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STATEMENT OF JENELLE JOY LAW of address know to the Queensland Nurses'
Union of Employees

1. I am an enrolled nurse licensed to practise in the State of Queensland. I have been an Enrolled Nurse for 28 years.

Patient names

2. In this statement, in the interests of protecting the privacy of patients and the feelings of patients' family and friends, I have referred to patients according to a key devised by my lawyers which I have sighted and which I understand is to be supplied by my lawyers to the Bundaberg Hospital Commission of Inquiry on a confidential basis.

Background

3. I am employed by Queensland Health in the Operating Theatre at the Bundaberg Base Hospital ("BBH"). I have worked at the BBH for over 4 years, and have worked exclusively in the Operating Theatre ("Theatre") since May 2003.

Death of the patient P21, 20 December 2004

4. Dr Jayant Patel arrived at the BBH about the same time I started in Theatre. Dr Patel was one of the general surgeons.
5. On the 20 December 2004 I was rostered on to work and to be on-call. This means that after working my shift from 0800 – 1630 hours, I would be on-call after 1630 to work if the elective list had not finished or if there were any emergencies.
6. P21 was operated on Monday 20 December and passed away the following day, Tuesday 21 December. The procedure that he initially had performed was a gastro-oesophagectomy. This was done by Dr Patel.
7. On the morning of the 20 December just before I commenced my shift at 0800 hours, I was in the tea room and was told by Damian Gaddes that the gastro-oesophagectomy case may be cancelled due to there being no spare ventilators in the Intensive Care Unit.

8. Dr Patel then came into our tea room. He was visibly angry and I could tell from his tone he was not happy. Dr Patel was frustrated that he could not operate on P21 as there was no ventilator available in the Intensive Care Unit. He said that one of the patients in the Intensive Care Unit was a head injury patient and the ventilator should be turned off, and the other was a private patient of Dr Thiele's and should be sent to Brisbane, that way he would have a ventilator for his patient and the surgery could proceed.
9. Within the hour, I became aware that P21's procedure was going to go ahead. I assume that a ventilator had become available. P21 was wheeled into Theatre around 0900 hours. He had not yet been anaesthetised and I noticed he was a happy and easy going man. I found him very pleasant to talk to.
10. The gastro-oesophagectomy was performed. I was rostered on as scout. This involves getting any equipment needed for the procedure. Nothing was said during the operation. To my knowledge nothing seemed to go wrong during the procedure.
11. When the surgery was finished and we were preparing to transfer P21 off the operating table onto his bed, it was noted that his Bell-o-vac drain was filling quite rapidly. The anaesthetist Dr Dieter Berens was shaking his head from side to side and I could tell he was not happy. Dr Berens asked for someone to get Dr Patel, as he had already left Theatre, to review the patient as he was concerned about the blood loss. I remained in Theatre and started to clean up while someone else, I think it was Damian Gaddes, went to get Dr Patel. Not long after Dr Kariyawasam came into Theatre. He wasn't able to do anything. As I was rostered on for the afternoon sessions I was asked by Gail Doherty, the Acting Nurse Manager, to go on lunch. When I left Theatre, the Bell-o-vac was still filling and P21 was still on the operating table. I am unaware of what time P21 was transferred to ICU.
12. By 1730 hours that same day, the Theatre staff (David Levings, Katrina Zwolack and myself) were informed by one of the junior doctors that P21 was required to return to theatre immediately or "this man was going to die". P21 came into

Theatre within half an hour. I was told prior to the procedure there would be a lot of blood and to have two suction units ready.

13. P21 was brought through from the Intensive Care Unit and Dr Patel performed a laparotomy, splenectomy and thoracotomy. Again I was the scout nurse for this procedure. It was my role to hook up the suction unit and attach the suction tubing. Within the first 10 minutes of operating I noticed the suction unit filled very quickly. The suction unit is clear and has measuring markings on the side. There was 2.3 litres of blood in the suction unit that I could visibly see. After I noted this, 2 litres of normal saline wash was used, so the suction unit filled with a blood and saline mix. After the 2 litres of saline were used I lost count of how much fluid went into the suction unit as there was a lot going on.
14. Throughout the surgery I gave the scrub nurse, Registered Nurse Katrina Zwolak, 75 large sponges (measuring 14 x 10 inches) and 15 raytec, which are gauze squares (measuring 4 x 4 inches). We count these sponges and raytecs as we go, and there is a final count to ensure none are left in the patient. As the procedure progressed, blood and blood clots were all over the floor. As we moved around we were leaving footsteps of blood. There was a significant amount of blood loss from this patient.
15. Dr Patel stated a number of times that the bleeding had nothing to do with his surgery that he performed that morning. At one point in the procedure Dr Patel stated "this patient is going to die" and was yelling at us to get his family.
16. The family was found and brought into the hallway of the theatres. Dr Patel left the Theatre mid-procedure while still in his scrub gear and went and spoke to them. I opened the door of the Theatre for him and he went out to speak to the family. He was covered in P21's blood. In my experience this is not what doctors do and it not normal to speak to the family in these conditions. In my experience it is not normal to leave a procedure before it is finished. Dr Patel came back into Theatre 5 minutes later and continued the procedure. He did not re-scrub or change his gloves.

