GENERAL MEDICAL COUNCIL

FITNESS TO PRACTISE PANEL (MISCONDUCT/PERFORMANCE)

On:
Sunday, 9 September 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 Sixteen)

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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INDEX

(*The Panel continued to deliberate in camera*)

STRANGERS HAVING BEEN READMITTED

D E T E R M I N A T I O N

THE CHAIRMAN: Good afternoon. I am now going to read the determination on impairment.

Dr Skinner, at all material times you were practising as a private doctor from 22 Alcester Road, Moseley, Birmingham, B13 8BE.

PATIENT A

On 20 December 2002, Mrs A was referred to you by her NHS General Practitioner, Dr Cooke. Dr Cooke's referral letter contained the results of two previous blood tests showing Mrs A's thyroid stimulating hormone (TSH) to have been within the reference range. On 16 January 2003 you saw Mrs A as a private patient. You took a blood sample for thyroid chemistry results to be obtained and gave Mrs A a prescription for sodium thyroxine 25µg per day for seven days, followed by 50µg for four weeks. This prescription was provided prior to obtaining the biochemical results of the blood test. You suspected a diagnosis of B12 deficiency, but failed, in the light of this suspicion, to perform any investigation to assess this possibility. You also suspected a diagnosis of secondary hypoadrenalism, but failed, in the light of this suspicion, to refer Mrs A to an endocrinologist or other relevant specialist for evaluation.

On/or about 24 January 2003 you received the biochemical results for Mrs A's blood test, which showed her TSH and thyroxine level (T4) to be within the reference range. On 6

February 2003 you prescribed to Mrs A ½ grain armour thyroid per day for one week, followed by 1 grain armour thyroid per day for two weeks, followed by 1½ grain armour thyroid per day for six weeks.

Between 16 January 2003 and 6 February 2003, you spoke to Mrs A on the telephone. You made no record of such conversations in her medical notes.

PATIENT B

On 20 March 2003 you saw Miss B as a private patient without a referral from her GP. During that consultation you became aware of the fact that the results of her blood tests showed her thyroid chemistry to be within the reference range. You provided Miss B with a prescription for sodium thyroxine, which was to increase to 125µg per day after 17 June 2003 for three months.

After 20 March 2003 you next saw Miss B on 21 January 2004. During this period you failed to monitor her adequately or at all.

On/or before 21 January 2004, you were aware of the results of a blood test set out in a report dated 9 December 2003, obtained by Miss B's NHS GP. The results of this report showed that Miss B had become biochemically thyrotoxic. This over replacement was a result of your prescribing thyroxine.

On 21 January 2004 you provided Miss B with a prescription for sodium thyroxine, 150µg per day for 150 days, and tertroxin 20µg per day for one month and, thereafter,

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40µg per day. This was inappropriate, unnecessary, irresponsible, not in the best interests of your patient and placed her at risk of harm.

B

On 18 March 2004 you saw Miss B again when you provided her with a prescription for sodium thyroxine, 75µg or 100µg on alternate days, and tertroxin 20µg per day. This was inappropriate, unnecessary, irresponsible, not in the best interests of your patient and placed her at risk of harm.

C

On 14 July 2004 you provided Miss B with a prescription for sodium thyroxine, 150µg per day for three months. Your prescribing to Miss B was inappropriate, unnecessary,

D

irresponsible, not in the best interests of your patient and placed her at risk of harm.

PATIENT C

E

On 6 March 2004 you saw Miss C as a private patient without a referral from her GP and took a blood sample for thyroid chemistry results to be obtained. On/or about 16 March 2004 you received the results of this blood test, which showed Miss C's TSH and T4

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levels to be within the reference range.

On 6 March 2004 you prescribed Miss C with sodium thyroxine. On 8 May 2004 you

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saw Miss C again when you provided her with a prescription (or agreed to the continuing of a prescription) for sodium thyroxine, 150µg per day, and tertroxin 20µg per day. This was inappropriate and unnecessary.

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You saw Miss C again on 7 August 2004. On/or after 16 August 2004 you received the blood test results for Miss C from the blood sample you had taken following the consultation on 7 August 2004. This showed that Miss C had become biochemically thyrotoxic but you failed to take steps to reduce or stop her thyroid medication. You suspected that Miss C might be suffering adrenal failure, but failed to refer her to an endocrinologist to assess your suspicion.

PATIENT D

On 24 August 2004 you saw Mrs D as a private patient without a referral from her GP. Mrs D told you that her recent blood tests had shown her TSH level to be within the reference range. You took a blood sample for thyroid chemistry results to be obtained and provided her with a prescription for thyroxine for 25µg per day for seven days, followed by 50µg per day for 21 days, followed by 75µg per day for 21 days, followed by 100µg per day for 60 days.

On/or about 3 September 2004 you received the results of Mrs D's blood test, which showed her T4 and TSH levels to be within the reference range. In a letter dated 3 September 2004 you wrote to Mrs D's GP enclosing the above results stating that you:

> "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".

In a letter of response dated 7 September 2004 the three doctors at Mrs D's general practice stated that (*inter alia*), "We do not feel it safe or appropriate for her [Mrs D] to have thyroxine".

On 18 November 2004 you saw Mrs D again when you provided her with a prescription, dated 17 November 2004, for sodium thyroxine 125µg per day for three weeks, followed by 150µg per day for three weeks, followed by 175µg per day for six weeks. You suspected a diagnosis of B12 deficiency, but failed, in the light of your suspicion, to perform any investigation to assess this.

On/or about 6 January 2005 you received a further result from the blood sample taken on 24 August 2004, showing the level of tri-iodothyronine (T3) within the reference range. On 23 February 2005 you provided Mrs D with a prescription for sodium thyroxine 125µg per day for three months. On 13 May 2005 you provided her with a prescription for sodium thyroxine 150µg per day for three months. On 16 August 2005 you provided her with a prescription for sodium thyroxine 175µg per day for six weeks followed by 200µg per day for six weeks.

In a letter to you, dated 31 August 2005, Mrs D's NHS GP stated that the doctors at the practice did not agree that Mrs D should be taking thyroxine and requested that you discharge her from your care.

On 18 November 2005 you provided Mrs D with a prescription dated 16 November 2005 for sodium thyroxine 200µg per day for three months.

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On/or about 24 November 2005 you received the results of a blood sample taken on 18 November 2005, which showed that she had become biochemically thyrotoxic. This over replacement was as a result of your prescribing thyroxine.

B

In the light of information it had received, the GMC invited you, by letter dated 1 September 2004, to agree to undertake an assessment of the standard of your professional performance. In a letter dated 3 October 2004 you agreed to this and on 10 November

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2004 you returned the completed PDL1a and PDL1a2 forms, which also contained an acceptance of the invitation from the screener to undergo an assessment of the standard of your professional performance.

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Your solicitors (RadcliffesLeBrasseur) wrote to the GMC on 6 January 2005 stating that they had "received specific instructions" from you to the effect that you no longer agreed

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to an assessment of your performance being carried out. Accordingly, you have failed to submit to an assessment.

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At the outset, the Panel wishes to make it clear that it has judged your performance and conduct on the basis of *Good Medical Practice* and the standards laid down in the *Indicative Sanctions Guidance*, April 2005.

G

The Panel has noted the contents of the GMC's publication *Good Medical Practice* (2001 edition, applicable at the time) which states that, in providing care

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> "You must not give or recommend to patients any investigation or treatment which you know is not in their best interests nor withhold appropriate treatments or referral;"

Good Medical Practice also states that good clinical care must include:

> "an adequate assessment of the patient's conditions, based on the history and symptoms and, if necessary, an appropriate examination;"

The Panel has not made its judgment based on your personal beliefs as to the methods of treatment, save in so far as these beliefs have shown disregard of clinical responsibilities towards patients. The Panel notes that every doctor who has given evidence at this hearing has indicated that they would undertake blood tests when assessing the patient's condition and deciding on future management. You have indicated in your submission that you believe it is not always necessary to check thyroid chemistry prior to initiating or changing a patient's medication. You have also indicated that you believe biochemical thyrotoxicity is a misconception. No other clinician at this hearing has supported this position. The Panel is most concerned that your rigid approach has put patients at risk of harm. The Panel has found that you have repeatedly breached the above principles contained within *Good Medical Practice.*

The Panel has been concerned throughout this hearing that you have shown a lack of insight into your behaviour. This has been clearly demonstrated by the statement which you provided to the Panel, dated 7 September 2007, in which you set out your reasons for refusing to accept the findings of the Panel. For example, you state:

> "In fairness to myself, the text should be rewritten and the term biochemical thyrotoxicity, which is a non-concept, removed …".

This approach has not been supported by any other clinician who has given evidence at this hearing. The Panel is most concerned that your refusal to acknowledge that this approach may be flawed demonstrates that you have failed to reflect upon your practice.

With regard to paragraph 33, the Panel has taken account of the provisions of the procedure rules at paragraph 17(8) which states:

> "(8) Subject to paragraph (7), where a practitioner has failed to submit to, or to comply with, an assessment under Schedule 1 or 2, and -
>
> (a) there is credible evidence before the FTP Panel that the practitioner's fitness to practise is impaired;
>
> (b) a reasonable request has been made by the Registrar to the practitioner that he submit to or comply with the assessment; and
>
> (c) no reasonable excuse for such failure has been provided by the practitioner,
>
> the FTP Panel may take such failure into account in determining the question of whether the practitioner's fitness to practise is impaired".

Your reasons for your failure to co-operate with the performance assessment appeared to be that it was "neither necessary nor appropriate" and that you felt that such an assessment would "constitute a tacit agreement" to the charges. You have also raised concern that the complaints against you were anonymised and that you had not been provided with full information in order to identify the patients involved. It was submitted on your behalf that the proposed assessment was inappropriate for a doctor in your position dealing with a very narrow aspect of general practice. Doctors hold a privileged position in society but such a position brings with it responsibilities. One such responsibility is an obligation to

co-operate with the individual's regulatory body. Such co-operation is essential to allow the GMC to carry out its function to regulate doctors and ensure good medical practice.

The Panel considered that you have provided no reasonable excuse for your failure to comply with the assessment and has taken this into account, together with your professional performance in relation to the cases considered at this hearing, when assessing whether your fitness to practise is impaired by reason of misconduct or deficient professional performance.

In considering the matter of impairment, the Panel has borne in mind the guidance provided by the *Indicative Sanctions Guidance*, which states at paragraph 11 (S1-2):

> "Neither the Act nor the Rules define what is meant by impaired fitness to practice but ... it is clear that the GMC's role in relation to fitness to practise is to consider concerns which are so serious as to raise the question whether the doctor concerned should continue to practise either with restrictions on registration or at all."

The *Indicative Sanctions Guidance*, at paragraph 58, states that

> "A question of impaired fitness to practise is likely to arise if:
>
> - a doctor's performance has harmed patients or put patients at risk of harm;
>
> - a doctor has shown deliberate or reckless disregard of clinical responsibilities towards patients".

By its findings, the Panel consider that your actions have been in breach of both of these principles.

In all the circumstances, the Panel has determined that, in accordance with Section 35C(2)(a) and (b) of the Medical Act 1983 (as amended) your fitness to practise is impaired by reason of your misconduct and your deficient professional performance.

The Panel will now invite further submissions from both Counsel as to the appropriate sanction, if any, to be imposed on your registration. Submissions on sanction should include reference to the *Indicative Sanctions Guidance*, using the criteria as set out in the guidance to draw attention to the issues which appear relevant to this case.

MR KARK: Madam, the question of what sanction to impose is, of course, a matter for this Panel exercising its collective judgment and wisdom and my comments are simply the submissions of the General Medical Council as to what you may consider appropriate. It is the submission of the General Medical Council that the appropriate sanction in this case is one of suspension with a review hearing. You have found that Dr Skinner has behaved in a way, which contravenes some of the central tenets of *Good Medical Practice* in terms of assessing his patients' condition and in terms of his prescribing. The doctor has acted in such a way that a signal needs to be sent to the profession that this conduct by a medical practical is unacceptable.

I am now going to make specific reference to the *Indicative Sanctions Guidance* published in April 2005. I am going to turn, first of all, to page S1-3. The heading at paragraph 12 is "Public interest":

> "The Merrison Report stated that 'the GMC should be able to take action in relation to the registration of a doctor…… in the interests of the public', and that the public interest had 'two closely woven strands', namely the particular need to protect the individual patient, and the collective need to maintain confidence of the public in their doctors.
>
> The question of whether the Fitness to Practise Panels should consider only 'the protection of members of the public', or whether they could also consider the wider 'public interest' in determining sanctions arose in the 1998 Bristol case. Counsel for the GMC drew attention to a number of relevant Judgments by the Judicial Committee of the Privy Council which illustrate, that in addition to the protection of the public, the public interest includes, amongst other things:
>
> a. Protection of patients
>
> b. Maintenance of public confidence in the profession

A

> c. Declaring and upholding proper standards of conduct and behaviour".

