GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (MISCONDUCT/PERFORMANCE)

On:
Wednesday, 4 July 2007

Held at:
St James's Buildings
79 Oxford Street
Manchester M1 6FQ

Case of:

GORDON ROBERT BRUCE SKINNER MB ChB 1965 Glasg SR
Registration No: 0726922
(Day Three)

Panel Members:
Mrs S Sturdy (Chairman)
Dr M Elliot
Mr W Payne
Mrs K Whitehill
Mr P Gribble (Legal Assessor)

MR A JENKINS, Counsel, instructed by RadcliffesLeBrasseur, Solicitors, appeared on behalf of the doctor, who was present.

MR T KARK, Counsel, instructed by Eversheds, Solicitors, appeared on behalf of the General Medical Council.

Transcript of the shorthand notes of Transcribe UK Ltd
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THE CHAIRMAN: Good morning everyone. We will continue looking into the allegations against Dr Skinner. Could I just remind the public if they would please, if they feel the need to talk would they mind going outside? It can be quite distracting when people are trying to give evidence, if that would be all right. Thank you.

Mr Kark, I believe you have a witness.

MR KARK: Madam, we are carrying on with Patient C and you will recall yesterday afternoon we heard from Dr Summers, who as the first GP who had dealt with her. We are now going to hear, I hope, from Dr Paul Cundy.

(By video link)

PAUL CUNDY Affirmed
Examined by MR KARK

Q I think it is Dr Paul Cundy. Is that right?
A That is correct.

Q Dr Cundy, could I just ask where you are at the moment?
A I am in the GMC offices on the third floor, 350 Euston Road in London.

Q Who else is in the room with you?
A There is a lady solicitor from Eversheds, Katherine Gretton Watson.

Q Thank you very much. Dr Cundy, just to make it clear because we cannot see everybody in your room, I am sure you have got no wish to do so but you must not talk to the solicitor who is present during the course of your evidence. Do you understand?
A I do understand.

Q Thank you very much. Dr Cundy, we are going to be dealing with a patient that we are referring to as Patient C and I think that a list of names is going to be put in front of you?
A Yes, I have that list in front of me.

Q Can you confirm that that Patient C was a patient of your practice?
A She was in the past a patient of our practice, yes.

Q I think she first came to your attention when you were asked advice in February 2005 by one of the other partners in your practice, a Dr Ince. Is that correct?
A It is correct. Dr Ince is not a partner in the practice. Dr Ince was a salaried employee in the practice.

Q What is your position in the practice?
A I am one of the partners. The practice currently consists of three partners and we employ three doctors to assist us.

Q Where is the practice based?
A The practice is based in Wimbledon Village in south west London and we have about 12,000 patients.

Q I hope you have got a bundle, a large bundle containing a number of patient notes?
A I do. I have two bundles, one which contains my witness statement and appendices.

Q Put that aside for the moment. Is there a File 1, a rather larger file?
A Yes, file 1.

Q I gather what you have got is a selection from our file which are just the two tabs of patient notes in relation to this particular patient. Do you have a tab marked 5 and 6 or not?
A I do.

Q Excellent. Could I ask you, please, to turn over tab 5 and find page 1?
A I have that.

Q Are those the computerised notes from your practice?
A Yes, this is a chronological list printed out directly in chronological order of the entries on our computer system. I should explain that this contains both entries which are made during a consultation with the patient and, in addition, entries which are made at other times, such as supporting administrative processes, the receiving of blood test results.

Q I was going to say, I think we are going to see that in fact you record in these computer notes the blood test results which we do not necessarily find elsewhere in the notes?
A That is correct.

Q I think the patient first registered with your practice in September 2004 – that is presumably because she had moved down to your part of London?
A That is correct.

Q We can see, we are going to be hearing later from Dr Ince herself but we can see that she was seen on 7 September and if we look about half way down, almost exactly half way down the page, there is an entry:

> "7.09.2004 Had a chat to patient, seeing private consultant Devonshire Place. Not sure if happy with…"

- is that prescription?
A "RX" is an abbreviation to mean treatment.

Q I beg your pardon, treatment:

> "…on 150 mcg Thyroxine and x 2 others to potentiate effect??"

And then underneath that:

> "[history of]: hypothyroidism."

I think you became aware that this lady had been registered with another NHS practice in London, a Dr Summers. Is that right?

A I think if that is the same practice as the Pimlico Road practice, the Belgrave.

Q The Belgrave Surgery in Pimlico?

A Yes.

Q As I say, we are going to be hearing from Dr Ince directly but I think she arranged for some blood tests to be done and we can see, I think further down the page, that the blood test results came back on 24 September. Do you see that?

A Yes, that is correct.

Q Showing that this lady's TSH level was then down to 0.01 units per litre and the T4 level is shown as 21.7. When you were asked by Dr Ince to look at these matters, did you have a look at these blood tests?

A To be honest I cannot remember when I looked at those blood test results.

Q Did you become aware that Dr Ince had asked for advice from somebody called Dr Prentice?

A Yes. Dr Ince – perhaps I should explain, in my practice we have a habit of meeting every morning, all the doctors meet to discuss the general business of the day and also to discuss any clinical matters that the doctors might want to see advice on. Dr Ince had previously mentioned this patient as being someone that she was not certain was receiving appropriate care, so we had a couple of informal conversations about this and during the course of those conversations Dr Ince asked whether or not she should write to an endocrinologist to seek an expert opinion and therefore I was aware that she was writing to Dr Prentice and I believe I recollect that she actually showed me the letter that she wrote to Dr Prentice.

Q I am going to see if you can recall it now. Do you have a second file there?

A I do.

Q Could you turn to tab 2 page 5 and I hope we have got the same documents.

A Yes.

Q Is that a letter dated 8 February 2005, slightly cut off at the top?

A Yes, this is a letter from Dr Prentice to Julia Ince.

Q Can I ask you to pause for a moment while the Panel find this? It is in the second file, tab 2, page 5. Dr Cundy, does that bring back to mind the letter that Dr Ince received from the endocrinologist Dr Prentice?

A That is the letter that Dr Ince received from Dr Prentice.

Q We can see from the second paragraph his comments that:

> "As you say the patient appears to have been started on Thyroxine in spite or normal blood tests and the repeat results on 16 August which you kindly forwarded show that she was in the hyperthyroid range for both Free T4 and Free T3. The reason for this is apparent from Dr Skinner's letter of 10 May"

- and we will look at that in a moment –

> "where he has given her Thyroxine in addition to Tri-iodothyronine which appears to have put her into the thyrotoxic range therefore for both hormones."

THE CHAIRMAN: You said tab 2 page 5?

MR KARK: File 2 first of all.

THE CHAIRMAN: Thank you, file 2?

MR KARK: Tab 2.

THE CHAIRMAN: Page 5, thank you very much.

MR KARK: We were just dealing with the second paragraph. There is reference to a letter from Dr Skinner. Dr Prentice writes:

> "As far as clinical advice is concerned I would be concerned at this level of therapy especially as the patient had normal results to start with. She may even have had a sick euthyroid syndrome resulting in slightly low normal Free T4 for some other reason prior to starting therapy which of course is not an indication for treatment."

I will not read the whole of that letter but if we go to the last paragraph he says:

> "…as a former secretary to the British thyroid Association I was involved with the British Thyroid Association in trying to counteract a number of private practitioners who called themselves endocrinologists but did not in fact have a higher medical qualification in endocrinology who took it upon themselves to start patients on Thyroxine in spite of normal thyroid function tests. One of the practitioners took voluntary erasure --- I now that Dr Skinner has similar views and I think we are duty bound as medical practitioners to report to the General Medical Council if we think that a patient has come to harm as a result of receiving treatment which we believe was inappropriate and against standard guidelines."

He says the GMC will advise. Having read that letter and having spoken to Dr Ince and presumably, whether you remember them specifically or not now having had a look at the blood tests yourself, did you write to the GMC?

A Yes, I did. I would enlarge on your introduction to that. I had not only - by the time I had written to the GMC, not only had I discussed this with Dr Ince and my partners but I had also seen the results of the blood tests that were taken by Dr Skinner on the patient prior to her arriving in our practice, so I wrote the letter to the GMC on the basis of a fairly comprehensive understanding of the situation.

Q If you turn back to the other file – you are going to have to jump between those

two files quite a lot – and turn up tab 6 and go to page 3, that was, I think we will find, the original blood test that Dr Skinner received back shortly after his first consultation?
A In my bundle there is a blood test which is tab 6, page 5, 10 March 2004.

Q Do you see page numbers at the bottom right-hand side?
A Yes, the number at the bottom is 3, so it is actually the fifth page in my bundle.

Q You are quite right. We are using the page numbers on the bottom right-hand side. In any event, we are on the same document. That is the blood test received as a result of blood that Dr Skinner took, it would appear, on 6 March, before the beginning of Thyroxine treatment?
A Yes.

Q Had you had sight of that blood test prior to writing your letter?
A Yes, I had.

Q What, if anything, did that blood test reveal to you?
A This blood test shows that this patient's thyroid status is normal. They are neither low in thyroid nor high in thyroid. The blood test is entirely normal.

Q I think you wrote a letter to the General Medical Council, dated 23 February 2005. I am going to try to direct you to that, because we have some extra documents we are going to hand out to our Panel now. I think you attach that to your statement?
A Yes, I think it is.

Q Do you have your statement?
A I do not. Not in front of me, no.

Q Do you know if your statement is available?
A My statement is in the room. I can be handed it.

Q I do not want you to look at the statement itself but I want you to look at the appendices and I want you, if you can, please, to find the letter of 23 February 2005. In the meantime, could I ask for these extra documents to be handed out. Madam, they have been paginated. Mr Jenkins, of course, has these already. I am not going to ask for separate exhibit numbers. We will just get confused. Because these are part of the patient notes and we are trying to keep the patient notes sacrosanct, as it were, could I ask them to go into file 2, tab 2, because these are the extra documents produced by witnesses, and you will see that they have been numbered from page 6 onwards.

I am sorry, Dr Cundy, if you could just pause for a moment to let us sort out papers at this end. So file 2, tab 2 and following on from page 5.

Do you have the letter in front of you now, Dr Cundy?
A I do.

Q You write:

"Re: Dr Gordon Skinner ...

It is with great regret that I feel I must report the above named.

> It is my belief that he is treating patients unnecessarily, inappropriately and placing them at risk. I am reporting Dr Skinner to you with the full consent of the patient involved. [Patient C] has been fully registered with us on the NHS since 1.9.2004.
>
> My contention is that Dr Skinner inappropriately treated our patient with Thyroxine. Having inappropriately initiated medication, he then maintained the medication at dangerous levels. He saw our patient without a referral letter and failed to advise us of his treatment. I enclose a copy of a letter sent by Dr Ince to a local thyroid specialist, Dr Prentice and his reply. Dr Ince's letter details our involvement with this lady and our actions thus far. Dr Prentice's letter gives a further insight into the issues.
>
> I believe the evidence is fairly clear that Dr Skinner has been prescribing Thyroxine to patients who are euthyroid and as such, has been placing those patients at great risk. The short and long term damage caused by excessive thyroid hormone levels will of course not need to be outlined to yourselves."

You mentioned there "patients". By the time you wrote that letter had you seen the letters written by Dr Skinner?
A I believe I had, yes.

Q If you go back to the big bundle again, tab 6, page 19?
A Yes.

Q If you look at the third paragraph. I am just going to read it over to you, if I may. This is a letter written on 2 February 2005 to Dr Ince by Dr Skinner, because he had been asked by Dr Ince for an explanation of what he was doing.
A Indeed. Dr Ince had asked at our daily meetings, I do not know on what date, but she had asked what she should do and our advice was that she should first write to Dr Skinner asking him for his feedback.

Q We will be hearing from her and she did do just that, and this is his reply and he says this, in the third paragraph:

> "As you say [Patient C] had a number of features and I thought her thyroid chemistry was suggestive of hypothyroidism but as the years go by I become less and less reliant on thyroid chemistry as an index of diagnosis of treatment level in hypothyroid patients."

Did that comment form part of your opinion in writing the letter about patients, in the plural, as you did on 23 February?
A Yes. I would have to admit that when I wrote the letter to the GMC I do not think I was precisely checking every single word used in that letter and that is why the word "patients" slipped in, but, certainly, I had seen this letter and I had read this letter before I drafted my letter to the GMC.

Q Could I just ask you this, because you make complaint there in your letter about not having been referred to him by your practice, but is it fair to say that it would seem that he had been with another practice prior to yours at the time that this treatment started?
A Yes. That is a turn of phrase that I tend to use, in that when a patient is registered with us I regard them as being our patient and I would describe them as "our patient", even though the treatment may have occurred when they were registered with another

practice.

Q The point is, perhaps, that although there is no evidence that there was one you would not necessarily have referred this patient to Dr Skinner because, of course, if there had been a referral it would pre-date your involvement with her?
A Exactly.

Q Yes. All right. You say in your letter to the GMC:

> "My contention is that Dr Skinner inappropriately treated our patient with Thyroxine."

Again, without repeating your evidence, is that based on the material you had seen, including the blood test?
A It is. It is based upon the letters we have seen from Dr Skinner and the original blood tests taken prior to treatment and during treatment.

Q What were your concerns for this patient of your practice?
A Thyroid medicine is a profound medicine. It is a hormone which affects virtually every part of the body and, as with all hormones, in excess or inadequate quantities can cause damage to the body. Thyroid hormone, when prescribed in excess for even short periods, can cause quite severe damage and in long periods can cause permanent and severe damage to patients.

I am particularly concerned about a class of patients that are generally young ladies, who often describe symptoms as being tired all the time or not quite feeling the full vigour they should, who are quite often prescribed Thyroxine as a "pick you up", maybe a bit of a tonic, inappropriately by doctors such as Dr Skinner.

Q If you go back to file 2, please. Were you copied in on a letter written by Dr Skinner to the GMC in response to your complaint?
A I have seen a letter from him, yes. I do not know where it is in the bundle.

Q I am sorry, no. This would, again, have been attached to your original statement. If I could ask for assistance to be given to you, it is a letter written on 18 June 2005 to Miss Ceri Floyd at the GMC. Do you have that in front of you now?
A Yes, 18 June 2005 to Ceri Fiona Floyd. Yes, I have that letter.

Q Can I take the Panel to that? File 2, tab 2, page 7. (*To the witness*) He writes that he is:

> "... disappointed that a practitioner namely Dr Cundy with supportive evidence from Dr M Prentice have written to the General Medical Council on a patient who was returned to Dr Cundy's care in October 2004 and from whom I have received no clinical or laboratory information since that time nor indeed intimation that any ill has befallen this patient. With one contrived exception, every statement is untrue and would be known to be untrue if Dr Cundy or Dr Prentice had either contacted me or inspected the notes with any degree of diligence ...
>
> [Patient C] advised our Office that she would bring a letter of referral with her but did not do so and I agreed to the consultation as it would be somewhat stuffy to send the patient home in these circumstances."

I am not going to ask you to comment on that.

Then paragraph 2:

> "The Family Practitioner of the day was advised of the intended treatment within seven days of my seeing the patient."

Then this over the page:

> "Both Dr Cundy and his adviser Dr Prentice suggest that this patient was inappropriately started on thyroid medication; I submit that this is incorrect and that the patient's clinical features with an FT4 of 11.7 amply justified this diagnosis and institution of treatment; the proof of the pudding is that she significantly improved on thyroid treatment ... and was in good health when she returned to the care of Dr Cundy's practice.
>
> Dr Prentice - who has never set eyes on the patient to my understanding - asserts that the treatment was instituted at a level of 150 micrograms thyroxine per day which I have never done in my professional life and did not do with this patient. It is beyond comprehension that colleagues can make inaccurate statements of this nature without having the grace or courtesy to even talk to the colleague and establish the veracity of their assertions."

Pausing there for a moment. You did not copy your letter to the GMC into Dr Skinner, did you?
A I do not think I did, no.

Q Were you aware when you wrote it that Dr Ince had written to Dr Skinner asking him for an explanation?
A Yes, absolutely. I would not have complained to the GMC if we had not attempted to get an adequate explanation from Dr Skinner first. If Dr Skinner had given us an adequate explanation that was satisfactory we would not have complained to the GMC.

Q Paragraph 5:

> "Dr Cundy asserts that this patient was given dangerously high levels of medication. I advised the practice that at one stage [Patient C] increased her dosage of thyroxine to 200 micrograms per day and wrote to the practice and indeed [Patient C] on the matter; these letters would also seem to have been excluded from consideration by your Office.
>
> There is no evidence - which may be due to lack of communication since the patient was returned to Dr Cundy's care - that ill has befallen this patient and if the patient has had an adverse effect from this medication this practice did not feel fit to convey this information to me."

At that stage were you saying that the medication had had an adverse effect?
A I think the evidence is quite clear. The patient reported to Dr Ince at the first consultation when she became a patient at our practice that she herself was unhappy with the treatment because she did not feel well on it. She had consulted Dr Skinner. Dr Skinner had advised her to take some medication and as a result of taking that

medication Patient C was feeling worst, and I believe that she actually stopped taking the medication prior to seeing Dr Ince because she felt that that was the right thing to do. I therefore submit the evidence is fairly clear that the patient, was feeling worse on his treatment.

Q Again, we are going to hear from Dr Ince about that. Reading on in Dr Skinner's letter:

> "This is a serious allegation; it is more serious that both Dr Prentice and Dr Cundy allege that I treat patients who are euthyroid with thyroid medication and I have been advised to seek legal advice on the defamatory statement; I categorically affirm that I have never knowingly treated a patient who was euthyroid with thyroid replacement.
>
> It is alleged that I call myself an Endocrinologist. This is ... untrue."

Then there is criticism of the GMC for not seeking clarification from yourself and from Dr Prentice that inspection of the correspondence would put to rest the inaccuracies. Then he makes a formal complaint to the GMC about you and various others.

First of all, in relation to Patient C, was there any evidence that had suffered as a result of the treatment given to her?

A The evidence of the second blood test taken by Dr Skinner whilst being treated by him shows very clearly that she was hyperthyroid. She had too much Thyroxine hormone in her blood and the levels that she had were potentially dangerous. I am not aware that any permanent damage has occurred to the patient as a result of the exposure that she had to those excessive levels. With Thyroxine levels at those levels she would have had short term harm in the form of some of the short term actions of Thyroxine hormone, such as an increase in the heart rate, potentially, an increase in nervousness, possible muscle wasting, but in terms of long term damage I do not think she would have suffered any long term damage.

Q I think the correspondence, so far as you are concerned, concluded when you replied to the comments made by Dr Skinner, your letter of 30 August 2005. Again, I am going to ask that you be given assistance, perhaps, to find that, and the Panel will find it at page 10 of the same section.

A I have the letter in front of me.

Q You say you have read the correspondence and comments enclosed from Dr Skinner, "I have very little to say", other than that you had confirm you never seen the patient nor spoken to Dr Skinner. You are a partner in the practice and the treatment of the patient was brought to your attention by Dr Ince who you say was rightly concerned of Dr Skinner's treatment of her:

> "... the practice felt that it was a Partner's responsibility to take on the onerous task of a complaint to the General Medical Council about a colleague.

The essential features of the case are that Dr Skinner accepted a request for a consultation from this patient without a referral ... As a result of that consultation, he considered her to have signs of hypothyroidism and he took blood. The results of those tests show that both the T4 and TSH were well within normal range. Despite this, Dr Skinner initiated thyroid replacement therapy."

You say:

> "Dr Skinner states in his letter ... of the 2nd February that he is 'less and less reliant on thyroid chemistry as an index of diagnosis of treatment level in hypothyroid patients'. While Dr Skinner is entitled to his own personal views, it is not normal or acceptable practice to expose patients to the many serious and varied damaging effects of completely unnecessarily thyroid medication."

At the end of that correspondence, did that remain to be your view?

Cross-examined by MR JENKINS

Q I have very few questions for you, Dr Cundy, but can I just ask, when this patient came to be a patient of your practice, would you have received from the previous general practice all the correspondence as well as the medical notes?
A We would have received the bundle in the Lloyd George envelope of records from the previous GP and we did receive that at some point. I cannot remember whether the bundle contained any previous correspondence.

