

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

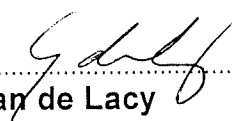
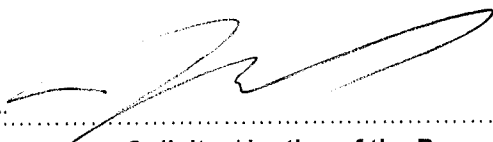
STATEMENT OF GEOFFREY ALAN de LACY

I, **Geoffrey Alan de Lacy** of make oath and states as follows:

1. I reside in the Bundaberg district and I have provided my address to the Commission.
2. I was born on 30 June 1963. I hold an MBBS (Hons) from the University of Queensland which I obtained in 1987. I became a Fellow of the Royal Australasian College of Surgeons in 1997. I am registered in the State of Queensland as a General Surgeon, with a special interest in Laparoscopic and Endoscopic surgery.
3. I own a private practice in Bundaberg, performing private surgical procedures at the Mater Private Hospital ("the Mater"). I have also been a Visiting Medical Officer ("VMO") at the Bundaberg Base Hospital ("the Base") for 2 years. Prior to that I held a variety of positions including Director of Surgery at the QE 11 Hospital in Brisbane. I was a senior lecturer for the University of Queensland Department of Surgery from 1999 to 2001. I was an Australian Medical Council Examiner from 1999 to 2000. Now produced and shown to me and marked "GAD1" is a true copy of my curriculum vitae.

Dr Patel's Patients

5. I have been asked to provide second opinions and continuing surgical care for Dr Patel's former patients. I am seeing these patients through an arrangement which Queensland Health made with the Mater after Dr Patel

Signed.......... Taken by..........
Geoffrey Alan de Lacy **Solicitor/Justice of the Peace**

resigned his position as director of surgery at the Base. That arrangement was to give those patients the opportunity to be seen in a number of ways, including by, visiting private surgeons such as Barry O'Loughlin and Mick O'Rourke, or by seeing locums at the Base. As of Friday, 29 July 2005, I have seen 150 of his patients in consultation and have performed over 100 corrective procedures on these patients.

6. I have reviewed the Base charts including the hard copies of the x-rays and pathology reports, as well as examining them and taking a history. Based on that information, I have compiled for each patient a report outlining their treatment by Dr Patel and their continuing surgical problems. Those reports are on file at the Base and in my office. I have also provided copies to the Commission.

7. Of the patients that I have reviewed I have seen many examples of poor surgical care, including:
 - (a) Inadequate assessment of the patients' presenting complaints. For example, a young man who presented with bleeding from the rectum was assessed and treated by Dr Patel, repeatedly for hemorrhoids. He was eventually operated on by another surgeon and found to have cancer of the anal canal. That operation took place before I saw the patient.
 - (b) Many examples of deficient surgical technique. Such examples include removal of the wrong organ, missing cancers on diagnostic procedures, failing to remove cancers at the time of operation, poor wound closure technique, and high infection and leak rate. I have also seen examples of inadvertent injury of contiguous anatomical structures, including liver, spleen, common bile duct, ureter bladder, and rectum.

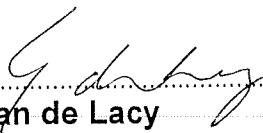
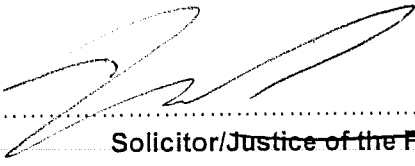
Signed.....

Geoffrey Alan de Lacy

Taken by.....

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- (c) Poor post operative management, including failure to recognize or treat major post operative complications such as hemorrhage following bowel resection, bile leak following cholecystectomy, dehiscence after abdominal incision and cardio-respiratory failure.
 - (d) Inadequate follow up including failure to refer to, Oncologists post removal of cancer, and recognise of inadequate resection margins.
8. Now produced and shown to me and marked "GAD2" is a table that matches the incidents I describe in paragraph 8 with the names of patients that I have seen.
9. I have interviewed, examined, and in a number of cases, re-operated on patients on whom Dr Patel has performed oesophagectomies, pancreatectomies and ileocolic anastomoses. In a number of cases these patients have told me they were encouraged by Dr Patel to have their operation in Bundaberg, rather than in a metropolitan centre. These procedures were all elective and they might well have been referred to a tertiary hospital. Some of these patients were inadequately assessed prior to the operation, they suffered post operative complications due to technical errors leading to major illness and subsequently were inadequately followed up. Now produced and shown to me marked "GAD3" are patients who I would place in those categories.
10. From my review of the patient records, I suspect that Dr Patel was not entirely honest with his account of procedures. In many cases, Dr Patel made entries on the chart notes which can't be reconciled with what the patient tells me he told them. It is often the case that a patient mishears or misunderstands what is communicated by a doctor, but the sheer number of times I have heard this from patients makes me believe it is not just a case of misunderstanding. Now

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produced and shown to me marked "GAD4" are patients who I would place in that category.

My interactions with Dr Patel

11. I did not have much face to face contact with Dr Patel. I arrived in Bundaberg in July 2003. Soon after he was appointed to the Base, I offered to do a weekly public session at the Base but was told by the Director of Medical Services, Dr Darren Keating, that another general surgeon on staff was a low priority. I agreed to contribute to the week end on call roster to help establish myself in the town by my presence at the Base in some capacity. I hoped to be able to make use of intensive care facilities in the event of unexpected post operative complications.

