

# BUNDABERG HOSPITAL COMMISSION OF INQUIRY

## STATEMENT OF THOMAS MARTIN STRAHAN

THOMAS MARTIN STRAHAN makes oath and says as follows:

### Background

1. I was born on 8 October 1956 in Rockhampton, Queensland. I am a general physician with a special interest in gastroenterology and I practise from the Bundaberg Specialist Centre in Woondooma Street Bundaberg. I am also a Visiting Medical Officer to the Bundaberg Base Hospital, and a Consultant Physician to the Friendly Society Private Hospital in Bundaberg.
  
2. I graduated with my primary medical degree from the University of Queensland in 1979. I undertook an intern year in Maryborough and then carried out my specialist training at Royal Brisbane and Prince Charles Hospitals in Brisbane. I then obtained a Doctorate in Public Health from Loma Linda University in California. I am a Fellow of the Royal Australasian College of Physicians, a Fellow of the American College of Preventive Medicine and a Fellow of the Australasian Faculty of Public Health Medicine. Now produced and shown to me marked "TMS1" is a copy of my Curriculum Vitae.
  
3. In 1993, I was working in Warburton, Victoria when I decided to return home to Queensland. I took up a locum position at the Bundaberg Base Hospital ("the Hospital") in October 1993 and then I became the Director of Medicine with clinical responsibility for the ICU at the Hospital. For the first year, I filled the Directorship in an acting capacity. In the event, however, I was appointed to the position proper and I worked as the Director (whilst maintaining a private practice) from 1994 to 2000. I would work 5 sessions per week – equivalent to 15 hours – at the Hospital.

### Period from 1994 to 1999

4. I would say that during my first five years in Bundaberg, the Hospital was very stable and productive. Whilst I was the Director of Medicine, Pitre Anderson was the Director of Surgery and Brian Thiele was the Director of Medical

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Services. We had a good regard for each other and we worked well together. We would meet every Thursday morning to discuss issues around the Hospital. A Medical Advisory Committee was established, as was an Ethics Committee. Social events amongst the staff were encouraged, and basically the place was humming.

5. My recollection is that the good working relationship was helped in no small part by Bruce Marshall who worked as the District Manager. I recall that he had very good interpersonal skills. He would drop in on people for morning tea; he was visible around the Hospital; he would speak freely to staff; and my observation is that he was focused on the needs of the community rather than the wishes of corporate Queensland Health.
6. When the position of Hospital Manager became vacant in the year 1998 or thereabouts, there was an expectation amongst staff that it would go to Brian Thiele or possibly the then acting Director of Corporate Services, Kim Whitmell. My recollection is that we waited for the job to be advertised but that didn't happen. There was not, as far as I was aware and can remember, any interview process or other selection process. Instead, it seemed, we were just told that Peter Leck from Mt Isa was to be the new manager. This created considerable resentment. There was concern that he was a corporate appointee and that he was the man from "head office" rather than being from the community. At that time, I believe that Peter Leck was only in his 30's and there was a concern that he was too young and inexperienced for the job.
7. It was my observation that Peter Leck had difficult relationships with several of the various executives. I think that his personality and lack of experience made him tentative and insecure in communications. I recall that he pushed for the offices of the various directors to be located in the same geographical area as his own. Brian Thiele resisted, saying his place was with the doctors, but when he left his position, the DMS office was relocated. I remember that the contract for the Director of Corporate Services was not renewed, and that the Director of Nursing, Glennys Goodman, also eventually left feeling frustrated with the district manager. Basically, in the first couple of years after

Peter Leck's appointment, several senior executives departed and the place became unsettled.

8. Early in Peter Leck's tenure there was a move to restructure the hospital into clinical management units with clinicians responsible for the budget and administration of a clinical unit. Several days of talkfests were conducted but it all ground to a halt without implementation I understand because of resistance from the nursing union. The clinicians felt that the process had been a considerable waste of time and effort.
9. After Brian Thiele's departure, the position of Director of Medical Services was vacant for quite some time. It was advertised 2 or 3 times and there were a number of temporary appointees. In the event, in the course of 2000, it was filled by Dr John Wakefield. This caused some concern itself. Dr Wakefield is an overseas medical graduate who only arrived in Australia at the very end of 1989. He spent three years at the Hospital as a resident medical officer, and then he worked as the Medical Superintendent at Gin Gin from 1993 to 2000. I understand that he did a good job at Gin Gin but there was a concern amongst the specialists that he had no consultant clinical experience and that he had limited experience working in a senior position in a hospital with complex medical issues and staffing.
10. My observation was that Wakefield brought a brittle style of management like Leck. He needed to be in control and he needed to ensure that Queensland Health protocols were observed meticulously. Soon after he was appointed, five out of the eight clinical directors at the Hospital were forced out of their positions. My view is that a number of those people could have been better managed and would have stayed if that had occurred. I wrote a report, in my capacity as the Secretary of the Local Medical Association, to the AMAQ Newsletter of September 2000, complaining, amongst other things, that "specialist medical staff morale in the hospital [was] at a low ebb". That letter was published and is now shown to me marked TMS2. Dr Wakefield threatened to take legal action against me in response to that report.