Q Because the suggestion being made to the General Medical Council – perhaps we can look at bundle 2 tab 2 page 5, it is the letter from Dr Prentice. I am looking at what is in fact the third paragraph on the other issue of the fact that Dr Skinner did not write to you as the patient's GP. He had written to the previous GP, had he not, a couple of times?
A I do not know the answer to that.

Q Are you able to tell us how the suggestion was being made by you to the GMC that Dr Skinner had not made any contact with the GP and kept the GP informed when in fact he had?
A I do not know whether he wrote to the previous GP. I know it is correct that Dr Prentice's interpretation of the letter from Dr Ince is that Dr Skinner did not write to us whilst the patient was under our care and clearly that is a misinterpretation. He could anticipate that the patient would come to us having been previously registered with another practice.

Q You will know that *Good Medical Practice*, the relevant booklet from 2001, encourages doctors to keep colleagues well informed when sharing the care of patients?
A Yes, of course I do.

Q It was a serious allegation to make that Dr Skinner was not keeping the general practice informed of his treatment of Ms C, was he not?
A Yes.

Q But it was wrong, was it not, as a complaint to make against him?
A May I refer to the records that I have in front of me from the practice?

Q Yes, but I do not know if those are complete records or not.
A The computer printout will represent a complete record and the computer printout will show me on what date the records were received from the previous practice and what

date those records were summarised. If those records were summarised according to the protocols in my practice any relevant previous correspondence will have been entered into the records already by my practice. My recollection is that there are no letters in the bundle from the previous GP written by Dr Skinner to that GP about this patient's treatment, and that would be the basis of our assertion or our belief that Dr Skinner was not writing to the patient's registered GP.

Q We heard yesterday from Dr Summers, who was the previous GP who had received correspondence from Dr Skinner, that he realised that he had prescribed thyroxin. That was the evidence that was given. There is no issue with you, Dr Cundy, as to whether the previous GP, Dr Summers was making a record. The issue may be whether you were aware of that fact and you are suggesting no notes have been made of that in your computerised records?
A That is right. As far as I recollect, without looking back at them, we were not aware of any previous correspondence from Dr Skinner to the previous GP. That may be because it was not in the bundle we received, or may be because we did not consider it appropriate enough or important or enough to record, but I would consider the second of those explanations as being less than tenable given the circumstances.

Q I can just clarify things, Dr Cundy. There is no doubt that Dr Skinner wrote to the previous GP and we have heard the evidence and seen the letters. You tell us you were not aware of it?
A No. What I can tell you is that when the patient registered I do not think we had received the bundle of records from the previous GP. At the first consultation with Dr Ince she raised the question about this thyroid medication. Therefore, when the records were received for summarising by Dr Ince I would imagine it would be inconceivable that she was not looking out for correspondence related to it.

Q There we are. Have you ever seen this patient?
A No.

Q Do you know what signs or symptoms she might have been exhibiting when she saw Dr Skinner?
A I have seen Dr Skinner's letter and his description of the signs and symptoms that he attributed to hyperthyroidism.

MR JENKINS: Thank you very much. That is all I ask.

THE CHAIRMAN: Mr Kark, any further questions?

MR KARK: No, thank you.

Questioned by THE PANEL

MR PAYNE: Good morning, Dr Cundy. Can you hear me okay?
A Yes.

Q I am a lay member---

THE CHAIRMAN: Could you just introduce yourself?

MR PAYNE: My name is William Payne and I am a lay member of this Panel. Just a couple of questions for you, doctor, because of my lack of medical knowledge. You went on to talk about Patient C and you said that there would have been no long-term harm to the patient because of the medication that she had been given. Is that because she had stopped taking that?

A Thyroxin is a hormone which has a variety of actions, a variety of physiological actions. Some of them are relatively immediate but short-term if the medication is stopped. Other ones are longer term and take a longer time to manifest themselves. As an example, if you were to take thyroxin medicine in excess your heart rate would speed up quite rapidly, probably within a few days, and would then stay at that increased rate whilst you took the medication. One of the longer term effects of thyroid excess is that it can thin your bones, making them brittle, and it can also waste your muscles. It can also cause psychiatric damage – it is actually a potential cause of mania. Those are effects which are only seen after several weeks, if not months, of exposure to excessive medication. Therefore, it is possible to take thyroxin in an excessive dose for a few weeks but not suffer any long-term damage, because the short term effects are rapidly reversed.

Q Thank you, doctor. In your experience, have you always found that the blood tests for this illness are reliable and have you ever used thyroxin when the levels have been in between the reference levels? Would you ever have prescribed it for anything else?

A No. These blood tests are done in literally millions every year. It is an extremely old and established blood test and I believe it is an entirely and utterly dependable one. The only circumstance in which you would be prescribing thyroxin to a patient where the blood tests were in the normal range would be a patient that you were treating for a lack of thyroid and therefore you were boosting the levels from a low level into the normal range, but you would not normally treat a patient or initiate treatment with thyroxin if their results were in the normal range.

Q There is no other medical reason for using thyroxin, apart from this?

A There are other medical reasons for using thyroxin. In some circumstances, patients who have too much thyroxin, through an over-activity of the thyroid gland, can be given what is called block and replace treatment. They receive a medicine which stops their body producing any thyroxin at all and at the same time, in that case somewhat contradictorily, you then give them thyroxin as well. There are some other conditions relating to growth in infants where you might consider prescribing thyroxin medicine.

MR PAYNE: Thank you very much.

THE CHAIRMAN: I wonder if I could myself just ask you one question. Going to the patient records, is there any indication, or anywhere else that you can recall, that would provide us with evidence that she was actually feeling worse? You commented that the patient came to Dr Ince, was feeling worse, and had probably herself stopped the medication?

A Yes. Can I refer to the bundle?

Q Yes.

A This is file 1 at tab 5. Page 1, in the middle of the page, there are a series of entries dated 07/09/2004. Those entries represent the records made during a consultation

by a Dr Ince and the fourth entry which begins 07/09/2004 "Had a chat to patient", the sentence beneath that represents free text that was typed in by Dr Ince. It says:

> "Not sure if happy with treatment. Seeing private consultant Devonshire Place…On 150mcg thyroxine and x2 others to potentiate effect??"

That is evidence that the patient is not certain about the appropriateness of the treatment. At the bottom of that page, a series of entries beginning with the date 05/10/2004. These represent the entries made by Dr Ince at another consultation on that date. The second entry, 05/10/2004:

> "Has been seeing specialist but feels no better on thyroxine. Would like 2nd opinion…"

Those are the entries made by Dr Ince during consultation, which I think Dr Ince can confirm; that the patient said she felt worse when she was on treatment.

THE CHAIRMAN: Thank you. It does not actually say, of course, that she was feeling worse, just that she was not feeling better. I just wondered if there was anywhere that I should have noted that she was definitely worse. Thank you for your help.

MR JENKINS: It is page 3 at the top.

THE CHAIRMAN: Can you get to page 3, Dr Cundy, at the top?
A Yes. There is a series of entries there dated 28/10/04, which would represent, I think, a telephone conversation (because we record those as well), and the entry is made by Dr Ince and at the end of the text she says "She feels a lot better off medication", so the implication is that she felt worse on it.

THE CHAIRMAN: Thank you very much.

MR KARK: May I just remind the Panel we are going to be hearing directly from Dr Ince next, who may be in a better position to deal with this.

THE CHAIRMAN: Thank you very much. No further questions, and thank you very much for agreeing to do the video link and give evidence.

THE WITNESS: Thank you.

(Video link terminated)

MR KARK: The next witness is Dr Ince, who is here. I gather she is ready to give evidence. Again, we will need tabs 5 and 6 of file 1 to start with, anyway.

JULIA CATHERINE INCE sworn
Examined by MR KARK

Q Is it Dr Julia Catherine Ince?
A Yes.

Q Can you tell us your qualifications, please?
A MB BS, DRCOG, MRCGP.

Q I think you have been employed in salaried general practice since August 2003. Is that right?
A Yes, that is right.

Q Was that your first GP position?
A Yes, it was.

Q I am going to ask you some questions about a patient we are referring to as patient C. Could I ask you – I hope there is a list available. Could you just have a look – please do not read out the name but can you just confirm that Patient C was at one stage your patient?
A Yes, she was.

Q Thank you very much. Could you please try and ensure that you do not refer to her name. She registered with you, I think, in September 2004 and I am going to ask you to look at a few documents. There is a file next to you, file 2, so the smaller one. I wholly misled the Panel – the first document we are going to look at is in the other file, so apologies. File 2, tab 2, page 2. Do you recognise that document? Do you have it, first of all?
A Is it exhibit A?

Q It is exhibit A and behind it should be Wimbledon Village Surgery, Patient Registration, Patient C?
A Yes.

Q This is the original registration. I suspect would this be filled in by the receptionist or the practice nurse or by the patient herself?
A The patient filled this in.

Q Right. We can see under her personal history in the middle of the page, "Tonsillectomy, hypothyroid" and the date against hypothyroid is 2004. Under "Medication", which is two-thirds of the way down the page, we see, "Thyroxine" and I think it is Tertroxine and also on the right-hand side of the page armour thyroid. Under "Information relevant to your healthcare prior to the arrival of your medical records", "Diagnose hypothyroid March 2004. Seeing specialist Dr Skinner." Then that is dated 31 August 2004. Then there are some further details over the page which I do not think are going to help us very much.

If you go now to the other file, the larger file, File 1, and turn to tab 5, please, page 1, can you confirm that you first saw this patient on 7 September?
A Yes, I did.

Q There is an entry above all relating to earlier occasions. Right at the top of the page there is reference to January 1983, a tonsillectomy, January 1990 polycystic ovaries, January 1992 irritable bowel syndrome, October 2002 cervical smear. We can take it that all of those entries were put in once you had her previous medical notes?

A Yes.

Q The 1 September entries would come from where? Can you help us?
A They would have been put on from the previous document that we saw.

Q So you start on 7 September. Her first complaint seems to have been knee pain and she had problems after running and then we see this:

B

"7 September 2004 blood tests due Free T4 and TSH".

Does that mean that you took blood on that occasion?
A No, that was documented because she would be attending for that in the future.

Q Then this, 7 September 2004, the middle of the page:

C

"Had a chat to patient." You have read these notes presumably fairly recently, I expect?
A Yes.

Q Does it bring back to mind the patient and what happened, or do you not really have a recollection of her?
D A I remember her but it was nearly three years ago so I do not have a hugely clear picture.

Q The note that is made who would make it? Who made this note that we are looking at now?
A I wrote that.

E Q Straight on to the computer or into the notes?
A On to the computer.

Q At this time was the practice fully computerised?
A We were paper light. It is never fully computerised.

Q So far as making a record of the examination, that would go on to the computer?
F A It would, yes.

Q All right. We can see:

"Had a chat to patient, seeing private consultant"

G

is it?
A Yes.

Q

"Devonshire Place, not sure if happy with…"

H

- is that treatment?
A Yes.

Q

"On 150mcg Thyroxine and two others"

- meaning two other drugs, presumably –

"to potentiate effect."

Underneath that:

"[history of] hypothyroidism."

Can you remember now any more about the not sure if she was happy with treatment? Can you remember anything that she was telling you about that or not?
A Not really. I just go by the note that I made that she was not sure if she was happy with it.

Q All right. I think what happened was that you agreed that she should have blood tests in order to assess her thyroid function?
A Yes.

Q Would you have taken blood on that occasion?
A No.

Q Somebody would have done?
A No, she would have been booked in, had to make an appointment to come back and see the phlebotomist later.

Q If we go further down the page, she came back on 17September when she was suffering from conjunctivitis and blood samples we can see must have been taken because there is mention on 24 September. Do you see that?
A I do see that. I do not think the bloods were taken on the 17th.

Q No, I am sorry, I did not mean to suggest that. They had been taken by the 24th because we have got the results, though we do not know when exactly they were taken.
A Yes.

Q Is it the practice of that surgery at the time not to keep the original blood tests and simply transfer them on to the computer?
A The paper results you mean?

Q Yes.
A Yes, they would be shredded once they were on the computer.

Q So what we get is what somebody has typed on?
A No, these arrive by electronic link from the lab. They are not typed on by hand.

Q Right. Arriving from the lab we can see that the serum, the TSH level, is recorded as being 0.01. The T4 level is shown at 21.7. Were the results consistent, in your view, with Patient C taking Thyroxine?
A Yes, they were.

Q I think you saw her again as we can see at the bottom of the page, or somebody saw her, on 5 October 2004. Was that you?
A Yes, it was.

Q This is recorded:

"Had a chat to patient. Has been seeing specialist but feels not better on Thyroxine. Would like second opinion but needs to check with insurance. Started with viral illness two years ago. TATT…"

A Tired all the time.

Q "[Tired all the time] Blood tests showed hypothyroid, only been on treatment since March 2004."

That reference to blood tests showing hypothyroid would have come from where?
A The patient would have told me that her original blood tests showed that she was hypothyroid.

Q Can you recall now what advice, if any, you gave the patient?
A It was more discussing the fact that she wanted to see another person, another specialist about what was going on but because we were not sure about her insurance cover whether she could see somebody privately or not was the issue and she was going to find that out and let me know.

Q I think you arranged for further blood tests to be taken?
A I did, yes.

Q Why did you do that?
A Because of her being tired all the time I thought I would do some more blood tests and see if there were any other causes for that.

Q Right.
A And while I was doing that I thought I would repeat her thyroid function.

Q We see over the page, there should be a 1a in the bundle. Could you look about a third of the way down, you will see 15 October 2004, T4 level is now at 15 and the TSH level is 0.01. Can you recall whether by 15 October 2004 she was still taking the Thyroxine?
A I do not know if she was at that time but there is a later statement when I spoke to her on the phone at the end of October.

Q All right. Can we go over the page, please, to page 3? We see an entry right at the top of the page dated 28 October 2004 and can you confirm, was that a direct conversation or a telephone?
A It was a telephone call.

Q This is recorded:

"Had a chat to patient. Original BT [blood test] results show patient to be euthyroid and explains why no response to treatment. To stop all medication and repeat TFTs in"

- is that two months?
A Yes.

Q
"Feels a lot better off medication."

When you refer to the original blood test results, can you recall what you were referring to?
A It was the blood test results from March 2004.

Q If you turn to tab 6 of the big file and go to page 3, do you find a blood test for March 2004?
A Yes.

Q You will see in the bottom right-hand corner there is the date, 16 March 2004?
A Yes.

Q We can see that the T4 level is shown at 11.6 with a reference range of 9 to 20 and the TSH level of 2.2 with a reference range of 0.4 to 5.5?
A Yes.

Q When you wrote that note back on 28 October 2004, can you remember, had you somehow had either sight of these or been told what these results were?
A Yes. Her old notes had arrived in the surgery and I summarised them so I was going through them.

Q So when you record that the original results show the patient to be euthyroid, did you have this blood test available to you?
A Yes, I did.

Q I am not going to ask about your expertise on thyroid problems. It may be you have a great deal of it but we have an expert who is going to help us later. Looking at these results as a GP, did you regard that this patient was euthyroid?
A Yes.

Q Thus your note explains why no response to treatment, and the treatment you were referring to, presumably, was the treatment with thyroxine?
A Yes.

Q I think you also had, by then, the August 2004 blood test. If you go to page 10 of the same section, this was after the patient had been on thyroxine for about five months, it would seem, and we can see that by this stage her T4 level had gone up to 25.5, so outside the reference range which was between 9 and 20, and her T3 was at 8.9, outside the reference range which was 3.5 to 6.5. I am sorry, I should go back. Her TSH had gone right down to less than 0.1, where the reference range was 0.4 to 5.5.

Looking at it simply as a GP and simply then on the basis of the blood test, did you see any, certainly, chemical signs of hypothyroidism from the original test?

A From the one in March?

Q Yes.
A No, that was a normal result.

Q By the time you got the result in the August result, hypothyroid or hyperthyroid?
A Hyperthyroid.

Q When you spoke to the patient on 28 October 2004 did you explain to her that in your view she had not been hypothyroid?
A Yes, I did.

Q Did you suggest that she stop taking the medication?
A I did.

Q Can you remember what you then understood from her?
A I believe that she had already stopped it herself a few weeks prior to me speaking to her.

Q When we look at the blood test of 15 October at 1a of tab 5, we see that her T4 level seems to have come down from the August result quite dramatically to 15, although her TSH is still very low. That would appear to have been after, perhaps, a little time, having come off thyroxine?
A Yes.

Q Did you have concerns about the original diagnosis of hypothyroidism and the doctor who made it?
A I had concerns about the original diagnosis, yes.

Q Did you, as a result, speak to others to decide what to do about it?
A Yes, I did.

Q I think you saw your patient again in December. If we go over the page to page 2, confusingly, there are two numbers there but it is the very last number on the page, at the bottom right-hand corner of page 2. About seven or eight entries down we see that she came in to see you, I think, for a common cold and you had a chat with the patient and you noted:

"Will write to [consultant] who started thyroxine despite normal TFTs,

- thyroid function tests -

"for clarification of reasons behind this. [Patient] consents to this."

I think you did then write to the doctor concerned. Could I ask you to go, please, to page 9 of tab 5. Perhaps you recall this letter, do you?
A Yes, I do.

Q You write to Dr Skinner at his practice in Birmingham:

> "... I would be grateful if you could provide me with more information about the diagnosis of hypothyroidism in this lady.
>
> Could you please confirm the symptoms that she was suffering from at the time and also any blood test results that you have which confirmed the diagnosis. Could you please clarify the dose of thyroxine that [Patient C] was started on and the date.
>
> It would be much appreciated if you could let me have this information for the completeness of [Patient C's] medical records."

I think there was a bit of a problem about the name and Dr Skinner finding his notes, because there was a query whether she changed her name.
A Yes.

Q You confirm on the following page that she had not changed her name. Then could you go over, please, to page 11? Can we just see what Dr Skinner wrote back to you:

> "Dear Dr Ince
>
> I must apologise for this confusion but having found [her] notes ...
>
> I was consulted by [Patient C] in March 2004 following another spot of confusion where I thought she had been referred but somehow this seemed to not be the case as it is our usual practice to only see new patients if they have been referred. I have enclosed our correspondence to your practice to date.
>
> As you say [Patient C] had a number of features and I thought her thyroid chemistry was suggestive of hypothyroidism but as the years go by I become less and less reliant on thyroid chemistry as an index of diagnosis of treatment level in hypothyroid patients.
>
> I have not in fact seen [her] for some time and I thought you had taken over her care and at her last visit she seemed to be doing really quite well and indeed had just got married ..."

When you read that I expect you wondered what you had said in your last letter. Had you said that, in your view, this patient had a number of features of hypothyroidism?
A No, I had not.

Q Having received that reply, having gone through one of the partners in the practice, I think you then spoke to a consultant physician and endocrinologist at Kingston Hospital. Is that right?
A Yes.

Q Was that a Dr Springer?

A Yes.

Q Then he suggested that you get in contact with Dr Prentice, who was a consultant endocrinologist at Mayday University Hospital, and I think you wrote to Dr Prentice on 4 February, as we see over the page at page 12. Do you recall this letter?
A Yes, I do.

Q You really set out the history, so far as you understood it, both received from your patient and also from the letter that you had received from Dr Skinner which explained what he had done and why. In the last paragraph of page 12 you say:

> "I have written to Dr Skinner asking for more information regarding his diagnosis of hypothyroidism and also for him to send me a copy of her blood test results explaining exactly why he did what he did ... all I received back was a note on my original letter ..."

So by the time that you wrote this letter you had not actually got Dr Skinner's reply?
A I had not, no.

Q You received a reply to that letter, and I am afraid we are going to have to jump to another bundle. Could you go to the smaller file in front of you and turn up tab 2. File 2, please, for the Panel. If you could turn over tab 2 and find page 5. Is that the reply you received back on 8 February?
A Yes, it is.