12. On the night of 11 August 2003, I attempted to transfer a patient to the Bundaberg Base Intensive Care Unit under my care. He had unexpectedly become severely unwell after a bowel operation. Dr Patel insisted on taking over the patient's care and when I remonstrated Dr Keating rang me and confirmed that if a patient was transferred to the Base he would have to be under Dr Patel's care. Dr Patel performed an exploratory operation on the patient that day against my advice, which was to observe and investigate the patient in the Intensive Care Unit. No surgical complication was found during this second operation. The patient's final diagnosis was a post operative heart attack. He required 6 weeks in intensive care in Brisbane, but survived. I was very unhappy with this situation and made a point of limiting my contact with Drs Patel and Keating after that.

13. In late 2003 I was approached by Dr John Birks, the then Dean of the Department of Rural Medicine at the University of Queensland. He asked me to apply for the position of Director of Under-Graduate Surgical Education for Central Queensland. The position was advertised as a half time appointment

Signed.....

Geoffrey Alan de Lacy

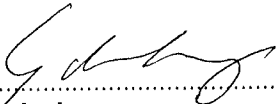
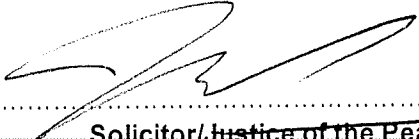
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and came with a salary of \$70,000 to \$90,000. Dr Birks subsequently retired. I applied and was interviewed by Darren Keating and another man, who I had not met before. The job was given to Dr Patel. Dr Pitre Anderson told me that Dr Patel's salary from the University was paid directly to the Base which then set it off against his wages there. In March 2005 after Dr Patel had left the country, I made another enquiry about the job and was directed back to Dr Keating by Steve Margolos, the current Dean. No firm agreement was reached, but Dr Keating specifically made reference to the issue of remuneration. Dr Keating said that, if I was to be appointed to the position, some arrangement would have to be made so that the Base did not lose the money from the University that it had been receiving when Dr Patel held the position.

- 14. My only other contact with Dr Patel was at monthly morbidity and mortality meetings and at surgical radiology meetings that I attended in 2003 and early 2004. I found him arrogant and obnoxious at the meetings. By that I mean Dr Patel was unreceptive to opposing views presented at, and had a tendency to raise his voice when speaking to others at, the meetings. I also found the meetings themselves were useless as an auditing tool. By that I mean that what should happen at those meetings is that the clinicians should provide "thumbnail sketches" of cases. There should be sufficient information provided so that other clinicians can form views in relation to treatment provided in respect of those cases. In my view insufficient information was provided by Dr Patel and his juniors for this purpose. Further, none of the patients that I have subsequently looked after were presented at those meetings.

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.

Signed.......... Taken by:..........
Geoffrey Alan de Lacy **Solicitor/Justice of the Peace**

Statement sworn on *5th August 2005*
at *Brisbane* in the presence of:

.....
Geoffrey Alan deLacy
Geoffrey Alan deLacy

.....
[Signature]
~~Solicitor/Justice of the Peace~~

V LAD 17

10/87 Murey St New Farm
Brisbane Queensland Australia
(NO 07 3356287
(nr) 0410841418

Geoffrey de Lacy

Objective Locum Surgeon

Experience

June 2002-April 2003 Maryborough/Harvey Bay Base Hospitals
Locum Surgeon

- Responsible for 30 bed general surgical ward
- Coordinated acute and elective surgical service and endoscopy
- Ran surgical pathology and surgical Xray meetings
- Supervised 3 registrars and 3 residents

Jan 2000-June 2002
Locum Surgeon

- Broken Hill Base hospital NSW
- Gosford and Wyong Base Hospitals NSW
- Griffith Base Hospital NSW

Jan 1996-Jan 2000
Director of Surgical Department QE2 Hospital Brisbane

- Supervised the clinical and financial running of the department
- 17 surgeons
- 5 registrars
- 10 million dollar budget

Education

1988
General Surgical fellow St Georges hospital South London

1983-1987
General Surgical registrar PAH rotation FRACS 1987

1982
Vascular resident QE2 hospital Hamilton Bermuda

1986-1991
Residency RBH Brisbane

1981-1987
MBBS (Hons) University of Qld

Interests Gastroenterological Surgery and Endoscopy

GAD2

Document GAD2

A Inadequate Assessment of Presenting Complaint

- P371
- P372 *
- P373 *
- P374 *
- P375 *

B Deficient Surgical Technique

- Removal of wrong organ
 - P376
 - P175 *
 - P378 *
 - P377 *
- Missing tumours on diagnostic procedures
 - P379 *
 - P288 *
 - P390
- Failing to remove cancers at the time of operation
 - P379
 - P288
- Poor wound closure
 - P104
 - P380
 - P381

C Poor Post Operative Management

- P391
- Trevor Halter - suppression order lifted
- P382
- P383
- P384
- P392
- P230 *

D Poor Follow-Up

- P175
- P382
- P385
- P386
- P387

Patients Who Had Oesophagectomies, Pancreatectomies and Ileoanal Anastomoses, and Inadequately Assessed Prior to Their Operations, Suffered Post Operative Complications Due to Technical Errors Leading to Major Illness, Subsequently Inadequately Followed Up

- 1. P16 *
- 2. P165 *
- 3. Nancy Swanson * - suppression order lifted
- 4. P288 *
- 5. P388 *
- 6. P393 *

"CAD 4"

Entries on the chart notes which can't be reconciled with what the patient tells me he told them

1. P389
2. P214