B

Can I take you to the bottom of paragraph 15:

> "The public interest may, on occasion, also include the doctor's return to safe work but the panel should bear in mind that neither the GMC nor the panel has any responsibility for the rehabilitation of doctors".

C

Paragraph 16 deals with the issue of proportionality and you, of course, apply the principles of proportionality, which means weighing the interests of the public with those of the practitioner, which could include returning immediately or after a period of retraining, to unrestricted practice. In addition, the Panel will need to consider any mitigation in relation to the seriousness of the behaviour in question. Of course, the relevance of the mitigation will depend upon the individual circumstances of the case.

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Can I take you, please, over the page to S1-4 paragraph 19:

> "The decision as to the appropriate sanction to impose is, of course, a matter for the panel. But, the panel must:

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> a. Be sure that the action it proposes to take is sufficient to protect patients and the public interest.
>
> b. Act within the framework set out by the GMC and reflected in this document.

F

> c. Give reasons for its decisions on the appropriate sanction. Where the panel decides to impose conditions or suspension it must specify the period the conditions or suspension are to apply and explain why it considered that particular period appropriate. Where a panel impose a lesser or higher sanction than that suggested by this guidance it must fully explain why it considered that sanction appropriate".

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Can I take you over the page, please, and start with conditional registration in order to try to explain, as it were, why the GMC submit that conditional registration would not be sufficient. I appreciate, of course, that Mr Jenkins, on behalf of the doctor, I have no doubt, is going to submit to you that conditions would be sufficient so it is right that I should bring this to your attention:

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> "Conditional registration (maximum 3 years)
> Conditions may be imposed up to a maximum of three years in the

> first instance, renewable in periods up to 36 months thereafter. This sanction allows a doctor to return to practice under certain conditions …. A purpose of the imposition of conditions is protection of patients.
>
> Conditions might be appropriate where there is evidence of incompetence or significant shortcomings in the doctor's practice or insight by a doctor into his or her health problems but where the panel can be satisfied that there is potential for the doctor to respond positively to retraining and supervision of his or her work".

In this case I would, with respect, underline those last words: "Where there is potential for the doctor to respond positively to retraining and supervision of his or her work".

Can I take you to paragraph 27:

> "Suspension (up to 12 months)
>
> Suspension can be used to send out a signal to the doctor, the profession and public about what is regarded as unacceptable behaviour. Suspension from the register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the period of suspension. It is likely to be appropriate for misconduct that is serious, but not so serious as to justify erasure (for example where there may have been acknowledgement of fault and where the panel is satisfied that the behaviour or incident is unlikely to be repeated).
>
> Suspension is also likely to be appropriate in a case of deficient performance",

which you have also found in this case:

> "in which the doctor currently poses a risk of harm to patients but where there is evidence that he or she has gained insight into their deficiencies and has the potential to be rehabilitated if prepared to undergo a rehabilitation programme. In such cases to protect patients and the public interest the panel might wish to impose a period of suspension, direct a review hearing and recommend the type of educational programme the doctor might undergo during the suspension, or action he or she might wish to take".

In our submission, if you were to impose suspension then a review hearing would be necessary in order to ensure that the doctor is fit to return to practise.

As you know, of course, paragraph 30 sets out that the length of suspension maybe up to 12 months and it is a matter for the Panel's discretion, depending on gravity of the particular case.

Finally, can I turn to review hearings in paragraph 31:

> "Where the panel decides that a period of conditional registration or suspension would be appropriate, it must decide whether or not to direct a review hearing immediately before the end of the period. The panel must give reasons for its decision so that it is clear that the matter has been considered and the basis on which the decision has been reached. Where a review hearing is to be held the panel must make clear what it expects the doctor to do during the period of conditions/suspension and the information s/he should submit in advance of the review hearing. This information will be helpful both to the doctor and to the panel considering the matter at the review hearing".

Then this:

> "It is important that no doctor should be allowed to resume unrestricted practice following a period of conditional registration or suspension unless the panel can be certain that he or she is safe to do so. In some misconduct cases it may be self-evident that following a short period of suspension, there will be no value in a review hearing. In most cases, however, where a period of suspension is imposed and in all cases where conditions have been imposed the panel will need to be reassured that the doctor is fit to resume practice either unrestricted or with conditions or further conditions. The panel will also need to satisfy itself that the doctor has fully appreciated the gravity of the offence, has not re-offended, and has maintained his or her skills and knowledge and that patients will not be placed at risk by resumption of practice or by the imposition of conditional registration".

It is perhaps obvious, in light of what you have said, that the document that Dr Skinner produced yesterday (D21) is particularly relevant in relation to the insight or lack thereof that he has demonstrated and whether at the moment he is inclined to change his ways.

I deal finally with erasure, which is set out at paragraph 33. You would only impose erasure where this is the only means of protecting patients and the wider public interest.

Madame, those are my submissions on the behalf of the General Medical Council.

THE CHAIRMAN: Thank you. Mr Jenkins?

MR JENKINS: You know there are a lot of patients here and I am proposing to call some now. I would like to conclude my address to you on another day, I would not choose to finish it today. Can I tell you why? There are other patients that I would like to call and I cannot call them today.

There are papers in the Interim Orders Panel process that Dr Skinner has gone through and I will tell you about that in due course, not today, but Mr Kark knows that there are in

excess of 500 pages of patient testimonials that have been sent to the GMC – some of those are two letters or more sent by the same patient. 500 pages and more of patient testimonials. I am not going to photocopy them for you and show them to you, but I say that to you at the outset so that you know of the huge support that patients have for Dr Skinner.

I am going to call some witnesses now. Can I say as a preamble that I do not wish, with those patients, to go through great detail of their medical history. Obviously the medical history of those patients is relevant insofar as they were dealt with by other doctors before Dr Skinner and one will need to see what happened there and it is obviously relevant what happened when they did get to see Dr Skinner and how they are progressing on his treatment. I say this to you and in part as a warning to those who are to come as witnesses, that I was not proposing to go in huge detail through the medical histories of those patients.

If I may, I will call Susan Conway.

SUSAN CONWAY, sworn
Examined by MR JENKINS

Q Mrs Conway, I think you are a friend of Professor Whitehouse and his wife?
A Yes.

Q And have been for many years?
A Yes.

Q The Panel saw at a much earlier stage of the hearing three letters that you have written to the GMC in the past (D4, (a), (b) and (c)); I draw the Panel's attention to that. You are a patient of Dr Skinner?
A Yes.

Q How long have you been a patient of his?
A Since 2004.

Q Why did you go to him?
A I had, in 1986, had a very severe attack of flu, which had completely wiped me out and left me very, very unwell and it was apparent that my thyroid was badly affected because I had all the signs and symptoms of an under-active thyroid. In fairness, my excellent GP repeatedly tested me by using full thyroid function tests and the despairing results were always that my results always came within the normal limits of the reference scale.

Q What was the GP's view of those blood tests suggesting you were within the reference range?
A He said, therefore, I did not need treating; there was nothing wrong with me. This was quite extraordinary because I had so many things wrong with me.

Q Tell us what the symptoms were?
A These were the signs and symptoms that were apparent prior to the diagnosis that

A

Dr Skinner gave me 18 years after the onset. Fatigue. Quite paralysing exhaustion, which pervaded my life: I could not walk upstairs without resting; on bad days I had to lift each leg manually and pull myself up by the banisters; or else crawl. My powers of concentration ceased to exist. When I sat down, I slept because that is all I wanted to do. Nonetheless, at night insomnia left me completely ragged.

B

With these symptoms I was diagnosed with post-viral fatigue syndrome, which would pass in weeks, I was told, but did not. After three months, chronic-fatigue syndrome, which would be better in six months but was not.

Ultimately, the death knell when ME was diagnosed. For the uninitiated that is a cul-de-sac with no treatment; just hopelessness and despair walking hand in hand.

C

Q We have heard from Professor Whitehouse that he suggested the names of various doctors that you might see?
A Yes, he did.

Q Was it just the GP you were seeing or were there other specialists?
A No. I saw only my GP but I was then referred to an endocrinologist locally.

D

Q Do you live near the south coast?
A Yes.

Q Sorry, I broke into your flow?
A I had terrible gut problems. Things just got worse and worse: I developed abdominal pain; diarrhoea after any food; and was so bloated that I looked pregnant. I was diagnosed with a irritable bowel syndrome and in the fullness of time as being a late-onset coeliac.

E

Also, I developed food sensitivities in huge numbers, reacting so badly to so many things that eating was a big problem. Carbohydrates heightened my desire to sleep and I dare not drive after eating some foods.

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Yet, despite my limited food intake, with all carbohydrates off-limit, my weight climbed uncontrollably. I went from eight stone and size 10-12 to eleven stone and size 18-20 and I am five feet tall.

Temperature was a complete nightmare. I was profoundly and permanently cold. I needed three hot baths a day and had to wear layers and layers of clothing day and night to keep warm. Conversely, in hot weather I would have such acute heat intolerance with my temperature rising uncontrollably that cold baths would be needed to correct it and overheating on a number of occasions induced near collapse.

G

My body was slow. My joints and muscles hurt. I was very weak and physical effort wiped me out. My eyelids, face, hands and feet were puffy. My face became large and square and I ceased to look like me. My hair became sparse and my body hair vanished. My skin was dry and course and deep cracks and sores formed on my fingertips, which failed to heel.

H

A

My whole mouth was often painfully ulcerated making it difficult to eat and swallow. My tongue was large and swollen, feeling far too big for my mouth. My voice became horse with a deeper register. Sore throats were awful and frequent. My eyes watered perpetually and I experienced blurring, poor focus and double vision. My eyelids were heavy and hooded.

B

My head often felt tight and migraine-like headaches of great intensity were common. Periodically I had attacks of dizziness and powerful vertigo when my balance would be non-existent and I would fall over. My hearing became highly sensitive and I was intolerant to loud noise.

Gynaecologically I went from having excessively light periods to excessively heavy periods. To add insult to injury my libido was non-existent.

C

I should add that almost worst of all were my cognitive difficulties, which were considerable and very frightening. Indeed they were judged sufficiently severe by the endocrinologist I saw at the time for him to consider a neurological referral, which I actually turned down.

D

My amnesia was on a grand scale. I had an inability to retain information despite stringent efforts to do so. I experienced slow processing of information and then the inability to retrieve information I knew I had. I had a marked impairment of my working memory and a total inability to make connections; just non-existent concentration. On occasions a complete inability to follow even written instructions, such as a recipe. My very poor, short-term memory included not being able to recall what I said two minutes ago, which made conversation almost impossible; not being able to recall what I ate for my last meal and by this I do mean sitting at the table talking to my husband, him

E

complimenting me on the meal and me turning to him and saying, "But what did we have?" This used to anger him so much because at this stage he had not quite grasped what was going on. I would have to walk across the kitchen and look in the bin for clues to find out what we had eaten for the meal.

I could not recall events earlier in the day or yesterday. Generally I could not even remember the next word in a sentence. I got words wrong; I became a real Mrs Malaprop

F

using inappropriate vocabulary and I slurred words. I was very scarily aware that my mind had become a deep black hole.

The worse thing was that nobody believed me when I said there was something badly wrong with me and I had to begin believing that I must have a degenerative neural

G

condition like Alzheimer's or a brain tumour. I lived like that for 18 years.

Q Your father was an eminent doctor?
A Yes. My late father, unfortunately, because he would have spotted all this. He was a professor of medicine.

Q You too were in the caring profession yourself?

H

A Yes. Both my mother and myself are nurses.

Q Did you feel able to tell doctors what all the problems were?

A Yes. No problem at all.

Q What sort of treatment, if any, were you offered?
A The thing that really staggered me was that when I was eventually referred to an endocrinologist I was so thrilled because I thought something was going to happen. My GP had been treating me – after 12 years he started treating me with a very, very low dose of thyroxine; the lowest you can give.

Q That would be '98?
A 25µg.

Q But 1998?
A Yes. My maths is awful. At that stage even that tiny, tiny, little dose made a difference because for the first time I started to feel a little bit warmer; my hair began to grow again; I did not need to have three daytime sleeps to keep going as I could manage just on one hour of daytime sleep; and I actually felt a little bit alive.

Q Perhaps it is a foolish question, but I ask it any way: what had the quality of your life been up to that point?
A It had just been completely and utterly wiped out; it just ceased to exist. It was quite extraordinary as one day I was a normal person – I was a wife, a mother a career woman, a very active sportswoman and then it just had all gone. It was just the most extraordinary thing.