Q I am not going to read through the whole thing. We have just actually been through some of this with Dr Cundy, who has just given evidence via video-link. You can see, really, from the last page that he is, effectively, suggesting that this ought to be taken up with the General Medical Council?
A Yes.

Q He also felt that the prescribing of thyroxine was inappropriate. I think Dr Cundy was - forgive the term - but he was, effectively, your senior in the practice. Is that fair?
A Yes.

Q There is a wry smile there.
A He had qualified before me, yes.

Q All right. I will not go into the internal politics of that, but I think he took it upon himself to deal with the GMC?
A Yes, he did.

Q Could I ask you to go back to the computer records, file 1, please? I think you saw Patient C again. If we go to page 2. Did you see the patient again, I think, on 5 January?

THE CHAIRMAN: I am sorry, what tab are you on?

MR KARK: I beg your pardon. File 1, tab 5, page 2. (*To the witness*) Can you recall, did you see the patient again on 5 January?
A No, that was not me.

Q Is that not you?
A No.

Q I am sorry, I think she saw Dr Allen?
A Yes.

Q It was Dr Allen, I think, who referred the patient to a Dr Rodin, and if we go to page 13 we can see Dr Allen's referral. I am going to ask you to deal with this because we are not calling Dr Allen, but he was a member of the same practice, I think. In the second paragraph, he writes:

> "Also of note is a history of a problem with her thyroid. I understand that she consulted Dr Gordon Skinner last year who thought that she would benefit from Thyroxine which she took for some weeks. She then moved to Wimbledon, consulted one of the other Doctors in this practice, Dr Ince who felt that her thyroid function tests had been normal and was concerned that there had been no good reason to put her on Thyroxine.
>
> [Patient C] has since stopped her Thyroid replacement ..."

That was the referral. Then I think your practice got a reply back, which we see at page 14. It sets out the various difficulties that this lady had faced. I am not going to read them all out, but they are dealt with in the first paragraph. Then at the bottom of page 14 he writes this:

> "On examination today she was lean weighing 60.7 kgs. Clinically she was euthyroid and there was no goitre."

Right at the last paragraph, on the second page, he writes:

> "I have read the correspondence which you kindly sent me with regard to her previous treatment with Thyroxine. Her serum TSH is now normal at 2.4 mu/l and I have reassured her that there is no evidence of thyroid dysfunction."

Just going back to your dealings with the patient, and you may want to have reference to tab 5, page 1, again. When she first came to see you she came to see you and, among other things, mentioned to you that she was not happy with her treatment. That was her treatment in relation to thyroxine. Yes?
A Yes.

Q She was then on three different drugs, it would appear, for what was perceived as the thyroid problem. Yes?
A Yes.

Q That is back in September 2004. In October 2004 she is saying she feels no better on thyroxine. She is still tired all the time. Yes?
A Yes.

Q You get the blood test and you discover that originally, in your view certainly, she was euthyroid?
A Yes.

Q You also see the blood test in October which seems to indicate that she has become, as you put it, hyperthyroid?
A Yes.

Q At some point we know that she stops all the medication, and your note at the top of page 2 is that she seems to have felt better. Does that mean, can you recall, that she was feeling generally better in herself or simply that there was a change in her circumstances, as it were, coming off the thyroxine or can you not now remember?
A I do not remember.

Q Finally, I am going to ask you to have reference, please, to a letter that Dr Skinner wrote. Again, I am afraid it is in the other file, file 2, tab 2, page 7. I am not going to ask you to deal with all of that very long letter, but if you could go, please, to page 8 and the first paragraph on that page, which, in fact, is paragraph 3. First of all, do you remember seeing this letter? Was this shown to you?
A I am sorry, I am not sure I have the right letter.

Q File 2, first of all. The thinner file.
A Yes.

Q Tab 2, and I hope you will find page 7?
A Is that written on?

Q Yes, it is written on. Is that a letter dated 18 June 2005?
A Yes.

Q You can see from the heading it is from Gordon Skinner. Yes?
A Yes.

Q Just have a look through this letter to see if you have seen it before.
A (*After a pause*) I may have briefly been shown it but I have not formally read it at all.

Q I understand. I am not going to ask you a great deal about it, but you comment on it in your statement so I expect you have seen it.
A Okay.

Q If you go to paragraph 3 that I just mentioned.

> "Both Dr Cundy and his adviser Dr Prentice suggest that this patient was inappropriately started on thyroid medication; I submit that this is incorrect and that the patient's clinical features with an FT4 of 11.7 amply justify this diagnosis and institution of treatment; the proof of the pudding is that she significantly improved on thyroid treatment and was in good health when she returned to the care of

Dr Cundy's practice."

You were the doctor dealing directly with this patient at Dr Cundy's practice, so that is why I ask you. So far as you were concerned, when you saw this lady in September 2004 first of all was she in good health and, secondly, did she feel she was significantly improved on thyroid treatment?
A She was in good health but I do not recall her telling me she was significantly improved on thyroid treatment.

Q I will not go back to the note; we have read the note often enough. In paragraph 4 Dr Skinner complains that colleagues have made inaccurate statements without having the grace or courtesy to talk to the colleague to establish the veracity of their assertions. Just this. I think it is right that Dr Cundy, nor indeed Dr Prentice, had written to Dr Skinner but you had?
A Yes, I had.

Q The purpose of you doing so was what?
A To establish what the diagnosis was and the treatment that was started and the symptoms that she had.

Q And you got the reply that we saw?
A Yes.

MR KARK: Thank you. Would you wait there, please?

MR JENKINS: Madam, I have got some questions but I know you will want a break at some time. I am entirely in your hands and the Panel themselves may have some questions.

THE CHAIRMAN: I think, in fairness, we will continue until this has finished.

MR JENKINS: Certainly.

<u>Cross-examined by MR JENKINS</u>

Q Dr Ince, I am obviously asking questions on behalf of Dr Skinner. Can I just go back to the start of the chronology? I think we have to look at the new patient questionnaire in the smaller bundle, bundle 2. Tab 2 is the second page. This is the document that bears the details of the practice, the Wimbledon Village Surgery. It is a two-page document filled in by the patient herself. We have got the date of it, 31 August 2004?
A Yes.

Q I think you would have had this document to look at when you saw her for the first time, I think the following day?
A I might not have done. I do not recall.

Q But you told us this is a document filled in by the patient herself and presumably if a patient comes to the practice and says that they would like to register, this is what they are handed?

A They are, yes.

Q And invited to fill in some details of their own previous medical history and give details, I assume, of the previous practice where they were registered?
A Yes.

B Q We do not see that, I do not think, on this form. You then saw her the following day, 1 September, and we have to go to the other bundle at tab 5, the first page. I think we can see of the various entries for 1 September 2004 some measurements are taken, her body mass index, her weight, her alcohol consumption, her height and questions about when she last had a cervical smear, tobacco consumption, and there is then an entry "Patient Registration" and the details of her previous GP are there given?
A Yes.

C Q Was it you going through those various points or was it someone else at the practice, like the practice nurse?
A They are put on from the questionnaire by an administrative person.

Q Are they?
A Yes.

D Q Can you tell me where they got the details of the previous practice from the questionnaire?
A There would have been another form attached to that, which is the patient – the form where you register at a new practice, which you have to put on your previous surgery on there.

E Q I do not think we have seen that, but perhaps it does not matter. Can you tell us where the entry is for you seeing the patient on that day, or did you not see her then?
A On 1 September? I did not see her on that day.

Q Once a patient registers with a new practice, it is right, is it not, that a request is then made through the PCT for the patient records to be transferred over to the new practice?
A Yes.

F Q I think typically that takes a few weeks to be completed?
A Yes, it does.

G Q The PCT will, from their own records, identify the previous practice and ask them to send on the notes and the notes will be forwarded to the new practice?
A Yes.

Q Can we anticipate that by 7 September 2004, six days after she had registered, it would be extremely unlikely that the new records had come through?
A It would be unlikely, yes.

H Q I think in fact, if we look on to page 1A at the top of the page, there is an indication of when the notes had come through, but certainly by 13 October the Lloyd George cards, the notes from the previous practice, had arrived?

A Yes.

Q You tell us it was you undertaking the process of culling and summarising the previous records?
A Yes, but there was another doctor at the practice who also did some.

Q I do not know if you are able to identify from the computerised records that we have which entries were completed by you and reflect episodes of patient care that you were involved with, as against those of other doctors?
A Sorry, could you repeat that, please?

Q I do not think it shows us who does what on this document? There are no initials on the computerised entries that we have to say whether it is JI or PC, Dr Cundy?
A No. It does come up on the computer. I do not know why it is not on here.

Q Certainly the previous records had arrived at the practice by 13 October 2004?
A Yes.

Q Just following that through, if we may, it was in October 2004, if you turn over to page 2, the one after 1A, it is your entry, you have told us, on 28 October 2004: the original blood test results show the patient to be euthyroid?
A Yes.

Q You have told us that you were looking at the blood test result that we have looked at, at tab 6, page 3?
A Yes.

Q That is a blood test result which had been requested by Dr Skinner, as we see?
A Yes.

Q Are you able to tell us where that had come from?
A That would have been in her medical notes.

Q So the records that were forwarded to your practice from Dr Summers, the previous GP, included that blood test result from March 2004?
A Yes.

Q I think there had been no correspondence between your practice and Dr Skinner at that stage, by 28 October, so nothing had been sent to your practice by Dr Skinner by that time, 28 October?
A That is right.

Q Does it follow that the only way in which you could have had that blood test result from March 2004 as if it had been forwarded from the previous GP, Dr Summers? There would have been no independent route by which it could have arrived, it could only have come with the records from Dr Summers?
A Yes.

Q What we know is that letters were sent to Dr Summers. We have them again, if you look, please, at page 2 of tab 6. Page 2 is one letter to Dr Summers and there is

another one at page 6 in May. I do not know if you are able to tell us whether those letters were also passed on to your practice from Dr Summers?
A I am not sure that they were there.

Q Someone other than you had done the culling process, you tell us, on 13 October?
A Yes.

Q Is it possible that that doctor had not thought them to be relevant at all?
A I would not have thought so, no.

Q One would hope not, but what does the culling process involve, the extraction of what is thought to be relevant and are the records then shredded?
A Any things that are thought to be irrelevant are shredded but the rest of the record is kept.

Q I have not seen the original records of Patient C – I do not know if they are available, but it may be we should have a look at them if they are available.

MR KARK: My learned friend has everything that we have.

MR JENKINS: There it is. On 7 September – and, again, I take you back to page 1 – you saw the patient, you have told us you had a chat with the patient, and what you have said to her is she was in good health?
A Yes.

Q I think in your statement – again, if you would like to see it, of course you must but I am going to suggest to you that what you said in your statement was "As far as I can recall when she saw me on 7 September she wasn't feeling unwell"?
A Yes.

Q Does that accord with your recollection?
A Yes.

Q What we know is that various measurements were available – the body mass index that we have seen higher on the page, weight, alcohol consumption and matters of that nature. Did anyone take a pulse or blood pressure for Patient C?
A I do not think they did, no.

Q You have, therefore, no measurement of her heart rate?
A No. She was well – I did not see a reason to.

Q Was there any complaint of nervousness or anything of that nature from her?
A Not that I recall, no.

Q Was it on that day – and I am looking at the entry "Have BTs here r/v with result"; was that the suggestion at that stage, that the patient should have some baseline readings of her blood?
A Sorry, do you mean 7 September?

Q I do.

A Okay.

Q There is an entry, "Had chat to patient. Seeing private consultant Devonshire Place" - yes?
A Yes.

Q A couple of lines down from that, "Patient given advice. Have blood tests here and review with the result"?
A Yes.

Q That is you, is it, taking some baseline readings, or thinking it appropriate to take baseline readings, of the blood test?
A Yes.

Q You did not have records from the previous GP; you had nothing to go on and so you thought it appropriate to take some baseline readings?
A Yes.

Q I understand. You have told us that you believe she had already stopped the replacement therapy for a few weeks – before what? Just remind me. You had advised her to stop at some stage?
A When I found her normal thyroid function test results I rang her and I was going to tell her to stop, but she had already stopped a few weeks before. I had spoken to her on 28 October and I believe she had stopped a few weeks prior to that.

Q Let us just go through it. If we stay on page 1 there is an entry for 24 September showing her serum TSH level. Do you have it?
A On 1A?

Q No, page 1, sorry.
A The TSH level. Yes, I have it.

Q On 24 September there is also a serum 324 level?
A Yes.

Q They are reviewed by BJ – I do not think that is you?
A It is me.

Q When in relation to that did you speak to the patient? Was it 5 October?
A Yes, it was.

Q When do you say she stopped taking the medication?
A I am not sure exactly when she stopped it, but when I spoke to her on 28 October she told me she had stopped it a few weeks before.

Q Can I just ask if that is right? If you turn to page 2, but confusingly it is in fact the third page in the bundle. Your entry at the top of the page, "Had chat to patient", the next sentence "To stop all medication"?
A Yes.

Q Are you saying that she had stopped all medication?
A She had stopped, yes.

Q Are you sure about that?
A Yes, I am.

Q Can I just ask you to look at the other bundle and the letter written to Dr Prentice?

THE CHAIRMAN: This is file 2?

MR JENKINS: It is, yes. I am getting confused myself about which file we are in.

MR KARK: If it assists, the letter to Dr Prentice is at page 12.

MR JENKINS: Thank you – I am getting confused. This is the wrong bundle. Sorry, it is back to the first bundle, tab 5, page 12.

THE CHAIRMAN: Am I right? This is file 1, tab 5, page?

MR JENKINS: Page 12. I do not think the page has a number at the bottom – mine does not.

MR KARK: If it does not, can we put it 12 and 12A on the following page?

MR JENKINS: Yes. What your letter says to Dr Prentice, in the second paragraph is:

> "[she] carried on with the thyroxine until I advised her to stop this in October 2004."

A Yes.

Q What you told us is she had already stopped?
A I believed she had, but I do not think it is relevant to put every detail in the letter to Dr Prentice.

Q It may or may not be relevant, but do you think you might be wrong and in fact the truth was that she stopped when you told her to, rather than that she had already stopped?
A I recall her telling me that she had stopped already. That is my recollection of what happened.

Q During the course of your dealing with this patient, did you take a measurement of her heart rate?
A No, I did not.

Q Or take her pulse?
A No, I did not.

Q Is the reason why because there did not appear to be any need to do so – she seemed well?
A Yes.

MR JENKINS: Thank you very much.

Re-examined by MR KARK

Q Just on that last matter, did you start her on any medication which could affect her heart rate?
A Sorry?

Q Did you start her on any medication which could affect her heart rate?
A No, I did not start her on anything.

Q Can we go back to the issue that you have just been asked about, about (a) when you suggested she should stop thyroxine and (b) when did she? If we go back to page 1 of the notes, tab 5, page 1.

THE CHAIRMAN: File 1?

MR KARK: File 1.

THE CHAIRMAN: Thank you.

MR KARK: At your first chat with you on 7 September she is telling you she was not happy with her treatment?
A Yes.

Q If we go down to the bottom of that page, 5 October, "Has been seeing specialist but feels no better on thyroxine". By that stage, as we see slightly above, you had had the blood tests?
A Yes.

Q Is that right?
A Yes, that is right.

Q You told us earlier that on the basis of those blood tests she seemed to be hyperthyroidic?
A Hyper, yes.

Q The next entry that we have when you actually spoke to her was on 28 October at page 2 (two pages further forward), which you have just asked about by Mr Jenkins, and he has asked you "Do you think you might have said to her on 28 October, 'Stop now'?" That note ends with these words:

> "To stop all medication and repeat thyroid function tests in two months. Feels a lot better off medication."

Where did that come from?
A That came from the fact that she had stopped herself a few weeks earlier.

Q Right. Bearing that in mind are you able to help us when you think you told her

she might stop Thyroxine?
A Sorry, could you repeat that?

Q Bearing that in mind, when do you think you might have told her to stop Thyroxine?
A The purpose of my phone call on the 28th was to tell her to stop but she had already.

Q Finally this. The blood tests that we see at tab 6 page 3 which you say you had knowledge of is not in your notes, is not in your GP surgery notes and it does not appear to have been transferred on to the computer either?
A No.

Q Do you have any explanation of that?
A We would not put old blood results on to our current system. We would be doing nothing else if we did that.

Q So they would not have been transferred?
A No.

Q But you do not seem to have kept the document either, the blood test result?
A I have not kept it, do you mean?

Q Your surgery has not kept the blood test result if you received it?
A I do not know. I would assume it should stay in the medical records but I do not know whether it is there or not.

MR KARK: Thank you very much.

Questioned by THE PANEL

DR ELLIOT: Good morning. I just have a couple of questions I want to ask you. Going back to File 1 tab 5 pages 1, that is the computerised records, surgery records, one of the measurements that were taken on 1 September 2004 is the body mass index?
A Yes.

Q Do you have any comment on that?
A It is normal.

Q I think you said that the blood test which was actually taken by Dr Skinner, the results of which are to be found behind tab 6 on page 10 – it is File 1 – that seems to have been taken on 10 August 2004 and you I think were asked your opinion about those results and said that they showed that there was hyperthyroidism?
A Yes.

Q You saw the patient on a number of occasions during this period when her blood tests showed that she was hyperthyroid. Did she have any clinical manifestations of hyperthyroidism that you recall?
A No, she did not.

Q No signs of thyroid toxicity?
A No.

THE CHAIRMAN: Thank you. No further questions, so that is the end of your evidence. Thanks very much for taking the time to come and give the evidence to the hearing and you are now released. Thank you.

We will now break for 20 minutes until ten-to twelve.

MR KARK: May I just indicate on timing, I think I gave instructions that the next witness should not be here until twelve. I think she has probably been advised to be here a little earlier than that. If the patient is not here by the time we ought to be convening can I simply send a message via your Secretary? My apologies if I have got the timing wrong but we are trying to space things out a little better than we did yesterday.

THE CHAIRMAN: That is fine. Basically we are saying twelve o'clock unless otherwise you come and call us?

MR KARK: Yes, if you are content with that that would help. Thank you very much.

(*The Panel adjourned for a short time)*

PATIENT D sworn
Examined by MR KARK

Q The first thing I am going to ask you to do is look at the list that has, I think, been placed in front of you with four patient names and without revealing your name, could you please confirm you are Patient D?
A Yes.

Q All right. Can I tell you that if by chance your name is mentioned the press have been asked not to reveal it in any event, but we have been careful so far and referred to you as Patient D. I want to ask you a little bit about your health, please. We know that you went along to see Dr Skinner eventually in august 2004. Is that right?
A Yes.

Q Up until that time when you went to see Dr Skinner, had you been under the care of another practice and in particular a Dr Stewart?
A He is my GP, yes.

Q If you do not mind helping us, I would just like to know what in general terms your health problems were at the beginning of the 2000s, as it were. Had you by that time had children?
A Yes.

Q How many children did you have?
A Three.

Q Were the pregnancies straightforward or not?
A Yes, I just felt unwell with the last one, mainly.

Q After the birth of your third child – was that a daughter?
A Yes.

Q Did you have problems with feeling lethargic and lacking in energy?
A Yes.

Q What other problems did you personally have? I am going to ask you a bit about the family history but what other problems did you suffer from?
A Just mainly feeling unwell but could not put your finger on a specific illness, just headaches, no energy, mood swings. That was the gist mainly.

Q When you used to go and see Dr Stewart, where was that practice?
A Forest Glades Surgery.

Q Is that Kidderminster?
A Yes, Kidderminster.

Q So far as your family were concerned, was there a history among a number of your family members of thyroid disease?
A Yes.

Q Can you just give us a thumbnail picture, as it were, of that?
A My mother got Hashimotos, my sister...

Q Hashimotos is…
A It goes up and down

Q …related to the thyroid function, yes. Your sister? I am not going to ask you for an explanation. Your sister?
A My sister, my dad, my dad's two sister, my nan – my mum's mum - and possibly my mum's dad and my mum's brother but they died, but when we look back at the signs we think they probably…

Q So a very wide family history of thyroid problems?
A Yes.

