

Dr. Jeremy Butler

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part (B of E)

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14.09.2005

Ms Patricia Feeney
GPO Box 834
Brisbane 4001

Re: Peter Leck ()

Dear Ms Feeney,

The purpose of this communication is to provide an update regarding the matters associated with Mr Leck's clinical condition and the implications for his fitness to appear before the Inquiry.

Essentially, Mr Leck's clinical condition has not altered significantly since my last communication of 17th August 2005. As noted previously he has suffered from an adjustment disorder with depressed mood and anxiety which has overwhelmingly been caused by all of the stressors associated with events at Bundaberg Hospital and the subsequent Morris Inquiry. As anticipated, there was only a very brief improvement following the Moynihan decision thereby indicating the persistent and protracted nature of his morbidity. The announcement of the new inquiry has occasioned a significant increase in some of his anxiety symptoms and his capacity to experience pleasure and to concentrate, have deteriorated. Indeed, Mr Leck now fulfils many of the criteria associated with a major depressive disorder albeit that in his circumstances the phenomena are primarily reactive.

Some measure of clinical stability has been achieved through an increase in his psychotropic medication, ongoing psychotherapeutic counselling, and the instruction to minimise all contact with any materials pertaining to the Inquiry. Additionally, the presence of his brother over the last week has facilitated a stabilisation in his clinical state.

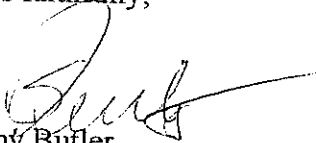
I believe that Mr Leck's recovery from his disorder will be quite protracted and will not be fully possible until the Inquiry and any relevant CMC investigations are completed. Mr Leck's capacity to integrate cognitions and emotions associated with these matters is quite impaired. The processing of material will need to be titrated in a graduated manner without generating excessive anxiety or despair. Although Mr Leck is being treated with medications, their role is primarily secondary through the mechanisms of symptomatic relief.

Regarding Mr Leck's capacity to endure the Inquiry process, I believe quite unequivocally that attendance at the Inquiry exposing him to cross-examination, would result in a deterioration in his mental state, which would prolong any recovery process and potentially have adverse implications for his safety and long-term mental health. Therefore I do not believe that he is fit to adequately withstand the stresses associated with his appearance at the Inquiry. Regarding Mr Leck's capacity to instruct his counsel, I believe that he is able to provide basic information regarding his role and duties as District Health Manager for the Bundaberg area.

However, because any examination of evidentiary material pertaining to the Inquiry creates such marked anxiety, I believe that Mr Leck is unable to distil such information in a manner adequate to competently instruct his counsel in constructing a coherent statement or responding adequately to potential cross-examination.

Having assessed Mr Leck over an extended period of time regarding these matters, I believe that my opinion is unlikely to alter as his clinical course will not substantially improve until the Inquiry process is completed.

Yours faithfully,



Jeremy Butler