Q Clearly you came to Dr Skinner some years later?
A Yes, because my GP, having finally reached a level of 100µg of thyroxine, at which time I was beginning to feel that I could come alive again properly, on this dose if I could only go a little bit higher – I kept feeling as if I needed more. I felt like a car running on a lawnmower petrol, you know; there was not quite the kick that should be there. It was at that stage that he referred me to the endocrinologist. When I went to see this man he asked me why I had come and I said, "Well, I have come because my GP was not prepared to go beyond 100µg of thyroxine for my thyroid" and it was very apparent to me that I was doing so well on the gradual increases until 100µg, but at that stage I began to level out and I was not progressing, and that is why I had come to ask for him (the endocrinologist) to sanction an increased dose.

I confess, I was extremely surprised by his reaction because he said, "Surely you know what is wrong with you". I said, "Yes. I have got a very dysfunctional thyroid. It runs in my family and mine is in a really bad state". He said, "No. That is not what is wrong with you. You have got ME. It is all here in the notes". I was completely astonished because it turned out that a nutritionist, that I had been seeing to help me with my gut problems, had written to my GP and told him that he believed that I actually had ME. Unfortunately my GP never shared that letter with me so I had never gained this insight so this was a shock. I said, "So how will you treat me?" And he said, "There is no treatment for ME". I was just gutted.

Q Were you examined by the doctor?
A No. He talked to me for – I think I was in there about no longer than 10 minutes. I went as a private patient. If I remember, he walked behind me and felt my thyroid and…

Q Take us to Dr Skinner?
A I cannot remember any more at that point.

Q Clearly you got to Dr Skinner at some point?
A Yes. That was another six years down the line.

Q You have told us of the appointment with the endocrinologist and he was saying it was ME. At that stage you were on 100µg?
A In fact I was indebted to my GP.

Q Did you stay on 100µg?
A Yes, because he was clearly very, very fearful of putting a foot wrong and he felt desperately uncertain, I think, about this whole business of treating my thyroid but he felt safe enough to keep me at 100µg because that seemed to be within whatever the guidelines were that he was going by. I was very grateful to him for that because he kept me on it and I really tottered along pretty well. I began to feel that all was well, getting there, and as long as I did not get something like flu or a cold or whatever the local passing bug would be I would be fine. But if I did get anything like that I would immediately slip. Since I could not have any more thyroxine I just had to hang on in and wait until I improved again. I could always tell when I was going down: first thing would be the coldness; the amnesia – all these things – all the old things would come back.

Anyway, the thing that really precipitated me going to Dr Skinner was that at the end of 2003 my husband and I were at a Christmas party and we both got very, very severe food poisoning. My husband is never ill, he is just as fit as a flea, and he was ill with this horrible diarrhoea for ten days and he could not believe it – it was the first time he had ever been ill in his life. For me this diarrhoea went on for five weeks and very rapidly I realised, because I became very cold, and I can remember on the very worst day I had eleven attacks of diarrhoea, my weight began to soar over that first three weeks. It was obvious to me that I was not absorbing my thyroxine so I went to my GP and asked if I could have a boost because I realised that until this wretched thing was dealt with I was going to fall back very rapidly indeed. But I could not have an extra does, I could not have it lifted in any way and so I just slid right back down and I lost six year's of health, which I had very, very slowly and painfully regained. It just went.

Q You were still taking the same 100µg, but it was not having an effect?
A No. So at that point it was my daughter who heard about Dr Skinner from a lawyer friend of hers. The lawyer friend (like us as a family) came from a thyroid-impaired family (it is an inherited disorder) and this lawyer had been to Dr Skinner and had been completely transformed. My daughter was so excited on the phone, she said, "I have found someone for you to go and see", and I went to see Dr Skinner.

Q Did your GP know you were going to see him?
A Yes. He referred me. I mean he was, by that time, really very concerned; he could see that I was really struggling.

Q The GP wrote the letter to Dr Skinner?

A Yes. No problem.

Q How did you find Dr Skinner?
A I found him completely and utterly well, in a word, amazing because the contrast between him and everybody else, who I had seen along the way, was so pronounced that – well there was not a comparison, really. My husband, who by this stage was terribly desperate about my condition, came with me on this first consultation and I think we were (both of us) completely disarmed by this very gentle, quiet, humorous man who then went into the most enormous detail to question me, hear about my family history. Generally he covered everything: I was physically examined; he talked to me at enormous length – I mean we were there well over an hour. It was a revelation really. It was like seeing – I mean as a nurse I remember really good physicians, what I would call, "good old-fashioned physicians" who knew their stuff and this is such a gentleman.

Q You were on thyroxine when you went to see him?
A Yes.

Q Did he change the dose at all and, if so, what for?
A Yes. He explained to me that he would carry on with the thyroxine, which is a really terribly basic standard drug – I mean it is very cheap, it is, after all, only a "replacement drug" because it is just replacing what my thyroid was not making. He said that his intention was to continue my thyroxine, but to very gradually increase the dose, increase the dose, increase the dose in small incremental steps and all this under supervision, I mean he was very careful. I found that he would ask me at each stage how I was and I would say, "I am heaps better, but I do not think I am there yet". At 175µg I began to get a little bit anxious because I thought, "Well, what happens if it is not going to work?" He reassured me and he said, "Give it time".

At 200, I think I had been on 200µg for probably a few weeks, when suddenly I woke up one day and it was as if someone had turned off a switch and turned another one on and I just came back to life. It sounds absolutely extraordinary, I know, but that is how it was. I was so shocked that I did not dare tell my husband because I thought it must be an illusion. My husband is a real old cynic and I thought, "I am not going to say anything yet, not until I know this is for real". Two weeks later I did tell him. I said, "You will not believe this but I am normal again". He said, "I know. You have been normal for two weeks now".

In fact I stayed on that dose for quite a while while my thyroid stabilised and then, again under Dr Skinner's supervision, incrementally I began dropping down.

Q The dose was reduced?
A Yes. I found that I cruised very nicely between 150-175µg. I am now, you know at this particular moment in time, very happy and extremely well on 150.

Q How often would you see Dr Skinner?
A Quite a lot at the beginning. I cannot remember. You have to remember that was the amnesic phase. I have got notes at home but I do not remember all the exact dates.

Q The dates do not interest me particularly, it is the frequency with which you say.

Was it every couple of months or…

A I cannot remember. I think it was about every three. When I was better (like now) it is every six. He has even offered to cut me loose, but I will not be cut loose because I learnt that when I had that terrible diarrhoea how very fast a once impaired thyroid can deteriorate and drop down. Although now I am just on his list, I will not be cut free and archived.

Q You have been full of praise for your GP?

A Yes. He is fantastic.

Q What communication, as far as you are aware, has there been between Dr Skinner and your GP?

A I mean Dr Skinner always used to write to him and when I went to see my doctor he always used to read them out loud and copy them off on his computer so I had a copy to take home. In actual fact it was quite interesting because after about a year, I suppose, I had to go to him for something, nothing much because I never went to see him any more, and he actually made that comment, "I never see you any more". He said, "I am forced to admit, Sue, you do look very, very well" and I said, "I am very well. I am better".

Q I want to ask you what the consequences for you would be if you were not able to receive prescriptions from Dr Skinner for any period of time?

A It is so awful to contemplate that I cannot begin to tell you because it is not just me it is – you know I have a daughter in his hands as well.

Q I think you, your husband, your son and your daughter have all written to the GMC…

A And my mother and my sisters…

Q ..about your treatment?

A ..and my friends and – yes, because everyone saw this extraordinary transformed person that they had known all their lives reduced to a sort of shambling wreck and then eventually, thank you very much, Dr Skinner, returned to normal. I mean you can see now that I am normal. Well, that is a judgment I like to think...

Q It is a judgment for others to make and I am sure they agree with you…

A I mean, I have to be honest with you that the thing that frightens me the most is that unless Dr Skinner is exonerated and I very, very firmly believe…

Q I am not going to ask you about the case and I am going to stop you from doing so, but the question I want to ask is: if you were not able to receive treatment from him where would that leave you?

A Sick, if I became ill again. Very sick. Very sick. Very unsupported. Not knowing where to turn because I know that other endocrinologists go entirely on the reference scale and that is an exam that I cannot pass so I have had it. It fills me with dread, if I am honest.

I would say this, that a fellow patient said to me not very long ago – and I really do not think this should ever forgotten – she just said, "Dr Skinner is a healer, not a harmer" and that is exactly how I feel because Dr Skinner gave me back my life.

MR JENKINS: I will stop asking you questions but you might be asked some by others.

THE CHAIRMAN: Mr Kark.

Cross-examined by MR KARK

Q Mrs Conway, are you now seeing Dr Skinner every six months?
A No, because I am now considered to be completely better and stable so I have open access. I have refused to be archived, if you like, and become an ex-patient because having seen how quickly you can deteriorate I wish to have that access by my GP to Dr Skinner, if I need it.

Q I understand that but where are you getting your prescriptions from?
A From my GP.

Q So you are now on 150?
A Yes.

Q Your GP is giving you that. Is he regularly testing your blood?
A No.

Q How often does he test your blood?
A He does not need to because he goes by Dr Skinner's validation, if you like.

Q How does Dr Skinner know…
A But I mean you do not have your blood tested all the time as a thyroid patient once you are stable. It is only if you start being ill again that they would test it. I mean if I suddenly shot down the plug my GP would immediately send me off for tests and in fact he does test me periodically; he will look at the notes and say, "When did we last do a thyroid test?"

Q That is what I am asking you about?
A Yes. Periodically he does, but I could not give you an actual time.

Q Is it once a year, once every two years? Can you give us an idea?
A Honestly I could not tell you. Probably about once a year and more likely if I am going for a check up.

Q Do you know on the last test where your TSH level was?
A No. I have been to be honest with you that because I was in this bizarre situation that I was very, very ill and yet I was being told all the time that my blood test was normal, I have never really considered that the blood test, in all its intricacies, applied to me so I have never involved myself in it. I could not tell you the answer to your question.

Q I understand, but your GP on occasion is doing blood tests, presumably they mean something to him?
A Yes.

MR KARK: Thank you very much.

MR JENKINS: No re-examination.

THE CHAIRMAN: No Panel questions. Thank you very much, Mrs Conway.

(*The witness withdrew*)

MR JENKINS: I will now call Luke Jenkins, please.

LUKE SAMUEL JENKINS, sworn
Examined by MR JENKINS

Q I wonder if you could give us your full name, please?
A Luke Samuel Jenkins.

Q I think you are 19?
A That is correct.

Q You are a patient of Dr Skinner?
A Yes.

Q How long ago did you become a patient of his?
A When I was 15. Four years ago.

Q You are here with your mother?
A Indeed.

Q I think she has helped you to set out your medical history from when you were very young?
A Yes. Right from when I was born.

Q Tell us briefly about your medical history. I think you would say as a child that you were always ill?
A Yes. I suffered severe colic when I was a baby and had a serious dose of chicken pox at the age of three months. From that point I suffered many years of ear, nose and throat problems. I was permanently congested and unable to sleep and I was regularly woke by coughing and choking until I vomited. Many times I could only sleep if I was sitting in an upright position.

Q Many times you could only sleep sitting upright?
A Sitting upright, yes.

Q Why was that?
A Just as soon as I lay down I would feel the choking and I would start coughing and then that would bring on...

Q What sort of age were you then?
A This started when I was young and I carried on until, I do not know how old

A

I was, probably early teens I would still suffer from that some times.

Q Did you have rashes and high temperatures?
A Yes. As with Mrs Conway my temperatures were all over the shop. Regularly high temperatures and sometimes very cold. Rashes were cropping up on my legs all the time, complete unexplained, and they would disappear.

B

Q Were you being taken to the doctor?
A Yes. I was regularly seeing GPs with ear, nose and throat problems and rashes and raising…

Q I think you were in hospital at one stage and you underwent emergency surgery for a suspected obstruction of the bowel?
C A Yes. I was rushed in when I was, I think getting on for the age of four, and it was a suspected obstruction. I was opened up and they found nothing.

Q Found nothing?
A Nothing, yes.

Q I think you were seeing paediatricians on a regular basis?
D A Yes. That is correct. I saw paediatricians every three or four months up until early teens. Do you want me to go into some detail?

Q I was going to ask you did you have constipation?
A Yes. It was a symptom that actually was not apparent but the paediatrician diagnosed severe constipation and I was on a high dose of laxatives.

E Q As a boy of five or six?
A Yes. Very high doses for many years.

Q I think you had someone suggest that you may have arthritis at the age of ten?
A That is correct. I woke up one morning with a completely unexplained swollen ankle, very painful, went to A&E and there was talk of it being possibly arthritis or the early stages of arthritis.

F

Q I think you had knee problems, which caused you a lot of pain and you were put into plaster just to mobilise the knee?
A Yes. I supposedly diagnosed with Osgood-Schlatters. I was in agonising pain and I was on crutches and, as you say, in plaster at one point to immobilise it.

G

Q Tell us about your eating and sleeping?
A My appetite was tiny compared to my peers. I was not eating huge amounts. My sleeping was appalling; I would not get to sleep until the early hours of the morning, maybe three or four o'clock, but would sleep in very late the next morning or be very hard to wake up.