Q Your problems were feeling tired, lethargic and headaches?
A Those are the main things. There was quite a few other things that coincided with under-active thyroid.

Q Wee will look at that in due course. When you went to see Dr Stewart, he treated you, I think, for a number of things. Did you have asthma?
A Yes.

Q Did you discuss your thyroid function with him?
A Yes.

Q I am going to ask the Panel to turn up tab 7 of File 1 and perhaps I can ask you to do the same. If you open the big file that is in front of you and turn over to tab 7 and you

will find there your computerised medical records from the Kidderminster practice. Just to take an example, if we go t page 3 – the page numbers are at the far bottom right-hand corner – and as I say I am just taking this as an example and there may be others who want to make reference to other entries but do you see the long entry in the middle of the page, November 2000?
A Yes.

Q It begins with your BMI which I think at the time was 32 and you discussed with Dr Stewart your target weight. Is that right?
A I do not specifically remember exactly but yes, OK.

Q Was that an issue at the beginning of 2000?
A I had my daughter at the beginning of 1999 and with each pregnancy I put on a ridiculous amount of weight and with the first two it came off.

Q It did not come off with the third?
A No.

Q Then we can see a bit further down "FH" – family history – "thyroid disease, Hashimotos" and then various references that I will not read out in public. Then various medication that you were on. If we go over the page to page 4, this is an entry – I think it must be in 2003. Let me take you on to page 5. Do you see the fourth entry up from the bottom? The date I think has been chopped off but it is January 2003 and it says, "User outside practice" and then, "thyroid function tests, TSH 1.1". Do you see that?
A Yes.

Q Do you remember Dr Stewart checking your thyroid function?
A Yes.

Q What was his view – whether you agreed with it or not – about your thyroid function?
A He said it was within normal range.

Q Can I just ask you, did you accept that?
A Not really, no, because everybody functions at a different normal level and the ranges change depending on where you live.

Q Did you think that your problems might be related to your thyroid?
A Yes.

Q All right. Did he suggest antidepressants?
A Yes. I am assuming by this point that I had already tried them. Had I?

Q I think you had, actually, yes.
A They did not work. I just slept constantly, so I did not think that was the best way to go.

Q So did you stop taking the antidepressants?
A Yes.

Q Tell us how you came to be in touch with Dr Skinner?
A My mother told me about a friend of hers, I do not know who it was but a friends of hers told her about him and passed the phone number on to me.

Q Did you give Dr Skinner a call?
A Yes.

Q I am going to lead you on an approximate date. Was that in about August 2004?
A Yes, must have been.

Q Did you manage to speak directly to him?
A I cannot remember in the first instance. I cannot remember who I spoke to but I made an appointment. I think I must have spoken to him.

Q Can you remember a reference to needing a referral?
A Yes.

Q Tell us about that?
A He said he likes to have a referral from your GP first.

Q So did you go back to Dr Stewart?
A Yes.

Q And ask him for one?
A Yes.

Q If you read on through the notes, are you still at page 6?
A 5.

Q I am sorry. Could you go to page 6? These notes are always a bit difficult to read because they work chronologically from the bottom of the page upwards. Do you remember going to see Dr Stewart around about 6 July 2004?
A I cannot remember exactly dates or ...

Q If you look at the second entry up do you see the date, 6 July 2004?
A Yes.

Q Dr Stewart, surgery attendance. Yes?
A Yes.

Q I am going to ask you then, just bearing in mind that was in July of 2004, to jump forward in the bundle to around page 86. Can I ask the Panel to do the same? (*To the witness*) Just before that we see some blood tests at pages 84 and 85 and they are dated in July of 2004. I am not going to bother you, although I expect you know quite a lot about the readings by now of TSH and T4, do you?
A I understand the T4. Not so much the TSH.

Q Ignoring those for the moment, we can see that the blood test report simply reads:

"Additional tests requested, results to follow. Result(s) suggest patient most probably Euthyroid."

Which, as you probably know, means that your thyroid function was normal. Yes?
A Okay.

Q Turn over to page 86. This is a letter to you and Dr Stewart writes this:

"I am pleased to tell you that your thyroid function tests, including Free Thyroxine, are completely normal, indicating good thyroid function at the present time. In addition, your tests for Hashimoto's thyroiditis is also negative, showing that you have not had this condition up till now.

It would neither be safe nor wise for us, Dr Skinner, or anyone else to start you to Thyroxine. Undoubtedly, this would give you more energy and make you feel better but it would cause your thyroid gland to switch off and could cause you to have overactive thyroid disease, which is known as Grave's disease and can lead to serious physical and mental consequences, such as heart failure and mental illness. I know you won't by happy with this but it is actually in your best interest for us not to give you Thyroxine at the present time. Because of your strong family history I am prepared to send you a form for repeat thyroid function tests in 12 months' time and I hope you will agree this is fair and appropriate.

We are not sending any patients to Dr Skinner at the present time and I trust he will be investigated by the General Medical Council to see if his practices are appropriate and safe, although I myself am not able to comment on this."

Taking that in stages, first of all, you are told that your thyroid function test was normal. Yes?
A Yes.

Q Is that something you had heard from him before?
A Yes, I think so.

Q He makes reference in this letter to Dr Skinner, so can we take it that you had mentioned Dr Skinner to him before?
A Yes.

Q Was that when you were asking for a referral from him to go and see him?
A It must have been.

Q The effect of this letter was really to tell you that they would not be referring you to Dr Skinner?
A Yes.

Q How did you take that?
A Well, I was not happy.

Q How did you take it forward? What was your next step? You receive this on 19 July, you phoned Dr Skinner already, you are told you need a referral?
A I think I must have phoned him back.

Q Did you make an appointment?
A I cannot remember exactly the way it went, but that was the outcome.

Q From Dr Skinner's notes we know that you went to see him on 24 August. When you went to see him did you take anything with you?
A Yes. I found a list on the internet that you could print off all the signs and symptoms, because there is just so many that it is difficult to remember them when you are put on the spot, and I had ticked off all the ones that I thought applied to me and I gave him a list of medication I was already on for the asthma.

Q Could I ask you now in the same bundle to turn to tab 8, and could you go to page 8, bottom right-hand corner? Do you remember this document?
A That is the one I was just talking about.

Q Where did you get this from? As we can see at the bottom of the page, does it come off the internet?
A Yes.

Q We can see that it is from a website called www.fudgedesign.co.uk/tuk/thyroid/hyposymptoms. You have obviously printed it out and then you have ticked off those that relate to you.
A Yes.

Q I am not going to go through them all, but there were very, very many symptoms. Is that fair?
A Yes.

Q That you complained of that seemed to relate to this list. As we can see over the page, it is a two page list and you ticked several of the boxes on the second page as well. Indeed, I would say, perhaps the great majority of the symptoms. Is that fair?
A Yes.

Q Could you go over the page, please, to page 10? Is that your writing?
A Yes, it is.

Q It is also dated 24 August, so that is the day of your consultation. When did you fill this out?
A Probably the day before or a couple of days before I went for the appointment.

Q Can we just read this through? It has your name at the top and the date and the history:

"Blood test results

Winter ...",

- March '04. It says "03/04".
A No, either the end of '03 or the beginning of '04. I could not remember exactly.

Q "Winter 03/04 - TSH 1.1."

Give me a moment. For what it is worth, if anybody wants to confirm this, at page 81 of the last tab there is a blood test of 19 November 2003 with a TSH of 1.1.
A Yes.

Q That would fit?
A That would have been the one I was referring to, yes.

Q "6 July", you say 2004:

"- TSH - 0.67
- antibodies 5
Dr Stewart asked for T3 + T4 but they were not completed."

Then you deal with your asthma, allergies, and you had allergies to animal hair, feathers, hayfever, dust. You seem to have a wheat allergy. You discuss what happened after each pregnancy. Is that right?
A Yes.

Q You say this:

"I've not felt completely well since last pregnancy 6 yrs ago, which was a c section."

We can see what you write thereunder. You say:

"constantly slept, felt like a zombie!"

A Yes.

Q Was that your position when you went to see Dr Skinner?
A Yes.

Q Tell us, please, about the consultation with Dr Skinner? You had print off these symptoms and you took them along with you.
A Yes.

Q Tell us how the consultation went?
A It went well. He listened. That was the first time somebody had actually listened to what seems like a bit of a hypochondriac. He felt my throat, did my blood pressure.

Q I am sorry. He felt your throat?
A Yes, for the thyroid.

Q Checked your blood pressure. Anything else?
A I cannot remember everything, but mainly it was talking.

Q Talking about what?
A The thyroid and how I felt.

Q Apart from those two documents that you have just dealt with, did you have anything else with you? Did you have any of your medical notes, for instance?
A Not official medical notes, no.

Q How long did the consultation take?
A About an hour or so.

Q Did he also look at your tongue?
A Yes.

Q What did he say about that?
A It seemed enlarged.

Q Had you noticed that or not?
A Well I did not really realise that was, sort of, an issue but I had noticed, sort of, catching it on my teeth.

Q Can you remember if he decided to take a blood test?
A I cannot remember. He may well have done.

Q What did he say to you about the blood test that you have recorded on your written history? Presumably, you had taken those off documents you had seen or had. Yes?
A Yes, those were done through the GP.

Q The TSH in November of 2003 of 1.1 and a TSH of 0.67 in July of 2004, what did he say about those?
A I cannot remember the exact words, but I think he did explain that they were considered within the normal range but they were borderline, or something along those lines.

Q What did he propose?
A It was to start me on a small dose.

Q Of what?
A Of thyroxine, but I remember he said to wait a week so he could send a letter to my doctor first, because I just remember not being happy about having to wait a week, and just to see how we go, to see if there is an improvement because of all the signs and symptoms, because all the signs and symptoms were there.

Q I just want to ask you about that. He was saying the signs and symptoms of what were there?
A Hypothyroid.

Q Did he take blood from you on that occasion, can you remember?
A I cannot remember. I know he did take some blood at some point but I cannot remember when.

Q Did he say anything about the necessity for blood tests?
A I do not remember.

Q He told you to wait a week before taking the thyroxine. How were you going to get the thyroxine?
A On a private prescription.

Q When did you get one of those?
A I cannot remember whether it was the same day.

Q Did you get a prescription thereafter from Dr Skinner?
A Yes.

Q What did he say to you, if anything, about the side effects of taking thyroxine, or the long term issues of taking thyroxine?
A I cannot really remember. There was just so much talked about in that first session it was a bit mind-blowing, but I knew a fair amount through my mother anyway so I understood what was what.

Q What did you understand?
A That, obviously, if I did not need the thyroxine I would go up, so to speak. Your heart rate goes up and you can feel unwell in a similar way with a racing heart rate and risk heart attack.

Q You knew about that anyway, did you?
A Yes, I was aware of that.

Q Did you have any discussion about that with Dr Skinner or can you not remember?
A I cannot remember.

Q We saw the letter that Dr Stewart had written back on page 86 of the previous tab. Did you have any discussion about that letter, can you remember?
A I know I gave Dr Skinner a copy. I cannot remember the discussion.

Q Did you have any discussion about the type of thyroxine that you were going to take?
A I remember he said that there were different types, and different types suited different people and we would try the type I had and, obviously, if that did not suit we could always try another way.

Q Did you discuss with him at any stage what your problems could be if it was not your thyroid?
A I cannot remember.

Q Tell us what happened when you left the surgery? How did you feel?

A Like a big weight had been lifted. That I was not just going to be like this for the rest of my life. Something could be done and I would feel better.

Q Did you wait a week as he had suggested?
A Yes.

Q Then what?
A I think for the first week or so of taking the tablets there was not much difference. Some days I felt better than others and as I increased the dose I just kept feeling better and better, but the initial dose increase I generally felt worse or the same.

Q We know from his notes - and I am going to ask the Panel to turn these up. They are right at the beginning, of course. The typed version is right at the beginning of tab 8 if anyone wants to have reference to it. That first consultation was 24 August 2004. You have told us that your dosage went up. Did you increase your dosage yourself or did you go back to Dr Skinner each time to increase it?
A I think he gave me a prescription for enough to be able to increase the dose between appointments.

Q So you had a repeat prescription, did you?
A No. On the first prescription there was enough tablets to take 25 micrograms for three weeks and then 50 for three weeks and what-not – like that.

THE CHAIRMAN: Are we on tab 8, page 12?

MR KARK: Thank you very much. Yes. *(To the witness)* Have a look at that?
A Yes.

Q I have counted out this is 109 days' worth – four months of prescription. I might have got that wrong. "Please supply thyroxine 25mcg per day for 7 days". This is dated 24 August. Do you see that?
A Yes.

Q So that actually would be the date of your first appointment with him?
A Yes.

Q Does that bring to mind when you got your first prescription?
A I did not remember only taking the 25 for seven days though.

Q You do not remember that?
A No, I thought it was all three weeks.

Q You waited the week, as it were, and then you started on your prescriptions?
A Yes, I think so.

Q When you were up to 100 micrograms per day, did that have an effect on you?
A Yes, I was feeling much better by then.

Q What of your symptoms or those problems that you had? What of that had

disappeared?
A I could nearly stay awake all day. Headaches were not an issue like they had been. Just generally feeling normal-ish.

Q What about the depression? Did that lift at all?
A I am not sure it was ever depression as such because it seemed to be all part of the same thing. I just felt low and did not want to leave the house and what-not. When I had the antidepressants it did not change those things, I just slept more, whereas with this I slept less and wanted to be more active and more sociable. You went back to see Dr Skinner, I think, on 18 November 2004. We can see from the typewritten notes at the beginning of that tab that your dosage then was 100 micrograms a day?
A Okay.

Q So that was three months into the treatment. The note is this:

> "Present dosage 100 micrograms per day.
> Looking better but crying a problem still. Memory and concentration better. Aches and pains better, weight same. Less side vision hallucinations, hawking less."

So you had had problems with your throat, had you?

> "Chocolate digestives gives bowel aches.
>
> Examination:
> Tongue (+) Thyroid (+) but both smaller in size."

Then treatment – it looks as if your prescription has gone up, 125 micrograms of thyroxine for three weeks then 150 micrograms per day for three weeks, then 175 micrograms per day for six weeks. Then this reference, "Vitamin B12, 1000mcg per day". Do you remember that about the B12?
A Where am I supposed to be looking?

Q I am sorry. Tab 8, the first page after the cardboard?
A Oh, right.

Q It is not actually marked page 1, it is just the very first page. Do you see the entry about two-thirds of the way down, 18 November 2004, the first follow-up?
A Yes.

Q I am not going to read it all out again, but just glance through that. Can you see the treatment right at the bottom, 125 micrograms for three weeks, 150 for three weeks and 175 for six weeks?
A Yes.

Q Then there is this reference, "Vitamin B12"?
A Actually, I do remember him suggesting that.

Q What did he say about that?
A I cannot remember. I do not remember it being B12 but I remember vitamins

being brought up. It could well have been to do with PMS and what-not. I cannot remember.

Q Were you given vitamin B12?
A No, he suggested I take them.

Q Did you?
A No.

Q You did not?
A No. I kept meaning to.

Q Do you remember any discussion with him about your blood tests thereafter? I think we are going to find the first one at page 16 of the bundle at tab 8. If you want to turn to page 16 in the same section, we can see that the date this was received was 26 August 2004, so that is within two days of your consultation – either he did or somebody appears to have done at the practice?
A It would have been Dr Skinner. He is the only person I saw.

Q We can see that the results then were that your T4 was 14.2 and your TSH was 1.9. When you went back to see him on 18 November can you remember whether there was any reference back to your blood tests?
A I cannot remember. Obviously, it would have been discussed. Whether it was at that appointment or whether I spoke to him over the phone when the results came in, I cannot remember.

Q Did you increase the dosage as he prescribed for you?
A Yes.

Q How did you feel on the increased dosage?
A It just kept getting better and better.

Q We can see that there was a second follow-up – right back to the beginning of the tab and the second page in, you will see that there is a typed note for 23 February 2005, "Second follow up":

> "Present dosage 125 micrograms per day.
>
> Definitely better but still shortfall in energy.
> Memory and concentration improved.
> No more side vision hallucinations.
> Patient will not disclose weight.
>
> Examination:
> Tongue still bulky.
> Thyroid (+/-) now"

- I suspect that means normal –

> "Blood pressure 120/70.

Treatment
175 micrograms per day for one month
125/150 alternating for 4 weeks"

- that means alternating daily presumably?
A Right.

Q Then 150 micrograms per day for four weeks. So that was an increase – no, it was not, actually. It was a decrease from 170 micrograms from the last prescription. Could you turn to page 26 of the bundle, the same section?
A What, sorry?

Q Page 26 of the same bit. You might want to keep a finger in the first section. In fact, this goes back to 26 August 2004, so that is going to be the same blood tests as before. Can you remember when you next had a blood test? Were there blood tests when you went along to see him regularly or not very regularly?
A I cannot remember exactly how many I had.

Q The next blood test I think we have got is at page 42 of the bundle. Can I just ask you to turn that up? That we can see was received on 18 November 2005. Did you ever see this?
A Yes, I remember it. I cannot remember whether I actually saw it.

Q It shows by then that your T4 was at 27.2 and you can see the reference range was between 9 and 20, and your TSH was less than 0.1, where the reference range for that laboratory was between 0.4 and 5.5. Just go back, would you, to the typewritten section right at the beginning of the bundle and let us just finish off what happened on this course of treatment. We can see that on 16 August 2005 six months after February there was a third follow-up. Your present dosage was described as 150 micrograms per day. You were feeling well, feeling good – does that fairly describe how you were?
A Yes.

Q There had been a weight increase but your knees and ankles were better and your memory and concentration were better?
A Yes.

Q And your libido was better. Then there is reference to an examination. Your tongue still biggish; it says "Thyroid +", and then the treatment was 175 micrograms per day for six weeks, 200 micrograms per day for six weeks and to do blood tests in three months. Can you remember that? Did your amount of thyroxine go up?
A Yes, I remember it going up.

Q Then we can see 18 November 2005, so that would appear to be when the blood was taken for the tests we have just looked at?
A Yes.

Q That reads:

"Present dosage 200 micrograms a day.

A

> Feeling quite well. Improved on thyroid replacement. No sleeping during the day but sleeping satisfactorily at night and wakening early."

And you were mentally better and you head lost some weight and your libido had improved. Over the page:

B

> "Not so asocial and hallucinations still gone.
>
> Examination:
> More cheery
> Temperature 36.8oC, pulse 74 per minute.
> Tongue still enlarged but smaller, goitre smaller."

C

Did you have a lump on the side of your neck?
A It was just sort of swollen-ish.

Q And blood pressure 120/60. Does that fairly reflect at the time how you were feeling?
A Yes.

D

Q Tell us what, in the meantime, was happening, if anything, with Dr Stewart? Were you still seeing Dr Stewart during this period or not?
A I do not think so. My asthma medication I get on repeat prescription, so I do not think there was anything else I went to see him for but I cannot remember exactly.

Q Did you become aware that Dr Stewart's practice had in fact been writing to Dr
E Skinner in effect to try and dissuade him from continuing to treat you with thyroxin?
A Yes.

Q In fact, there had been fairly regular correspondence. Did you become aware that Dr Stewart had reported Dr Skinner to the General Medical Council?
A I remember signing something with Dr Stewart and I did not realise quite what it meant, but I presume that is what you are referring to.

F

Q What did you think it meant?
A Dr Stewart said…I must admit I did not read it all, but he said that if I signed that then the GMC could look into my notes and check that everything was okay with the thyroid. I agreed because I thought then I could just get thyroxine through the GP and it would be easier in the long term.

G

Q Did you realise at some stage that Dr Stewart's practice was pretty unhappy? Would you agree or disagree that they were unhappy?
A I knew Dr Stewart did not agree with it from day one, when he would not refer me, but I did not realise anything until after I signed that and Dr Skinner said he was not allowed to treat me again.

H

Q If we can go to the very back of the bundle now, to page 38, we can see that on 16 November 2005 there is a prescription for 200 micrograms per day for three months?