17. During the rest of the procedure Dr Patel was anxious and agitated. He was very defensive and stated a few times that this problem, being I assume the excessive bleeding, was not his fault and had nothing to do with his surgery. The patient's incisions were then closed. Dressings were applied, but had to be reinforced with combines, which are like big sanitary pads, as the dressings continually oozed with blood. The patient was then transferred back to the Intensive Care Unit still bleeding.
18. I was so distressed with what had happened that I wrote a statement early in January 2005, (attached and marked JL1). It took me quite a while to work up the courage to hand it in after I had written it as I feared for my job. I expressed these concerns to Gail Doherty, my Acting Nurse Manager, and she organised a meeting with Linda Mulligan, the Director of Nursing. As a few of us had expressed concerns, Katrina Zwolack, Damien Gaddes and myself attended this meeting together sometime in January. During the course of this meeting Linda Mulligan advised us to put in a written statement. I said I had already written one up. She then said to us that seeing we had come to her, we really were obliged to hand in any written statements.
19. I gave my statement to Gail Doherty. She took it up to, Linda Mulligan. While I received support from Gail and David Levings, the other Acting Nurse Manager, I received no feedback or support from Linda Mulligan or anyone else from Executive after handing in my statement.

Dr Patel's behaviour

20. Sometime in September 2004 I was in Theatre I was scouting in a laproscopic cholecystectomy procedure. The scrub nurse was Caroline Tandy. I was opening up equipment that she needed while also organising hooking up the equipment that Dr Patel needed on the other side of the room. The anaesthetic nurse was not present in Theatre at that time which made my role more time consuming as, if we are able, we generally help each other out. There is a lot of instrumentation required for this procedure, and we weren't ready when Dr Patel was ready. Dr

Patel was rolling his eyes and was making fun of both of us saying things like "we want to finish the morning list in the morning not in the evening". "Come on Jenelle are you ready yet". His tone was smug and belittling. I felt very much under pressure and as I was working as efficiently and quickly as I was able to, I felt quite upset with this harassing behaviour and if anything the distraction caused by Dr Patel was slowing me down.

21. I reported this incident to the Gail Doherty, the Acting Nurse Unit Manager, who spoke to Dr Patel about this. I did not get an apology. He continued to be arrogant and belittling to me and other staff, even his own junior doctors. I have seen him yell and belittle his junior doctors on a number of occasions in front of nursing staff in Theatre.
22. Another incident that happened late last year involved a request from Dr Patel to find a type of suture that BBH just did not have in stock at the time. I knew that we did not have this suture in stock, but looked for it anyway as Dr Patel was persistent. Jenny White and myself both looked everywhere for it to placate Dr Patel. When I again told Dr Patel that we didn't have any suture of the type he wanted, he became loud and visibly angry. He threatened both Cheryl Dobson, who was scrubbed for this procedure, and I in a loud voice saying, "If I come to work Monday and find this suture there is going to be big trouble". Both Cheryl and myself together filled in an incident report but we didn't go ahead with submitting it because we felt Dr Patel had the backing of management and nothing would be done about his behaviour in Theatre anyway.
23. I found Dr Patel to be a very arrogant man. In Theatre the staff nicknamed him and referred to him amongst ourselves as "God" because he seemed to think he was a god and could do anything.

Management

24. Around the beginning of March 2005 we were in Theatre and Dr Patel was conducting an endoscopy procedure. During this procedure I was standing right beside him and he was bragging that Darren Keating had extended his contract for 3 months, and he would be getting paid as much money for the 3 months as what

he had got for the year. I was appalled. I had been looking forward to the end of all the problems Dr Patel had been the cause of, as I knew that management was aware of these problems. I couldn't understand why his contract had been extended despite his practice being questioned.