H

Q Would you have breakfast?
A No. In the mornings I was completely uninter4ested in food. Until sort of midday I would not feel well enough to eat.

Q I think you played a lot of sports at school?
A I was in teams for rugby, swimming, football, cricket, hockey and water polo and enjoyed every minute of it.

Q But you were suffering poor health which affected your ability to play sport?
A Yes. By the end of my prep school time I had to have a leg in plaster during the rugby season, which meant I could not play sport at all and that wrote out the last year of prep school sport-wise.

Q Did you miss school at all?
A I was off school every few months for a week or two at a time with various ills.

Q The ones you have mentioned to us?
A The ones I have mentioned and also I was getting every bug in the book. I was getting flus and colds all over the place.

Q I think you went to Winchester College?
A Yes. That is correct.

Q How did you get on in the first year?
A My health just went downhill very quickly once I was there. I was doing lots of sport still, when I was at school and felt well enough to (I was rowing and what not in addition to the regular sports) but then I started getting these debilitating migraines and I stopped growing, but started to fill out and became very chubby.

Q You have got a photograph of yourself?
A Yes.

Q It is the middle photograph, I think. What sort of age were you in that photograph?
A In the middle one I am about 14/15.

Q How old were you in your first year at Winchester College?
A I would have been 13.

Q This is a year or so (the middle photo). All three photographs are of you, I think?
A Yes. When I was about four/five, 14 and then 17, I think.

THE CHAIRMAN: D23, Mr Jenkins.

MR JENKINS: In the left-hand photograph you are four or five?
A About four or five.

Q You told us about 14 in the middle one and the other is you at 17?
A Yes.

Q The middle photograph sees you as rather chubby round the face?
A Yes. The chubbiness was literally limited to the face and eyes and onto the

stomach; I had a distended stomach. I used to be bullied and they used to say I was pregnant because it was so prominent. But I was not fat; it was literally just the face and…

Q Were you still seeing doctors regularly?
A Yes. I was still seeing a paediatrician at this point, I think.

Q What was the view of the paediatrician?
A The paediatrician assumed I was eating too much, as I think most people did despite all my symptoms, they were saying, "You have to keep going to school", even though I was off with these debilitating migraines and permanent nausea – it started to develop into permanent nausea.

Q Did you miss school then?
A Yes. I missed probably the second half of the year almost permanently and then did not go to school again for two and a half years. It was on and off after that.

Q You really did not go to school for about two and a half years?
A I missed about two and half years of school, yes. Basically I "crashed", which is a good way of putting it; I had a rowing regatta, got very cold and went home and I could not wake up for about three weeks, more or less. I would just get out of bed to go to the toilet and maybe eat a little bit and then straight back to bed again. After that three and a half weeks my Mum I managed to get me out of bed, but just to go to the sitting room and pretty much sleep on the sofa; that is what I did for months – just get up in the morning and go to sleep on the sofa.

Q It may be implicit in what you have said, but what were your energy level?
A Non-existent. I mean I would be on hands and knees trying to get upstairs because my bedroom is downstairs.

Q This is you aged?
A This is probably 14ish, yes, which is not right for a 14 year old to be unable to do anything.

Q If you missed huge amounts of school, was there an impact on your school work?
A Massively. Not attending school I ended up having to drop a year when I was eventually well enough. I did not attend school, I could not even read during all this time and my memory was pretty much non-existent and what I could listen to or take in did not stay.

Q Were you still seeing the doctors?
A Yes. Seeing endless doctors, going back and forth to the GP, if I could, and sometimes she would come out and see me. As was said to my Mum on many occasions, "Just get him back to school however". I could not wake up and they would say, "Use anything you can to wake him up" and the focus was getting me back to school. They were not interested in the fact I had blinding migraines, nausea, extreme fatigue and stomach pains.

Q What treatment were you getting other than the advice to go back to school?

A They tried migraine tablets, they tried Gaviscon and what not for the sickness and when this really did not work they decided to, as my GP called it, she said, "Let us call this 'ME'" and sent me off to a psychologist. The psychologist, on arriving, actually said, "You obviously do no have ME because you have made it up the stairs". So she instantly decided that because I am dyslexic that would be the problem that was causing me to be anxious and what not.

B Q Dyslexia was the cause of your physical…
A Apparently so. Apparently my being dyslexic made me anxious and my being anxious, the body sub-consciously told me not to get out of bed and to feel ill and so the focus was to overcome this anxiety and get me well again.

Q Did your mother accept that as a valid diagnosis?
C A Not at all. They tried anti-depressants because it went along with the idea that I was anxious and what not. Interestingly, my tutor from Winchester College, in the little time I had been there, had said my dyslexia did not seem a problem to him and he was actually quite happy for me to be in a normal English class rather than the special needs English class.

I was being treated as a school phobic, which Mum did not accept because I was always
D very happy at school so she persisted in her own research looking into what my symptoms might indicate.

Q Could you stay at school?
A No.

Q Did you stay there?
E A No, not at all. I could make the odd day but it would end me back up in bed for weeks. Yes. When I saw the psychologist she convinced me that because of the school phobia I had to change schools, which I did and still could not attend.

Q You were getting anti-depressants from the GP?
A I assume my GP was prescribing them but I do not have a massively clear memory of that.

F Q Remind us who you had seen?
A I had seen paediatricians.

Q Psychiatrists? Psychologists?
G A I think – did I see the endocrinologist at this point or was that later?

Q Did you see an endocrinologist at some point?
A Yes.

Q What did you get from them?
A From the endocrinologist – I think that was a later. I think that might have been
H after I saw Dr Skinner. After I first saw Dr Skinner was when my GP then referred me to an endocrinologist.

Q How did you see Dr Skinner? Were you referred to see him by your GP?
A Yes. My Mum found out about him through her research and my GP was actually on maternity leave but the stand-in referred me.

Q Did you see him in Birmingham?
A Yes.

Q Did he prescribe for you?
A Yes, he did. I had a consultation that lasted possibly two hours, it was a very long, consultation…

Q This was when you were 15 or so?
A 15, yes.

Q Did anything change for you once you started to receive treatment from Dr Skinner?
A It was very slow progress. It was the same as Sue where you gradually increase the dose and there were noticeable changes. It was more a case of suddenly realising that actually I did not have quite so many headaches, I was not feeling quite so sick, I had a little bit more energy but it was not rapid-rapid improvement. Eventually he introduced her tertroxine as well as the thyroxine.

Q That is the T3 preparation?
A Yes. Not straight away, but very quickly, I got a lot more energy and the symptoms very quickly disappeared and I was able to start school again – not full-time but it was half-days. After a lot of fiddling around for the dosage and upping it gradually I was back to sports again as well as full-time school.

Q You are just about to go to University in Manchester?
A Yes. To study architecture here in Manchester so this is going to be home fairly soon.

Q Can I ask about your concentration. You have told us how it was before?
A Yes. It is back to normal. I did my GCSEs, I did my A levels. I had to go down a year, which is why I did my GCSEs at 17 – that is the photograph there just after GCSEs. I did surprisingly well, bearing in mind I had missed the two and an half years at school. I got my A levels and now I am about to architecture at Manchester so back to a normal life.

Q Do you still see Dr Skinner?
A Yes.

Q How often do you see him?
A I reckon about every six months, usually just check ups to make sure that everything is going smoothly.

Q Does he prescribe for you?
A Yes, he does. My GP has to accept that I have a thyroid problem and despite referring me to an endocrinologist who actually said he would be prepared to prescribe for

me, but it was on the same private basis so there was no gain from getting a prescription from him as opposed to Dr Skinner.

Q I do not know that it is a fair question to ask of you, but what would your life be like if you had not met Dr Skinner?
A I dread to think. I was obviously very distraught, upset and depressed, I would say, with the symptoms being a teenager who was unable to do anything. I was...

Q Did you have friends that you saw regularly?
A Not really, no, because as I ended up at this new school I really did not have time to make strong enough friends. Yes, I was very alone. I mean actually it sounds silly but my rabbits kept me going – and I got pet rabbits who became the only thing to keep me…

MR JENKINS: Thank you. Would you wait there, please. You may be asked a few questions.

THE CHAIRMAN: Mr Kark.

Cross-examined by MR KARK

Q When you see Dr Skinner now does he ever do blood tests?
A Yes. He often requests regular blood tests. My GP some times does them off her own back…

Q Sorry, your GP or Dr Skinner?
A My GP sometimes requests them or Dr Skinner. But, yes, I have regular blood tests.

MR JENKINS: I have no re-examination but there may be some other questions.

THE CHAIRMAN: Any Panel questions? (*Pause*) No. Thank you very much, Luke. That was very good evidence.

(*The witness withdrew*)

MR JENKINS: I am going to call Donna Roach, please.

DONNA MICHELLE ROACH, sworn
Examined by MR JENKINS

Q Is your full name Donna Michelle Roach?
A Yes.

Q I think you have a twin sister who sits behind you?
A Yes, I do. Identical.

Q I think both of you are patients of Dr Skinner?
A Yes.

Q I think you both suffered from hypothyroidism as children?
A Yes. That is correct.

Q I think you have written a book about it?
A Yes. In fact I could…

Q You have copies of the book, which have photographs of you and your sister as children. (*Same handed*) Madam, I am not inviting you to read the book…
A I know that, of course, time is limited now but I think that you would find the book of interest in your spare time. I think it would be interesting for you to refer to page 28.

THE CHAIRMAN: Mr Jenkins, this will be D24.

MR JENKINS: Thank you.

THE WITNESS: If you look at page 28 you can see me at about aged one, along with my identical twin sister. Again photograph two at aged one. Then aged two and aged three. As you can see we are identical and we are making parallel progress. But if you turn to page 30 you can see on page 31, photograph six, you can see that my growth has started to slow down compared to my sister's.

Q Are you the one on the right?
A I am the one on the right, yes. The thing about this is that, the thing that is quite concerning, is that I have started to slow down in my growth but if I had not been a twin it would have been less obvious; it might have taken a longer time to be so apparent because you would not have had my sister to compare me to.

Q Is it you on the right on the photograph below, number seven?
A Photograph seven. That is me on the right. As you can see, my growth has slowed down. I was told to go on a diet. I was told to go on a strict diet, and also to have iron supplements, but that did not make any difference. I was back and forth, back and forth, back and forth to the doctors with my parents but obviously they had difficulty in diagnosing what was wrong with me. Even though I was back and forth numerous times and even though I had stunted growth (as you can see) I had puffiness, a very swollen face and a very puffy stomach and also great difficulty with school work so that I was put into a different class because I was having such difficulty with school work.

Q Was that concentration or what?
A Yes. I found difficulty concentrating. Also feeling breathless. No energy – no energy to play or anything like that. I used to sit on the wall – if it was play time I would just sit there. My shoes used to stay wonderfully shiny and they never got scuffed because I had no energy at all to play. Also, well basically I was just quite seriously ill but, of course, it was difficult – despite going back and forth numerous times, it was difficult for doctors to diagnose me. Eventually I did get referred to a paediatrician who was absolutely – as soon as he saw me he knew what was wrong with me.

Q What sort of age were you then?
A I had had the problems from about the age of five and I was diagnosed with

hypothyroidism aged seven. As soon as the paediatrician saw me he knew what was wrong with me from looking at me. That was excellent then because he examined me thoroughly, I had to have all sorts of different things looked at; x-rays and examinations.

Q How was your sister doing?
A At that time my sister was fine but, of course, as you can see from the photograph it is undisputable that I have got hypothyroidism; you can see the devastating effects on photograph seven. The failure of the thyroid is quite devastating. Of course I was treated with thyroxine and if you turn to page 32 you can see – it was just so wonderful; I was improved, my health was improving…

Q Is that you on the right?
A That is me on the right. You can see I am growing.

Q Catching up?
A It was just absolutely wonderful to be able to do my school work, catch up with, go back and do higher class and catch up with, well, play and be able to run around and just to do the normal things all the other children were doing. I was just really, really – I will always be thankful to that paediatrician for diagnosing me because I have got to admit that despite my parents taking be back and forth absolutely to the doctors, they just had great difficulty diagnosing me. Of course, the diet and the iron tablets did not help so it was quite difficult. As you can see, you can see the effect of replacing the hormone that my thyroid was no longer producing. It is quite incredible to be able to grow again.

My sister then, when she was about aged ten, she started developing the symptoms; the breathlessness, the lack of energy, looking pale and puffy. As you can see in photograph nine, you can see her face getting more puffy.

Q She is again on the left?
A She is on the left, yes. Again she was fortunate then to be able to see the same paediatrician and be diagnosed. As you can see, page 33 photograph ten, you can see how even at age 14 how more alike we have become.

Q Over the page again?
A Then at 22, very similar. We both have exactly the same degree, we both had a 2:1, we had the same results. It was not a case that I was falling behind any more with my work so we were able to catch up and just progress normally through school, college, university and do normal things. In fact, that is a photograph of us at the top of a mountain so you can see that.