A Yes.

Q We have heard that you in fact saw Dr Skinner two days after that on 18 November?
A I cannot remember the last date I saw him.

Q Can you remember this prescription? Can you remember being given this prescription?
A Not specifically.

Q When you were given prescriptions generally were you given them directly by Dr Skinner, or by his practice nurse or receptionist?
A The receptionist or whatever – she would pass it to me when I would make my next appointment, I think.

Q Go to the very end, almost the very end, page 48. Do you remember receiving this letter, so two months after your last consultation with him now in January 2006?
A Yes.

Q Do you remember it?
A I remember he wrote but obviously I do not have a clue about the dates.

Q I understand that. It is dated, I think, 18 January 2006. When did you receive it?
A Okay.

Q No, I am asking you, sorry. Did you receive it?
A Yes, I received it, I just do not remember the date.

Q Dr Skinner writes to you:

> "Dear Patient D
>
> I thought I should drop you a note following my telephone call to crispen up on this regrettable outcome to our relationship.
>
> Dr Stewart has (I assume) written to the GMC (although I am not quite sure why!) and the case is presently under consideration by the GMC.
>
> The most important issue is whether your thyroid status is properly assessed and appropriate treatment provided for you; I am sure Dr Stewart is working with your best interest at heart. I think the next way forward is to let Dr Newrick reassess you and indeed I have suggested this in a note to Dr Stewart."

Can you remember who Dr Newrick was? Was he an endocrinologist?
A He is the specialist for our area.

Q The last paragraph:

"I hope you will not become too discouraged but we will work something out and return you to optimal health."

After November did you receive any further prescriptions from Dr Skinner?
A Again, I cannot swear to exact dates but after I had signed the thing at my surgery and Dr Skinner had phoned me and let me what was going on then, no, I did not receive any more.

Q During the course of 2006 up to now, what has been the position in relation to thyroxine?
A I buy it off the internet.

Q What sort of thyroxine are you getting off the internet?
A Levothyroxine, it says on the box.

Q How much are you taking?
A I was taking the 200 up until Christmas-ish – before Christmas, I think.

Q 2006 or 2005?
A No, 2006 – last Christmas. Just before then Dr Stewart did a blood test and the blood test…I thought it was for asthma because I was suffering with my asthma, and he put the thyroid test down as well. It came back high. I cannot remember exactly what it was but I think it might have been 30. So I agreed to reduce the dose.

Q What did you reduce it down to?
A 150, and then after a few weeks of not feeling too good I sort of picked up and I have reduced it again. I ended up in hospital with my asthma and obviously they needed to know what medication I was on and I explained the situation to them. They said "Just keep reducing it and if you don't need it, you won't have an effect, you'll be fine". So I have reduced it to 100 recently, but I recently started sleeping in the day again and not feeling like doing anything. So I am not quite sure. I have not had another blood test since I have reduced it.

Q So at the moment you are on 100?
A Yes.

Q And still going to see Dr Stewart?
A Well, about asthma but I do not see him for the thyroid.

MR KARK: Thank you very much. Would you wait there, or perhaps that is a convenient moment to break.

MR JENKINS: I have got a lot of questions for Mrs D. I think that might well be a convenient moment to start, though it is not a good time to leave the building.

THE CHAIRMAN: Can I reiterate? You said you had a lot of questions for Mrs D but you would like to start now?

MR JENKINS: No, I would like to stop now.

THE CHAIRMAN: Is that all right with you? We will return after lunch at quarter-to two. Is that all right for you?
A Okay. When will I be finished? The coach leaves at quarter-to three. Will I be finished by then?

MR KARK: I would have thought not.

MR JENKINS: I agree with that.

MR KARK: Obviously, one does not normally speak to a witness in the middle of her evidence, but if it is purely for administration purposes perhaps you can allow those instructing me to speak to the witness about her arrangements.

MR JENKINS: I agree with that.

THE CHAIRMAN: We will adjourn until quarter-to two. Could I remind you that you do remain on oath, so please do not discuss the case with anyone in the interim.

(The Panel adjourned for lunch)

THE CHAIRMAN: Could I just remind the witness that you are still under oath? Thank you.

Cross-examined by MR JENKINS

Q I am going to call you Mrs D. I hope that does not sound too odd to you. If we were to compare your physical appearance now with before you first were treated by Dr Skinner, what comparison should there be? What differences are there?
A I do not know.

Q Do you know if you look any different?
A Physically, I have probably put on more weight since then.

Q I am going to suggest to you that you look really well now compared with how you were before?
A OK.

Q Does that come as a surprise?
A I do not know. I am used to looking in the mirror every day.

Q Perhaps you are not the right person to ask. Just tell us, if you will, what was your life like before you first saw Dr Skinner? What was your daily routine?
A There was not one. I dragged myself out of bed, get the children to school, come home and fall asleep pretty much, and anything other than that took a lot of effort.

Q Did you have friends that you might see?
A A couple but it was always they came to see me. I did not generally go out to see friends or socialise.

Q Just remind us, how old are your children now?

A The eldest is 16 this year, a twelve year old and an eight year old.

Q Right. There was not a routine to your life then?
A Other than---

Q Were you working at the time?
A No.

B

Q How did you feel in yourself?
A Unwell, low, no enthusiasm, tired.

Q We know that you spoke to Dr Stewart?
A Yes.

C Q And saw him from time to time as your health problems required. How was Dr Stewart dealing with your sleepiness and feeling low? Did you raise that with him?
A Several occasions I tried to but Dr Stewart, obviously you have got a ten minute slot and he has got a lot of patients to see so it is difficult to sit there and explain what is wrong with you if it is not something obvious. If you have got a cut or a broken leg, that needs treating, we will sort that. He is very quick.

D Q Did he take the time to listen to you, Dr Stewart?
A I did not feel that he did, no.

Q You told us that when you saw Dr Skinner – and we will come to that – that he listened. It was the first time somebody listened to you?
A That is how I felt, yes.

E Q What you have said in your statement – and if you want to look at it you can (it is paragraph 6 for those who have it) – you said:

> "I found that Dr Stewart, however, dealt with all his patients speedily so they were in and out very quickly and sometimes this meant he really did not take the time to listen to his patients."

F A Yes.

Q Let us come back to your daily routine. You said you would take your children to school and then you would come back and go to bed. What would happen throughout the rest of the day?
G A Not much. Because I did not work I did have all day, 9.00 till 3.00, to do – it was basic housework, washing and shopping and a lot of the time it was, I cannot be bothered, I will do it tomorrow, so the house was untidy most of the time. I did the bare minimum I could get away with and slept the rest of the time.

Q Were you aware that the house might be a mess?
A Yes.

H Q Why were you not dealing with it, doing the housework?
A I could not be bothered.

Q You have told us that there is a family history of thyroid problems?
A Yes.

Q You have mentioned your mother in particular?
A Yes.

Q During your early years had you witnessed your mother with thyroid problems?
A Most of my memories of her through my childhood were she was overactive and rushing about, Hoovering four times a day and things like that.

Q I understand. Tell us, overactive, Hoovering four times a day. In what other ways was your mother overactive and why do you understand that was?
A I do not know what you mean.

Q I have asked two questions and that is clumsy. Why did you understand she was being overactive, your mother, in relation to her thyroid?
A At the time we did not realise she was overactive. It was not until I think she was in her early forties when she was diagnosed. Through our childhood we just thought that was the way she is.

Q Did you understand it was because her thyroid was overactive?
A Yes. Once she was diagnosed everything sort of fitted into place with that is why she was like that, that is why she was like that.

Q When her thyroid was overactive was she running about a lot? You have told us Hoovering a lot?
A Yes.

Q Talking a lot?
A Yes.

Q Hyper? Would that be a description?
A Yes, definitely.

Q Her manner and demeanour, behaviour?
A Everything about her was quick but she also had times where she was low and she did not get out of bed.

Q You said in her forties she was diagnosed?
A Yes.

Q Was she then treated for her thyroid problem?
A Yes.

Q Was she treated by her GP or was there a consultant involved? Do you know?
A I do not know. She complained at the GP through our childhood saying, "This is not right, I do not feel right", but they just thought she was neurotic, but then she moved away into Yorkshire and had a new GP and it was then that it was diagnosed.

Q I understand.
A But I am not sure – I presume she saw a consultant but I do not know for sure.

Q Her original GP practice had not sorted out what the problem was, you are telling us?
A No.

Q It was only once she moved to a different doctor that things were sorted. I understand. Coming back to you, you told us about Dr Stewart. Were you satisfied with the care you were getting in relation to your condition?
A Not with the thyroid, no.

Q You had blood tests and we have seen some of those. You were being told, it would seem, that your health was normal so far as your thyroid was concerned?
A Yes.

Q It is plain that you did not accept that?
A That is right, yes.

Q You told us that you learned of Dr Skinner's name?
A Yes.

Q What were you told about Dr Skinner before you saw him?
A I cannot remember everything but I remember being told the different areas he had worked in and specialised in and that he had now moved to thyroid and that he concentrated on the signs and symptoms, so I thought that he would probably listen.

Q Concentrated on the signs and symptoms presumably that the patient was complaining of or that were there to be seen and was it that he did not concentrate so much on the blood test results?
A Yes.

Q That is what you were getting, is that right, from your general practitioner, Dr Stewart, just looking at the blood test results?
A Yes and it was within normal range so therefore that was it, end of.

Q Was it Dr Stewart who had put you on antidepressants for a while?
A Yes.

Q You were on fluoxetine for a period?
A Yes.

Q Did he suggest that that would sort out any problems you may have, Dr Stewart?
A At that time this was before I had seen Dr Skinner.

Q Indeed.
A It would help, I thought perhaps some of the symptoms were PMS and he said it should help that, help with the mood swings, make me feel better, help me lose weight, but it did not. I just – I slept more.

Q I think you have used the word "zombie" in your statement?
A Yes.

Q Tell us – perhaps it is obvious – in what way you were turned into a zombie and what does it mean?
A Just my general daily routine was – while I was on the antidepressants I could sleep up to four times a day.

Q What about at night?
A Yes, I could still sleep eight hours easy and when the alarm would go off in the morning it was an absolute struggle to get out of bed.

Q I understand.
A I tried to think of excuses that the children could have the day off school. I really did not want to get up.

Q How long were you kept on the antidepressants?
A I cannot remember.

Q Was it about a year?
A I think so.

Q Did Dr Stewart know of your problems and how you were being turned into a zombie by them?
A No because I could not be bothered to go back to the doctor's and tell him. It was only when I felt a little bit better that I could be bothered to make an appointment and get dressed and go out of the house. Generally I did not go out of the house unless I absolutely had to.

Q Who might go to the shops if you needed something from the shops?
A My eldest daughter. We live – the back of our house sort of backs on to the back of the shops so my eldest daughter has spent a lot of time going to the shops.

Q This was when you had no job to do?
A Yes.

Q You had all day to go to the shops if you had had the inclination to do it?
A Yes.

Q Was it at your suggestion with Dr Stewart that you should stop taking the antidepressant, they were not doing you any good?
A I do not remember actually going back to the doctor to discuss it. I think I had them on repeat prescription. It was just one day I decided this is ridiculous, I do not think they are helping so I just stopped taking them. I think I reduced it or took one every other day - I cannot remember exactly but I just stopped taking them.

Q What you were to say in the documents that we have seen you wrote when you saw Dr Skinner was that you had been not feeling well for years, for five, five-and-a-half years?
A Since 1999, yes.

Q Indeed, since the birth of your last child. There was a period within that time when you were on antidepressants. We have dealt with that. You felt like a zombie. For the rest of that period what was your daily life like? Have you described it already?
A Pretty much. I just think that while I was on the antidepressants I slept more but before and after I was still sleeping during the day.

Q It is perhaps obvious from what you have said but what would you describe as the quality of life that you were leading?
A Not very good.

Q What were the consequences for you children, would you say?
A Not having a good mother. *(The witness became distressed)*

Q You were told about Dr Skinner by your mother? I am sorry, I have upset you, I beg your pardon. I am sorry. I want to ask you about Dr Skinner. I am just going to go on. If you want a break do ask and I am sure you will be given one, but I am going to keep going, if I may, and hopefully we can move on quickly. You heard about Dr Skinner, you made contact with Dr Skinner's clinic and you were told that he would like you to have a letter of referral from your GP?
A Yes.

Q You spoke to your GP, Dr Stewart, you asked for a letter of referral and we have seen the response. He said that it was not appropriate, your levels were normal and that you should not receive any such treatment?
A That is right.

Q Did you feel normal?
A No.

Q When he said that. You went to see Dr Skinner?
A Yes.

Q You have told us he was the first person that listened to you?
A Yes.

Q You sat with him for an hour?
A Yes.

Q He says in a letter that we have looked at that you were crying for much of that time?
A Yes.

Q Is that right?
A Yes.

Q I think you had gone with your sister to see Dr Skinner?
A Yes.

Q Did you go through the matters you listed on the sheets of paper that we

have seen? Go through the signs and symptoms that you had?
A Yes.

Q How did he seem to you if you were to compare him with Dr Stewart?
A There was no rush and he listened. I felt like there was a reason for the way I felt and it was not that I was just being a hypochondriac.

Q Was that the message you got from Dr Stewart, that you were a hypochondriac?
A Not exactly, but I would only be able to get one sentence or one symptom out, if you know what I mean?

Q I do.
A With Dr Stewart, he is ---

Q You are still a patient at the practice, are you not?
A Yes, and I like him. He is quick and I understand that a GP has got to be quick. There is a lot of people in and out.

Q Sometimes it might be necessary for the doctor to take time.
A Well, yes. With my asthma he is very good. It is, "Right, okay", my asthma's not settled and, "Right, try this". It was still quick but it was effective because we knew what the problem was.

Q Yes. Back to Dr Skinner. He took time to talk to you and talked about the symptoms that you listed in the sheet of paper.
A Yes.

Q Did you already know about thyroxine?
A Yes.

Q Was your mother on thyroxine?
A Yes.

Q Did you know about other preparations that could possibly be prescribed when you went to see Dr Skinner or did you talk about it when you were there?
A What do you mean?

Q There are other types of medication that can be used. Armour thyroid is one that has been talked about. Did you know about that?
A No, I do not think so.

Q Have you heard of a drug called Tertroxin?
A No.

Q So you were just talking about thyroxine, or Levothyroxine. Is that right?
A Yes.

Q Over the hour, the phrase you used about what was said, you said, "There was just so much said during that consultation. It was mind-blowing", is what you said. Can you tell us what you mean?
A It was just the fact that I am explaining how I feel and Dr Skinner is

agreeing and believing me. It is not just, "Oh well, that's not important, that doesn't matter", it was all these things that I had begun to think were just me or how I am and that is how life is and will always be. It was hope, I suppose, that it does not have to be like this and there is a treatment. I can feel better.

Q Can I come back to why you were crying when you were with him? Were you crying in anticipation that you would get some relief from the quality of life you had?
A Yes. I think it was just that I have not got to live like this forever.

Q Yes. Was there any discussion about side effects that you now recall during the course of the hour's conversation?
A I cannot remember exact conversation and words.

Q Was it apparent that Dr Skinner knew exactly what he was talking about?
A Oh yes.

Q He was sympathetic to you?
A Yes.

Q He seemed to have an explanation for why you were feeling the way you were. Is that right?
A Yes.

Q There was discussion about putting you on a low dose of thyroxine, 25 micrograms per day. Did you understand that that was a low dose?
A Yes.

Q Did you know what your mother was on?
A Over the years my mum's dose had changed, depending on whether she was high or low.

Q I understand.
A I think 25 was obviously the lowest that I had heard of.

Q Was it your experience of your mother's treatment that there might be a variation or a change in the dose depending upon her signs or her blood chemistry?
A Yes.

Q 25 micrograms was suggesting as a starting dose and we have seen the prescription. We know the plan was that you should start on that dose and increase it. Was that increase it if necessary or that it was always part of the plan that you would increase it up to 100?
A Well, obviously, if I had a racing heart beat then I would not increase it.

Q I understand. Because your recollection, you have told us, was that you were, perhaps, to stay on 25 micrograms for three weeks but the prescription talks of seven days.
A Yes, I had forgotten that. I just remember it as three weekly but, obviously, it was not. It is a long time ago.

Q You were told you would have to wait a week because Dr Skinner wanted to write to your GP, Dr Stewart?
A Yes.

Q He wanted to tell Dr Stewart what was being proposed?
A Yes.

Q He was giving the opportunity for Dr Stewart to express a view?
A Yes, I suppose so.

Q You said, I think, you were irritated that you had to wait?
A Yes.

Q But that was Dr Skinner's concern, that you should wait?
A Yes.

Q So your GP knew exactly what was going on. Tell us, once you started to take the thyroxine at 25 micrograms you then increased to 50?
A Yes.

Q How did you progress on it? You told us you kept feeling better and better but I just want to know how that affected your daily life?
A In lots of ways. I suppose at first and during it is difficult to tell what is different, but now, looking back, simple things like I remember I put in the statement that at our house when there are toys been played with downstairs or anything that needs to be put upstairs, when I am tidying up I will put it on the stairs ready to go up when somebody goes up the stairs.

Q When somebody goes up or you go up?
A Yes, either, but it will stay there and I remember lots of occasions where I would walk up the stairs and I could see it there and I knew I had to take it up and I could not be bothered just to pick it up to carry it up, but as things progressed with the thyroxine I automatically picked it up and took it up and put it away. It is little tiny things like that. Just washing up straight after tea, rather than thinking, “Oh, I'll do it later”, and cooking a better meal.

Q What about once you had got home, having taken the kids to school?
A Obviously, I did not stop my day time sleep straight away but they slowly decreased, and I just remember for a long time, it was after I fetched the children from school at three and get in the house, around the 4 o'clock mark I always got tired and that was the half hour to an hour nap that I could not seem to shake, but I did eventually. Things like I would suddenly think, “Oh, I'll pop out to so and so”, to see somebody, or, “We need milk, I'll pop to the shop”, rather than it being a drama, “Oh my God, we need milk”, that kind of thing.

Q How would you describe your daily activities in terms of what you might regard as normal? Were you vacuuming four times a day like your mother?
A No.

Q Tell us.
A The house was kept tidier. I would not call it immaculate at any point,

there are three children, but it was easier. If I was sat on the settee in front of the telly and I could see a bit of something that somebody has dropped on the floor, instead of just looking at it all day thinking, "I need to hoover that", I would actually get up and hoover it.

Q I understand.
A Once I had started the thyroxine I went to college, which I would not have entertained before, and I am sure without it I would never have managed to do the assignments.

Q Was that part-time or full-time?
A Full-time.

Q Full-time you went to college?
A Yes. I mean, obviously, it is full-time but you are not in college - it was 9 till 3, two days a week.

Q So your energy levels, clearly, were very different from before?
A Yes.

Q And your motivation was different. What about seeing friends? Did that change at all after you started on the prescription of thyroxine?
A Yes.

Q Tell us in what way.
A Rather than ignoring the phone when it rang and dreading having to answer it, thinking, "Oh, who's going to talk to me now? I don't want to listen", I would be sitting there thinking, "Who can I phone? I want a chat". I left the house easier and would go and visit friends and chat.

Q What about any physical signs? Were there any physical changes? You told Dr Skinner of various things, that you had hard, cracked heels, that your skin was dry. You talked about your hair, that your eyes were puffy and sometimes your hands as well. I am looking at bundle 1, tab 8, page 8. Were there physical changes in you as well?
A Yes. It is difficult to notice when you live with yourself every day but people commented that - it was always *this* (*demonstrated*) part of my eyes was really puffy and underneath my eyes and that lifted. Although since recently dropping the thyroxine again I do feel lower again. Not as I was before but I do not feel as well. The first thing I noticed when I dropped the thyroxine was that my eyes went puffy again.

Q Let us come back to Dr Skinner. You clearly saw him on a number of occasions.
A Yes.

Q We have seen that the dose was adjusted upwards ...
A Yes.