11. In early December 2001, I was quoted in an article published in the Bundaberg NewsMail, complaining about the state of the Hospital. That article was published on 3 December 2001 and a copy is now shown to me marked "TMS3". I recall that shortly afterwards the then Health Minister, Wendy Edmond, visited Bundaberg and I attended a meeting to put forward the viewpoint of the Local Medical Association. The other attendees, to my recollection, were Dan Bergin, Peter Leck and Rob Stable. It was a formidable gathering and I remember that the Minister expressed a view, in very strong terms, that my report to the newspaper had been unhelpful. I understood that Peter Leck endorsed those views because he was visibly angry during the meeting. The encounter left me with the impression that senior management at Queensland Health really were not interested in responding substantively to criticism. This incident also cooled any interest I had in making representation to corporate Queensland Health about clinical issues at the hospital.
  
12. When John Wakefield was promoted to a position in Brisbane in 2002, there was another search for a Director of Medical Services and another prolonged period of absence of a permanent DMS. Eventually, Darren Keating obtained the position and my view is that he similarly was inexperienced in the role of medical administration necessary for this hospital. He did not have appropriate experience or qualifications (notwithstanding his time in the Armed Forces) and to some extent I think he was intimidated by specialists. As will be appreciated, my view is that there was a real change of culture within the Hospital brought about by the appointments of Leck, Wakefield, and Keating. Prior to that time, we would tend to focus on what was required by the community and the hospital. That approach was not part of the new culture.
  
13. In my view, Darren Keating's lack of confidence and administrative experience made him overly solicitous to Patel. That was assisted by another factor. Since 2000/2001, Queensland Health has become obsessive, in my opinion, about waiting lists. It tends to focus on this issue at the expense of other criteria. Patel was a prodigious worker and he dramatically shortened the waiting lists. If a surgeon was sick, Patel was always happy to fill his call

roster. He worked long hours and he always seemed to be available. Perhaps to some extent the waiting list was reduced also because other surgeons came to Bundaberg and there were less referrals to the Hospital but, for whatever reason, I believe Patel had a strong influence with management because he really put a dent in the waiting lists.

14. In retrospect, I think that Patel just had no idea of important cultural and medical matters for practicing in Australia. I think that he was driven by a huge ego and worked long hours and undertook difficult procedures that were beyond his abilities. I suspect he would have functioned much better if he had been given a position in a larger hospital where he was subject to regular collegial support, guidance and peer review.
15. In the course of 2004, I became generally aware that Patel had a reputation within the Hospital as being personally abrasive, particularly when dealing with junior staff. It was well known through the Hospital that Patel and Peter Miach did not talk but my understanding was that this was mostly related to the rough handling Patel had meted out to some of Peter Miach's junior doctors. I did not have any concerns in the first half of 2004 about Patel's clinical competence but then I had surprisingly little contact with him.
16. There were two particular clinical incidents that caused me to be concerned about Patel. The first was in about June 2004. I think the patient has been given the number P<sup>220</sup>~~170~~ in the Woodruff analysis. She was from Biggenden. She came to me with continuous vomiting for a gastroscopy. She was sedated in theatre at the Friendly Society Private Hospital and I found, in the course of the gastroscopy that I could not make my way into the small intestine because it was partially blocked. That happens very rarely and I undertook biopsies of the area which was causing the blockage. I wanted to monitor her overnight whilst I was awaiting the biopsy results but the lady told me she did not have any private health cover. Against that background, I arranged for her to be admitted to the Medicine Unit at the Hospital, and I sent a letter with her to the Bundaberg Base Hospital.