25. I have been concerned that I will lose my job. A few weeks ago, around the end of April start of May 2005, the tension over the Inquiry and the media attention just became too much. I broke down because I was so upset. Counsellors have since been brought in to speak to us.

.....*Jenelle J Law*.....

Signed: JENELLE JOY LAW

Date: 23.5.05

I Jenelle Joy Law do solemnly and sincerely declare that the content of this my statement for the Bundaberg Hospital Commission of Inquiry (this declaration being on the last page of the statement comprising 6 pages) is true and correct to the best of my knowledge and belief and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

.....*Jenelle Joy Law*.....
JENELLE JOY LAW

Declaration Taken By:

.....*D. Plenan*.....
Lawyer

Date: 23.5.2005

My name is Jenelle Joy Law. I am an Enrolled Nurse and am licenced to practice in the state of Queensland.

I am employed by Queensland Health and work at the Bundaberg Base Hospital in the Operating Theatres as an Enrolled Nurse Advanced Practice.

I was rostered to work on Monday 20th December 2004 and also rostered to be on call that same day.

This statement is regarding the death of Mr. [REDACTED] who was operated on Monday the 20th December and passed away the following day, Tuesday 21st December. The procedure that he initially had performed, was a gastro-oesophagectomy. This was done by Dr. Jay Patel.

My issues regarding this matter are with Dr. Patel himself. I felt his professionalism was of a very poor standard. It began on the morning of the 20th December. I commenced my shift and was told that the gastro-oesophagectomy case may be cancelled due to there being no spare ventilators in the Intensive Care Unit. Dr Patel came into our tea room not very happy and complaining, saying that one of the patients was a head injury patient and the ventilator should be turned off, and the other was a private patient and should be sent to Brisbane, that way he would have a ventilator for his patient and the surgery could proceed. In a short period of time, a ventilator became available and his procedure went ahead.

Mr. [REDACTED] was wheeled into the operating theatre. He was a happy, easy going man, and very pleasant to talk to. The gastro-oesophagectomy was performed. When the surgery was finished and we were preparing to transfer Mr. [REDACTED], it was noted that his Bellovac drain was filling quite rapidly. The anaesthetist, Dr Deiter Berens, asked for Dr Patel to please come and review the patient as he was concerned about the blood loss. While I was in the theatre Dr Kariyawasam came and saw the patient. He didn't have any answers for the situation. I was then asked to go for my lunch break.

By 5.30pm that same day, the theatre staff were informed that Mr. [REDACTED] was required to return to theatre immediately or he would die. He was brought through from the Intensive Care Unit and a laparotomy, splenectomy and thoracotomy was performed. The suction unit filled very quickly once the laparotomy was started. There was 2.3 litres of blood in the suction unit that I could visibly see. Two litres of normal saline wash was also used. Throughout the surgery I gave the scrub nurse, Registered Nurse Katrina Zwolak, 75 large sponges and 15 raytec. There was blood and blood clots all over the floor. Dr Patel stated a number of times, that the unexplained bleeding, had nothing to do with his surgery that he performed that morning.

During the procedure, Dr Patel stated that this patient is going to die and was yelling at us to get his family. The family was found and brought into the hallway of the theatres. Dr Patel left the operating theatre while still in his scrub gear and went and spoke to them. During the procedure Dr. Patel became anxious and agitated, and stated a few times, that this problem, being the excessive bleeding, was not his fault and had nothing to do with his surgery. The patient's incisions were closed. Dressings were applied, but had to be reinforced with combines as they continually oozed with blood. The patient was then transferred back to the Intensive Care Unit.

I personally found that being involved in this case was quite distressing. I fully understand that with every operation there is a risk, but what confuses me, is that there was no uncontrolled bleeding prior to Mr. [REDACTED]'s first surgery, then there was massive

bleeding afterwards. If this had nothing to do with Dr. Patel's surgery, why did this man start bleeding uncontrollably? Shouldn't some sort of official inquiry be done regarding this matter, and should Dr Patel be allowed to continue doing this type of surgery, as my understanding is, that all of his patient's that have had this surgery have not survived. Mr [REDACTED] was due to go to Brisbane to have this surgery performed. Why was this changed? I understand that being an Enrolled Nurse I do not have a lot of the medical knowledge, but I do have compassion for people. Why was the big rush to have this surgery performed? Was it such of an emergency that it had to be performed before Christmas? Could it not have waited until after Christmas, so the [REDACTED] family could have enjoyed Christmas together.

Jenelle Law

J Law