Q ... at one point. Down again at another point?
A Yes. There was a point - I might have been on about 125 micrograms, I cannot remember exactly, but there was on one particular day my heart

seemed to be really fast so I dropped it back down and spoke to Dr Skinner about it.

Q Was he checking your heart rate every time you saw him?
A Yes.

Q We know you had seen him for about an hour the first time. How long were the follow up visits, roughly?
A About half an hour.

Q Again, how did you feel he was looking after you during the course of the time you were seeing him?
A Yes, definitely.

Q Let us come back to Dr Stewart. Dr Stewart had initially expressed concern and discouraged you from seeing Dr Skinner?
A Yes.

Q Had he said anything about the General Medical Council, Dr Stewart?
A As I said, in that letter, that Dr Skinner was going to be investigated by the GMC.

Q I think he told you that the GMC were going to strike him off?
A Yes.

Q Did he say that?
A Yes, I think that is in one of the letters, is it not? I cannot remember.

Q Let me put what is in your statement again. If you want to see it you can. It is paragraph 8, for those that have it.

THE CHAIRMAN: Excuse me. Is this tab ---

MR JENKINS: It is not a document you have. It is Mrs D's statement.
(*Document not available to shorthand writer*)

> "Dr Stewart said he had heard things about Dr Skinner and that he was going to be struck off by the GMC. I cannot now recall his exact words. He told me he should not really tell me that and I remember thinking that he just had."

A Yes.

Q

> "It did not seem ethical to me to talk about a fellow professional in this way".

Is that what you said in your statement?

A Yes.

Q How were things going with Dr Stewart once you had started treatment with Dr Skinner?
A After that I did, sort of, not go and see him. I mean, other than asthma and thyroid I do not suffer with anything else as such, so I do not generally need a doctor's appointment very often so I just did not go and did not really discuss anything other than the letters that were exchanged. I do see him now. I did have a problem with my asthma in December and he was efficient with that.

Q You told us that at one point you were asked to sign something.
A Yes.

Q Is that right?
A Yes.

Q I am going to ask you to turn, please, to bundle 1, tab 7. It is the big bundle in front of you. Page 10, if you would. I do not know if the second entry may be relevant, but what is suggested is that a letter was being written to Eversheds, who are the solicitors for the General Medical Council, with your consent. If we look lower down the page, I think it is a few days earlier, but it is going in reverse chronological order, but for 2 November there is confirmation that Eversheds were acting for the GMC in connection with a complaint about Dr Skinner. It appears they requested copies of your medical records and your consent and it may be that that is why the consent was sought from you on 10 November. Just tell us what you were asked to sign and what you were told about what you were signing?
A I do not remember solicitors being mentioned. It was just that Dr Stewart had asked how I was getting on and said he just wanted to make sure I was on the right dose and could I sign whatever it was to give the GMC permission to look at my file.

Q Were you told that there was a complaint about Dr Skinner?
A Not in amongst that, no. Obviously, before that any time I had seen Dr Stewart he made it clear his feelings on Dr Skinner.

Q How did you feel when you learned that you were being used by the solicitors to the General Medical Council as a vehicle, as a witness, against Dr Skinner?
A I was not very impressed.

Q I am going to ask you to expand on that. What do you mean you were not very impressed?
A Well, I realised I should have read the document I signed properly, so that is my fault, but it was not verbally said in detail as to what happened if I signed it.

Q Had that been explained to you?
A No.

Q What you told us was that you thought this would mean the practice could prescribe for you.
A That was what I was thinking. Dr Stewart did not actually say that but he

said it was to check that I was on the right dose and that everything was okay and for my file to be looked at, but I did not realise it meant that I would not be able to see Dr Skinner again.

Q I think at one point you saw *this* book, is that right?
A Yes, I have got a copy of that.

Q It is "Diagnosis and Management of Hypothyroidism", a book written by Dr Skinner?
A Yes.

Q Have you read it?
A I did initially, yes. I cannot remember everything that is in there now.

Q When you read it, did it seem as if he was describing you?
A That is how I felt when I read it, and that is what my partner said when he was reading it.

Q That the signs and symptoms of hypothyroidism that were being discussed and set out in the book matched very many of the signs and symptoms that you had?
A Yes.

Q Mrs D, you are not medically qualified but I am going to ask you this. The allegations that Dr Skinner faces in relation to you are that he has been irresponsible in treating you for thyroid therapy. What do you say about that?

MR KARK: For the same reason as I objected before, the patient obviously appears to be very comfortable with her care from Dr Skinner and very appropriately she has been allowed to give that evidence. She cannot answer a question which requires some expertise as to whether in fact it was the correct medication. She can say "I felt better on it" but that does not necessarily mean it was the correct medication and I do not think this witness can answer whether it was.

MR JENKINS: Of course she can answer the question. It may be that the Panel will remind themselves of the caveat that I started with, that she is not medically qualified, but she is perfectly entitled to give her own view on whether the treatment given to her was inappropriate or irresponsible. She, after all, is the patient. She has undergone treatment.

I will take a seat while your learned Legal Assessor gives some advice.

THE LEGAL ASSESSOR: It seems to me you are asking her to give a medical opinion. That is exactly what you are asking her to do at this stage. She can say whether she feels better or what she felt in herself as a result of the treatment, but she cannot obviously give a medical opinion.

MR JENKINS: I am not asking her a medical opinion, I am asking her her view of the allegation. I will move on.

(To the witness) What would you say about the suggestion that Dr Skinner has treated you badly in any way?

A I do not feel he did treat me badly.

Q Where would you be if you had not met Dr Skinner?
A Asleep on the sofa probably.

Q We know your present position, that you do not seek treatment from Dr Stewart for any thyroid problem. I am sure you would agree that that is most regrettable, that you should not be treated by a doctor?
A Obviously I would prefer to be treated by a doctor, yes.

Q We have seen the letter that Dr Skinner wrote to you saying that in the circumstances of a complaint about him he really felt that he had to stop treating you, and so the monitoring that he was doing came to an end?
A Yes.

Q Side effects. You have told us about your mother when she was hyperthyroid?
A Yes.

Q Have there been occasions over the last couple of years, or certainly when you were being treated by Dr Skinner, when you had side effects of what might be over-treatment?
A The only incident was the one day where my pulse was a lot faster than it should be. Other than that, generally – even on 200 micrograms my pulse rarely went over 70.

Q Was that an occasion, when you had a racing pulse, when you had had a bit to drink the night before? I may be confusing you with someone else, I am sorry.
A No, it is just I think I had recently…I do not know whether I had. It was during the time where the dose was being increased and then we went back a bit. It was only that one day but it was just that I thought "Oh, maybe I've had too much" – you know, I did not want to take a risk.

MR JENKINS: Thank you very much, Mrs D.

<u>Re-examined by MR KARK</u>

Q I want to go back to the racing heartbeat as well. Are you able to give us any idea as to when that was in the course of treatment from Dr Skinner?
A I think it was January time.

Q January of 2005?
A I suppose it must have been. It was about the 125 micrograms time, around then.

Q That was what I was going to bring your attention back to.
A I think it was around January/February time.

Q If you go back to the notes, this is right at the beginning of tab 8 again, you had had a meeting with Dr Skinner on 18 November 2004 and right at the bottom of that page we can see "Treatment 125 micrograms thyroxine for three weeks", so that would take us into the first week of December; 150 micrograms per day for three weeks after that, so that would take us towards the beginning of January the next year, and then 175

micrograms per day for six weeks. Can you remember what dose you were on when you had the flooding heart?
A I thought it was about 125 but I cannot remember. According to this, it would look like I was on 175 but I do not remember exactly.

Q Was it a pounding heart? What are you describing?
A I could sort of feel it without taking my own pulse, so to speak, but when I did take my pulse and count it I think it was about 95 or something like that.

Q So you thought it was quick?
A Yes. To me that was, like "Okay". I was not really doing much. I was out at the time but when I took the pulse I just thought "Right, okay, I've got to sit down a bit".

Q How long did that period last for?
A It was only during that day, but I do not know whether my concerns over it made it worse, if you know what I mean. So it was not a problem for the whole day, it was just a short instance so to speak.

Q Did you react to that in any way by doing anything with your dosage?
A If I remember rightly, I might not have taken anything the next day or something.

Q So rightly or wrongly – and you are not a medical expert – you in your own mind related that to the medication you were taking?
A Yes.

Q Could I just ask you to turn to tab 7 at page 106? You were saying that you felt that you might have been unfairly used; I just want to examine that with you for a moment. This is a consent form and it is headed at the top "Consent Form, Strictly Confidential, GMC File Number" and then "To Be Completed by the Patient". Then name of the pat (your name), and the words are:

> "To consider your complaint, the GMC needs to obtain copies of the patient's medical records. To do this, we need to have the consent of the patient involved."

The writing underneath that, is that yours or Dr Stewart's?
A My address and the date and phone number, that is Dr Stewart's. That looks like my signature but I do not actually remember this.

Q This is the document that you would appear to have signed to give consent to your records. Do you see what it says:

> "I hereby give my consent for the General Medical Council and their legal representatives, Eversheds LLP, to obtain and use copies of all of my medical records in connection with the investigation and any subsequent hearing before any of the Committees of the GMC relating to Dr Gordon Skinner."

Then this is just above your signature:

> "I understand that during the course of the GMC's investigations…it is possible that my medical records will be required to be disclosed to Dr Gordon Skinner and those representing him. I therefore also consent to the disclosure of my medical records."

Are you saying that you misunderstood this form in some way?
A I have not read that. Whatever it was I signed, I did not exactly read, but… Was that the only thing I signed? I was not sure that was.

Q I do not think we have got anything else. You never made a complaint against Dr Skinner, did you?
A No.

Q You were, in due course, approached by the solicitors for the General Medical Council, Eversheds, to make a statement?
A Yes.

Q You understand that whether it helps the GMC or does not help the GMC the purpose of you being here is to furnish this Panel with any information that you have about your treatment?
A Yes.

Q You are not suggesting that was unfair in any way, or are you?
A No, but I would rather not be here.

MR KARK: That may go for more than one person in this room. Thank you very much. Would you wait there?

<u>Questioned by THE PANEL</u>

MRS WHITEHILL: Hello, Ms D. I am a lay member, not a medical member. I just want to ask you a couple of questions, which are points of clarification. Earlier on in your evidence you said that initially after you increased your dosage you felt unwell. Is that right?
A Yes. Each time I changed the dose I had a few days a week, possibly even a bit more, of not feeling as good as I did on the previous dose, but then it sort of settled and then I felt better than I did on the previous dose.

Q When you say you felt unwell, what did that involve?
A Generally tired.

Q Tired?
A More tired than I had been.

Q So you felt more tired?
A Yes.

Q Then that would resolve and you would feel better?
A Yes.

Q Thank you. Also, you said that you had, on examination, on the first time that you met Dr Skinner, you had a swollen neck, is that right?
A I just thought it was part of weight, but Dr Skinner said it was swollen in the right area for a thyroid.

Q So you yourself did not feel you had a swelling, Dr Skinner told you?
A My mum had commented on it before but I am not a medical person. I do not know exactly what would be considered.

Q I am interested in understanding whether you thought your neck was swollen or Dr Skinner told you your neck was swollen?
A My mum had mentioned it before and then Dr Skinner said that it was.

MRS WHITEHILL: Thank you very much. Those are all my questions.

DR ELLIOT: Good afternoon. I am a medical member. I know you are not medically qualified but I just want to take you back, actually first of all to your finding out about Dr Skinner. I think you told us that a friend of your mother's had recommended Dr Skinner. Am I correct in that?
A Yes.

Q I seem to think that somewhere else I saw that your sister had attended Dr Skinner and that was how you had come to know about him?
A No.

Q So that was incorrect?
A My sister has but not before me.

Q So it was not your sister who recommended you. And your sister has problems of a similar nature to yourself?
A Yes.

Q In your evidence you said you knew a fair amount about the long-term effects of thyroxine?
A In what, sorry?

Q When you were giving your evidence you said you knew a fair amount about the effects of thyroxine?
A Yes.

Q And you could not remember whether that was because Dr Skinner had told you at your first meeting or whether you already knew something about the effects from your research on the internet?
A Yes.

Q You have also told us that when you were aware that your pulse rate increased you reduced the dose of thyroxine?
A Yes.

Q Did you discuss that with Dr Skinner?

A Yes. I cannot remember whether it was the next appointment or whether I phoned him, but I remember telling him that I had missed the following day's dose and then stuck with the dose that I was on before.

Q Did you reduce the dose on Dr Skinner's advice?
A No. I just did that anyway and when I spoke to Dr Skinner about it he said that that was fine.

B

Q But you do not recall Dr Skinner telling you to reduce the dose if you noticed that your pulse rate had increased. Do you have any recollection of that?
A No. It was just that one day it happened, so I just did not take that dose again.

Q Are you aware of any of the other symptoms of what is called hyperthyroidism? I think you described some of them to us?
C A Just the basics of the racing pulse, palpitations and rushing about, weight loss – just the basic. I do not know…

Q Apart from the racing pulse on one day were you aware of any of those other symptoms in yourself?
A No.

D Q Did you have palpitations or was it just that your pulse rate was increased?
A No, it was just day that I could feel my pulse, sort of like a throbbing all over.

DR ELLIOT: I think those are all my questions. Thank you.

THE CHAIRMAN: I am also a lay person. I just wanted to ask you, just to finally clarify your life now. You are on 100 micrograms of thyroxine and you feel quite well. Do you
E sleep a lot now, a little bit; would you say your life was within the realms of normality?
A When I was on 200 that was when I felt the best. Now I have reduced it, I have recently started sleeping in the day.

Q How long have you been on the 100?
A Perhaps a month or so. A couple of months maybe?

F Q Only recently?
A Yes.

Q You are beginning to feel more tired, did you say?
A Yes.

G Q I just had one other thing, which was about the vitamin B12. You just said you meant to take them but did not. Was there any reason why you did not?
A Just remembering to buy them. I do buy vitamins, multivitamin tablets, but they are in the cupboard and I do not remember to take them. Once in a while I will take multivitamins but not regularly, daily, and I did not buy the specific vitamin B12.

H Q One further one. Do you feel the need to be monitored for your thyroxine intake? Do you feel you should have regular monitoring and have you ever asked Dr Stewart for this?

A I have not asked Dr Stewart. It is a touchy subject, I think, so I do not really want to ask. Up until I have recently reduced it, I felt fine. Obviously, it would be better to be monitored but it seems as though it has been under control, but now I have reduced it because the blood test was higher than it should have been. Ideally, it would be better to be monitored now.

THE CHAIRMAN: Thank you very much. I think that is the end of your evidence then. Thank you very much for giving your evidence and for staying on – I know it has been difficult. You are now released. Thank you.

(The witness withdrew)

MR KARK: The next witness is Dr Stewart and after that we would be on to the expert evidence. What I invite you to consider doing – you could break now. I would prefer not to call Professor Weetman this afternoon. He has been here to listen to the evidence and I would like an opportunity – although I have taken it whenever I can, but I would like a proper opportunity – of sitting down with him, obviously, and speaking to him before he gives evidence. I was going to ask that we rest with Dr Stewart this afternoon. I think he will be a little while in any event – I suspect Mr Jenkins has a few questions to ask him. I see Mr Jenkins shaking my head.

MR JENKINS: I do not really anticipate I have very much for Dr Stewart at all. Can I say, across the room, I am entirely comfortable if Mr Kark leads him all the way, whenever we get to Dr Stewart.

MR KARK: That is always nice to hear.

THE CHAIRMAN: We will adjourn until five-past three.

(The Panel adjourned for a short time)

PAUL STEWART Sworn
Examined by MR KARK

Q I think it is Dr Paul Stewart?
A That is correct, yes.

Q You are a general practitioner at Forest Glades Medical Centre. Where is that?
A That is in Kidderminster in the Wye Forest, North Worcestershire.

Q How long have you been a general practitioner?
A Twenty-three and a half years now.

Q I am going to ask you, please, about a particular patient but could you bear in mind that we are referring to this patient as Patient D and I am going to ask for a schedule to be put in front of you. Would you look at the name against Patient D and without revealing the name could you confirm this is your patient?
A It certainly is, yes.

Q Thank you very much indeed. You will find on your left-hand side a file and it is

already open, I think, at tab 7. You will find your surgery notes in relation to this patient. It begins with some computerised notes right at the beginning. Do you recognise those?
A Yes, I certainly do, yes.

Q Can you help us – do you know how long this patient has been with your practice?
A Yes. At the top it says on 22 June 1999 registration approved and that is when she would first have come to our practice, at the very top of that page, but we did have the notes going back much further than that from her previous GP, of course.

Q Her date of birth, I think, was 31 May 1969?
A That is correct, yes.

Q We can see on the very first page that there is reference made to a family history of asthma and her mother had Hashimoto's disease?
A Indeed.

Q There is a family history of – it is written hyperthyroidism?
A That is right and the father. That is information from the patient that was, yes.

Q I am going to ask you then to move to July 2004. Could you turn to page 6 of those notes? You may need to look earlier in the notes but I just want to see if you can help us with a thumbnail picture of some of the problems that this patient faced or was dealing with. First of all she has a family history of thyroid disease?
A Yes.

Q In your view had she suffered from depression in the past?
A Yes, indeed, my colleague, a lady doctor, had treated her for depression previously. There are some entries with fluoxetine on but the patient did not follow through with that. She did not come back for the follow-up appointments or continue to take the treatment.

Q If we go back to page 3 we see at the top of the page there…
A That is the one, yes.

Q …a reference to fluoxetine capsules finished on 31 August 2001?
A Yes. What happened was her partner left and she got very upset because she had got three young children by him and she was as one parent family, so my colleague saw her and increased the tablets but the patient did not come back for follow-up after that or continue to take them.

Q Over on page 4 I think she is prescribed further fluoxetine tablets by you in March 2002? Do you see at the bottom of that page?
A That is fluoxetine, yes, that is correct, that is the continuing repeat prescription. That is right, yes. The bottom, yes.

Q Just again trying to give a thumbnail picture of this lady, she was smoking?
A About ten cigarettes a day.

Q Ten a day. She had a BMI of 33?
A That was long-term. It went back many years. I think it started when the children

were born she gained the weight and never lost it.

Q She has told us when she had her third child she found it difficult to get rid of the weight. If we move on to page 6 in 2004, she comes to see you I think on 6 July 2004. You did an asthma monitoring check?
A That is right because it was a bit overdue and I did it while she was there, yes.

Q The BMI is as before, she is still smoking?
A Correct, yes.

Q Asthma advice, etc. Then on 12 July a few entries above, we can see that there has been a blood test?
A That is right.

Q You may want to keep a finger in those notes but if you go over to page 84 in the same section, tab 7?
A Yes, I have got that.

Q I think you will find the blood test which relates to that entry in your notes?
A That is correct.

Q We can see that it was a test from blood, it would seem taken on 6 July. It is difficult to read the date. You seem to have – either you or somebody – taken blood?
A It would have been the practice nurse. I got her to do it while she was there because the patient – this is a patient who does not come to the surgery very often and I thought it was important to get the test done straightaway and we had a free appointment so the nurse did it there and then.

Q What were you looking for? What were you testing for?
A The patient had told me that her sister had seen Dr Skinner recently and been started on Thyroxine and she wondered if she might need Thyroxine because of the family history. I said I think the first thing we should do is to do a blood test and she was quite agreeable, for the thyroid, so apart from that measuring the thyroid stimulating hormone and the free Thyroxine, we also did the thyroid antibodies which is on page 85, the next blood test, at the same time. Basically I was looking to see if there was any evidence she might have had in the past or might currently have or might in the future develop a thyroid problem of some kind, because she did have a striking family history of this.

Q On page 84 we can see that her TSH was 0.67?
A Yes.

Q So towards the lower end of the reference range but within the reference range?
A Indeed, yes. A very satisfactory level, I would suggest.

Q Then the T4, 13?
A That is about half way up the scale, just slightly above.

Q The reference range from 8-21?
A Eight to 21 at the time, yes.

