonatal arterial 'switch' operation was 67%. These figures were worse than my estimates of July 1994.

I put forward the view that there was an obvious institutional problem with the arterial 'switch' operation in Bristol and that, particularly in view of the recent events, to expose a child to unnecessary risk when the Trust was already committed to a new surgeon and a new site was unwise. The meeting was presented with data from the 'switch' programme which had been subdivided by age (over or under 1 year) and year of operation (before or after 1990). The meeting was asked whether, on the information presented for the specific category into which the prospective patient fell, there was enough evidence that the results in Bristol were 'significantly worse' than the 'national average'? It was apparent that the effect of the precise subdivision of the data was to create a small group, in comparison to which the Bristol results could not be said to be worse. The numbers were small and the 'national average' comparator was itself contentious containing an unknown number of non-'switch' operations for transposition of the great vessels. I had to agree that the data, as it was presented, would make it very difficult to demonstrate with any degree of certainty that the Bristol