

Letter from London

I make no apology for returning to a subject, the Bristol cardiac surgery affair, to which I referred briefly in 1999.¹ It will be recalled that the results of operating on children with congenital cardiac defects at the Bristol Royal Infirmary (BRI) were discovered to be considerably worse than those of other comparable units. At least 30 children were thought to have died needlessly. When these results were made public a senior cardiac surgeon and a medical administrator were struck off by the General Medical Council (GMC) and a junior surgeon was banned from operating on children for 3 years. The report on the resulting inquiry,² chaired by Ian Kennedy, Professor of Health Law, Ethics and Policy at University College, London, has now been published.

The report criticizes the surgeons for continuing to operate when it was clear that their results were unsatisfactory, and the medical administrator for failing to listen to and act upon concerns regarding the failings of the unit. The report makes it clear that failure was not due to lack of resources, but rather poor teamwork, a close 'club' culture (refusal to be sensitive to outside, even inside, criticism) and an absence of a system for monitoring performance. The surgery took place in the BRI while the paediatric cardiologists were at the Bristol Children's Hospital. There was no paediatric intensive care unit (ICU) at the BRI and the only ICU was on a different floor from the operating theatre; children had to be moved postoperatively to the ICU by a lift which was also used for other purposes.

A sickening aspect of the whole affair was that the consultant anaesthetist who finally blew the whistle lost his job in Bristol and was unable to find another post in the UK, a sad reflection on the attitude of the profession to whistle-blowers. The anaesthetist now works in Australia.

Apart from the manifest shortcomings in Bristol, the report criticizes the National Health Services (NHS) as a whole for its failure to provide a system for identifying inadequate standards, and for the lack of a mechanism for putting things right. One hundred and ninety-eight recommendations were made, many of them purely local and requiring little additional expenditure, but others were of a more general nature. A council for quality control of health, independent of the government, was called for. This would be in addition to the National Institute of Clinical Excellence (NICE) and the Commission for Health Improvement (CHI). This recommendation is a weak point in the report: one wonders whether the profession could cope with yet another regulatory body. A more workable solution would be to set up regional bodies for collecting the relevant information which could then be analysed by NICE or CHI.

One would have thought that 'Bristol' would have taught the health profession about the dangers of protecting doctors who are incompetent or indulging in professional misconduct, but it seems not. Five doctors are under investigation by the GMC for failing

to report a colleague who sexually abused young men over a period of 12 years.^{3,4} There had been complaints about this doctor on 23 separate occasions and his partners were aware of the complaints but did nothing. The CHI criticized the NHS for failing to identify professional misconduct, for failing to recognize patterns, and for a lack of accountability within primary care.

Another subject that refuses to die down concerns the measles, mumps and rubella (MMR) vaccine, which is given to children between twelve and fourteen months of age, with a booster between four and five years. The furore, largely a middle class 'scare', arose from two papers^{5,6} which purported to show a link between MMR immunization and Crohn's disease and infantile autism. In spite of a number of papers disproving the hypothesis, many parents have rushed to private practitioners offering separate injections of the three vaccines. The resulting publicity has caused the MMR immunization rate to fall from 93% to 83%. A further fall would expose the child population to epidemics of measles and a rise in the number of cases of mumps and rubella. Though these diseases tend to be regarded as mild, in 1988, the year in which the vaccine was introduced, measles caused 16 deaths and 76 000 cases in the UK. Mumps can cause sterility and rubella, if transmitted to pregnant women, can cause severe birth defects. If agitated parents had done a little more research they would have discovered that the vaccine used for the single injections for measles and mumps are not licensed for use in the UK and that the mumps vaccine is effective in only 12% of children.

A bizarre outcome of the controversy has been the referral to the GMC by a director of public health of one of the doctors offering the single injections.⁷ The referring doctor claimed that only by raising the issue in this way could he draw attention to the issue of patients' safety in the private sector. The question still rages of clinical freedom and of parental rights to choose what they want for their children versus the common good, in this case the health of the child community. Similar arguments were used against seat belts, motorcycle helmets and testing of drunken drivers.

REFERENCES

- 1 Black J. Letter from London. *Natl Med J India* 1999;12:34-5.
- 2 *Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995. Learning from Bristol*. London: Stationery Office, 2001 (Cmd 5207).
- 3 Laurance J. GPs face inquiry for failing to stop colleague abusing patient. *Independent* 31 August, 4, 2001.
- 4 In brief. CHI calls for coordinating body for complaints about GPs. *BMJ* 2001;323:470.
- 5 Wakefield AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, et al. Ileal-lymphoid nodular hyperplasia, non-specific colitis and pervasive developmental disorder in children. *Lancet* 1998;351:637-41.
- 6 Wakefield AJ. MMR vaccination and autism. *Lancet* 1999;354:949-50.
- 7 Barratt J. MMR vaccine row raises question of clinical freedom. *BMJ* 2001;323:300.

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