Q You are telling us you climbed up?
A Yes.

Q Tell us how you came to be treated by Dr Skinner?
A Well, this is such a long story. My sister and I kept a diary and we have actually written a book so, of course, it would be useful for you to read the book to get an idea of just how difficult doctors find to manage this condition even though a lot of research has been done. There is a great difficulty, from personal experience. The GPs and endocrinologists have great difficulty in managing this condition. My sister and I had

very difficult times. What happened was that we were on the right treatment for our well-being and health but doctors became concerned about our TSH level because it was a bit out of the reference interval and they were concerned about over-treatment. I had taken 200µg since childhood, of thyroxine daily. When I was in my early thirties, after a blood test, they were very concerned that my TSH was below the reference interval and they lowered my dose to 125. That was in 1999.

Q What was the effect on you?
A Even though it was only 25µg it had a terrible effect on me.

Q In what way?
A I had difficulty walking as far. I felt breathless. I felt – I just was feeling the symptoms of hypothyroidism were returning, starting to return, so I explained to my GP and she said I could go back to 200 and I gradually felt my health returning and the symptoms improving. Of course, a bit later my sister and I, following blood tests, were both told that we both needed to have our blood tests below the reference interval for optimal treatment levels and so instead of going on 200, our treatment was taken down to 100.

Q Who did that: was that the GP or another doctor?
A We saw lots of NHS doctors, loads of doctors, and it was taken down to 100. We kept a diary, we kept records of how we were because we wanted to make sure that even if this was the right treatment level, supposedly, but we did not have any decreasing well-being. But it was not good; it was an absolutely devastating effect on our health. Absolutely devastating.

Q For both of you?
A Yes. Very rapidly. After a week just a very rapid decline in health. I can describe it...

Q Tell us about your levels of energy?
A Basically get up in the morning, have to struggle to get up, then I have to lie down on the settee again. Basically, spend all day – I was working, I could not work, I had to stop working.

Q We know from the front of the book that you and your sister both have a science degree?
A Yes. Then , basically, I could not think straight. It was as if my mind was not functioning. I lost my functionality. I was puffy again. I was breathless. If I walked across the room I became – I mean all these symptoms came on bit by bit gradually but it was still relatively rapidly that I got to that stage whereby I just could not work, I could not function. I had difficulty using my hands. I carpal tunnel syndrome because of the puffiness and, at certain times, I had to be spoon-fed because I had such difficulty using my hands. I had to be spoon-fed, which was quite difficult, really, to have someone spoon-feed you. I had terrible, agonising headaches. Terrible pains throughout my body. I kept the diary at the time I remember one of the things - I just about managed to write a sentence in the diary and that was painful and a struggle. The one thing I made sure I did each day was write my diary. That was the one thing I sort of focused on doing.

Q Were the doctors aware of this?
A I was going back and forth to all the doctors. I was explaining my situation. They were telling me that it was okay because my blood tests were normal, they were coming out more normal. They were getting more and more normal but I was getting…
I remember writing my diary that I felt as if I was under attack from inside. I had agonising headaches. I had pains throughout my body, agonising pains.

Q You told us that you could not work?
A I could not work. Walking up stairs, something on my hands and knees, difficulty… I felt like I was doing well to not – I prided in myself that I would get out of bed but then I would just be lying on the settee. It was one last sense of pride that I would actually say, "I have got up today", even if I could not do anything else.

Q What about your sister?
A My sister was in exactly the same pitiful, absolutely debilitating condition. But again, every time we had a blood test our blood tests were getting better all the time, according to the GPs, so they were happy with the figures on the paper. Unfortunately, this was quite debilitating; it completely wiped away all my functionality and I had been relatively active so it was quite desperate really to know that – I had been onto 100, but it felt well but my blood tests were a little bit off, they were a little bit below the reference...

Q Without prying, were there consequences for your personal life as well as your work?
A Well, yes. The debilitating effect on my health was followed by me having to leave my job and eventually my marriage disintegrated and I had to leave the home that I had lived in as well. Of course I felt like I was in a very big, downward spiral and all for the sake of one little tablet that I had been taking. The doctors were so concerned about treating us at the reference interval that there was nothing that they would do.

Q Take us to Dr Skinner?
A This is a little bit – sorry to take your time, but it is a bit of a long story so I will just briefly summarise. As well as having difficulty using my hands I also had terrible balance problems and nausea. Have any of you ever been on a ship and felt seasick? Well, imagine feeling like that for a few years. Constantly feeling like that for a few years; that is how it was. It was like being trapped on a ship and everyone… I would walk around and I would walk as if I was on ship sometimes, I would fall over on numerous occasions. If I had to go out I would have to hold on to someone or I would just fall flat on the floor. If I was in the house I would have to hold onto furniture to get around the house because I would fall over otherwise.

But again, I had so many blood tests but they were getting better and better and I felt as if my life was fading away. What happened then was family and friends urged me to go and see a doctor again (the GP again, my GP) and I was so despondent, I had seen so many doctors, I had had so many blood tests, I was so despondent to go again. It was just devastating as each time I saw one they said, "Well there is nothing we can do and look at your blood test results – you are right, you are coming into the normal range".

Q Did you go to…
A I went and I begged. I said, "I said, I do not know what is happening", but

I explained everything, how ill I was, and I begged for another blood test and I just...

Q Did you get one?
A I had another blood test. My GP phoned me up and they said, "Your blood test is showing really abnormal. You can have more treatment. You can have your treatment slightly increased now because of your blood test". It was a difficult situation because it was, when I was saying it, it was as if I was not being believed, but as soon as a blood test came out like that, it shot up way above normal, all of a sudden it was, "You can take a little bit more", and they let me go up to 150 thyroxine.

Q Did that alleviate your symptoms?
A No, it did not. I described it in my book, the slight, changes, but no it was just and ongoing nightmare. What happened was that when I had further blood tests then, they said, "Oh, 150, that is" – they were happy for me to go to 150, but then once I had reached that again the blood tests were ruling everything and, no, I was not allowed to have any increase.

Q How long ago was that?
A It was quite a big time back. About 2002, I believe. This was a very, very difficult situation whereby I have got a big file of paperwork from doctors and all sorts of people like doctors I saw, but even though I was still feeling it, it was minor difference, but I just had on going totally debilitating symptoms.

Q How long did it stay like that from 2002?
A I think it was – it is all in the book so…

Q Tell us the next thing that happened?
A Basically the crux of it was it that – it might have been about a year, it is all in the book so you can check the details – because my blood tests were now saying 150, the TSH was appearing, that is all I could have and my life was totally, totally just spiralling downwards into a complete downward spiral, but on paper no problem at all. It was loss of job, life totally spiralling and, to be honest, feeling as if I was fading away with all these symptoms I have described.

Q Tell us what you were on now?
A Well I am now – I have great difficulty, but I am now on armour thyroid…

Q Who put you on armour thyroid?
A After all these difficulties I found out about Dr Skinner. My GP referred me and Dr Skinner was absolutely outstanding. It was the most detailed clinical history any doctor has ever taken. The most detailed scrutiny of my blood test results. The most detailed, thorough, clinical examination. It was absolutely outstanding, I have got to say.

Q Had your sister already seen him, did you..
A We saw him on consecutive appointments. It was absolutely excellent. Absolutely outstanding. Again, I will not go into detail because you can all read the book and look at it for yourself, but it was absolutely, excellent, outstanding treatment. All of your GMC guidelines, every single thing that you talk about that doctors should be; Dr Skinner far exceeded every single expectation that you could have of any doctor. He

was absolutely outstanding.

Q What were you on when saw him? Were…
A I was on 150 thyroxine. I mean Dr Skinner gradually changed my treatment, for me, as an individual, very gradually, very carefully with very regular monitoring. I was looked at very regularly. I kept a daily diary and I have got lots of documentation…

Q You told us about the book..
A ..and *this,* the book, as well. Gradually, with each change, my health was gradually coming back. My life was gradually returning. I felt just so joyful to feel your health coming back like that. So joyful to be able to walk across the room without falling over. I felt joyful. I felt absolutely ecstatic when I could walk across a room, when I no longer felt nausea like I was trapped on a ship. When I could use my hands again, it was an absolutely incredible feeling to be able to use my hands again. It is all thanks to Dr Skinner. My treatment was very gradually changed, very gradually improved. I saw him regularly. Everything was monitored and every little tiny change made a wonderful difference to my life and health.

Q Tell us about your energy levels?
A I had no energy. I had to lie down all day and sleep throughout the day, sleep throughout the night. Sleeping throughout the day did not mean that I did not sleep throughout the night as well. My ex-husband would come home from work and some times at about six o'clock I would be saying, "I am sorry, I have got to go to bed now". I would be struggling and have to go to bed because I did not have the energy to even watch a television programme; that was too much energy for me to watch a television programme.

Q What about when you got treatment from Dr Skinner, what happened to your energy levels?
A My energy levels have come back to normal. It is just so amazing to be able to come up to Manchester without having a load of people to help me, or without having to feel like I was going to be sick and be sick into a handkerchief or retching. I would say that I have got normal energy levels now, normal well-being, normal health and it is just absolutely amazing to – I really, really appreciate my health after having a few years when I was so ill.

Q Are you getting armour thyroid prescribed to you on the NHS now?
A Yes. My GP is pleased with the progress I have made after seeing Dr Skinner. I am so grateful and thankful for the way my health and well-being has returned that I cannot actually put it into words to describe to you. I am sure you can all imagine that if you were feeling normal, then feeling that ill and then feeling okay again how grateful you will be and how horrified you would be at the thought of anyone trying to take that away from you, basically. Now, my GPs have been helpful. I went to see Professor Scanlon…

Q I think he is at the University Hospital Wales in Cardiff?
A Yes. So I saw him. He discussed my situation with Professor Lazarus.

Q John Lazarus. We have seen his name in the documents?

A Professor John Lazarus and Professor Scanlon were helpful with the correspondence because they discussed our case and they sent a letter to – Professor Scanlon, after discussing my case with Professor Lazarus, sent a letter to my GP and my GP provides us with amour thyroid prescriptions under the NHS.

Q You get NHS prescriptions for armour thyroid?
A Yes.

Q That is after Professor Lazarus and Professor Scanlon, at the University…
A Yes. Discussed the matter. I have got copies of all the letters *her* so everyone is welcome to have a look.

Q I do not know that we need to see the letters because you have told us what they say. There was a letter to the GP, encouraging the GP…
A I will read from it...

Q I do not know if it is necessary…
A "As indicated in our recent phone conversation, I have now discussed the situation with our thyroidologist Professor John Lazarus". The letter is helpful as he notes the "profound disability which she seems to experience with even a small degrees of under-treatment".

Q He is encouraging the GP to prescribe armour thyroid in that letter?
A Yes. My GP now prescribes it. Even though I saw Dr Skinner regularly, as I was making a recovery, now, of course, I am under the care of my GP because they do not need to see me actually because, yes, I am so well now.

Q What about your sister?
A Again, as you can see from my sister, it is just a total transformation in her health; she is the picture of health now. We both get amour thyroid from the GP. Professor Scanlon and Professor Lazarus have been helpful, our GP is helpful, everyone has consensus of opinion that we need this armour thyroid treatment.

Q So the treatment that Dr Skinner put you on originally, it is now given to you by your GP?
A Yes.

Q After two professors locally have ordered it?
A In Cardiff, so relatively locally. Yes.

Q I think you come from near Cardiff?
A From Neath, but it is not that far to travel.

MR JENKINS: Thank you. Will you wait there.

MR KARK: No questions, thank you.

<u>Questioned by THE PANEL</u>

DR ELLIOT: Ms Roach, you have described your symptoms of ill health very eloquently. What I wanted to ask you about was the reasons for your thyroid treatment, your thyroid dosage being decreased in the first instance and you becoming ill afterwards. I think in your book (I have been having a quick scan through your book and it is very interesting) on page 35 you have said that the dose was reduced because of concerns regarding osteopenia?

A Yes.

Q On a bone scan?

A They were concerned about potential other effects and I have put in all scans...

Q I understand that, but I want to ask you something not about the results of the scans or anything, but you are aware that there is this possible long-term effect of osteoporosis?

A I think that if you actually read the full book, I know that you have just sort of flicked through and picked out a couple of things at random, but I think you would find it very interesting with regards to – without going into too much detail now because you do need to read the full book and have the full information – during my ill health when my dose was reduced/decreased/amended I did actually (and my sister as well) we did actually take urine samples and we did actually look at bone breakdown products in our urine to try and get an idea from that. This was quite expensive because it did cost £55 a time so ideally we would taken more samples, but we were restricted cost-wise from taking too many. I think if you look at that page, I will find it now…

Q Is it on page 81?