17. When I called the hospital later that evening, I was told that the patient had been the subject of a CT scan, that Patel had diagnosed a perforation, and that she was being prepared for surgery. I went over to the Hospital and found Patel looking at an abdominal CT scan. It became clear to me that he had misinterpreted the films and that the patient did not have a perforation. I told him so and he appeared to concede the point, but then he said he was going to operate anyway. I observed that he had already arranged the theatre staff and it seemed clear to me that his was a personality that could not step back from a decision, despite new evidence. He took the patient to theatre. He did not find a perforation but, instead, a carcinoma in the head of the pancreas (as was confirmed by the biopsy results, which became available two days later).
18. Patel gave the patient a few weeks break and then had her returned for a Whipple's procedure. I thought, in the interim, about telling the lady to go to Brisbane for the operation. It did not seem to me appropriate that a Whipple's procedure be performed in Bundaberg. I am sure that it has been done before in Bundaberg but nowadays people accept that these patients benefit from a multi-disciplinary approach which is not available at the Hospital.
19. In the event, I didn't speak to the lady. It seemed too devious. But she had the Whipple's procedure, and died in the postoperative period.
20. I discussed this case with Toni Hoffman in 2004. I also approached a few doctors around Bundaberg, and realized that there were a number of concerns about his clinical skills. It was not my job to audit Patel and at that time the information did not seem so significant as to warrant a formal confrontation.
21. In November 2004, I had a meeting with Peter Leck and Darren Keating where we discussed this case. I have been shown a note that Dr Keating made of that meeting. It is now produced and shown to me marked "TMS4". I say that the note is a fair and accurate record of the meeting.

22. There was a second clinical incident in March 2005, about a week before the Patel issue became public. There was another lady who was vomiting and needed a gastroscopy. Patel was doing a gastroscopy list on the Friday and I asked his staff to add the lady to his list. He sent over a junior doctor to say that Patel would attend to the lady on the Monday but I decided that was too far away given that she had been vomiting for a week and couldn't hold anything down.
23. I did the gastroscopy myself and I found what appeared to be a tumour in the duodenum, which bled upon touch. After the case, I saw Patel in the corridor. He was initially angry that I had performed the procedure after approaching him to do it, but he calmed down after I explained the situation. I then discussed the case with him. He said, in his forceful manner, that the problem would be a primary tumour in the small intestine, and that it would require a resection which he would do and he intended to transfer the patient to the surgical ward in preparation for surgery the next week. I was very uncomfortable with that. I accepted that it was theoretically possible but I was concerned that it would much more likely be a tumour in the head of the pancreas or gallbladder.
24. My real concern was that Patel would find a tumour in the pancreas; he would adjust the operation to carry out a Whipple's procedure; and the same outcome might follow as before.
25. On the Monday or the Tuesday, the patient developed a mild chest infection and I was asked to see the patient to treat her chest infection in readiness for subsequent surgery. I directed that the patient should be moved to ICU. I spoke to Toni Hoffman and said that I didn't really think the patient's condition required ICU attention but I wanted to keep her away from Patel. I could not transfer her directly to a surgical ward in Brisbane because that would require local surgical support. My plan was to transfer her to the RBH gastroenterological unit (a medical unit to medical unit transfer). I figured that when she arrived, they would realize that she needed to go to the surgical unit. They could make the transfer and, anyway, I knew people down there and could explain what I was doing. I figured that the whole scheme would

make Patel very angry but I wouldn't need to tell him until the patient was on the plane.

26. I spoke to Martin Carter, the Director of Anesthetics, and told him my plan. I also told Peter Miach, the Director of Medicine. They were both fine with it. Peter Miach said I should speak to Darren Keating, which I did. I remember that I told him that Patel would be mad when he found out, and suggested he might try to hit me. Dr Keating said he would speak to Patel, and in fact he rang back soon afterwards and said it was all fine. I could transfer the patient to Brisbane.
27. The thing that struck me about the whole exchange was that it had come to this absurdity. All these senior people were involved in a ruse to protect a patient from Patel.
28. The next week Rob Messenger called me before he made his speech to Parliament. I did not realize he was approaching me because he thought I was the local AMA representative, and I am not. I have been the secretary and the president of the Bundaberg and District Local Medical Association in the past.
29. My recollection is that I did tell Mr Messenger that the local specialists had concerns about Dr Patel. I said that there was a review in progress and it would be premature to take any action. I told Messenger that he should not go public with this issue and that, if he did, every patient in the District who had been operated upon by Dr Patel would be anxious. I had not seen the Hoffman letter dated 22 October 2004, and I had not been made aware of the allegations there raised. I would have a different view now, having regard to what has been uncovered. I remember that, after Messenger spoke in Parliament, I went to see Leck and apologized for my role. We didn't ever really engage in conversation for its own sake but, at that time, I felt remorseful about my role. I felt it was unfair to name someone in Parliament where they have no opportunity of defending themselves and I then regretted that I had contributed to this event. That changed when I found out that Patel had lied to the Medical Board. My view now is that Dr Patel betrayed the community's trust in the profession.



30. All the facts and circumstances above deposed to are within my own knowledge and belief, save such as are deposed to from information only and my means of knowledge and sources of information appear on the face of this my statement.

Affidavit sworn on 1. 8. 05

at BRISBANE

*[Handwritten signature]*

Deponent

in the presence of:

*[Handwritten signature]* 12008482

Solicitor/Justice of the Peace

