

161 MC The Melbourne pub  
 162  
 163 DB Right  
 164  
 165 MC You know he had obviously come quite a way from the hospital  
 166  
 167 DB Okay.  
 168  
 169 DB But first hand are you aware of any, any of the complaints that relate to Dr QURESHI  
 170  
 171 MC No, not first hand. Um in the end heresay I'm sorry to say  
 172  
 173 LP Did any of the nurses ever bring any issues to you about Dr Qureshi  
 174  
 175 MC Um, only the fact that they were thinking about (UI) taking him to the Unit and when I  
 176 heard about it, I really didn't want him there. Not a place to have someone who can't  
 177 function (UI)  
 178  
 179 LP And same question I asked you earlier on, did you take it forward at all, to advise  
 180 management about the complaints which was coming off the floor  
 181  
 182 MC No  
 183  
 184 LP OK  
 185  
 186 MC (UI) put through nursing channels and um, you know again, if I don't have first hand  
 187 information to hand to let them, I'm afraid its not something I feel I would assist by  
 188 passing on anything that I couldn't substantiate.  
 189  
 190 DB Are there any other matters um that concern you about any members of staff other than the  
 191 ones we've been through, that you feel should be brought to the notice of either (UI)  
 192  
 193 MC The only other patient that I consider um, (UI) comment on in terms of he may have died  
 194 as a result of Dr PATEL's is a gentleman called Eric NAGEL. Eric NAGEL was  
 195 somebody who needed vascular access for um dialysis and Dr PATEL was asked to put in  
 196 a (UI) Again, because the gentleman had had a lot of surgery done to him in this area and  
 197 because vascular access is a big problem in renal patients, um he had difficulty sighting  
 198 anything. Eventually the patient started to seriously lose his blood pressure, his saturation  
 199 and pulse rate. I resuscitated him with adrenalin and got him into Intensive Care and  
 200 eventually worked out what might have happened. I performed a cardiopericentesis on  
 201 him that is (ui) the sac around the heart and drained blood out that improved his output  
 202 for short term, but eventually he died even just by putting the drain in. Because again, in  
 203 this sort of situation if there had been enough holes made in the great veins then outside

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 Investigator: C/I DARREN BROOKES  
 Statement Of:  
 Legal Officer: FORBES SMITH  
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 Directory : J:/MISCONDUCT/INVEST DIR/OP SAFETY/RECORDS OF INTERVIEW/CARTER Martin Tp4of4 170505

204 of any place such as the Prince Charles Hospital, you're not going to be able to save the  
205 life of the patient.  
206  
207 LP Can you brief me (UI) medical treatment. But briefly tell us what the procedure you  
208 would follow.  
209  
210 MC Um, I don't understand what you mean by what procedure was followed. Basically.  
211  
212 LP (UI)  
213  
214 MC I'll start at the beginning and lets see if I can just put it into  
215  
216 LP Layman's terms  
217  
218 MC Yeah, okay, I'll try to. Basically, (UI) is what you want to do – is get a large catheter  
219 into, into a big blood vessel, so you can take blood out and pass it through the artery (UI)  
220 and pass it to the vessel again. So to do this is you want to use one of the large veins.  
221 That's either going to be jugular in the neck (UI) just under the clavicle or femoral vein in  
222 the groin. Now when you go in through ,) you put in what we call, you put a needle in  
223 obviously and then you put a guideline through the needle and try to impress the catheter  
224 over that. Either with the needle or the guidewire, you can make holes in the vein further  
225 down. Because basically, when there's been a lot of attempts at this there should be a  
226 massing of situation changes. So when you think the vessel is, isn't necessarily where the  
227 vessel is, and one necessarily (UI) through the um, the vessel is very common. Now  
228 where that blood is going to flow, is into the sac that surrounds the heart – the  
229 pericardium. So as that sac fills up with blood, the pressure increases and the heart is  
230 unable to beat (UI). So the only way I could deal with this is by letting the pressure off,  
231 off the heart by putting a drain in. But when you are someone who is so fundamentally  
232 sick, as they are with sort of bad renal failure, at that stage, you know then things don't –  
233 the heart doesn't respond as well to treatment and the blood doesn't clot as well because  
234 of the high level of urea in the blood damages the patients response to the problem. So  
235 that sort of problem has occurred, so there is very little we can do for the patient.  
236  
237 (UI – interference)  
238  
239 ?? (UI)  
240  
241 MC It was, it would be a right – I'm pretty sure it was a right internal jugular that he was  
242 going for. But that's (UI) .....

243  
244 LP So from the version you gave , he had a number of attempts to get..  
245  
246 MC And, and presumably make holes in places that at least (UI) to the heart  
247

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