A If you look at page 81 you will actually find that when we were on the armour thyroid, amazingly, the urine breakdown product result in our urine was actually normal. So there was a very big factor that when I was on the treatment that the GP has put me on, out of concern for my health, I was not able to exercise or function. If I moved or if I did any sort of physical exertion I had terrible chest pains so walking, or any sort of exercise was out of question. Whereas now, on this treatment, I am able to exercise which, after seeing someone who was an expert in bone health, she said it was essential to be able to exercise. On the treatment that was supposedly less concerned, I was not able to exercise and now I am. Also if you look at the NTx scans you can see that there was not an improve – when I was on a certain treatment my NTx showed a certain thing and when the doctors had spent all this time putting me on the 100 thyroxine and the lower level in line with the TSH test, my NTx scan did not improve during that time because they had thought that perhaps that would improve. There is all sorts of conflicting research in this area with regards to the risks but I can honestly say that I am happy to be on a treatment at which I will be well and at which I can exercise and the last bone breakdown test that I had was within the normal range on armour thyroid.

Q I did not really want to ask you about all that because it is very complicated scientifically. What I wanted to ask you was this question and it may be that it is a leading question; but sometimes a treatment, which is essential for health, has inevitable side effects or potential inevitable side effects and the risks of side effects have to be weighed up against the benefits and that is something that very often the patient has to do, that they take something. For example (this is a very simple example) Aspirin is good in preventing a number of conditions of the circulation, but it can also cause stomach ulcers

and people can weigh up whether they think that the benefits in one direction are outweighed by the potential problems, which maybe in the other. Have you weighed up, however flawed the evidence may be, that thyroxine can produce long-term problems with bones? Have you, in your own mind, weighed up the sort of risk/benefit combination?
A Yes. If you look at our book you can see that we have tried to look at the full picture throughout, we have tried to look at the treatment, we have tried to look – we have described all the changes in the treatment and our recovery and we have tried to look at the bone breakdown-side. As I said, you can see that the last result was in the normal range. We were trying to look at the whole picture when we were describing our experiences because, of course, if you are on a treatment you want to feel like the whole of you has been taken into account, not like, "Well, this tiny bit of your blood is looking okay, but the rest of you, never mind that", or, "Look at this little bit of your bone". When we described our experiences we did not want – because it is about us and our life we did want to look fully at our well-being, which is completely described, and on armour thyroid our well-being is absolutely transformed. Also we did want to look at the bone side of it. As you can see, the last bone breakdown result was in the normal range.

You would have to read the full book because we have tried to look at everything and balance the whole picture. Of course, as you know, my thyroid, if it was functioning properly, it would be producing thyroxine, tri-iodothyronine, T2, T1. The thyroid also produces calcetonin, which is involved in calcium metabolism. Basically, if you think about it, it is not like you are taking an alien drug; all doctors have been doing is replacing the hormone that my body does not produce. It is just a matter that my thyroid does not work and doctors have been replacing those hormones that are missing and not being produced. It is a different situation to perhaps a drug treatment; it is actually replacing something that is lacking. By having armour thyroid, it is a full spectrum replacement of the thyroid hormones. I actually can feel the difference with the fuller spectrum replacement.

THE CHAIRMAN: Any other questions. Could I ask one question. What dosage of armour thyroid are you on now?
A I am on four grains of armour thyroid daily.

Q The other question, talking about side effects, atrial fibrillation: have you considered that? I have not seen any signs of that in your book, any effects on the heart?
A I have to say that when my dose was reduced from 200 to 100, I did have terrible chest pains and I did consult my GP about this. When my dose was increased from 100 to 150 I did have chest pains, but all these symptoms have improved and just completely disappeared on the appropriate level of amour thyroid, which has been a – my thyroid treatment has been very gradually and carefully adjusted for me, as an individual, and carefully monitored. All these terrible chest pains I had on 100 and on 150 thyroxine have all just disappeared away on all the treatments that Dr Skinner has provided me with.

I am so grateful because, to be honest, if it was not for Dr Skinner I do not think I would be sitting here right now. I do not know if I would be around if it was not for Dr Skinner's outstanding care and absolutely, brilliant, thorough, meticulous treatment. I hope you all take account fully of everything I have said and read the book because it gives more detail. I can also hand out *this* paperwork to you. I did send 17 copies of this paperwork to you, including 17 books. Did any of you receive it?

Q No.
A For some reason, I do not know why, but it never seems to get to you but that is okay because you have now got a book and I can provide you with a copy of *this* paperwork to read through, which just gives a little more detail. (*Same handed*)

THE CHAIRMAN: Thank you very much for giving us your evidence.

MR KARK: I am sorry, there is one thing arising out of Dr Elliot's question. May I – sorry, before we go away to read your book…

THE WITNESS: You do not have to read it now. You can read it for bedtime reading, if you want.

THE CHAIRMAN: This will be part of D24 along with the book.

Cross-examined by MR KARK

Q Arising out of Dr Elliot's question: are your TSH levels being checked?
A Yes.

Q Do you know where your TSH level is?
A My well-being is great now, but Professors Scanlon and Lazarus have noted that my TSH is actually undetectable, but they are happy for me to carry on with this treatment because, in my case, there is a lack of consistent correlation between my TSH and blood test results and my clinical symptoms, so much so that to actually follow my blood test results rather than looking at the whole picture and clinical symptoms as well would, I think, actually be life-threatening in my case.

Q Are you getting any bone density checks or not?
A Yes. I saw a bone expert and she said that that could be look at at intervals…

Q The answer is "yes"?
A But she said it… She said that it had all been looked at – I cannot remember the exact detail, but she basically said, "You could just have a test after menopause because petite people might have a lower bone density any way". She was not overly concerned, she said it could be something that I could look at after menopause. She was not overly concerned about that.

THE CHAIRMAN: Many thanks for your evidence. We will now take a break until quarter-to five.

(*The witness withdrew*)

(*The Panel adjourned for a short time*)

MR JENKINS: I am going call Jim Harwood, if I may please.

JIM HARWOOD, sworn
Examined by MR JENKINS

Q Would you tell us your full name, please?
A Yes. I am known as Jim Harwood, but on my medical records I am Patrick James Harwood; my mother changed her mind about my name a few days after birth.

Q I think you are a patient of Dr Skinner's?
A Yes, and a number of other doctors.

Q When you did you become a patient of Dr Skinner?
A September/October 1999.

Q What were your symptoms when you saw him?
A When I saw him I had severe abdominal symptoms, which I had for about six years and I had followed up with gastroenterologist. Up to that time, these were the major symptoms because they involved an awful lot of pain. It was diagnosed as IBS and, indeed, that was a correct diagnosis.

Q Irritable bowel syndrome?
A Yes. Now irritable bowel syndrome has many, many causes, not just hypothyroidism, but that involves getting abdominal bloating, severe pain – in fact a number of women described IBS pain as "similar to childbirth", although I do not think my pain was that great. Also the gut is entirely dead; there is no peristalsis, you never hear it gurgle. When I wanted to go to the toilet I could not sit on the toilet to defecate, it just would not work; I had to stoop down and hold tissue underneath me. I produced "ribbon stools", as gastroenterologists refer to them, that is small stools the size of your little finger because the gut is contracted. They call it a "spasm", but that is not a true description; it is contracted chronically rather than an acute spasm.

Q So you did have irritable bowel syndrome, that was correctly diagnosed?
A Yes. It was, as I found out later, a consequence of my hypothyroidism. Indeed, I am writing a book on functional gastrointestinal diseases, a technical book, and it was part of that research that allowed me to ignore my gut symptoms and then look at the others.

I had very substantial mental impairment. I am a mathematics graduate, I was a truly excellent computer programmer. Most of my colleagues would write a programme to make it work, but for me the thrill was to make it mathematically elegant; it had to have beauty otherwise… To write a programme within target (the IT industry is totally target), but to do that and to make it pretty is quite an achievement and I could do that; I was an acknowledged expert in a team of over 100 programmers. By the time I saw Dr Skinner I was unable to concentrate. My working memory was very severely impaired. I was profoundly tired. I would sleep all night – the sleep was shallow. I believe you need a good thyroid hormone system (and I do say the "system", not the output from the thyroid gland) to get effective sleep because the brain is very active during sleep and it needs to be to recover. It is a bit like once, when I was a student, we tried to play bridge throughout the night, the sort of thing students do, and we packed in about three in the morning and the following day was a Saturday – totally unable to think or anything.

A

Indeed, I remember one time my wife sent me for a newspaper and a loaf of bread to the local shops and I had to write it down, there is no way I could remember that.

Now my working memory is substantially improved, but not perfect. Indeed, to function now, in my private life and at work, I need to use a palm pilot (a PDA). This is a computer device that has a diary function that sets off alarms to remind you. At work
B I use a similar technique on Lotus Notes, which is a diary software product.

Q Who had you been treated by before Dr Skinner?
A I saw my GP. Initially we thought it was a gastrointestinal problem. Although I had lots of other symptoms, pain really sticks in your memory. I saw an excellent gastroenterologist (Dr Ivan Trotman); this is really at my request because I was determined to get to the bottom of it as I have a scientific background in computing and
C mathematics and I do not let problems go unsolved. He did two or three gastroscopies, I had two colonoscopies to try and find the cause. Barium meal x-ray. Enema x-ray. A number of ultrasounds.

Indeed, I did have a diseased gall bladder. It is not politically correct now, but some decades ago, when medical students were taught, they were taught that gallstones belong to the "Five Fs": fat, female, fair, forties and fertile. I was forties and fertile but none of
D the others.

I had an elevated cholesterol of 7.2, which is outside the reference interval, but, of course, a reference interval is not a diagnostic range.

Q We have heard that before. Take back to who you were seeing before you saw Dr Skinner. You were seeing your GP regularly?
E A Yes. I was a "fat-file patient", as they call it. Indeed, I had rarely seen a doctor, I think the last time – there were two times: one when I broke my arm playing football (and unlike footballers today I finished the game); also one time I had severe pain in an ankle and the doctor just looked at me disgusted, no x-rays or anything, I had not been playing football that day and thought it was a bacterial infection and he carried out a therapeutic trial of penicillin, which worked – I never forget that because there was a lot
F of pain and it was so miraculous.

Following on from all of the gastroenterology investigations, I asked to see an endocrinologist based on all my symptoms. If I could go through those symptoms, I have some photographs as well, which you may go through, but if I talk about the symptoms. There was extreme tiredness. Profound tiredness. When I came home, everyday I would
G sleep for an hour at five o'clock. I was profoundly cold. I wore thermal underwear, a vest, long johns, my shirt, a Merino wool sweater (because those are really good) in the office and still my legs felt like ice. Feeling cold is not very specific for hypothyroidism, but that degree of cold really is. My skin was very dry and dry skin, I think, is 95 per cent specific for hypothyroidism. It would crack – I still have the scars *here*, below the thumb red marks where the skin would spontaneously crack. I had carotenea. The body converts carotene into vitamin A. In hypothyroidism that fails, the skin ends up very yellow and,
H of course, it goes dry and I had substantial carotenea.

I had paresthesia; that is pins and needles in the fingers. Indeed, as I take thyroxine now, I

take tertroxine T3 predominantly – that resolves but if I cut my dose it comes back and so does the carotenea and so does the mental impairment.

One thing I want to say on the mental side, is if you look at the patients behind us (apart from Dr Afsham), they are all white, they are predominantly female (but this disease hits females), they are middle class, they are all above average intelligence (I do not want to flatter them too much) and each has a reason on how they got through to this stage. For me it is was because I was a mathematician and at university I was used to spending a whole weekend doing one page of mathematics to solve a problem, so although I had no motivation whatsoever, my logical brain made me persist to find the problem. The people behind me they are even, perhaps, married to a doctor or they may just be plain bloody awkward, or whatever, but each have a reason they are here. You are just seeing a small number of the patients out there – there is no many. The elderly are told that it is pre-senile dementia…

Q Mr Harwood, I am going bring it back to you…
A Sorry, I am drifting off…

Q I appreciate you would like to argue the case?
A Can I continue with some of the signs?

Q Please do?
A I am very prone to digressing, I apologise. I had an enlarged tongue. Now that is a sign of fairly severe hypothyroidism. When I wake up it was sticking out of my mouth and there would be marks along the front of the tongue. When I say I "wake up", that was every five minutes – I would fall asleep during the day and immediately snore and wake myself up and the so cycle goes on all day and night so my sleep was appalling. I never snored in my life, I do not drink which is a major cause of snoring and I am not obese or anything like that.

My weight went up from 67 to 76kg. I had three chins. Peri-orbital swelling. Pimples all over my forehead. My hearing was impaired. I kept asking people to repeat what they said. Of course there are fine hairs in the inner ear that helps us hear and, of course, we lose some hair in hypothyroidism.

My social life was non-existent because even at work – fortunately I worked near a canal and the whole lunch hour I would walk along the canal just to collect my thoughts so I could survive the rest of the day.