Q On the basis of those blood tests did you think it appropriate to start her on any form of thyroid treatment?
A Not at that point but I did bear in mind the possibility that she might be at risk of developing thyroid disease in the future so I set a computerised reminder to repeat all these tests every twelve months until further notice, which we can do that, and I wrote a letter to the patient to explain all this, which is in the sheets here.

Q Go to page 86?
A That is the one.

Q The patient had come to you and she had mentioned Dr Skinner?
A By name, yes.

Q By name.
A She actually said her sister had been to see Dr Skinner. That was how it started.

Q Can you just answer this question "Yes" or "No"? When you heard the name Dr Skinner, did you recognise it?
A Oh very much so, yes.

Q You then write a letter to Patient D?
A Indeed.

Q

> "I am pleased to tell you your thyroid function test, including free Thyroxine, are completely normal including good thyroid function at the present time. Your tests for Hashimoto's thyroiditis is negative showing that you have not had this condition up it now.
>
> It would neither be safe nor wise for us, Dr Skinner or anyone else to start you on Thyroxine. Undoubtedly this would give you more energy and make you feel better but it will cause your thyroid gland to switch off and could cause you to have overactive thyroid disease which is knows as Grave's and lead to serious physical and can mental consequences such as heart failure and mental illness."

Is that what you felt at the time?
A Absolutely. It was an honest opinion and I was prepared to put it in writing and have it recorded in the notes and stand by that to this day.

Q You say to her you know that she will not be happy with that?
A You always put yourself in the patient's position and try and see the problem from their point of view. I do not know anything about her sister but it may be that her sister was put on Thyroxine, made to feel a lot better and you can understand the patient wanting the same treatment.

Q You end by saying this:

> "We are not sending any patients to Dr Skinner at the present time and I trust he will be investigated by the General Medical Council to see if

his practices are appropriate and safe, although I myself am not able to comment on this."

I want to treat this cautiously, Dr Stewart?
A Indeed.

Q I do not want to know the background material that you knew. You had obviously formed a view about Dr Skinner?
A Not just myself but from talking to colleagues and our local…

Q That is why…
A Am I allowed to say that?

Q If you could just restrict your answer to the question that I ask you. You had formed an opinion of Dr Skinner?
A Absolutely, but I do not think that biased me in this patient's case.

Q Do not worry about that. If you just answer the question…
A Yes, the answer is yes.

Q …we will get along quicker.
A It does ring an alarm bell, yes.

Q OK. As a result of that you wrote this letter?
A I did.

Q You were unwilling to refer your patient to Dr Skinner?
A I did not think it was in the patient's best interests. In fact I think it could actually have been disadvantageous to her health to do that. It would not have been the correct thing to do in my opinion.

Q All right. We know, of course, and you found that your patient in any event had taken herself off to Dr Skinner?
A Indeed, yes.

Q In fact we know that she went to see him on 24 August and if we go to page 87 we see a letter that Dr Skinner wrote on the day following his consultation with Patient D writing to Dr Blanchard. Who is Dr Blanchard?
A She is a colleague of mine. She is one of the partners. She has been there since 1990.

Q Right:

"Patient D has requested that I write to you as she recently came to see me at my rooms but it is fact our invariate practice to see patients only by referral --- The difficulty here has been that I thought that such a note was perhaps coming from Dr Stewart but in the interim he has written to Patient D including 000 defamatory statements…"

I am not going to ask you to deal with that. You, I expect, do not agree with that?

A I think it is a matter of opinion, yes.

Q All right:

> "…clearly it would not be possible for Dr Stewart to refer the patient if these are his views. Again my apologies as I have seen this patient without referral from your practice.
>
> [She] has a five year history of exhaustion and falls asleep most of the time with scattered aches and pains, asociability, poor memory with interestingly side vision hallucinations which are very common in hypothyroidism and the poor soul was weeping during most of the consultation.
>
> Her hair was rather thin and rough and she has a chunky tongue and I thought an enlarged thyroid gland which seemed smooth and non sinister and moderate bradycardia of 65 per minute. Her TSH is perfectly normal but TSH levels are good servants but bad masters and I have taken a blood sample for FT4 and should have the results in a few days time.
>
> On balance and if the blood tests results do not show anything au contraire I think there is a good case for thyroid replacement in this patient whose quality of life at the moment seems low and of course she has three young children to look after as a single parent."

Did you, for what it is worth, from what you knew of this patient, agree with that analysis?

A I think the symptoms as described could have many alternative explanations. In fact one of the problems in my opinion with thyroid disease is that there is a lot of overlap between that and other illnesses, I think – depression and stress can cause hair loss, as is well recognised, for example, and a slow pulse can just mean a patient is very fit and does a lot of training. We thought there could be alternative explanations for the symptoms.

Q Would you go to page 89?

A Yes.

Q

> "While her T4 is a little low"

- writes Dr Skinner to Dr Blanchard on 3 September 2004 –

> "within the 95% reference interval, I would be quite prepared to institute a four month trial of thyroid replacement but will not proceed thus for ten days to allow you the opportunity to comment on this strategy."

The reference to that letter I think finds itself in the notes at page 6 and 7. Can we just go back to your notes?

A Yes, certainly.

Q Page 6 first of all, right at the top, 25August 2004?
A Yes, I have got that.

Q
"Seen in private clinic"?

A That is right.

Q So you have recorded…
A It would be the secretarial staff but our practice has recorded that.

Q I beg your pardon. Your practice has recorded the first letter from Dr Skinner?
A That is it. That is a summary, yes.

Q Including the comment, "TSH levels are good servants but bad masters"?
A Oh yes.

Q Then this, at 2:

"Thyroxine tablets 25 mcg. Unfortunately results are such that we are not allowed to prescribe Thyroxine for you"

- meaning Patient D –

"as at 09.04"

- is that September 2004?
A That is right.

Q
"Nil supplied"?

A Correct.

Q First of all who made that entry?
A I did that. I am in charge of the repeat prescriptions for the practice and I have done that for 23 years. The reason that was put on is in case the patient went to see a locum or a doctor who did not know about what was happening to ask for a Thyroxine prescription so it would be drawn to the doctor's attention. It does not mean he could not prescribe Thyroxine. He would see that little message and he would think "There is something strange here, I had better discuss it with colleagues."

Q It is to avoid what is sometimes called doctor hopping?
A Yes. I am not saying the patient would do that but we aim for a foolproof, safe prescribing system. I do not know whether I should mention this or not but I am the Lead Prescribing GP for the Worcestershire PCT so I have to set a good example and we are a Beacon Practice for prescribing. That is one of the things that we do, you see. We set up the prescriptions via this so the patient cannot actually get a prescription and we make sure that they actually come in and see the doctor and discuss the problem.

Q All right.
A It did not mean we would not prescribe Thyroxine. It just meant that it is a sort of safety valve, really.

Q It is a flag?
A Yes.

Q If we go over the page to page to page 7, the bottom of the page, 7 September, you write, "Letter from consultant."
A Yes, Dr Skinner, yes.

Q That would be Dr Skinner?
A Yes.

Q

"Encloses thyroid chemistry results though still awaiting T3 reading. T4 a little low albeit within the 95% reference range interval."

If we have kept our fingers at page 89 we can use them to turn to page 90. There we have the blood test, I think, of 26 August 2004.
A Yes.

Q That shows the T4 at 14.2 with a reference range between 9 and 20, and a TSH of 1.9 with a reference range of 0.4 to 5.5. Do you regard that T4 as a little low?
A No, I think it is an excellent result. It is right in the middle of the normal range and the TSH confirms that. The two are both showing, in my opinion, normal thyroid function.

Q So when we see the reference in your note to "[T4] a little low", that is a reference to ---
A It is just a summary of the letter. It is not what we think, we summarise the letter as it comes to us.

Q I am with you but I just wanted to make sure we all are. It is a reference to what Dr Skinner writes.
A Indeed.

Q At page 89:

"... her [T4] is a little low albeit within the 95% reference interval ..."

Did the patient want you to prescribe thyroxine?
A We have never been asked to prescribe thyroxine by this patient at any time.

Q Would you personally have prescribed thyroxine?
A I thought about this and I think it would depend on whether the patient was still under the care of a consultant at the time and what the circumstances were, because I think it would be prescribing thyroxine outside the normal

criteria. I believe that if you do that for one patient you then have to be obliged to do it for other patients in similar circumstances and would have to consider whether we are doing the patient more harm than good and perhaps negotiate an arrangement with the patient as to the way forward, what we were going to do. For example, take a second opinion from another endocrinologist and maybe give her some in the meantime. We have not been asked to prescribe thyroxine so the situation did not actually arise.

Q In relation to this patient?
A In this particular patient. That is correct.

Q Could I ask you to turn to page 91, please? You write this letter and I think we do need to read it through. It is dated 7 September 2004. It is really your justification for taking the line you, I think ---
A Dr Skinner actually wrote to us to ask us what we thought about his plan and this was our response to that. He invited us to write the letter, effectively, I think.

Q You say:

> "... we would like you to know that the prescribing statistics show that in this practice our Thyroxine prescriptions are running at 134% of the local Primary Care Trust average and in fact, we are the highest prescribing Practice in Worcestershire."

A That is correct.

Q

> "This means we have 234 patients on Thyroxine for every 100 ..."

A Can I say, I am sorry, there is a typing mistake. It should be 134. There is a typing mistake. I regret that, I am sorry.

Q

> "... [134] patients on Thyroxine for every 100 that the average Practice has locally and we also treat to a higher level on average. In other words, we have no hesitation in using Thyroxine where we can, in accordance with normal guidelines.
>
> With regard to [Patient D], there is a strong [family history] of Hashimotos Thyroiditis but her TSH has been checked on several occasions and is always at the lower end of normal. Her Free T4 recently, was well in the normal range as is the result of the tests you arranged yourself and kindly sent to us. In addition, we did a Thyroid Autoantibody test which was zero, showing no evidence of past or current Hashimotos Thyroiditis. Consequently, we do not see any medical reason for her to go onto Thyroxine in accordance with the normal guidelines that we work to as approved by our local Endocrinologist, Dr Paul Newrick."

Are you saying there that you had spoken to Dr Newrick?

A I did discuss it with Dr Newrick because when you write a letter like this you want to make sure - I am only a GP, he is an expert, and I wanted to make sure I had the facts right and ask him what he thought about it all. I spoke to him on the telephone, yes.

Q Was he in accordance with this?
A He was, yes. He is a very friendly surgeon. He comes to the surgery regularly to give us tutorials and he had done one on thyroid disease so we knew what his thoughts would be anyway, but I did confirm it with him.

Q You write:

> "We are fully aware that she has a number of medical and social problems as a one parent family with three children, and we feel that the best way forward is to help her with weight reduction as she has a BMI of 33 and smoking cessation as she smokes 10 cigarettes daily. In addition a modern antidepressant could be highly effective and safe. We do not feel it safe or appropriate for her to have Thyroxine. She may even experience illness due to the Thyroxine such as increased anxiety, palpitations, tremor, psychosis, etc in the short term and Osteoporosis/Heart Failure in the long term if we make her Thyrotoxic with inappropriate Thyroxine.
>
> We feel that it would be medically and ethically safer in future if you would wait for a referral letter to arrive before seeing patients rather than assuming that GPs are going to refer them."

Well, in truth, if he waited for a referral letter from you he was going to wait a very long time.
A On this is occasion, yes.

Q

> "We wrote directly to this patient on 19th July explaining why she did not need to see you and why it was not appropriate for her to take Thyroxine in the light of her normal full Thyroxine Function Tests and so we would be grateful if you could discharge her from your care as we did not refer her in the first place."

There is another copy of this which I think is signed.
A Yes.

Q Are those all the partners in your practice?
A They are. At the time all the full-time partners. We had a discussion about this, we looked at the records. We did spend a lot of time on this and we all decided to back it up, because when you take on a consultant you have to be very careful, obviously.

I hope you do not mind me saying this. We never agreed with the patient at any time that we would refer the patient to Dr Skinner because had I done so

I certainly would have done a referral letter, of course.

Q I understand. Is it quite common for you to write a letter such as this?
A This is the only one I have ever done in 23 years.

Q If we go over to page 93, we can see that following that letter written on 7 September 2004 Dr Skinner wrote to his patient. Again, I do not want to read the whole of this, but comments that he has been asked to discharge the patient from his care and he writes:

> "... I would be disappointed to not follow up your care and it may be that Dr Stewart or Dr Blanchard will be reconsidering your case or perhaps seek a secondary referral to an Endocrinologist."

He writes:

> "I quite frankly do not know how to proceed in such a situation where one of your Family Practitioners has expressed a hope to you that I will be investigated by the General Medical Council and clearly this is disturbing for you as a patient and needless to say for myself although I am prepared to stand by my decision ...
>
> The main difficulty ... is that the status of your present medication and your practice and I would need to know if you are continuing this medication and if not you must seek advice from your practice on your ongoing health problems."

Whether one agrees with him or not about the prescribing of thyroxine, this was, I expect you agree, a proper letter to write?
A Oh yes. Could I mention a very important statement? In the previous paragraph it says about possibly getting the diagnosis wrong and it says:

> "... we would soon find out and no harm would come to you."

I presume that means by giving the patient thyroxine, and I think a lot of doctors would disagree with that actually. You can harm patients with thyroxine, I think.

Q Yes. Moving on to page 95. It becomes apparent that he has continued to see his patient.
A Yes.

Q Or your patient, however one looks at it. Again, he writes to Dr Blanchard on 18 November, saying:

> "A note on [Patient D] who came to see me today and I am delighted to say she is much improved on thyroid replacement with the reduction of a number of her hypothyroid features.
>
> I think she has still some way to go and I have laid out a treatment programme and I will review her again in three months time; I think she should be back to optimal health in the spring of next year."

That we can see is in your notes at page 7. We do not need to go to it, except that you make a note. If you want to have reference to it it is in the middle of page 7, dated 18 November. Note 2:

> "DOES NOT MEET CRITERIA FOR PRESCRIPTION NIL supplied."

A What is the date? I am sorry.

Q 18 November, right in the middle. Do you see there is a reference ---
A Yes, indeed. Once again, that is the safety mechanism we adopt with these sorts of situations.

Q You have written:

> "DOES NOT MEET CRITERIA FOR PRESCRIPTION NIL supplied."

A That is right.

Q Then there is another letter of 25 February 2005 at page 96 of the bundle. Again, to Dr Blanchard.

> "A note on [Patient D] who seems to be on reasonable track and she has certainly noticed a significant reduction in her hypothyroid features although she does seem somewhat nervous of this perfectly safe medication and rather fiddles about with the dose."

I do not want to lead you, but you made comments earlier about whether you consider it necessarily to be a safe medication. Do you?
A We do not encourage patients to alter the dose anyway because it is a very long term treatment, thyroxine. It is not something like insulin that you can vary from day to day according to circumstances. We try and set the same dose for three months or so rather than change it. Like everything else it is safe if used properly within safe guidelines, but, like everything else, it can be dangerous if it is used outside guidelines.

Q He says:

> "I am not too concerned about this within sensible limits.
>
> I have laid out a very slow incremental programme for [Patient D] wherein she should be taking 150 ug thyroxine alternating with 175 ug thyroxine per day in two months time when I will review her ..."

So that is how the treatment outside your practice was carrying on.
A Yes.

Q Over the page again, please. In fact, just before that in chronology, if we go back to your notes at page 8, again, keep your finger at 97, perhaps, go back to page 8, there is a note of 29 July, "Surgery Attendance". Does that mean the patient came along?
A No. The problem with the computer is it automatically puts "Surgery

Attendance" unless you override it, I am afraid. That should be in information. I did not see the patient that day. I am sorry about that. It is not perfect, I am afraid. I think it is better than handwriting, the computer notes, but it is not perfect. It automatically puts the "Surgery Attendance" unless you change it for "telephone consultation" or an inpatient. It was not done, I am afraid. So she did not go.

Q There is simply a note then ---
A That is right.

Q No indication ---
A Following the latest letter, you see, just to keep the thing up-to-date.

Q Yes. Then back to 18 August, page 97:

> "A note on [Patient D] who continues to improve on thyroid replacement but is still a long way from being euthyroid which may of course relate to the relative dose body weight ratio and indeed her weight has increased to 16 stones during the last few months.
>
> I had planned that she increase to 125 micrograms per day but in fact she is still taking the 150 microgram thyroxine per day and I have suggested she proceed to 175 micrograms per day for six weeks and then 200 micrograms per day for a further six weeks and I will review her ... at which point I will recheck her thyroid chemistry.
>
> I hope you feel this is a reasonable way forward ..."

Were you responding to any of these letters?
A Oh yes. Because of that, that is what set off the letter of 31 August as we thought we ought to respond. It is a question of how long you let it go. I do not know whether I am allowed to say this or not, but with other patients they just quietly dropped out of the clinic and come off the thyroxine but we were hoping that would happen here as well.

Q You hoped she ---
A I hoped she would quietly stop going to the clinic and stop taking the thyroxine because, in our experience, that is what has happened in the past with our other patients.

Q They have stopped ---
A They have stopped, yes. Stopped going. Which has, effectively, solved the problem, at least in the short term.

Q Let us have a look at page 98. You wrote a letter to the GMC.
A Yes.

Q 31 August you write:

> "I would be grateful if you would look at the clinical practice of [Dr Gordon Skinner] ... The patient is not aware that I am writing this letter but I have become very concerned about her treatment."

Then you set out what had happened and at the bottom of the page the results which showed a very low TSH of 0.67 with a normal T4, that would be, I think, of 13. You recorded this:

> "Incidentally, she had never had a tender thyroid ..."

A Yes, I had asked her about that when she came in. One of the problems we have is we cannot record every single little thing that we say to the patient, we only have ten minute consultations, but I had asked her about that in the past.

Q Had you ever palpated ---
A No, it is not something I do routinely, unless somebody complains of a lump in the neck or such like.

Q Over the page, please:

> "I wrote to the patient explaining that her thyroid function tests were all completely normal, indicating good thyroid function at that time. I explained that there was no evidence [of] Hashimoto's ..."

You say you do not think it would be safe or wise for her to take thyroxine and then you relate how she went off to see Dr Skinner and you say, in your last paragraph on the second page:

> "I am concerned that this may have been an inappropriate use of Thyroxine and, secondly by Dr Skinner's own admission ... [Patient D's] untreated thyroid function was on the 95th percentile."

A That is in one of his letters.

Q

> "We have not seen [her] at surgery, and we have not prescribed her any Thyroxine ..."

A That is correct.

Q You wrote a letter of the same date to Dr Skinner, thanking him for his letter of 18 August but saying your views had not changed. You did not agree she should be taking thyroxine, that you had not referred to him and asking him again to discharge her from his care.

At page 102 Dr Skinner writes to the GMC. By that stage the Interim Orders Panel had become involved, as you see, and the paragraph of the 6 September letter reads:

> "The patient's family practitioner has asked that I discharge the patient from my care as this colleague does not believe that the patient was hypothyroid. This is a perfectly proper difference of opinion although in fairness the patient has improved notably on thyroid replacement ...

[She] does not wish to be discharged."

He writes again, the following page, to you, page 103:

> "I honestly am not sure what to do in the circumstances of the request from a family practice to discharge a patient from my care when the patient does not wish to be discharged ..."

So it went on. You write to solicitors for the GMC, do you, on 10 November, this is page 105, enclosing her permission?
A Yes, we saw her especially at the surgery for that.

Q What did you ask her to sign?
A It is a document on page 106. If I may just look at my notes to refresh my memory? The practice manager was present throughout the consultation, with the patient's agreement.

Q At the time of the signing of the consent you had your practice manager present?
A Because she is the Caldicott guardian and the patient has agreed to that. So not exactly as a witness but she was there to protect the patient's interests and just make comments as appropriate and help her if necessary. It is not a situation we faced before so we thought that was the best thing to do. I just explained to the patient that there might be an investigation about her treatment and was she agreeable to this and would she allow her notes to be disclosed and could the General Medical Council contact her, and she agreed to that, and by telephone or by writing, so that is why we filled the form in.