My driving really upset me because I liked to drive assertively; "positively", shall we say. I like to be one with the machine. I love wet weather because if you have a balance BMW or Jaguar, which I had, when you go round a bend you can gently slide the rear and be in total balance and it is so comfortable and it is very safe, actually. But I had to drive very defensively; I would respond to events rather than anticipating and looking well ahead when driving. Indeed, I never drove for more than 30 minutes because I knew I could not concentrate and now I do not drive for more than an hour.

Q Can I interrupt? You told us you asked to be referred to an endocrinologist?
A Yes.

Q Did that happen?
A Yes, it did. I saw a Joseph Kassar on a private basis in West Middlesex Hospital. He was a lovely person. He gave me a thorough examination, all the usual things, plus ankle reflexes; they are slow in hypothyroidism and unfortunately I had none, I was so bad. He could see all the signs and symptoms and he was pretty sure it was hypothyroid. The blood test came back, within the reference interval, which is sometimes wrongly said as "normal" or "reference range".

Q Did you get any treatment?
A On that basis he would not treat – he honestly believed that if you are in the reference interval that you cannot be hypothyroid, which is absurd because the incidence of hypothyroidism exceeds the width of the reference interval; the two and a half per cent.

Q When was that, roughly, that you saw this doctor?
A That would have been about two years before I saw Dr Skinner, which would make it perhaps 97. It went on for a year so I think there was a six-month gap between – I was to see Dr Kassar in a year's time and after six months I went to see Dr Skinner. I did ask my doctor if I could see Dr Skinner earlier and he said, "Well, it is best not to ride two horses; give this guy a chance and then we will switch to Dr Skinner".

Q Were you referred to Dr Skinner?
A Yes, I was.

Q By your GP?
A Yes. My GP said, "I do not think you are going to get anywhere but, you know, I am happy to give it a try". Dr Skinner (I had the letter *here*) – I considered a number of doctors, and at this stage I had already been doing medical research for about five years, for IBS, and I saw Dr Skinner's articles (and a number of other thyroid articles). What attracted me to Dr Skinner… My wife is a nurse in a very famous private hospital in central London and she knows some very top consultants and she also knows what she calls "cowboys", and I am rather cynical so I was careful in my selection and Dr Skinner insisted on a reference from the doctor.

Q This was in 1999?
A Yes. Now there is no requirement for a doctor to do that, but he insisted and that is what attracted me. If I read briefly his letter to me, his first letter, it says, "It is important to bring a letter of referral from your family practitioner, names and addresses, telephone numbers and post codes" – they are very keen on post codes – "of your GP and any specialist you may have seen. In addition if you can bring copies of your thyroid or other blood test this will be helpful"; that attracted me. I am not into the blood test dogma, as you perhaps hear later on it is not relevant in my case, but the fact that he wanted all the information I thought, "Well, perhaps he is not a charlatan", as some doctors are, I am afraid.

Q You saw Dr Skinner. How did the consultation go?
A First I had to fill in – it was like an exam paper – three or four pages of ticking boxes describing various symptoms; a whole range that could be related to thyroid or

whatever. Bear in mind, up to this time I had seen a number of consultants – sorry, not consultants; I had seen my doctor and Dr Kassar and things like that diabetes was all ready excluded. He then got me to describe all my symptoms. He did all the usual tests, like blood pressure, pulse (pulse was about 66, slightly lower). I cannot remember all of the other examinations, but it was about half an hour of describing and interrogating me on my symptoms and half an hour of physical examination. He then said he thought I was hypothyroid and proposed to prescribe 25µg of thyroxine and also carry out a blood test. He had the other blood test, but the proposition is that in spite of the blood test I am hypothyroid, so it is absurd to say wait until you do the blood test – this is the whole crux; you will see my photographs and my blood tests were perfectly normal.

MR JENKINS: Let us look at the photographs. We have got some copies. (*Same handed*)

THE CHAIRMAN: D25.

MR JENKINS: Tell us what we are looking at, Mr Harwood?

A If we concentrate on the lower picture, the small picture was taken about 18 months prior to the large one. It was done when I was joining an international team.

Q We see the date of October 2000?

A That is the date I took these photographs, which is around the same time that I saw Dr Skinner, within a day or two. You learn in IT that if you put in a system you must verify that it is actually giving benefit and hypothyroidism hits your intellect, there is even mild paranoia. If I felt better (and, of course, a lot of my symptoms were not only physical but mental) I wanted to be sure that I really was better, that I was not wasting my time. I am very mathematical, very analytical, but I wanted some evidence that I am actually better. I worked for Kodak, so the solution was obvious.

Q The two big photographs were taken…

A They were taken on different cameras. I cannot remember which, but one was take the day before I saw Dr Skinner on 30 September, and one was taken two days after so they are within a week.

Q The small insert photograph was taken 18 months…

A About 12 to 18 months earlier. These are a snapshot in time and I was getting worse all the time, but this is where I was at the time I saw Skinner. If I go through them you can see on the lower photograph the triple chins, as I call it, the three chins. I had a massive weight gain. I have never been able to put on weight. As a student I wanted to put on weight because I was too skinny to get the girls and I used to have breakfast, at midmorning I had a ham sandwich and a hamburger, at lunch time I would have the three course lunch that came with the student residence…

Q I do not know that we need the full student diet but…

A ..and in the evening a similar meal and I could not put on weight, that is the point. You can also see above the eyes the swelling. Indeed, if I rubbed my eyes they would squelch, although it does not happen now.

Above that, particularly on the upper picture, you can see little pinheads of dried mucus. I had a habit of running my fingernails across my forehead and temple just to take out those

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little pinheads of dried mucus. The hair at the side is very wiry and grey, which is typical hypothyroidism. Severe hypothyroidism is called *myexadema*; a Greek word meaning "mucus swelling". Here you can see mucus and peri-orbital swelling.

I would ask at this stage, because it is critical, that if you have infinitesimal doubt that I was hypothyroid that you ask further questions. I think I have gone through a lot of

B

symptoms, but there were a lot more but I do not want to take up your time.

Q Once you were put on treatment what happened?
A There was some very rapid responses. Within two weeks I stopped snoring. One thing I forgot to mention was that, because of my gallbladder problems I had bile reflux. That is the bile that leaks out of the gallbladder into the duodenum but unfortunately it then flows back to the stomach. I think that is due to the lack of peristalsis. Within two

C

weeks of taking a small dose of thyroxine that had disappeared. Now, bile reflux is a risk factor for gastric cancer, so it is serious.

Also, within four weeks my IBS stopped. If you work in systems you learn to stress-test systems. The following April or March, coming up to Easter, the local bread shops does these wonderful hotcross buns and they have always triggered – they were lethal as regards IBS for me. So, of course, being a computer person I stress-tested and ate two or

D

three hotcross buns everyday for a week; no symptoms could be triggered. I was quite happy with that.

Q What about your energy levels?
A They improved a lot. Mainly I was awake. I could function. My brain function was considerably improved; I need not take a note to the doctor or to the bread shop. It was not perfect and, indeed, I am not perfect now but they are vastly improved.

E

Q Concentration?
A That was improved. When I was doing all this research I would go to the British Library and I could read for 20 minutes and then I go for a coffee, or go for a wee wee or I actually put my head down on the desk, which fortunately nobody complained about, so that went up to an hour, if you like. I did improve.

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Q What treatment were you on?
A Initially 25µg of T4 – I use the abbreviations because people have trouble with tri-iodothyronine – then 50. It gradually went up to about 200 and it stabilised there for quite a few months. Eventually, a year or two later, if you like when I finished with the Dr Skinner, we gradually introduced T3 and it finalised at 105µg of T3, 100µg of T4. Given that T3 is four to four and a half times as effective, it equates to between 520 and

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570µg of T4.

Of course, I am outside the reference interval and the logical explanation (and I have followed this up with consultants) is thyroid-hormone resistance. I saw a number of consultants and eventually worked my way up to Professor Chatterjee at Addenbrookes Hospital, Cambridge. He is the head of endocrinology there and Professor of

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Endocrinology at Cambridge University. We did some very extensive investigations where they measure your oxygen consumption on waking up, your heartbeat overnight. The consequence of that suggested that I was about ten per cent over-active. Given the

massive doses I am taking that is not much and I explained that if I cut back that ten per cent I lose function. That is an informed-patient decision between patient and doctor, that I am slightly over-active in order that I can function day-to-day. I would like to mention one thing that I forgot.

Q Do?

A When I was hypothyroid, in order to try and get some exercise we went to learn to swim. Professor Chatterjee, one of the tests they do in investigating hormone resistance is they look at oxygen consumption because the metabolism is slowed down. Our instructor asked us (and we could not swim at the time) to lie face down in the water floating and see how long we could hold our breath. Most students did about 20 seconds. There was one young man, very fit, who did 30 seconds. I did that and I realised I was there a long time and I was moving my hands so they were not concerned that I was dead. I thought, "I am not really out of breath yet but they are going to think I am showing off", so I just lifted myself up. He said, "That is amazing. You did 54 seconds. I have only ever had one person who did longer than that and he had something wrong with his glands". Really, that was one factor that made me think of hypothyroidism.

Q Are you still getting treated by Dr Skinner?

A No.

Q Who is treating you now?

A My GP principally. I had seen a number of endocrinologists and Dr Chatterjee afterwards (he was the last person I saw over a year ago). My GP handles my care, he does the prescribing and that is the objective; the consultant makes you well and then the GP looks after the day-to-day activity.

Q What change did Dr Skinner make to your life?

A Coming back to those photographs, at that time I felt I had five years to live. That is not scientific but there is lots of evidence of patients having a good idea of when their time is coming. Indeed, based on my hormone supplement requirements and the fact that I was progressively getting worse, I feel I was twice as worse a year later, but, of course, I was on medication and getting better. Fundamentally I would be dead and I am sure of that.

In terms of my life, I could no longer continue being a computer programmer because you need great ability to concentrates and a tremendous working memory. You read a 2000-line programme of complex scroll and you have got to understand it and hold it in your memory, so I gave that up. I work part-time now in an office doing ordinary work, which I certainly could not have done – I mean I could hardly move. There has been a consequence of that and I worked it out in financial terms, in that I had to take early retirement. Going through actuarial tables *et cetera* I calculate that had I not been hypothyroid or, indeed, treated in good time I would have earned an extra £210,000. Fortunately, I do not really need that money.

In terms of how I am better now. I play squash and badminton each week. I am rather upset that Ken Livingstone in London has got rid of the routemaster buses because it is against my principles to get on a stationary bus, it is no fun, but when I get off the tube I always run up the stairs. Am I allowed to say something on risk because I think it is

important?

Q You can?
A The main risks of treating hypothyroid patients, or the ones that are put forward, is osteoporosis and atrial fibrillation. I have investigated this in great detail because I take a lot of hormone. As regards osteoporosis the evidence is that patients on high dose – and, of course, they all were until the 1970s…

Q I think there may be an objection. What were you told about the risk and by whom?
A I was told very little and this is why – and by every doctor – Dr Skinner mentioned osteoporosis, which he felt was not that great and there could be a risk to the heart. He does actually monitor the pulse. Although Professor Chatterjee, as part of his fancy machinery, measured my pulse, I had seen, I think, three other endocrinologists and none of them checked my pulse, which is appalling. Have I answered your question now?

Q I think you have. Have other doctors talked to you about risks?
A Yes. I chatted to it with Chatterjee because he is into hormone resistance and, indeed, if I point out that every one of the patients he treats is put outside the reference interval because they are hormone resistant and that is the only way of treating it.

As regards bones, there is slight osteoporosis but there is no increase in factor rate, which really impresses me because the patients who are medicated are up and running (I play squash and badminton), they are engaging in activities that have risk of bone breaking. These patients you have heard of that stay in bed, you are not going to break a bone in bed. So that is impressive.

As regards atrial fibrillation, I specifically asked Dr Chatterjee about that. I asked if I should take a beta blocker to protect the heart because, without going too much into detail, in hormone resistance there are different types of receptors. Each tissue, and particularly the pituitary, has receptor types.

Q What were you told about beta blockers in response to your question?
A The reason I asked was because the heart may be effected by the hormone slightly more than other tissues and I asked if I should take one to mitigate any potential risk that I would encounter in old age. He said, "Well, you can if you like. It is reasonable". From that I concluded that it was not a great risk because he did not say, "Oh yes, you must", but that it was not zero risk because he did say, "No, you do not need to", so I take a very low dose.

Q Dr Skinner had mentioned both those things to you?
A Yes. You must appreciate that most patients who see Dr Skinner are informed patients; we have gone through so many doctors that we have had to read up so you are almost talking as equals.

MR JENKINS: Thank you very much, Mr Harwood.

MR KARK: No questions.

Questioned by THE PANEL

MRS WHITEHILL: Mr Harwood, I missed your dosage of what you were taking. Could you go through that again, please?

A 100µg micrograms of thyroxine (T4 - Levothyroxine) and 105µg of tri-iodothyronine (the generic name is Lyothyronine and that is T3). Now actually that is not precisely true because in warm weather, or in periods of low activity, I reduce that by five or possibly ten micrograms. Every few months I try and reduce my dosage; I want to be on the minimum dosage but normally I get mental problems. In winter I need the 105. Remarkably, actually in summer I can only reduce it slightly, maybe by 5µg.

Q It is just that we were told earlier on in evidence that it was very difficult to divide up T3?

A I wish I had brought the tablet with me. The tablet is 20µg and it is scored along the centre so it is very easy to split it into two. I am actually, at the moment, taking about 103µg and that half a tablet, because it is half-moon shape, you can split that into two to get a five. I am actually, at the moment splitting it into three. That three maybe a four, or whatever, but I do find that tiny changes make a difference. I suspect patients who have primary hypothyroidism (and I evidently do not have that), their thyroid has some residual function so their hypothalamic pituitary thyroid axis is able to make some adjustments so that the supplements they get are, in most case, except in patients without a thyroid, are supplementing their thyroid.

Q Did Dr Skinner help you get to that dose?

A I gradually got to that dose, I think possibly to 100, not 105, but in five per cent of that dose with Skinner, and then I seen a number of experts whilst on that dose and discussed it.

MRS WHITEHILL: Thank you very much.

Re-examined by MR JENKINS

Q When did you last see Dr Skinner for treatment roughly?

A I think about three years ago. I cannot remember the issue now. I have been a bit devious; I wanted to get to Addenbrookes because they have expertise in this area…

Q The dose you are presently on is clearly not prescribed by Dr Skinner, from what you have just told us?

A Yes, it was. I mean initially certainly up to 100µg of T3 was by Dr Skinner and...

Q I understand, but the dose that you are presently being prescribed is prescribed by other doctors?

A Yes. My GP – we did some blood tests and if you take T3 a blood test is useless (and I have written to the biochemists at the lab about this) because my normal blood test for T3 comes out at about nine in a reference interval of 3.6 to 6.5, which is not surprising given what I take. We had one result that came out at 29 and another at 33 and it turns out that I simply went for my blood test too soon after ingesting the tablet. My doctor was concerned with those numbers and he asked me to see the local endocrinologist, which I agreed to because he has been so helpful (he almost interrogates you; he wants to know

what is happening) and after agreeing to that, when I was at home, I thought, "This is an opportunity to get the NHS to investigate it more", because I would like to know precisely why I need it so perhaps there maybe a better diagnostic test in the future.

MR JENKINS: Thank you very much.

THE CHAIRMAN: Thank you Mr Harwood.

(*The witness withdrew*)

MR JENKINS: I will call Ina Whitlam, please.

INA WHITLAM, sworn
Examined by MR JENKINS

Q Tell us your full name?
A Ina Whitlam.

Q Do you live in Manchester?
A Yes.

Q You are a patient of Dr Skinner's?
A Yes.

Q How long have you been a patient of his?
A Four years.

Q What were the symptoms that you had when you went to see him?
A I had better read them out, I think, there is that many. Also, these symptoms I also gave to an endocrinologist that I saw before that.

It was fatigue. I was sleeping up to two in the afternoon and, on occasions, all day and night. I had two hospital sleep studies; one for narcolepsy and the other for sleep apnoea.

I had dreadful constipation. My first doctor actually referred me for a bowel examination and that started it off because he had suspected thyroid for quite a while and I had been for four blood tests but always they came back in a normal range and he was quite surprised about that.

My memory was sluggish. My walking: at the start when I did walk it veered to the left; then at the end I was only able to walk a few steps outside the house and I crawled upstairs. I also had trouble getting out of a chair.

When I went to bed I was coughing a lot and, when lying down, I coughed constantly and I used to wake up choking.

Skin splits. I was seen by a dermatologist because the skin on tops of my ears split. The

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doctor I was with then (a new doctor because the other one retired) sent me to a dermatologist because they thought it was cancer because the skin was so dry.

Lots of problem in the vagina area. I had lots of boils and abscesses. Blisters on my bottom. Dry, thick skin. A rash on lower legs; that only lasted for a short time but then my legs were so dry they used to split.

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Q How long had you had those symptoms?
A About five years.

Q Before you saw Dr Skinner?
A Yes.

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Q You were seeing doctors regularly, clearly, within that period of time?
A No, because the fatigue crept up on me, but I had had quite a few things wrong with me. In my late forties I had glandular fever one year; chicken pox the next year; the year after I had food poisoning for four weeks, which is similar to the first person we saw; then the year after that I had chest and kidney infections (and I was hospitalised) but they could not find out why.

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Q Given the symptoms that you had what was your quality of life?
A Non-existent. In fact, I went to the doctor – after I had been to the endocrinologist I had seen a junior doctor who had taken my history and I could see she was getting quite interested. She went into the consultant and she came back a little bit "tail between her legs". When I did see him he never looked up from his paper and I just said that I thought I had got a thyroid problem. He said, "You can get that out of your mind because you have not". He never even looked at me, all he looked at was a piece of paper in front of

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him. I do not understand how somebody that is so experienced in their position can actually look at a human being in front of them that is so ill and all they do is look at a little piece of paper and take these numbers because what they do not do, these numbers, they do not extrapolate them. I mean, mine was 2.4 and I was seriously ill, but I suppose if it would have been five or over it it would have been looked at but it was not.

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Q Had the junior doctor examined you?
A Yes. She took all these details down and, like I said, seemed quite interested.

Q Do you know if the endocrinologist himself had seen…
A Yes. She took them into him.

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Q Where did that leave you?
A I did not know where to go then. There was other things that happened to me. I had heavy snoring for the past three years and terrible nightmares where my partner used to wake me up I used to have terrible sensation in the neck *here* that used to stress me out. When I woke up in the morning my left eye was bulging – I used to look gross in the morning. My tongue was too big for my mouth. I had boils or ulcers all down the side, which ate my tongue away. I had pins and needles in my hand and arms. Ear fungal

H

infections. Leg cramps. Terrible pain in my legs. I was deaf in the left ear. My face was swollen, my neck, hands and arms. In fact, one morning I woke up and *this* arm was twice the size.

Q What was your GP doing for you?
A I had a new GP then, it was practice of about five in. I had seen a few of them, I had gone for my results for sleep tests and things and when I went back and – well I went one day and I was so upset I said to my daughter, "I am going to tell them how I feel", so I went in and told him I was suicidal, I was unable to work, I could not earn a living and he just sys, "What do you want me to do?" Then I realised then I had got to do something about it.

Q Were you given a diagnosis or anything?
A ME.

Q Was the doctor suggesting any treatment?
A Nothing at all. Bert my brother, who is eight years older than me, he has been diagnosed with ME for the last 15 years and I thought, "I am not having ME" because I see him; he goes to bed three days at a time, he only gets up to go to the bathroom, he does not eat or anything but he will not do anything about it because he believes his doctor.

Q You were not being suggested any treatment?
A No.

Q Was there any further referral suggested by your GP?
A No. That was it, that was as far as I went.

Q You had to live with it?
A That is it, I would have to live with it.

Q You were determined not to, you told us?
A After seeing my brother I did not want to live like that because he did not have a quality of life after having such an active life.

Q How did you get to see Dr Skinner?
A I read books. My daughter had given me a magazine article some years ago because she had been worried about me and I kept that. I moved house because I had no money coming in, I was living off my credit card and then I sold my house to pay the credit cards off. Then I had got these books and one of them mentioned Dr Skinner, they mentioned Professor Davies as well (at Blackpool and Manchester University Infirmary) and I actually rang him first. It was June/July and he was going on holiday for six weeks – I was going to see him privately and I could not see him and I could not wait six weeks then because I did not think I would be around then. Dr Skinner was my next port of call because the one after that was in London.

Q Were you referred by a doctor to go and see Dr Skinner?
A I had to go and see one of the other people in the practice, one I had not seen before, and I took my partner with me because I was so upset I broke down while I was there. He said, "Well, what are your symptoms?" I told him and he said, "Well, that does sound like a thyroid problem" and he wrote me a letter out for Dr Skinner.

Q So you were referred to Dr Skinner?
A Yes.

Q What happened when you saw Dr Skinner?
A I saw him for an hour. He examined me all over: he took my blood pressure; felt my pulse; took my temperature; felt my neck; looked at my skin; tested my heart; and talked and let me talk. He asked me everything and I was there clutching *this* piece of paper and he asked me for it and I would not let him have it because I knew I could not remember. If I gave it him I would not be able to remember what was wrong with me because my mind had just gone.

Q How thorough was the detail that Dr Skinner went into?
A Well, it was more thorough than the endocrinologist who never even looked at me. I mean, bearing in mind he did send me on the same day to a dietician at the hospital, someone for deafness…

Q That was the endocrinologist?
A Yes. On the same day he sent me there and also to have my eye measured and it was found to be more bulging than the other one. But that was all he did, he never even looked at me himself.

Q Did Dr Skinner prescribe for you?
A Yes. Started off on 25µg. Then he took my blood test, because I had only had a TSH before because the hospitals I go to, I found out, only do TSHs; they do not do T3 and T4 unless it is asked for by a consultant and the particular consultant that does them was the one I saw so he never did them. Dr Skinner asked for a T4 and T3, which I paid for.

Two days later he phoned me, I was still in bed, he left a message on my phone saying, "I think we are on the right track. I will see you shortly" – he said something else. Anyway, for days after that I kept picking the phone up and listening to that message because I had got some hope because someone believed me at last that there was something wrong. Before that, with my sleepiness, I had had gas fires tested and all sorts. But when it started 16 hours a day, or even 24 hours, that is not normal, and I put weight on, about four stone.

In one of the books I read it said to take my temperature and I found it about 95 in the morning, just over 95, and my pulse was 59.

Q Once you started taking the medication did anything change?
A It did. I was only on 25µg for the first week and after four days my brain power started coming back and I started to file some papers, before that I just could not think. It is not only that. It is so embarrassing because when I was speaking sometimes it used to come out gibberish and there was no reason for it. Even now sometimes, when I am tired, I still slur but when all this gibberish came out I thought I was going senile.

Q Did the dose keep going up?
A Yes.

Q What about your symptoms?
A They started to ease off. Every time I saw him – I saw him two months after because I had been so ill and he did tell me it will be a long job, as he said it has been four years, but they started getting gradual, getting better. Now I feel nearly well, except that I have asthma very bad and I am still under a consultant for that.

Q What about your energy level now?
A Fine. I have joined a gym. I have had a bone density test taken there, which is just below normal for my age, but she says that is brilliant to say how you have been immobile for so long and by losing weight, which I am doing, it will build it up.

Q When did you last have a blood test?
A I have them every three months. My doctor does them and then I take them to Dr Skinner or, if I ask for a prescription in between, I have to send the blood test over to him.

Q Why are they sent to Dr Skinner?
A Because Dr Skinner will not prescribe for me unless I take my blood test with me. This doctor does them every three months any way and I have found out that they also go to an endocrinologist now that I have seen, that she actually referred me to in Manchester Hospital there, because she a bit cautious at prescribing the medication that Dr Skinner had been prescribing because I must admit I kept asking for it on the NHS, this was before I retired. She referred me to him and I saw him the very next day, actually. When I went in he said, "I am a hormone doctor", he said, which I thought was a little bit odd. Then he said, "Do you know why you are here?" I said, "I think it is because my doctor is a little bit cautious to prescribe medication". He listened to my story and he said, "That is a horror story. I will make sure you are prescribed 200µg for life", and he took all Dr Skinner's details. Now I find out that all the details that my doctor receives from Dr Skinner, when I see him, she sends them to this endocrinologist so he knows my levels. My level now is (TSH) is .01 but then again it was only 2.4 when I became ill so, like I said before, they are not doing the extrapolation. If it was five and I would have been treated by the same amount of medication I am on now, it would be about 2.5, but it was low to start with.

I have got no adverse effects. I think my pulse is – I did my pulse this morning, which was 71. I have no palpitations. All I am is well. My brain power is not there the same. I used to be a company accountant and a project manager in the 20 years and I would not be able to do that again.

Q What difference did coming to Dr Skinner make to your life?
A I was suicidal; he has been my saviour. Can I also say something else? It has spoilt my sex life. I have contracted lichen sclerosis and that is associated with diseases involving the antibodies, such as thyroid disease or diabetes, and because the skin now is so fragile round that area there is no way that I can have sexual activity and it is irreversible. If this had been found out earlier I would not have lost my sexual activity, which, of course, does not bother me now because I have got no libido (unfortunately) but it bothers my partner.

MR JENKINS: Thank you.

MR KARK: No questions, thank you.

THE CHAIRMAN: There are no questions from the Panel.

(*The witness withdrew*)

MR JENKINS: Madam, that is the last of the witnesses I want to call today.

THE CHAIRMAN: Thank you, everyone. The case is not finished so we will now reconvene at a mutually agreed date.

(*The Panel adjourned sine die*)