Q Then at page 107 you receive another letter from Dr Skinner dated 23 November:

> "... [Patient D] who is feeling quite well but still seems to be rather tired and of course is still concerned about her weight although she had ... lost nine pounds ..."

Mentally more alert, side vision hallucinations had gone and she is more social, less weepy, with return of libido. Temperature is 36.8, satisfactory, pulse rate 74 per minute and her goitre has notably reduced.

Had you ever seen a goitre?

A No, I had not actually seen one. She had not drawn my attention to it and I must admit we do not routinely examine thyroid glands unless there is a reason to do so.

Q

> "I have checked her thyroid chemistry and should have results in around seven days time and I have asked [Patient D] to remain at her present dose level and I will speak to her then and keep you abreast ..."

Then he sends you the thyroid chemistry which you see at page 109.
A Yes.

Q We can see that her T4 is at 27.2 so outside the reference range of 9 to 20, and her TSH was less than, I think that is…?
A It is unrecordable.

Q And her free T3 was 7.7?
A That is also raised, yes.

Q Also raised above the reference range. Then you write a further letter at page 110 in relation to that blood test?
A Yes.

Q Again to Mr Ryder (who in fact sits next to me) saying:

> "In particular we note that the blood test he arranged on the 18th November demonstrated biochemical thyrotoxicosis in that the TSH is unrecordable and the Free T4 is 27.2 and the Free T3 level is 7.7."

A Yes.

Q Did you regard that to be right, that she was biochemically---
A I did not actually see the patch but biochemically, I think we have demonstrated that if you give a patient with normal biochemistry thyroxine you can make them hyperthyroid – over-active. The evidence is there in the notes and the results.

Q You write again to Dr Skinner on 19 December 2005, page 111?
A That is write.

Q You say in the second paragraph:

> "For the third time I am point out to you that we did not refer this lady to you."

And also pointing out that his recent test dated 24 November demonstrates biochemical hyperthyroidism?
A Yes.

Q And explaining why. You say this:

> "We are obviously concerned that she is going to get medical problems from this iatrogenic thyrotoxicosis"

- you had better help us with that?
A "Iatrogenic" means it has been caused by doctors, I am afraid, as opposed to illness of the patient.

Q What did you think the medical problems were likely to be?

A In the short term, you get palpitations, anxiety, atrial fibrillation (irregular heart rate). Yes, you might lose a lot of weight but you can lose a lot of muscle bulk as well. I read the Oxford Text Book of Medicine – I have got an up-to-date copy of it – and it is quite horrific the things that can happen to patients in this situation with large doses of thyroxine. In the long term, heart failure – the thing in women particularly is osteoporosis, that they mention. Anxiety, insomnia and psychiatric problems have been described. They actually mentioned in the Oxford Text Book of Medicine that excessive ingestion of thyroid hormone is seen as a cause of thyrotoxicosis on occasions.

Q Could I ask you then (I am getting towards the end) to go to page 113, where Dr Skinner writes yet again to you, thanking you for your note, acknowledging that you had asked him to discharge her from his care and his difficulty, he said, in the circumstances. He says:

> "The General Medical Council felt that they could not provide advice to a practitioner in these situations – fortunately this is the only time in my career when such a difficulty has occurred – but the Medical Protection Society feel that it is a 'grey area' and that the wisest course would be to accede to your request that she no longer attend my clinic.
>
> I do understand your concerns on thyroid chemistry but thyroid chemistry can be a good servant but a bad master and I could detect no evidence of hyperthyroidism when she came to see me."

At any time that she had come to see you – and you may have to go back through the notes – had she ever complained about heart palpitations?
A Not that I can recall. We were not quite sure how… When the patient came to the surgery we were very careful what we said to her and what we did, because, you know, we have not had a case like this before and we just sort of dealt with the problem she came to the surgery with and did not deliberately try and involve ourselves in things that perhaps we should not.

Q We have heard from her and effectively what we have heard is that you continue to treat her for other ills but not---
A If she had come to the surgery about anything, if she had said to me she wanted help with the thyroid we would have done that. I did not want her to think every time she came into the surgery we were going to pounce on her about the thyroid, because I did not think that would have been helpful really. I was trying to repair the doctor-patient relationship, which I think had been somewhat damaged by this episode.

Q He writes:

> "I could detect no evidence of hyperthyroidism when she came to see me; the question of suppressed TSH is certainly under debate"

and he talks about a recent thyroid update at the RSM – there was considerable dispute on the matter. He writes:

> "She is much improved on thyroid replacement and I wonder if you

might consider a further referral to Dr Newrick."

How was that left, as it were?
A We were waiting for the patient to actually come in and she never did. What actually happened – and she may have told you this herself – is that she buys her thyroxine off the internet, which patients can do nowadays of course. We have encouraged her to reduce the dose slowly but I have had a discussion with Dr Newrick about this and he said it is very difficult to get these patients off the thyroxine and you have to reduce it very gradually and take it very gently. She has not really involved us in that at all. We did take the opportunity to do a thyroid function test recently when she was poorly with her asthma, with her agreement, and she remained thyrotoxic at that point – November, I think it was, in the notes.

Q November of…?
A 2006. That is the most recent one, is it not?

Q I do not think we go up to November?
A I am sorry. How far do your notes go? She had a bad episode of asthma last year, so we did some allergy tests, which were very positive, because she got a dog (which she has now got rid of). I said to her "While we're doing these tests, shall we do the thyroid test?" and she said "Yes". They are very similar. She has not got any TSH still and the T4 is about 33 – it is quite high still.

Q So in your view she is still thyrotoxic?
A She is still thyrotoxic, yes. If she had come in like that not taking thyroxine, she would have gone to Paul Newrick for an investigation of thyrotoxicosis basically.

Q You still continue to treat her as best you can for her other problems?
A I have never been clear whether she has actually been discharged or not – though she did tell me last week, when she brought one of her children to see me and not about herself, that she was not seeing Dr Skinner any more, so after today maybe we will write to her and say "Can we get something sorted out?" I think that is what we will do.

MR KARK: Thank you very much. Would you wait there, please?

<u>Cross-examined by MR JENKINS</u>

Q Can I ask you about four matters, please?
A Yes, sure.

Q Can I ask you to turn to tab 7, page 106, which is the consent form?
A Yes.

Q Did you tell Mrs D that this was a complaint to the GMC in respect of her treatment by Dr Skinner?
A I explained to her that I had written to him about… She knew about my concerns about her going on to thyroxine and I said that I would have to take advice from the people that regulated doctors, the General Medical Council. She had heard of the General Medical Council but she did not know what they did exactly. I explained that to proceed with the investigation they would need to look at her notes and have a copy of them and

permission to do so. That is how it was done.

Q Can I ask the question again? Did you tell Mrs D that this was a complaint being made to the GMC about her care?
A Well---

Q That is what it says, "To consider your complaint the GMC need to obtain copies". Did you tell her that by signing this form---
A No, no, no---

Q Forgive me. Let me ask the question. Did you tell her that by signing this form she was being involved in a complaint to the GMC about her treatment?
A It was the form sent to me by the solicitor. You will accept that I am not an expert in this matters and this was the form we were asked to get the patient to sign. I asked her to read it. I can understand what you are saying to me, but I did not read it to her, I gave it to her to read herself.

Q You had filled in all the other bits?
A Yes, I had.

Q And all that she did was sign it?
A I did ask her to read it first.

Q Did you tell her that this was a complaint to the GMC in respect of her case?
A I gave it her to read, and my practice manager, Alison Field, was present throughout this as well. I asked her if there were any questions. She knew I had written to the General Medical Council and I explained that to get this investigated further we would need the notes and her permission to look at her notes.

Q Can I ask you to turn to page 99, just a few pages back?
A Yes.

Q This is part of your letter to the General Medical Council?
A Indeed.

Q At the bottom of page 99 you talk about concern that this may have been an inappropriate use of thyroxine?
A I do.

Q You say that by Dr Skinner's own admission Mrs D's untreated thyroid function was on the 99th percentile?
A 95th.

Q I am sorry, the 99th percentile?
A Yes.

Q What were you talking about?
A There was a letter from him that says that. It is a quote from his own letter.

Q Is it?

A Yes.

Q Let us look at tab 8, page 15.?
A Yes, 95 per cent reference interval.

Q "While her FT4 is a little low"?
A Yes.

B

Q "Albeit within the 95 per cent reference interval"?
A Yes.

Q "I would be quite prepared to institute a four month trial"?
A I do not agree the FT was a little low, but that is Dr Skinner stating his opinion in that letter, is he not?

C

Q Is Dr Skinner saying that thyroid function was on the 95th percentile?
A No. The way the normal values are defined is that if you take the whole population and measure a blood test or whatever, we have a range of about 95 per cent that is regarded as normal and then 2.5 per cent is high and 2.5 per cent is low. It is a statistical thing actually; they take a median and they do plus or minus two standard deviations. In other words, you measure thousands and thousands of results and then you work out what is a "normal" value.

D

Q I agree that the analysis you have just given us is how others look at it, but does that really square with the next sentence that you have written on page 99?
A My personal view---

Q Let us turn back to page 99---
E
A I understand what you are saying.

Q That says:

> "This means to me that if it is justifiable to treat her on the basis of her biochemistry we will have to be thinking about treating 94 per cent of the population with thyroxine."

F

What does that mean?
A I think that if you treat one patient like this, even just one patient, with normal thyroid function then you have to make the treatment available to other patients as well. If it was an appropriate thing to do, if it did make the patients better and it was an appropriate thing to do, surely it should be available for all other patients in a similar situation.

G

Q You told us that if she had a low pulse that could be explicable---
A There are many causes of a low pulse, yes.

Q The one you suggested was that a slow pulse can result in a patient who is very fit and had done a lot of training?
H
A I am not saying she had done that, I was talking in general there. We know that medication causes slow pulse, for example – beta blockers.

Q Are you suggesting that that is a helpful piece of information for this Panel to look at when considering Mrs D?
A Some patients have a naturally slow pulse. We have got a patient with a heart rate of 37 who has been investigated and the cardiologist says there is absolutely nothing wrong with him and that is just the way he is.

Q What was the quality of this lady's life in the period just going up to July 2004? Are you able to help us?
A Yes, I can. I will try, anyway. She had recently split from her partner that she had had for many years. She had three children all by this partner. They did not live together as such and she was very traumatised, she was very upset; we thought that she was clinically depressed. She was comfort eating, unable to follow a diet, she was having difficulty looking after the children and getting them to school, and she was a very upset lady. I think the main thing that has contributed to her improvement is not thyroxine but the fact that she has found a new partner who is very supportive and he comes in with her with the consultations and he is a really nice chap, and I think he has made a big difference to her life. We see this time and time again.

Q I suggest that she herself will have some understanding as to where her condition has improved?
A Yes, but we can also ask ourselves if you give a normal person thyroxine would they feel better and the answer is yes, I think they probably would. You would feel better if you took amphetamines, but is it a safe thing to do?

MR JENKINS: That may be an issue for others, doctor. Thank you.

MR KARK: This is not re-examination and I accept it is something I should have asked originally.

MR GARNHAM: I have no problem.

MR KARK: Thank you.

<u>Further examined by MR KARK</u>

Q You mention in your letters, and I think in your notes, that the patient was seeing a consultant. I just want your explanation of how that appears in the notes and why you thought Dr Skinner was a consultant?
A It is just the way that these things are recorded. I do not know anything about Dr Skinner and I thought he was a consultant. We do not have any other sort of classification that we can put him in, if you see what I mean. We do not send patients to other GP practices or, you know. I presumed he was a consultant.

Q Is it because it was a referral or a secondary referral---
A Yes.

Q ---you regarded him as a consultant?
A We did, yes.

Q Whatever his actual status was?
A Absolutely, yes. WE did not know what his status was. I got his qualifications, of course.

MR KARK: Thank you.

THE CHAIRMAN: Any further points on that, Mr Jenkins?

MR JENKINS: No, thank you.

Questioned by THE PANEL

MRS WHITEHILL: Good afternoon, Dr Stewart. When Ms D came to see you in early July, 6 July, is that right – was that the first time?
A Yes, it was about four years ago now, is it not? Three years ago, yes.

Q In 2004?
A That is right.

Q She discussed the fact that she felt tired all the time and was generally lethargic?
A That is right.

Q And you describe it as a general malaise?
A That is right.

Q Did she have any evidence of thinning hair?
A The situation is that every year in my practice we do about 30,000 consultations and one in three, 10,000, are tired all the time or suchlike. It is a very common symptom and occasionally it can be due to serious illness – anaemia, for example, or under-active thyroid diabetes – but in the vast majority of cases it is due to a lifestyle problem – working too long hours, a life that is out of balance; something that is very obvious usually. The approach we tend to take is to do a gamut of tests to find out if there is anything serious and try and focus in on it, because I come back to the fact that we have got ten-minute consultations and most of a general practitioner's work, I think, is talking to the patients and our time is our most valuable commodity. We do examine the patients where appropriate but we would not automatically examine anybody's hair that came in with "tired all the time". I know we are trying to fit this lady and make it hyperthyroid – I understand the background and everything. However, she might have been anaemic from heavy periods, for example. I did at one stage think she could have polycystic ovaries, which is a different illness from a hormone imbalance due to obesity. As a GP faced with a patient who is tired all the time, you take it seriously and try and find out what the real cause of it is and try and do something about it. In most cases, it is just that they are working long hours and driving miles to work in a rush and they are not---

Q That was not the case in this situation?
A I know that she split up from her partner, and I knew that life was very difficult. She was very keen to try thyroxine because her sister had gone on it and it had been making her feel better. That is why I did the thyroid tests.

Q Did she complain of thinning hair?

A Not to me specifically as I can remember. I think I probably would have made a note of it. The point is that most thyroid disease in general practice is not picked up on clinical symptoms at all these days. We get the blood tests changing very early before they actually get any clinical symptoms or signs. Sub-clinical hyperthyroidism is now very common. We very rarely see severe cases of hyperthyroidism. We did 20 years ago – I remember it well, and people were very ill sometimes. They were absolutely moribund, they used to put a lot of weight on, they were very cold, constipated, they became very mentally subnormal and putting them on thyroxine was absolutely magic. That does not happen these days. A lot of patients have these thyroid tests done routinely and we pick it up long before it causes any trouble. That is the whole point of modern medicine, I think, to try and pick things up early before they cause trouble.

Q So she had no evidence of thinning hair or eyebrows---
A Not that I can…I cannot honestly answer that question. I think that is probably the best thing I can say at this point. The point was if she had had even the remotest abnormal thyroid function test I would have happily put her on the thyroxine and managed it myself. One of the problems we have got is that particularly with our very high prescribing of thyroxine is that we are audited by the Primary Care Trust. It could constitute a financial fraud if we put somebody on thyroxine that we should not, because we would be claiming a payment for that automatically on the computer. So we have to be very careful not to patients on thyroxine unless they really do meet the criteria for needing it, because otherwise we could be in trouble for financial fraud.

Q So on that examination when she came discussing general malaise and tiredness, she exhibited no other symptoms?
A Not that I can recall. Basically, while she was there, I did her asthma assessment, which took quite a bit of time, because she was very late for that and she had had severe asthma. That was important as well. I had agreed with her that we do a thyroid test and if there was a problem we would help her with it. You know, the blood tests do pick up the problems at a very early stage, in my opinion.

MRS WHITEHILL: Thank you.

THE WITNESS: Obviously, I did not know that that consultation was going to lead to today, otherwise I might have done an extremely thorough examination, but you just do not know, do you?

DR ELLIOT: Good afternoon, Dr Stewart. I just wanted to ask you about something that you said in your letter, which is at tab 7, page 91, your letter to Dr Skinner?
A Yes.

Q It is in the third paragraph. "The normal guidelines that we work to---"
A Yes.

Q "---disproved by our local endocrinologist"?
A Indeed, yes.

Q Could you tell me a wee bit about those guidelines?
A Yes. Dr Newrick comes to the surgery quite regularly and does tutorials for us, usually on a Friday and we have done thyroid disease. Essentially – and I spoke to him

again recently about this on the telephone – he says that he thinks that most endocrinologists follow the American Thyroid Association Guidelines, which I was looking at last night on the internet and they have been around since about 1995 so they have not changed significantly and they are internationally recognised.

If the TSH is slightly raised and the patient has got a high thyroid antibody level, more than 34 on our lab and it can be very high, then they are at great risk of developing hyperthyroidism at some stage in the future. The T4 and the T3 are less of a guideline because they vary more on a day-to-day basis but the TSH in his opinion should not be suppressed down to zero. Our lab's normal at the moment is 0.34 to 4.2 and we try and get them in that range, but we do run the thyroids high usually. We know that patients feel better when they have got Thyroxine – more Thyroxine than less – because the normal range is quite wide. I do understand, because we do it in our practice, that if they are on a high dose of Thyroxine they feel better than if they are on a lower dose for most patients, though some will be ill with palpitations, sweating and not being able to sleep at night, so we do cut them down a bit.

Essentially it is done on the basis of the TSH and the T4 and T3 are less of a guide, really.

Q Are these written guidelines?
A They are available in the internet, the American – if you put American Thyroid Association in there are professional guidelines that were developed in 1995. They are actually quite detailed and I think they are very good as well. There is all sorts of information. I was looking at them only last night. The British Medical Journal also do a concise version online and also published book because the British National Formulary, to my surprise, does not actually give any specific guidelines although it does say that Thyroxine should only be used to treat under-active thyroid glands and not for any other purpose but it does not give you actual specific guidelines.

The American Thyroid people say that you really should not wait for the TSH to get as high at 10 or 12 before you start Thyroxine but in our practice, if they have got a high antibody level, we take the view that they are going to get it at some point so we will give them the Thyroxine to prevent them becoming ill in the future rather than waiting for them to actually become physically ill, if that makes sense. We see it as preventing them developing an under-active thyroid in the future.

I still maintain there is no justification for this particular patient to have Thyroxine.

DR ELLIOT: Thank you very much.

THE CHAIRMAN: I just have one question. Just to clarify for me again, all the partners in your practice wrote the letter to the GMC?
A Right. They did not sign it but they all looked at it and the practice manager did and I discussed it with Dr Newrick as well, yes, that is correct.

Q Is this because you felt the patient was in serious danger?
A I was allowing the situation to continue until the patient became thyrotoxic. That was the point when I thought I really did have to do something. I had never written to the GMC before, I hope I never have to do it again. What made me actually write the letter was the patient becoming thyrotoxic. That is what I was not happy about.

THE CHAIRMAN: Thank you very much. Mr Kark, any further questions?

MR KARK: No, thank you.

THE CHAIRMAN: Mr Jenkins?

MR JENKINS: No, thank you.

THE CHAIRMAN: As there are no further questions that completes your evidence. Thank you very much for taking the time to come and appear. You are now released and may leave or you may remain at the back of the room, if you like. Thank you.

MR KARK: I think to start Professor Weetman at ten-past four would not be attractive for anybody.

THE CHAIRMAN: No.

MR KARK: Least of all Professor Weetman, I expect. As I said earlier, I would like the time to be able to speak to him and I would prefer to start him, if I may, at 9.30 in the morning.

THE CHAIRMAN: Yes, I think we will adjourn now until 9.30 tomorrow morning.

MR KARK: So far as timing is concerned, we have one other witness, Dr Prentice, who Mr Jenkins knows, I think, is only able to come tomorrow afternoon so that may well mean that I would have to interpose him during the course of Professor Weetman's evidence but his evidence, Dr Prentice's evidence, will be quite short. It relates to Patient C only.

MR JENKINS: Can I say just to assist, as you can anticipate I have no objection to Dr Prentice being interposed.

THE CHAIRMAN: Thank you, that is fine then.

MR KARK: We have Mr Lynn on Monday. I know we have got Mr Lynn on Monday but dealing with this week, we would hope to be able to finish Professor Weetman by the end of Friday.

THE CHAIRMAN: Thank you everyone. We will adjourn until tomorrow.

(The Panel adjourned until 9.30 am on Thursday 5 July 2007)